Commentary: Russia’s mortality crisis, alcohol and social transformation

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After the fall of communism in Eastern Europe in the late 1980s and early 1990s, it was generally believed that the poor state of public health in this region would improve. Instead, in many countries it became even worse. In Russia for instance, life expectancy fell by an unprecedented 6 years between 1987 and 1994. In relation to this, more than 10 years ago, Leon and his colleagues suggested that a very high level of alcohol consumption together with a habit of drinking in binges was resulting in circulatory deaths among middle aged people and accordingly, was the most important factor underpinning the dramatic fall in life expectancy in Russia. Leon et al.’s work has subsequently become a classic in the field. They were among the first to suggest that the sharply increasing mortality rates were not just an artefact resulting from changes in classification practices or inadequate population estimates. Instead, they pioneered the idea that binge drinking might be an important determinant of circulatory death. It is against this background that another timely, and important addition to the literature has been produced, which again suggests that alcohol is the main contributor to the post-communist public health crisis in Russia.

The so-called ‘alcohol hypothesis’ has not gone unchallenged. The social and economic changes that occurred during the early 1990s were huge and for a majority of Russians life certainly changed for the worse. The introduction of ‘shock therapy’ in 1992 was followed by falling real wages, mass unemployment, hyper inflation with many Russians becoming impoverished. This suggests that if we want to gain a full understanding of the public health crisis and people’s behaviours during this period, we have to look at the wider social, economic and political context. By doing this, it does not mean that the role of alcohol is in any way diminished, rather, it means that sociological factors are important for the explanation of both health and lifestyles. Making use of detailed data from across time, Zaridze et al.’s article not only contributes to our understanding of the aetiology of the Russian mortality crisis, but importantly, it also highlights the argument that social factors are vital for our understanding when it comes to alcohol and alcohol-related problems. For example, earlier research has suggested that there may be a close connection between economic factors and alcohol consumption in Russia as heavy alcohol consumption is particularly common among men who are likely to have lost out during the transition, while poor men in Russia are simultaneously more likely to binge drink and abstain from alcohol than are those men in a better economic position. Russia is a ‘wet’ drinking culture and the answer to the question why people drink goes deep both into its history and to the present social transition. The need for more ‘joined-up’ research that links the epidemiological with the sociological also emanates from the disadvantages specific to each approach i.e. the use of indirect measures of alcohol behaviours, such as deaths from liver cirrhosis, alcohol poisoning, heart disease and, perhaps, a lack of social context in epidemiological studies; while the sociological or survey approach can often suffer from problems of non-response, underreporting and or difficulties arising from using a cross-sectional design. Working in conjunction with one another, however, these approaches can help us to gain not only a better understanding of the public health crisis in Russia, but also of health and health related behaviours in general.

References