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## Letter to the Editor

### **ALCOHOL CONSUMPTION LEVEL IN RUSSIA: A VIEWPOINT ON MONITORING HEALTH CONDITIONS IN THE RUSSIAN FEDERATION (RLMS)**

Sir—A far-flung and many-sided survey, the Russian Longitudinal Monitoring Survey (RLMS), has been conducted in Russia since 1992 (Zohoori *et al.* 1996, 2002). The survey is based on interviews with members of more than 4000 households in most of the country's regions, excluding what may be described as 'hard' territories which account for 4% of the population. The results are gaining an ever-wider circulation and serve as a guideline for new research (e.g. Cockerham 2000; Carlson 2001; Cockerham *et al.* 2002). Part of the RLMS is devoted to determining the alcohol consumption level, which is extremely high if the situation is judged by grave consequences and some available estimates. A considerable amount of the alcohol consumed is sourced illegally and is not registered in the official statistics (50% according to state statistics, and as high as 70% according to experts' estimates; Nemtsov 2002). This is why data of this type are very important: provided, however, that they reflect the real alcohol consumption of the Russian population.

According to RLMS data (Zohoori *et al.* 2002), consumption by males, females and juveniles was 11.2, 2.4 and 1.3 L, respectively, of pure alcohol per capita per annum. Male, female and juvenile consumption averages may be converted into a single figure in view of the proportions of these cohorts in the population, as is customary in Russia. The result is 4.8 L per capita per annum, according to the proportions of males, females and juveniles in the population. It should be noted that in another report (February 1996) the 1992 consumption figure was still lower (8.8, 1.9 and 1.0 L for males, females and juveniles, respectively; Zohoori *et al.* 1996). The 4.8 L per capita annum figure is lower than the state statistics, which disregard illicit alcohol consumption (5.01 L, 1992). The RLMS-recorded level is far below the other two estimates of real consumption in 1992, namely 13.81 L (Tremml 1997) and 13.23 L (Nemtsov 2000).

In connection with mistakes made during market reform in Russia (January 1992), a sharp leap of alcohol

consumption occurred. This is borne out by the increase of alcohol-related variables. The maximum was reached in 1994: in 2 years (1992–1994) the alcohol psychosis rate rose by 178% and the alcohol poisoning rate by 115%. These figures exceeded the 1984 level, when real consumption was estimated at 13.8 (Goskomstat RF), 14.25 (Tremml 1997) and 14.63 L (Nemtsov 2000). The RLMS maximum alcohol consumption figure was recorded in 1993 (9.9 L per capita per annum; recalculated by the author). In 1994 there was a rapid fall in consumption according to RLMS data (6.9 L; i.e. by 43.5% in 1 year).

What makes the RLMS figures suspect is the sixfold difference between alcohol consumption by Russian males and females. Earlier, a Russian researcher showed that the gender relation of alcohol consumption was 4 : 1 (Behtel 1986). This relation is also reflected by alcohol-related mortality in Russia (Nemtsov 2002). The gender relationship was considerably higher in polls conducted in Moscow in 1994 and the highest compared to international figures (Simpura *et al.* 1997). The same investigation showed that the proportion of daily drinkers in Moscow was the lowest in comparison with most other industrialized countries. The authors ascribed their results rightly to inaccuracies in the interviewing method and with 'specific difficulties of Russian women and men' (Simpura *et al.* 1997). Similar conclusions were drawn by other researchers: 'the alcohol consumption in Russia', they noted, 'may not be reliably estimated by self-reporting' (Laatikainen *et al.* 2002). Finnish authors believe that the results of alcohol consumption polls in Russia should be multiplied by 2 (Simpura *et al.* 1997).

It is possible that the minimized RLMS data of alcohol consumption in Russia are traceable to specific features of the methodology and specific difficulties of the Russian population (Laatikainen *et al.* 2002; Simpura *et al.* 1997). The understated consumption figures are due possibly to the absence of a critical and analytical attitude to the facts at hand. In Russia it is hard to overlook, prior to the RLMS, that alcohol consumption was much higher than in the United States (6.9 L of pure alcohol per capita per annum 1992). The related indices are also dramatically high: alcohol-induced psychotic disorders (F1 × 4 and F1 × 5, International Classification of Diseases (ICD)-

10; 114 per 100 000 population, 1994) and fatal alcohol poisonings (860.0, ICD-9; 38 per 100 000, 1994). By comparison, the United States figure was 114 in 1994, accidental alcohol poisoning (860.0) plus accidental poisoning through other unspecified uses of ethyl alcohol and its products (860.1) + excessive blood level of alcohol (790.3) = 166 decedents or 0.06 per 100 000 population. The difference is staggering, although to some extent it may be due to differences in the quality of medical care.

The inaccuracies of RLMS estimates of alcohol consumption in the Russian Federation may be due partly to the choice of the object of investigation (households): this choice excludes large contingents of Russians: servicemen, prisoners, refugees, migrants and the millions-strong army of declassed citizens (the Russian abbreviation is BOMZH, meaning person without permanent residence), who in sum amount to nearly 10% of the population. In this context one can hardly say that Russian servicemen consume little alcohol. It is also a well-known fact that resettlers and migrants drink more than settled individuals, while the declassed elements are heavy drinkers, among whom many are alcoholics. The exclusion of these contingents of the population, plus the unaccounted-for population of a few territories, distorts the conception of alcohol consumption in Russia. However, in our opinion the main contribution to the twofold error of the RLMS originates from the respondents. Possibly the 'specific difficulties of the Russian population' derive from the Soviet mental heritage, and possibly from the still earlier history of Russia. Free or involuntary understating of self-estimations of alcohol consumption may be ascribed to 'window-dressing' and a fear of sudden and unpleasant consequences and reprimands on the part of the authorities.

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