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RUSSIAN–U.S. COOPERATION IN THE FIGHT AGAINST ALCOHOLISM: A GLASS HALF FULL?

AUGUST 2, 2011

Briefing of the
Commission on Security and Cooperation in Europe

Washington: 2014

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ABOUT THE ORGANIZATION FOR SECURITY AND COOPERATION IN EUROPE

The Helsinki process, formally titled the Conference on Security and Cooperation in Europe, traces its origin to the signing of the Helsinki Final Act in Finland on August 1, 1975, by the leaders of 33 European countries, the United States and Canada. As of January 1, 1995, the Helsinki process was renamed the Organization for Security and Cooperation in Europe (OSCE). The membership of the OSCE has expanded to 56 participating States, reflecting the breakup of the Soviet Union, Czechoslovakia, and Yugoslavia.

The OSCE Secretariat is in Vienna, Austria, where weekly meetings of the participating States' permanent representatives are held. In addition, specialized seminars and meetings are convened in various locations. Periodic consultations are held among Senior Officials, Ministers and Heads of State or Government.

Although the OSCE continues to engage in standard setting in the fields of military security, economic and environmental cooperation, and human rights and humanitarian concerns, the Organization is primarily focused on initiatives designed to prevent, manage and resolve conflict within and among the participating States. The Organization deploys numerous missions and field activities located in Southeastern and Eastern Europe, the Caucasus, and Central Asia. The website of the OSCE is: <www.osce.org>.

ABOUT THE COMMISSION ON SECURITY AND COOPERATION IN EUROPE

The Commission on Security and Cooperation in Europe, also known as the Helsinki Commission, is a U.S. Government agency created in 1976 to monitor and encourage compliance by the participating States with their OSCE commitments, with a particular emphasis on human rights.

The Commission consists of nine members from the United States Senate, nine members from the House of Representatives, and one member each from the Departments of State, Defense and Commerce. The positions of Chair and Co-Chair rotate between the Senate and House every two years, when a new Congress convenes. A professional staff assists the Commissioners in their work.

In fulfilling its mandate, the Commission gathers and disseminates relevant information to the U.S. Congress and the public by convening hearings, issuing reports that reflect the views of Members of the Commission and/or its staff, and providing details about the activities of the Helsinki process and developments in OSCE participating States.

The Commission also contributes to the formulation and execution of U.S. policy regarding the OSCE, including through Member and staff participation on U.S. Delegations to OSCE meetings. Members of the Commission have regular contact with parliamentarians, government officials, representatives of non-governmental organizations, and private individuals from participating States. The website of the Commission is: <www.csce.gov>.

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Commission on Security and Cooperation in Europe
Washington, DC

The briefing was held at 2 p.m. in room 2360, Rayburn House Office Building, Washington, DC, Mark Milosch, Chief of Staff, Commission on Security and Cooperation in Europe, moderating.

Panelists present: Mark Milosch, Chief of Staff, Commission on Security and Cooperation in Europe; Kyle Parker, Policy Advisor, Commission on Security and Cooperation in Europe; Ms. Heidi Brown, Senior Analyst, Kroll Associates, New York, NY; Dr. Eugene Zubkov, Co-Founder, House of Hope on a Hill, Leningrad Oblast, Russia; and Dr. Margaret Murray, Director, International Research Program, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Bethesda, MD.

Mr. MILOSCH. I'm here for Chairman Chris Smith. I'd like to welcome everyone to today's briefing on U.S. and Russian approaches to treating the disease of alcoholism. My name is Mr. Milosch, and I'm Congressman Smith's Chief of Staff at the Helsinki Commission.

As many of you know, the Commission is mandated to focus on the human dimension of the Helsinki process, but not so well known is that our own country is also included in monitoring and review, and will be today.

The problem of alcoholism, and indeed addiction in general, knows no international border and remains a major problem in Russia and in the United States. Recently the Helsinki Commission held a hearing examining demographic trends in the OSCE region.

Alcoholism is a major factor in the high mortality rate of Russian men. And Russia is geographically the largest OSCE state. Alcoholism also seriously affects the United States, the most populous OSCE state.

Chairman Smith Chairs also the Global Health Subcommittee of the House Foreign Affairs Committee, and has spent a long career in Congress advocating for the human rights and dignity of those who have little or no voice in politics. Certainly the suffering alcoholic, misunderstood and often blamed for failing to sober up, deserves our attention.

The U.S.-Russian relationship is vast, complex and often troubled, but an impasse on a key strategic question need not mean progress cannot be made in other parts of the relationship. The Bilateral Presidential Commission plays an important role in addressing

the panoply of interests and concerns, and includes a health working group where questions of alcoholism and addiction are discussed.

It is our hope that today's conversation can make a valuable contribution to these worthy efforts, and particularly to stimulate the sharing of best practices such as Alcoholics Anonymous. We have an expert panel to address many of these points, and I will let my colleague, Kyle Parker, introduce our witnesses.

Before doing that, I would just like to note that there were folks from HHS and USAID who are directly involved in our bilateral dialogue on alcoholism who we had hoped could participate but were unable due to the August vacation season.

As a courtesy, we also sought the participation of the Russian Embassy, and I believe we have some representatives here in the audience, and I hope they will pose some questions to the panel.

Finally, we have some submissions from Russia for the record, which I will let Kyle explain in more detail.

Kyle?

Mr. PARKER. Thank you, Mark.

The two submissions we have for the record are sitting out on the table. Actually, no, we have three. Two of them unfortunately we just got and they're in Russian, so I put them out there understanding that I think some of you probably do read Russian. For those who don't, we'll have those translated and they'll be on our site and become part of the formal record of today's event.

One of them comes from Andrei Sitov, who is the Bureau Chief of ITAR–TASS, I think, for the past 12, 13 years in Washington, has written extensively on this story. As well, we have a submission from Leonid Nikitinsky at Novaya Gazeta in Moscow, who has also covered this story based in Russia.

We also have a submission for the record from Dr. Marya Levintova, with the National Institutes of Health, on alcohol policy. And, again, hopefully we'll have our third panelist, also from NIH, to speak.

A couple of quick words.

You know, this story, it seems, every week now for many months there's two or three major stories in the English language press and the Russian press about alcoholism in Russia. A lot has focused recently on some of the legal reforms, policy changes such as the reclassification of beer, the way it's advertised, things that may have some effect.

Today's briefing, however, is going to assume that despite our best efforts, both Russian and U.S. efforts to head the problem off at the pass and address these risk factors, you will still have people who will nonetheless get sick and be sick with alcoholism, and so what can be done for them?

What does the alcoholic who has a problem in, say, Peoria—what's available to him? How is that alcoholic treated? How is he viewed in society? What about in a place like Irkutsk or Voronezh? What's available? What are the treatment paradigms? What's working?

We will hear quite a bit today about the House of Hope which is in the Leningrad Oblast, which I believe might be the only institution in Russia, or certainly one of the major ones, that's treating alcoholism based on the approach of the 12 steps of Alcoholics Anonymous.

With that, I'd like to jump right in and hear from our witnesses. We'll start off with Heidi Brown. And Heidi spent more than a dozen years covering Russia for Forbes Magazine, in the Far East as in Moscow, and became interested in Russia's alcoholism problem while studying in St. Petersburg, and has written extensively on the House of Hope and alcoholism in Russia.

And we're very glad to have you here today, Heidi, coming from New York City to join us. She is currently a senior analyst at Kroll. Heidi?

Ms. BROWN. Thank you so much. I also want to thank the Helsinki Commission for getting this panel together to talk about this important issue, and specifically Kyle Parker for working with me on my research the last year or so while I've been putting an article together that came out in June.

Can you hear me OK? OK. I get a little nervous sometimes when I speak publicly. Just a little bit of background about how I got involved in this as a journalist.

In 1992, when I was studying in a language program at St. Petersburg State University, it was a very chaotic time. And we were all very young. We were living in a dormitory with Russian students and kind of not really understanding how difficult things were for them, and sort of the historic context that everything was taking place.

And, you know, they took away the subsidized bread. You know, a lot of things changed for people. They were very angry and anxious. But when I look back I realize that the main way people were dealing with this lack of clarity and the anger that they had for all the changes in the country was through alcohol. And we really saw it in the dormitory, living with the students.

I had two male dorm mates who were basically drunk all the time. And of course we'll all acknowledge that that's sort of applicable here, too, to college students in the United States, but it was to a very extreme degree.

One of my dorm mates would get so drunk that you couldn't even tell whether he was conscious or unconscious. He would just sort of stand there and sway back and forth. And, again, I'll say also, the Dartmouth kids were known for being able to keep up with the Russians.

But, you know, once I moved on and I got a professional journalism job in Vladivostok, again it was very clear how much alcohol played a role in helping people cope with their problems.

And then when I was at Forbes I had lunch 1 day with a consular official from New York, and he was complaining—which is very common when you talk to Russians—that the Western media only wants to cover negative things about Russia. We have this agenda; we always want to make things look bad.

And I said, well, you know, tell me something positive. I want to hear something positive. I have spent a long time studying the country and its people and I actually have a lot of faith in the country's ability to pull out of its problems.

And he said, well, there's this clinic outside of St. Petersburg that's doing really amazing things. And it was begun by an American businessman named Lou Bantle. And it's struggling financially but I really think you should go take a look. It's doing really special things. And it's the only clinic in Russia that's using the Alcoholics Anonymous method, that's completely free, and it's treating families and patients all the time.

And so I went back to my editors, and they really liked the angle because there was an American involved, there was a businessman doing interesting things. And I think no

one would argue with the fact that alcoholism is a theme that touches everybody and it's universal.

So I met Eugene Zubkov after that, and we talked a lot, and he gave me some background and context, more than just the stereotypes that I had seen of what alcoholism truly means to Russians and how difficult it is for them to really fight this disease, and how few options they have for treatment.

So I went over and I visited the house, and I had very mixed reactions to it because, you know, I pictured it as an American, going to a beautiful place on a river where everyone is sort of strolling around and holding hands and it's very beautiful. And this place wasn't like that. It's a very kind of basic place.

It's on this sort of treeless hill, and you walk up and you see a lot of people who are really in pain. And as Eugene Zubkov explained it to me, these are people who kind of are on their last stop in life. They've tried everything else. And I'll talk a little bit about the things that they tried.

But you see, when you go into the home and you meet with people, how grateful they are to have an opportunity to do something completely different, which is to really look at themselves and think about the way alcoholism has affected them and their families, which most Russians don't get the chance to do.

So I did the article, and then later, which is actually very recently, I did an article for the World Policy Journal, which asked me to look at the issue a little bit more deeply, more about the disease and not just the House of Hope.

And so I wanted to step back and, as a sort of introduction to the other people who will be following me, just give you a couple of statistics and a brief history of what's happening with the disease in Russia and how it got to the point where it is today.

In 1991 there were 150 million people in the country of Russia. Today the population stands at 140 million, which is a huge drop. A boy who was born today probably will not live past the age of 60. It's been determined by scientists that half of Russian male deaths are due to alcohol-related diseases and accidents. Half a million deaths a year are alcohol-related.

And then, just as an aside, part of the problem with the consumption of vodka in Russia is because of counterfeit vodka. And out of 2.3 billion liters of vodka that are sold a year, about 700 million of them are counterfeit and very dangerous.

So, just briefly a little history. We all think about Russians and drinking and vodka as sort of this, you know, fun—you can't picture Russia without vodka. And the question kind of is, well, how did that happen? You know, are Russians just intrinsically vodka lovers? Like how did it all get started?

Well, when Vladimir the Great, back in 982, decided to establish Russia as the country that we know today, he wanted to convert his population to a monotheistic religion. And he actually chose Christianity over the others because it calls for and accepts the consumption of alcohol.

And from there, in the 1500s people started producing their own vodka. The czars implemented monopolies in Russia to make sure that they could profit from people's consumption of vodka. And as we went through into the 19th century, landowners were actually paying their serfs partly in vodka for their labors.

Later leaders tried to impose prohibitions to keep people from actually drinking the vodka, but they turned to making their own. They made their own moonshine and they

often got poisoned. So, actually even Lenin tried to impose a prohibition on consumption of alcohol but even he had to lift it.

So when Stalin came in, he imposed the monopoly again and the country was able to profit from sales of vodka again. Brezhnev tried to stop it, imposing lots of draconian rules. Gorbachev was the last leader to try to encourage people to stop drinking, but his measures were so unpopular that he actually had to withdraw them.

So today, where are we? As Mark mentioned, the government is taking steps to try to keep people from drinking again, and what it's doing is raising taxes on liquor. So, for example, a bottle of vodka which used to cost $3 is now going to cost $3.50. And it's actually going to make Russia having the most expensive vodka in the world, if you can believe it, when you look at income levels in Russia. But, unfortunately, this just encourages people to go and try to get alcohol in other ways.

You know, other ways they're trying to regulate—advertising. There's a narcologist who has been designated by Vladimir Putin as the head of sort of the addiction problem in Russia, and he's taking steps by sort of educating people to drink better and to drink less.

So there's not really an emphasis on treatment. You know, there's a lot more of an emphasis on deterring people from drinking. And that's why, you know, we're looking at the House of Hope today, and other treatment methods, to try to keep a focus on how to help people once they get sobriety. How do they live with their sobriety?

Thank you.

Mr. PARKER. Thank you, Heidi.

We'll now move to Dr. Zubkov. Dr. Zubkov, glad to have you. And thank you for making the trip down from the city today.

Dr. Zubkov was trained as a Soviet narcologist, I believe in the late 1970s; is a practicing psychologist in New York; has been extensively involved in the treatment of alcoholism in Russia as well as here, based now more than, I think, two decades in the United States; he is one of the co-founders of the House of Hope in the Leningrad Oblast.

He went to medical school at the First Pavlov Medical University in St. Petersburg, so is a Russian M.D., and works in the New York Counseling Center in Manhattan.

Dr. Zubkov, we recognize you for any remarks you wish to make.

Dr. ZUBKOV. Thank you. I would like to thank the Commission for inviting me, and Kyle Parker, who helped me to, you know, understand what I need to talk about, and actually who provided me with the possibility to talk about, you know, House of Hope and the problem of alcoholism in Russia.

I actually would like to briefly describe the remarkable example of how one man's personal initiative could have a very dramatic international impact. You know, Russia has a historically well-documented thousand years of relationships with alcohol. And, you know, Russians continue to drink and the need for help is critical.

In 1999, American philanthropist and corporate executive Louis Bantle made his first trip to Soviet Union. Visiting numerous treatment centers, he was shocked at how alcoholism was treated. He started a small not-for-profit group which was called International Institute for Alcoholism Education and Treatment, which has saved thousands of lives in Russia and trained 300 Russian professionals, including members of the clergy, doctors, high-profile personalities—painters, singers, you know, rock personalities.

Lou wanted to help Russian society to leave the stigma associated with the disease and to expose Russian treatment professionals to Western treatment modalities. In 1996, the House of Hope on a Hill, which utilizes, loosely, Minnesota model and is based on 12 steps' way, was founded, then built. And since then, 4,500 patients have gone through a 28-day rehabilitation process in our 30-bed center near St. Petersburg in the small village of Petercula—most of all, the key personnel at House of Hope were trained in best American rehabs. And there are now 370 AA meetings, AA groups in Russia, and 40 percent of those meetings were initiated by the graduates of the house. In 1996 there were seven AA meetings in St. Petersburg. Today there are 39. And also, most of those meetings were initiated by the graduates of the house.

One thing I wanted to add, the rehabilitation at the house is absolutely free. And I'd like to correct: There are quite a few rehabs which you utilize in 12-step model in Minnesota, but ours, the House of Hope, is the only free rehab. It is completely free.

And I would like to add that we've had patients come over from 90 cities in Russia, along from far east from Vladivostok, from Khabarovsk, Chechnya, you name it. You know, we have a map with pins where, you know, people come.

And, as well, we have patients come from Brighton Beach area, from New York, and they were accepted and they received treatment because Russian was their first language, and from Greece, from Germany.

And I'm not talking about Ukraine and Belarussia and Estonia, but we have a very diverse group of, you know, patients. And then when those patients return back to their communities, most of them, they start their own meetings.

For example, if somebody goes to, you know, to the village, a small city which hadn't been exposed to it, they start a meeting there. And that's what happened. I think out—yeah, 40 percent out of this 370 registered AA meetings in Russia were started by the graduates of the house.

And through his death in 2010, the house was funded by Mr. Bantle. Several Russian and American companies and individuals have supported House of Hope almost since it's inception as well, but there was a small trickle of money, not a lot of input.

The city of St. Petersburg also twice made financial contribution to our efforts. Usually it was connected somehow to the election campaign. But, you know, that support was more a result of a personal context rather than the result of the traditional fundraising efforts.

I would like to take a moment to acknowledge Robert Bantle, who is in the audience today. This year marked the 15th anniversary of the founding of House of Hope by Lou Bantle. Bob is now carrying on his father's legacy, begun in 1996, and is continuing to fulfill his father's commitment to help suffering alcoholics in Russia.

And alcoholism is a very serious problem in Russia today in terms of both adult mortality and lost productivity. As in the United States, alcoholism is a profound drain on health care resources.

Russian narcology, which is sort of similar to our American addictionology, is a different field, though probably Dr. Murray could better comment on the research aspects and cooperation in the field. But Russian treatment methods are largely very biologically oriented and sometimes strange.

For example, you know, one of the most popular modalities of treatment is intramuscular or intracutaneous Antabuse implant. So Antabuse is being implanted under

muscular—and, you know, people pay a lot of money on this, and this is still considered a reliable method.

And after this, the patient is basically—he is on his own. He doesn't get any therapeutic support. He doesn't go to any meetings. And when he has a personal crisis, the easiest way for him to resolve it is try to drink, and very often this could end in fatalities. You know, people die or they become disabled.

And, you know, they have a lot of consequences. And, actually, the list of famous people who died as a result of these Antabuse implants is long, is numerous. A lot of Russians, you know, famous and high-profile personalities in the 1970s and 1980s died as a result of this Antabuse implant.

Also there is—according—but if there—you know, there will be questions, I'd be happy to answer in more detail what these methods are. And, you know, 12-step methods and, you know, Minnesota models, are frowned upon.

Doctors are mostly interested to establish direct contact with the patient and sometimes, you know, exercise some kind of a control over the patient rather than to let patient loose and do their recovery by himself, though certainly there are some exceptions like Dr. Zykov, for example, who is very cooperative.

But, you know, the people who are really supportive of 12-step programs in the medical community, they are very few. And generally, though, the method is not endorsed and does not support it, and it's not prohibited, but it's not still popular with the physicians and the church.

The United States and Russia share the program of treatment and defining not only for alcoholism but substance as a whole, including tobacco, licit and illicit drugs. Both countries have criminalized the disease of addiction for both countries. Substance abuse is an 800-pound gorilla in the family room. Denial runs rampant in both countries, and thoughtful discussion of practical solutions, sad to say, is largely absent in the media.

Substance abuse is the largest preventable killer of both citizens of Russia and the United States. There are 75,000 alcohol-related deaths in Russia each year recently, and 23,000 from acute alcohol poisoning.

Russia has—according to the data of 2009, Russia has 2.7 million alcoholics on the official register. It means probably three times that many patients that are not registered. They're over the register, in the official number. You know, the supposed number of alcoholics could be five times higher.

Both countries tax tobacco directly and they tax drug use indirectly. Just as Prohibition in the United States bombed, the criminalization of the production and distribution of alcohol, high taxes on alcohol in Russia have had a similar effect.

In Russia, at least one-third of 27 billion liters of water produced annually is sold and taxed fraudulently, and one-third is sold in adulterated toxic reformulation. In other words, one third of all alcohol in Russia is pure illegal. Two-thirds is poison.

In the United States, public awareness of the deleterious effects of substance abuse was pioneered by individuals and groups like Surgeon General Everett Koop, Betty Ford, Mothers Against Drunk Drivers, to mention a few, but the impact of the effort has taken decades to impact American society.

Dr. Koop's anti-smoking campaign took 20 years to take hold, and he was resisted tooth and nail by the vested interests of the tobacco and alcohol industries, as well as

by both the print and broadcast media because of the massive revenues generated by ads for these products.

Like the Brezhnev-era incarcerations of alcoholics, you know, sobering tanks and, you know, prison for alcoholics, from 1964 to 1980, now the USA today jails many of its alcoholics and addicts. And of those jailed for substance abuse-related crime, only a tiny percent receive treatment, who are jailed for their substance abuse: alcohol, tobacco, drugs. Substance abuse-related incarceration is a growth industry dramatically more expensive than outpatient treatment.

And—3 minutes more. And I wanted to say a few more words of House of Hope. You know, the beauty of the House of Hope model, that it can be easily reproduced across the former Soviet Union. Our method doesn't require special treatment or medication.

In recent years we have been approached by people from many regions of Russia, Ukraine, Estonia and Belarus to help us train their staff or to start new treatment centers. Often the only thing that stands in the way of the beginning of a new clinic in another location is resistance from the ignorant local official or local officials.

At the House of Hope, we face more than the obstacle of national addiction. Our problems are larger than the low percentage of alcoholics who receive treatment. We are struggling with the primitive state of philanthropy in Russia. That means we get very few donations from the Russians.

The Bantle family has been essential to our existence, but we need to expand our base of support in order to survive. For example, you know, all charitable donations in Russia are taxed. Therefore people don't want to donate. If they donate, you know, a large amount of money, they basically say, I have extra money. And, you know, this is not good for somebody who lives in Russia.

For years we have tried to raise funds from the Russians using our network of political and business connections within the country, but we have been forced to accept the fact that our community is not an attractive target for donors. In Russia, corporations and philanthropists prefer to support high-profile, socially acceptable organizations such as performing and visual arts, for example.

You know, when we approached one of the major businessmen, oligarchs, he said, why should I support you? I would give 3 or 4 million to Mariinsky Theater and my name will be in the program. With you, same thing: We don't want ourselves to be associated with—you know, with a rehab. Though the recent exception, for example, the brewery Baltika is continuously supporting us for many years.

We also tried to approach many U.S. businesses operating in St. Petersburg and in Leningrad Oblast. Leningrad region there are about 150 U.S. corporations. They operate businesses in—you know, in the region. And we've had two American interns who did—you know, they did a great job. They've done all the letter-writing, you know, very nice letters, solicitation letters.

We received the list from the American Chamber of Commerce in St. Petersburg. We hand-delivered the letter twice, 150 letters which were signed by our board of directors committee, you know, which had all—you know, Yuri Shevchuk, Mitsky and a lot of, you know, high-profile Russians. And we didn't get even a single response in writing, though, you know, we delivered to the switchboard. The secretary signed that they received our mail, and it went directly to the bucket.

So, in conclusion, I just wanted to say that both United States and Russia socially isolate and neglect or incarcerate their addicts and drunks. As an addiction expert from Russia living in the United States and having the opportunity to observe the problems that are common in both countries, I can see that there's much opportunity to cooperate.

And in my opinion, the key here is to take an inspiration from people like Lou Bantle and make the commitment. Thank you.

Mr. MILOSCH. Thank you very much.

If you don't mind, I'll ask a couple of questions and then we'll go to Kyle with a couple of questions, and then we'll go out to the audience. I guess I'll bundle mine together.

I'd be very curious to hear any thoughts that either of you might have on a kind of question of national feeling. I mean, I confess here to an American prejudice without knowing much about Russian methods of dealing with alcoholism. I tend to think that the solution is Alcoholics Anonymous. Right or wrong, this is how I approach the problem.

I'd like to hear your thoughts on how the fact that AA comes out of the United States might be an obstacle to its progress in Russia because it may seem like, well, this comes from a country that's historically been our rival, or how orthodoxy deals with the fact that of course AA comes out of a kind of American secularized Protestant milieu and, you know, how do they deal with that?

Do they recognize that there's nothing really in the AA program that's hostile to orthodoxy and try to make it their own, or does it always remain something else? That's the first thing I'll throw out, orthodoxy and the Russian national feeling.

I'd also like to hear about the implications of this problem, because it seems that the implications of alcoholism in Russia are huge. We've already mentioned demographics. Russia is in a demographic crisis, but it will even go way beyond that. You know, the problem is as serious as it is.

As I've read in the essays of Ms. Brown and Mr. Zubkov, it's going to affect relations between men and women deeply. What can one expect when one gets married? The expectations are going to become low. How do the sexes relate to each other? How do the generations relate to each other when you have so many children raised in alcoholic households?

It just seems like a wound on marriage, childhood, social development, something that is going to in fact go beyond the problem of the person splayed out on the concrete, but it's going to affect the mood and social relations of everybody in the country because it affects their expectations. So that's just kind of a big thing I throw out, if you have any comments on that.

Third, it occurs to me that we're also dealing with social attitudes here that are very hard to change, in that the attitude that hard drinking, drinking a bottle of vodka, you know, out-drinking your neighbor, the people who are with you at the table, becomes a kind of test of Russianness, and that's very dangerous when a test of your patriotism becomes how much can you drink, or a test of manliness.

And the social attitudes often react negatively to pressure. The more campaigns you have to change them, then the more certain milieus will dig in, and then it becomes an act of a rebellious spirit, of independence. It's very hard to attack these kinds of loaded attitudes without provoking a reaction that doesn't undo anything that you—any progress you make.

So I'm just throwing a lot out there. I would like to hear what either of you have to say.

Ms. Brown?

Ms. BROWN. Sure. I think as Medvedev and Putin do a tandem answering of the questions, you can jump in whenever you want.

So, I guess I'll take the third one, the question about social attitudes, first.

I do think that their—and, again, you know, I will start my answer by saying I am an outsider. I am not Russian. So this is—what I say has to do with my observations over the years.

But in terms of social attitudes toward drinking, you know, when I observed my own responses over there, I realized how much I had internalized stereotypes about drinking in Russia, because after visiting the House of Hope, I went with some friends out to dinner, and some of the people were—actually, most of the people at the dinner were recovering alcoholics.

So here we were in a group at a restaurant on Nevsky Prospect in St. Petersburg, and we're all sitting down to dinner and we're all talking. And I'm sitting there thinking, what's missing? Here we are, we're all meeting, we're celebrating. Oh, yeah, we're not toasting.

Like, how is this possible? We're sitting in Russia celebrating something and we're not toasting. Is this really Russian? Like, can you be Russian, can you have a Russian cultural celebration, a funeral, a meeting, an acquaintance, spend time together without drinking? Hmm, you know?

And I do think that right now that's something that Russians are asking themselves. You know, and you might disagree with me, but I think that as the country starts to try to come to grips with why it can't get out of its own way in terms of improving the situation, really starting to tackle alcoholism and move on, I think people are starting to say, you know, can we have Russian culture without having vodka involved?

And, you know, again, I alluded to this narcologist who Vladimir Putin has supported. His name is Yevgeny Bryun, and he's—I interviewed him. He's a lovely man. But he supports the older method that Dr. Zubkov alluded to of using medications to treat alcohol instead of therapy.

And I feel that his approaches, which are—you know, when you're sitting at the table drinking with your family and your friends and you're getting drunk, take a walk around the table and open the windows so you don't get too drunk. Or, you know, he said that he's trying to improve policy by encouraging people to drink other kinds of alcohol, like beer and wine and not just vodka.

So this is an educated, trained professional. And he wants to help people. I mean, he admits fully—he doesn't try to put under the rug the fact that people have an alcoholism problem in Russia.

So I don't know if that answers the question about social attitudes. I mean, I just feel partly that, you know, it's a kind of a two-part problem. There's the way Russians see drinking and there's also the way we foreigners see drinking in Russia, and it kind of goes together.

I will let Dr. Zubkov answer the question about families and alcoholism.

In terms of AA in Russia, I think you've really hit it on the head. I think there is a lot of mistrust of Alcoholics Anonymous there because it is seen as Western. And as much progress has been made in Russia, and as cosmopolitan people have become and the traveling that's been done, there are a lot of people who still have sort of a nationalism or a resentment about methods that have come from abroad.

Alcoholics Anonymous didn't really come to Russia, I believe, until the 1990s. Is that right, the early 1990s, late 1980s?

Dr. ZUBKOV. Eighty-nine.

Ms. BROWN. Yeah, and you can imagine in a country where there is no religion except for the state, and Alcoholics Anonymous requires the belief in a higher power, the government certainly doesn't want you to believe in a higher power other than the state. And it was very much discouraged and actually seen as a threat.

I have a friend who told me stories about trying to smuggle in the AA book in the 1980s and having customs officials rifle through her suitcase. You know, it was medical supplies and AA books. She could have brought the medical supplies in to sell at a high profit, but they left those in the suitcase and they took out the AA books.

And, you know, in terms of the church, again, a really good point. What you see today is the church probably has—and this is according to one priest that I interviewed in Moscow—probably about a quarter of the priests in the Orthodox Church are alcoholic. And it's a very insidious disease in the church because you have to use wine in your ceremonies.

So on the one hand, people can hide and they can continue their disease. On the other hand, if a priest wants to overcome his alcoholism, it's almost impossible because he has to use wine in the ceremonies.

And the church, like many other large, established religious institutions in other countries, keeps its secrets and encourages priests not to talk about things publicly. Patriarch Kirill, who is very close, reportedly, with Vladimir Putin and has his backing, has sort of nominally made comments that Alcoholics and Anonymous and other therapy methods could be considered effective.

But at the end of the day, he—I mean, just one example of the way that he's not really working with AA and other positive methods is that the priest told me that he actually reversed an earlier rule. He had told priests that they didn't have to use wine in their ceremonies if they were battling alcoholism. They could just use juice. And he has taken away that rule so that you have to use it.

And, you know, again, in this country, in Russia, which is sort of starting to find its religious identity again, you know, to have the head of the church not be fully behind every method that could possibly help people, you know, that's definitely questionable.

Dr. ZUBKOV. I wanted to add a couple of words on orthodoxy and, you know, relation of the orthodox hierarchs. Two or three hierarchs made comments on 12 steps way, and basically they were, at the best, neutral. And they didn't say they endorse it; they say, well, you can use it if it's under supervision of a priest. And basically that was it.

But the bigger problem is that, you know, first, a lot of priests don't follow what their patriarchs say. There is a lot of—very often, you know, priests don't abide by—they're ignorant of, you know, the opinions of their senior hierarchs.

And, second, it is—AA is still viewed, actually, as a Protestant invasion, and this is the major problem. And, for example, you know, the infamous Serbsky Institute, they

have a physician who writes about AA. He wrote, I don't know, about a dozen very enflamed articles about, you know, how it is negative for the Russian society, how it is absolutely unacceptable for the Russian psyche. And one of his most recent topics links Satanism to AA.

So, it is completely out of—and, you know, the doctor who wrote this article was inspired by one of the senior priests in Moscow. So on one end there's a patriarch who said this is OK. On the other end, you know, they read—you know, the huge number of priests which do say, we don't want to deal with it because it's questionable, it's Protestant, you know, and those people do things by themselves, they do it without our control.

And so far relations are difficult, though there are priests who have—who even started 12-step programs, but I would say then probably there are five or six people altogether. There are not many.

Mr. MILOSCH. That's interesting because I think in the United States. I'm not aware of any associations between AA and being Protestant. I don't think people in the United States would make that connection.

Ms. BROWN. But I think it's the idea of Protestantism being Western.

Mr. MILOSCH. Being American, yeah.

Dr. ZUBKOV. Yes, but, you know, the Oxford Group, which actually gave birth to AA, they were a Protestant group, a Protestant gathering of people. But still, it was a business association, so what about—you know, Protestants have a lot of excellent rehabs. You know, they charge money for it. I mean, sometimes it's business.

Ms. BROWN. In Russia?

Dr. ZUBKOV. In Russia, but they fund a lot of excellent rehabs.

And, you know, church views it as probably a subversive activity. They're always trying to link whatever Protestants do to the sects.

Mr. MILOSCH. Do either of you have any thoughts on the far-reaching implications of alcoholism for marriage, child raising, the social atmosphere in the cities?

Ms. BROWN. I mean, the only thing I'll say is just based on a couple of interviews I did with people who are recovering at the House of Hope.

One man, I think he was in his 60s, and he's actually very typical of the kind of—I mean, unless you would argue with me—typical of the kind of person who has sort of reached the end of the road and, you know, come to the House of Hope to give it one last shot.

You know, he'd taken the Antabuse dosage that Dr. Zubkov has described several times. He's been in and out of jail. And his pattern fits one of the patterns of alcohol consumption in Russia, which is to go on what's called zapoy, which are extended binges that last for a week, 2 weeks.

And it makes it very insidious in the family of an alcoholic because they can convince themselves that the person is not an alcoholic because they can go for weeks or months with being sober. And, again, Antabuse can exacerbate that because you go for a long period of time being sober.

But the people who practice these binges, their families fit into the pattern and they begin to expect when these zapoy are going to happen, and they know how long they're going to last. And so, this man told me about his pattern and how his wife started to ask

him, OK, well, when's the next time you're going to start your binge, because you seem really unhappy.

And that was one of the reasons why he actually stopped his Antabuse treatments, because he would go, you know, for 3 to 6 months without drinking. And the Antabuse—unless maybe we haven't made it clear enough, but it doesn't do anything about addiction. It just makes you not—it makes it very uncomfortable to drink.

So there is nothing that's actually happening in your family or in your own ability to cope with sobriety when you're on a medication like that. The wife noticed: You know, you're not drinking. You seem really unhappy. Let's go back to the pattern. Stop taking the Antabuse. Start your binges again.

Mr. MILOSCH. Thanks very much.

Kyle?

Mr. PARKER. Yes, thank you. And just a quick note. We will be joined shortly by our witness from NIH. She'll be happy to give us the expert American perspective, our model, with some authority.

Also, from the bios—I just grabbed a couple of things from your bio, Dr. Zubkov. It's a long and impressive résumé. And so, again, those are out there on the table. I see people have availed themselves. There's some other helpful information.

The CRS memos I'd draw particular attention to because they're not public. They were created for the Commission some months ago. There's an interesting one that examines the effectiveness of AA.

I think the general conclusion is that it's at least as effective as other treatment models. Again, Dr. Murray will be able to share a little bit more about American best practice.

I have a couple of quick questions, in no particular order.

First, where do Russian AA meetings happen? Over here in the United States they're all over the place. They've become almost like Chinese restaurants and burger joints—I mean, you can't go to a small town that doesn't have one across the United States. In fact, they happen here on the Capitol campus, indeed even in the Capitol building itself.

I know they happen in bars in some places, and they happen around the clock in places like New York City. I'm wondering, you know, it seems to be here in the United States as sort of the church basement, it's the community center, and in a sense, when you look at the numbers in Russia where AA is, it's there but it's not really there in terms of the numbers. They're so small.

What stands in the way? Is it difficult to get the local community center, the local, I don't know, Obkom or Gorispolkom or whoever has a room that you can use to allow some drunks to drink some coffee, smoke a few cigarettes and tell some jokes once a week? So that would be one question.

The other question is, does the Soviet memory or legacy of informants, kompromat, eavesdropping, do you see that affecting in any way the willingness of folks to come together anonymously? At the same time, if you're in a town, people do recognize people, especially a small town.

I can imagine that here in the United States it's probably not the most natural thing to do to bare your soul to one another in, again, not really a public setting but certainly not a walk-talk, right? You're meeting somewhere. How does that play out in Russia?

And, last, prisons—prisons, prereleases. What's going on inside the Russian prison system? I know there's been a lot of work this past year on the Bilateral Presidential Commission, and this work was recently institutionalized just a couple months ago in the creation of a new rule of law working group.

A lot of great work has been done out at Post by people like Tom Firestone in Moscow; here in Washington, Catherine Newcombe, who've worked with FSIN, the Russian prison system, in looking at these types of rehab, rehabilitation, job training, but how would treating alcoholism addiction fit into that at FSIN?

Dr. ZUBKOV. Well, first about AA. AA is perfect for us. It works. The only problem, that people are not often referred to the meetings. You know, two major groups of professionals here who are confronted with a problem, you know, who see a drunk, you know, they're the priests and they're the doctor, the physicians.

So, very often what they do, they try to reassure the patients. They either try to make the patient their client and therefore continue professional relations at the charge level.

And also the church, the church is trying, you know, to set up a network of its own rehabs. And they get, definitely, preferential treatment from the state. For example, GOS narcocontrol, you know, it's the structure which is analogous to——

Ms. BROWN. The DEA?

Dr. ZUBKOV. Yeah, DEA. They recently signed an agreement with the Moscow patriarchate, you know, for the rehab organization, where the Russian Orthodox Church claims it has 30 rehabs. Thirty rehabs is the number which definitely doesn't reflect the total number of the rehabs, you know.

And, you know, House of Hope and a couple older rehabs which are for 20 years in existence, they have never been mentioned, even in this document. So there is a preferential treatment.

And I think it's the lack of the referral and, you know, the information. When people get to the meetings you know, a certain percentage always stays, a lot like here. It is about 30 percent, you know, who stay. And then some people relapse and they come back, you know.

But there was an upsurge in the 1990s when the number of the meetings rapidly increased, but then in the—you know, after the year 2000 there was sort of a plateau, probably with 5 percent, 10 percent annual growth.

And, you know, this informants thing, this is usually people who don't want to go to the meetings. I mean, they usually—this is like, you know, the usual thing they say: We don't want to be here because we're afraid that there might be an informant. But usually it's just an excuse not to go to the meetings. You know, the same people have to go in through the treatment at the house, for example—you know, through the rehabilitation they pick up and they do actually pretty well.

And as for the prisons, I could say, you know, they're just starting to do it. It's pretty new. And, for example, the first prison program in the penitentiary was also down by the International Institute by Lobentyl in 1997, if you are familiar with the special type hospital in St. Petersburg.

You know, the one, Fyngergergrienka, you know, all of the dissidents were there. It's a huge hospital, 1,000 beds. The first program was started by the institute there, and it's still in existence, still doing good. It's not really spreading. It's still, you know, their inside

problem. And director of the hospital, Dr. Tashkin, he was the first to let somebody who was a patient in the hospital in. So he did let the inmate in after he was let out.

Ms. BROWN. And do you know where there meetings happen? I'm curious too.

Dr. ZUBKOV. Well, you know, I see no problem with the meeting space. I mean, very few meetings are going in the churches, where the priest sympathizes, but usually when they want to start meetings, you know, they have a space—you know, they have space immediately. They don't

Mr. PARKER. Government buildings, universities?

Dr. ZUBKOV. No. Usually they rent—it's in an apartment or a studio. You know, it's some public space which they pay a small rent to upkeep. But meeting space definitely is not a problem.

Mr. PARKER. What about employee assistance programs?

Dr. ZUBKOV. I'm not familiar there's a single one. You know, we offered to develop it because Mr. Bantle had a use——

Mr. PARKER. Have you spoken with people like Andy Somers at AmCham to see if that could get it started with American companies?

Dr. ZUBKOV. No.

Mr. PARKER. Would that be worthwhile? We could followup with him.

Dr. ZUBKOV. But I'm not sure that there is even one employee assistance——

[Cross talk.]

Ms. BROWN. Did you want to say something?

Mr. PARKER. Should we move to public questions?

Mr. MILOSCH. Yeah, sure.

Mr. PARKER. Please.

QUESTIONER. I just have a response that relates to your question. [Off mic.]

Mr. PARKER. Thank you, Doctor.

QUESTIONER. [Off mic continuing]. Employee assistance programs are actually——

Mr. PARKER. There's a microphone, just so the transcriber will catch your remarks.

[Cross talk.]

Mr. PARKER. That one over there.

QUESTIONER. So, yeah, basically——

Mr. PARKER. Say your name and your affiliation.

QUESTIONER. Sure. Sure. Marya Levintova, Fogarty International Center, National Institutes of Health.

So the employee assistance programs are of interest to a lot of companies in Russia. Many multinational companies have affiliations in Russia, you know, Pepsi, Philip Morris, and you name it. And all of them are experiencing various issues that they would like to resolve, and these programs are definitely on their radar.

They have not, at this point—from what I know, they have not moved it to the point of where they can actually say that these programs exist.

Mr. PARKER. At this point we can, again, move to public questions. Please, if you have a question, the microphones are on.

QUESTIONER. Thank you very much. Ron McNamara with the Helsinki Commission.

I wonder if you could address the question, as it affects children with perhaps a mom who is alcoholic, and trying to address that question.

I also, I guess, in listening to you, was wondering about young people and trying to have interventions that try to affect, you know, the question of drinking early in life. At the hearing that Mr. Milosch referred to, one of the startling points that I took away from that is that the life expectancy of a male in the Russian Federation is slightly lower than it was in 1961. So that sort of really confronted this aspect that contributes to those statistics.

And then finally, certainly with regard to the question of corruption in the Russian Federation, I'm sort of intrigued in terms of—and not—don't get me wrong. I'm not trying to, if you will, pick on the Russian Orthodox Church, but I wonder if there's sort of a little bit of a conflict.

I don't know—I know, for example, that the church is quite involved in terms of the tobacco and cigarette industry or sales. And I wondered, to the extent that the Russian Orthodox church itself might be involved actually in one way or another in terms of alcohol as a commodity or product. So if—I wonder if you could—might address some of those concerns or issues that came to my mind. Thank you.

Mr. PARKER. Thanks, Ron. Any others in this round?

Ms. BROWN. I'll take the last point, because I did some reporting on it. As I mentioned in my intro, the counterfeit vodka trade is enormous. It definitely helps to account for some of the health problems that are developing and have developed in the health of the population. I can admit that I was a victim of counterfeit vodka consumption when I was in Vladivostok. It's a very strange feeling. Luckily, none of us died, but my—the effect that it had on me was fainting and hitting my head. And the bottle looked completely normal. It looked like a regular bottle of vodka.

The production often happens in the south of Russia. They produce the vodka using very cheap materials, and then they either—the bottle of vodka in Russia, in an attempt to regulate it, every bottle that's sold in stores has to have a stamp that the producer pays a dollar for, or sometimes the retailer.

So a lot of times, of course it's an organized-crime group or something unofficial, where they produce the vodka in a plant that looks normal and very modern. But they steal a stamp off the back of a truck, or they pay corrupt officials less money for the stamp, and it just gets slapped on the bottle. Again, you know, very nice-looking sticker. And what an expert on the vodka trade told me is that it just—in order for the counterfeit-vodka trade to be as widespread as it is—in other words, going from production to distribution to sale at a retailer like a store or a kiosk means that probably people very high up in the power structure are involved as well.

So, you know, I can't name any names. I don't have examples of specific government agencies who are involved. But any time you have, you know, an industry like the counterfeit alcohol industry, which accounts, again, for two-thirds of alcohol or vodka sold in the country, you can assume that you've got local police, city officials, regulators, perhaps tax police, others, also either turning a blind eye or profiting from it. It has to be. And again, organized crime groups are involved.

And to be fair, also to point out that the tradition of making your own bathtub gin, which is called Samagan, continues to this day very proudly. Some people think that it tastes better. And they continue to give it out as gifts or—as I mentioned, when the tax

increases or when vodka sales are curtailed, as they just recently were last year, people are happy to go back and get it from other outlets and make it themselves or have friends make it for them.

Mr. PARKER. Do we have other questions?

Dr. ZUBKOV. I can also comment on the——

Mr. PARKER. Sure.

Dr. ZUBKOV. And I think I forgot to address one question about the importance and impact of alcoholism. I've met with many politicians because, you know, all of our fundraising is done, you know, on the very personal level. You have to meet with people. You have to convince them to do it. And, you know, out of 25 meetings, one usually works. And I've met with some pretty high-level politicians, and everybody admits that it's a national disaster and this is a national threat which could destroy the country.

And at the same point—you know, at the same time, you know, one of the very rich people whom I met, he said, so what? I mean, I would donate $100,000. But I won't donate to your cause. I mean, I'm not interested. And that's—but everybody, you know, in church, in ministry of health, they say it is a problem, No. 1.

And there is a program which is called Health of the Nation which allocated a pretty significant amount of money and—but so far I don't know what came out of it. I don't know if anything. And as for the church, you know, I think all tobacco scandals expired in the 1990s. the most recent tobacco scandal was in 1996/1997. But the attitude in general, I think it's about control, it's about merging with the state and, you know, establishing control and, you know, the concept of "Russki mir," Russian world.

But even the rehabs—I mean, some of them, they have a modified 12-step program, which they modify and they call it orthodox steps of sober. But basically these are transformed and changed, you know, 12 steps, away, even to the point—but they don't want to endorse something which is completely independent and unaffiliated with them.

Ms. BROWN. I was just going to really quickly add to the question about corruption. You know, it's—in a country like Russia, I'm sure you know, where there's very little transparency and a lot of incentive to not uncover difficult truths by both journalists and other advocates, there's been discussion in the public sphere about how much of a role corruption plays in the ongoing production of counterfeit vodka, but also this kind of—what we've been discussing—inability to really get your—the government's hands around the problem and turn to steps like AA. And corruption often comes up as one of the issues.

So I want to put it out there. Unfortunately, you know, no one has been able to actually identify, you know, what government official is responsible or what ministry. But when you look at the problem and the way that it's not advancing, you have to—it's just the elephant in the room. Like, whose vested interests are there that are preventing, for example, the counterfeit vodka industry from being dismantled?

Mr. PARKER. Yeah, please.

QUESTIONER. My name is Lawrence Avasian. I am the Director of the U.S.-Russia Civil Society Partnership Program. And it's the analog to the Bilateral Presidential Commission. There are working groups under this new program, including public health. And we're going to be very interested in talking to you about how this might fit in under the public-health aegis.

My question is—are my glasses on—twofold. One is, to what extent is this a problem among women in Russia as well as—of course, we know it's probably dominated by men.

But to what extent is this a problem among women? And on the other hand, since we know alcoholism is a family disease and often an alcoholic may not hit a bottom until the family confronts him or her, how widespread is the growth of Al-Anon and the recovery of the family of the alcoholic?

Mr. PARKER. Thank you. Please, have at it.

Dr. ZUBKOV. OK. There are, in—I know in big cities there are several Al-Anon groups, though I cannot give you the numbers. I don't know how many. But I know in St. Petersburg, there are five, probably, Al-Anon meetings, probably. I just cannot give you the numbers offhand. I can look them up and, you know, give it to you later. But I don't have the numbers at once.

And, you know, the family—of course it affects the families. And, for example, we have a family program which is 10 years old at the House of Hope and which is very good, which is very efficient, almost, you know, 100 percent of the families of the patients who are at the House of Hope, they subscribe to the family program. And most of the rehabs, they do have family programs.

As for conception of women, when I started to work—that was 1979—I do remember that the statistics we were provided, that ratio between male-female of alcoholism in the Soviet Union was 1 to 10. I think by 1993 this ratio changed by nine to eight. Current, nine to eight—I—one to eight, one to eight. One to eight, yes. Unfortunately, I don't know current numbers. I don't know today's numbers. I just know numbers on the register, which Minister Bolik (sp) provided on the register. But that numbers I do have.

Ms. BROWN. I'll just—if you don't mind, I'll just add. In the story that I did for the World Policy Journal, there's a statistic on fetal alcohol syndrome, which obviously concerns consumption of alcohol amongst women. And in the city of Murmansk, some American academics did a study of the children in the orphanage and studied, you know, the percentage of those children who were born with fetal alcohol syndrome. And they found that more than half were. So obviously the people who end up having to turn to orphanages for help are in a specific situation.

But another study that I looked at was from St. Petersburg. A group—I think it was from Tufts—they surveyed women on the street, and I believe maybe in a gynecology clinic, and asked them about what they knew about the effect of alcohol on pregnancy. And basically 80 to 90 percent of them answered questions about how alcohol affects you very accurately. But about one in five said that they'd recently drunk heavily.

So it's not just a question of lack of information.

Dr. ZUBKOV. Also one comment on the prison system and the gravity of the situation. We—our guest—we had Vitaly Mozikov, who's currently—he's working for the President's administration in Moscow. But he was the DA for the prison system in St. Petersburg, 20,000 beds, pretty big system. And he provided numbers—I think that was 1997 or 1998—that 82 percent in prisons of northwest were there because they committed their crimes while being under the influence of alcohol. Eighty-two percent alcohol induced crimes. So that was 1997.

Mr. PARKER. Do we have other questions? Please.

QUESTIONER. Pat Starix with the Commission. Two questions. So when I was reading about this topic, I came across an interesting statistic. During the—at least in the 1980s, when Gorbachev introduced the "end the alcohol" campaign, a significant amount of deaths were attributed to the drinking of—I don't know if this might fall under your

counterfeit alcohol—or rather vodka—topic, but I think it's industrial alcohol, as in, like, ethanol, or maybe sometimes even perfume, like that people would be driven to drink this when vodka wasn't available. I was wondering if that's still fairly prevalent today, and also, like, what the Government can do, if anything, to regulate that in society, like regulate people drinking those industrial alcohols.

And also, how in the Russian public is alcoholism viewed in, like, comparison with, say, heroin addiction, which I know is—I think Russia is the No. 1 country in the world in terms of heroin addiction? Is it viewed as less, like, important? Because I know there's been various efforts to stem the flow of heroin from Afghanistan in recent years since the war began.

So it's two questions: namely, how can they restrict industrial alcohol use for drinking, and also how is alcoholism viewed in comparison with other drug addictions. So thank you.

Mr. PARKER. Ms. Bender? You had a question? We can take them in a row.

Ms. BROWN. You're absolutely right. That's one of—the consumption of substitutes for vodka is much more common in Russia, and I think it's sort of—when you hear about it, it's quite shocking when you hear about what people put in their bodies, because they're so desperate for alcohol. Antifreeze is one of them, and cologne, like you mentioned, and medicines; anything that has alcohol in it.

Now, it really depends upon who you talk to. The man who's the expert on the counterfeit vodka industry is one of the only people in the country who tracks consumption numbers of vodka. But he also sells his statistics to people who produce vodka to liquor companies. You know, unfortunately he's not completely objective.

But his position and of course the position of the alcohol lobby in Russia is that when you make vodka too expensive, people turn to substitutes. So they argue that taxes should be dropped or lowered on vodka. They think vodka should be made more economically accessible. And I haven't heard any other argument or suggestion in my reporting about another way to prevent that, unfortunately, other than to treat addiction; other than to help people cope with their addiction to alcohol.

I can't comment on the heroin issue. Genya, will you comment on the heroin addiction?

Dr. ZUBKOV. Well, I think heroin addiction is much more communogenic in Russia. Therefore, heroin definitely viewed differently than alcohol. And alcohol is almost—it's a household phenomenon. People don't criminalize. I mean, they—you know, if you're on a bus, I mean, they might let you—the seat, they might let you sit if you're drunk. They will sympathize with you. There's, you know, a lot of tolerance of drinking in public, even the alcoholics.

And heroin addiction is very heavily stigmatized, and, you know, any addiction, for that matter. And it also gets a lot of attention in the media recently for, you know—as drug addiction, because a lot of children or rich people, they—you know, they get addicted. They get addicted to cocaine. And therefore, you know, the campaign is spearheaded.

Even, you know, some officials from your departments and, you know, from the President's administration, they have cocaine addictions and heroin addiction, and that's very difficult to fight. And therefore there is a lot of attention, official attention to the problem. Though it's not a major killer of population in Russia.

Mr. PARKER. Thank you, Dr. Zubkov.

We're pleased to be joined by Dr. Margaret Murray from NIH to give us the U.S. perspective on how we treat alcoholism in the United States. Again, we've constructed this briefing to be a two-way street. And one of the questions I do hope we can address is, we've heard a lot about the problems in Russia. I'm wondering, what can we here in the United States—you know, how can we benefit from Russia's experience? Are there treatment modes or things that are happening in Russia that we're not doing, things we can learn. And hopefully after Dr. Murray's presentation we can perhaps explore that a little bit.

We will set up a PowerPoint here, and while we're doing so, I'd like to take a moment and introduce Dr. Murray, who's the Director of International Research Programs at the National Institute on Alcohol Abuse and Alcoholism at NIH. Dr. Murray directs NIAAA's efforts in international research collaboration, spanning each of the institute's priorities in biomedical, epidemiological, prevention, and treatment research. And this includes serving on the U.S. Science and Technology Committees, NIH and governmentwide initiatives in global health, representing NIAAA to multilateral organizations such as the World Health Organization and the National Academies of Science Committees. She's primarily responsible for facilitating collaborative relationships at the individual institute and scientist level; is well published on the subject.

And Dr. Murray, are you involved in the BPC health working group that we do have with Russia?

Ms. MURRAY. Yes.

Mr. PARKER. OK. And also involved in—as I had thought, in the BPC discussions.

We can begin your presentation.

Ms. MURRAY. So you want me to cue you for the——

Mr. PARKER. Yeah, sure, we'll work it out.

Ms. MURRAY. I'm sorry I'm late, because I've been told before to visit this program called the House of Hope. And I haven't—when I'm—the last time I was in Russia, I had absolutely no time to do so. But I will do it, I promise, the next time I'm there, which is going to be in a few months.

The National Institute on Alcohol Abuse and Alcoholism is 1 of the 27 Institutes that make up the U.S. National Institutes of Health. We can move to the next slide. And basically our mission is to do research on every aspect of alcohol. We cover everything from the cell to taxes, so tax policy that has to do with the price, which we were just—I just heard a question when I came in—talking about, as well as what happens on the cellular level when alcohol is ingested.

Next slide. So why do we have a special focus on alcohol? Whoops, we can kind of rush through these, because alcohol—first of all, it's legal, widely used, easily obtained. And it's part of the social context of the United States as well as many other countries. Alcohol has both beneficial and harmful health effects. It's used by most people, actually, without causing harm to themselves or others. So there's not a huge number of people that will become addicted from alcohol use.

However, because it interacts with the whole body and risky drinking produces intoxication, even people who aren't addicted can have problems from it. And it's a leading risk factor for morbidity and mortality throughout the world.

This next slide shows alcohol consumption. This is from the World Health Organization. It was published in Lancet a few years ago. And the latest numbers from WHO don't

change it much. But you can see this is consumption of alcohol in pure liters of adults aged 15 and older. You can see the—I don't know if the colors are coming through really clear. But with few exceptions, it's the high-income countries that have the most alcohol consumption. And Russia is one of those exceptions.

Next slide. And of course, because of—is this the next slide? Yeah. OK. Because of alcohol consumption, the burden of disease associated with alcohol is spread out in the same pattern, as you see in this slide, also with data from the World Health Organization.

OK, next. So there's two distinct patterns of drinking that we have to be concerned about. One is binge drinking, which is drinking too much too fast. And we define that in the United States as about five drinks for men and four drinks for women over a period of 2 hours. And that's because it raises the blood alcohol level to—the BAC to 0.08, which is our legal intoxication limit in the United States. And that's based on an average BMI, so an average-sized man or woman. And of course there's variations in those.

This is a particularly prevalent pattern of drinking among young adults in the United States. And it's associated with a lot of morbidity and mortality. The other part is heavy drinking, which is drinking too much too often. So it's the frequency of use. And we say if you're drinking more than 5 drinks for men and 4 for women in a day, and if you're drinking more than 7 drinks in a week for women and 14 in a week for men, that your frequency of drinking is too high. And it's associated with all of the more chronic conditions that can arise from alcohol use.

This next slide shows the frequency of risk drinking in the U.S. population. And because we define it that way—and that's based on a population study of 40—more than 40,000 individuals that we do in the United States. And we're one of the few countries in the world—in fact, I'm not sure of any others—that do a population study. In the past, we always study treatment populations. You know, we looked at people who came in for alcoholism treatment. And our understanding of the disease was based on that.

Now, because we look at a general population, we've had a very different view and a very different picture of alcohol—problems in alcohol addiction. So 65 percent of the U.S. adult population are current drinkers, and about 59 percent of those drinkers did not report risky drinking. So they're not drinking over those limits.

You can see in the graph on the—well, OK, we'll go on to the next slide. [Off mic]—go back—you see the graph on the right: As you increase your drinking, you also increase your risk for alcohol dependence. And that's what we're talking about when we talk about the disease of alcoholism.

OK, next slide.

So what we've done in the United States, at least since 1990, when we had the Institute of Medicine take a look at alcohol problems across the country, we started to look at a continuum of problems and the chronic dependence, which is around 1 percent of the population, is a very small portion, but that's the portion that we talk about when we talk about either inpatient or outpatient treatment.

Now, severe dependence—likely those—that group will be treated in outpatient treatment. But the other groups, the mild to moderate group, that, nowadays, we're treating in primary-care settings. So these are people that won't even enter the treatment system. And we started doing that because only a small percentage of people who meet the criteria for alcohol problems actually ever go into treatment.

And the other important fact to remember is that people might recognize they have a pretty heavy problem with alcohol. It might be 10 years before they get into the treatment system. And it's not because—well, it has to do with a lot of things. Stigma is one. Another is that, you know, the—they—people just—it interrupts their lives to such a point. So they have to—start having problems with family and legal problems and work problems, and sometimes be forced to get into that treatment system.

So we think that we have a better approach by starting to look at problems early on when they're in that mild and moderate phase. And we have interventions that work very well when delivered by primary-care physicians in hospital settings and in primary-care treatment, where an individual might not even think they have a problem with alcohol yet, but they go in and they get an opportunistic intervention.

OK. We look at alcohol-use disorders themselves. About 7 percent, little over 7 percent of the U.S. population currently would meet the criteria in the Diagnostic and Statistical Manual for substance abuse or dependence. So those people would have an alcohol-use disorder, we would say. They meet the criteria. And of those, an awful lot have comorbid drug use and also psychiatric disorders. So when we talk about treatment, we often have to talk about treating all of these things at the same time.

We've done a lot of research over 40 years on different treatments. And I think today we're focusing more on the behavioral treatments. And if you see those listed here—the cognitive-behavioral therapy, the 12-step—what we call 12-step facilitation, which would be any program that's based on a 12-step method; motivational enhancement, community reinforcement, and marital behavioral therapy. All these have been proven to be effective. They all work.

We need to know more at this point about which patients do better with which treatment. And that's where we're focusing our research today. But all of them work, I would say, more or less equally well.

The other treatment I call—we have up here called "screening and brief intervention," that's what we do in the primary-care settings. And that's actually got the strongest evidence base for it; that's got the strongest treatment effects.

We can go on to the next one. The other area that we're working on very much, we're very focused, is on medication development. And there are a few medications that are approved currently. And I know they're approved in Russia as well. Vivitrol is approved in Russia. They're not widely used by treatment programs in the United States; I don't know about Russia. I think there are a number of reasons for that. And I think the biggest one is that our treatment system is sort of based on a non-medical model in the United States, so we don't do enough with the current medications that we have.

But also, the treatment effects, while they're good, and they work better for some people than others, they're not strong enough yet that we have a lot of people convinced. So we're continuing to look at new compounds based on what we're learning about how alcohol affects the receptor system in the brain and how we can develop medications that can reduce craving and reduce that continual desire or addiction to alcohol.

So in the United States, when we look at residential versus outpatient care, most of our treatment is outpatient, although about 27 percent of facilities offer inpatient care. And there are insurance programs that will pay for inpatient care in the United States, although the managed-care policies pretty much favor the outpatient care. These are the

28-day programs that you hear so much about. They use a variety of the treatments that I went through very quickly.

So in a given facility, you would have 95 percent of them that offer individual therapy and 89 percent that offer group therapy, and a little less offer family counseling. So all these take place within the same facility. You see that pharmacotherapy number is only at 42 percent, and that includes patients who are getting help for their comorbid mental-health disorders, so they might be getting antidepressants to treat depression or an anti-anxiety medication. And only about 24 percent are using the medications that we currently have available to treat dependence.

Alcoholics Anonymous has been an extremely important mainstay of treatment in the United States. And most programs offer AA to patients who, while they're in the inpatient and outpatient setting, but also for—they provide the aftercare that's needed for most people. I've been in this field for a while and I've seen a lot of scientists, especially the people working on medications, try to say, well, AA, what does it really do, and, you know, there—you'll see reviews in the literature; especially Cochrane Review has a famous one where they say, well, you can't say that AA really helps or that it—or that it doesn't help.

But that's not really true. While there have not been studies that compare AA to no treatment—and that's because the Alcoholics Anonymous people don't want a study like that—they don't want to have people not have the option to go to AA, which I think is a good, ethical decision.

But when you compare it with other treatments, it's actually showing that it does have an effect and it does have a positive benefit. And those positive benefits, it seems from researchers that are focusing on AA—and it took a while to find people who were willing to, you know, research AA—it's both the social support for abstinence that AA provides, as well as enhancing an individual's spirituality, which we know is key to recovery for a lot of people.

So when we've actually looked at AA in studies in the way that it is ethical that we can, we see positive benefits.

And the other thing is, AA is so accessible. There are some people who say they never find a meeting that they, you know, can feel comfortable in. But most people can find an Alcoholics Anonymous meeting where they don't have to miss time from work, they're around people that they feel are their peers, they like the anonymity and they like that social support that they get.

And there are meetings—I live right across from Grace Methodist Church in Gaithersburg, MD. It's one of the oldest AA meetings in Montgomery County. There are three meetings a day in that church, and there have been for almost 100 years—or actually, I can't say that, because AA—the church is 100 old, but AA's been around for 70-some years. And Christmas Day, Thanksgiving Day. And it's open, it's accessible, and people can go, and nobody has to know that they're there. You know, they—you don't have to tell your employer, you don't have to access your insurance program. Morning, noon, and evening you can find an AA meeting.

So in spite of some of the scientists who say, well, we really don't know if AA's effective or not, I would have to say that it is. And the research that we've done shows that.

OK. NIAAA is 40 years old, so we try to take a look at the next 40 years. And what we're hoping is for a more complete repertoire of medications that will actually be more

effective than the ones we have now and reach those people where current medications are not doing so much.

And finally, personalized treatment. Because there are so many treatment options, we need to know about individuals and how they match up with treatments and what would be the most effective treatment for people. So that's what we're working on now, is to be able to say to an individual, you know, based on your genetic makeup and, your—you know, your profile, we can recommend this type of treatment. And that's what we're hoping to have available from our research.

Thank you.

Mr. PARKER. Well, thank you, Dr. Murray. That was quite a presentation and gives us a lot of meat to chew on and discuss here.

I will start and turn it over if there are any questions here now that we've had the full panel and learned a bit about both approaches.

I would just mention here, we focus on the OSCE region. And alcoholism, of course, isn't unique to Russia or the United States. I can recall some months ago the World Health Organization study listed Moldova as the highest consumption in terms of liters per capita of alcohol. But of course Russia is the biggest country, and the United States has double the population. So I would hope that if you get these two heavyweights together on their approaches, there can be benefits even beyond treating this disease.

And I really hope that if anyone has comments on what might we learn, what might we take from the Russian treatment model, one of the things we haven't discussed today much at all and I don't know that we'll have the time to, are all of these alternative treatments that are beyond the medications we're seeing, you know, hypnotism and—and I know they often get rolled eyes, but the alternative approach. There have been recent reports in our own media about alternative medicine in the United States being used extensively and possibly working maybe because of placebo effect, but again, getting a result.

And there was a news report I saw in Russia that looked at Russians accessing health care and found that a lot of the health care they were accessing was indeed the nontraditional health care that was often provided by a primary-care provider who was a traditional doctor but was offering something by way of acupuncture, herbalism, hypnotism, other types of things.

Also, Dr. Murray, on the BPC, one of the things that I heard from colleagues at HHS was that, first, not a whole lot has been discussed in the health working group on this at the BPC, and that some of what has been discussed involves what seem to be euphemistically termed "harm minimalization" programs involving methadone clinics, needle exchanges, and noting Russian resistance to that approach.

One of the reasons we focus on the 12 steps here today—apart from the big reason that they work—is that, one, they don't cost anything. They're not nearly as controversial as some of the other approaches. And also, interestingly enough, AA doesn't really even take a position on alcohol itself. It's not a temperance society. It's not aiming to do away with or even tell people not to drink. It seems to be saying, if you've gotten sick, here's what we have. And if you like what we have, come and listen to what we do and take what you need, leave the rest, etc.

But I'm wondering if you could comment a little bit on that. Again, what does the United States have to learn from Russia? How do we benefit in this two-way relationship with our Russian partners?

Ms. MURRAY. Well, NIAAA has done a number of collaborative research projects with investigators in Russia over the years. While we haven't focused on treatment—and that—you know, that's interesting that it's an omission. I was thinking about that on the way over. We've worked on, actually, an interesting study in the 1990s on the topology of alcoholism. And what we basically found out—that alcoholism is the same whether you're in the United States or you're in Russia or in any other country. We've also worked on alcohol's involvement in HIV epidemic, as well as we've done a lot of work in fetal—probably the most work has been in fetal alcohol syndrome and prevention of fetal alcohol syndrome.

I think there's a lot that the United States can learn from methods of treatment. And I know that Russian scientists are also looking at medications to treat addiction. The fact that Russia has a medical specialty in narcology that we don't have in the United States—so it's a branch of psychiatry—I think that's very important. We don't have that. We're starting—we do have addiction psychiatry, and we're working with the—some other groups of physicians on developing a specialty in addiction medicine. But we don't have it currently, and Russia's had it for a long time.

So Russia has always taken a medical view of alcoholism, whereas it took the United States a long time to come around to that. Russia also, you know, has, I would say, almost—at least, you know, when times are good, the treatment system in Russia is good because it's inpatient and it's over a long enough period of time.

One issue that I would like to explore, whether it's a deterrent or not, is the fact that alcoholics have to be registered in Russia, people who receive a diagnosis of alcoholism. And I don't know how much—how much that deters people going into treatment. But I'd be interested in learning about that.

QUESTIONER. A bit on the question that you had in regards to the Bilateral Presidential Commission and alcohol and other addiction-related activities. I'm actually the person at NIH who coordinates the NIH activities on BPC, and you rightly mentioned that there is perhaps a little bit more information on the drug abuse activities because of SAMHSA's part in the BPC, in the health working group, because SAMHSA has kind of this whole separate activity that they're doing with Russia.

So NIH being bottom-up—you know, scientist-to-scientist driven, a little bit of a different approach in what we are able and are doing with Russian scientists. So some of the activities that Peggy just described as far as the collaborations with Russian scientists are the things that we're doing. And the needle exchange programs, they're obviously not a research thing. They are a programmatic question.

So there are studies that are evaluating their efficacy. But, as you know, in Russia that is against the law, to do needle exchange. So a lot of those programs had to be stopped in Russia.

The one thing that we're doing actually together with NIAAA, we are organizing a scientific forum, which will happen in Moscow this coming November. And there will be a whole section on alcohol, mostly focusing on prevention and other related aspects—not necessarily treatment, because again, NIH does more research. So we could study the treatments but not actually provide them. So that's kind of a difference.

And I think some of these kind of discussions that we get into is that we're often asked, you know, why aren't you supporting treatment programs in country A or country B? Because that's not what NIH actually does. We can study those approaches that are used by these different methodologies, but not actually provide the resources to fund them.

Peggy will be going together with the Director for NIAAA in November. So hopefully we'll have some more details to report after that meeting. But that's——

Mr. PARKER. Thank you. That's very interesting. And I would note, SAMHSA, as you mentioned in a recent report singled out none other than the national capital region for being, I think, the highest in terms of alcohol and drug abuse.

So this is a topic and an issue that's directly relevant right here, even in this town—especially in this town.

We are up against the time that we have allotted. Are there any last-minute questions to go into the record before we close the record?

Mr. BENTLE. I want to thank the Commission for including Dr. Zubkov and Heidi, and in particular thank Dr. Zubkov for his tireless work over in Russia over the last 20 years. My dad started that as a means of keeping himself sober. And in addition to the 4,500 patients we've had there, we've had about an equal amount go through the family program, which I think—you know, if we can break the cycle of alcoholism for generation to generation, at least that's a great start.

I'm also involved with Father Martin's Ashley up in Havre de Grace, and we're working on a program with our returning men and women in the service. And the drug and alcohol abuse in terms of our recovering vets is something that I think is germane both to the Russian population and the U.S. population.

But I want to thank the Commission, Kyle, Mike, and the rest of you for bringing attention to this issue. The pharmacological and the other aspects, working in the different facilities that I'm involved with, and it's growing, it's coming.

But at the end of the day, I think as long as you can get the recovering alcoholic a sense of hope and that someone else cares, that's what I found out when I was over in Russia last month, putting my dad's ashes in the ground over there, is the sense of belonging and knowing that there's someone else out there that cares really makes a difference, and getting that person to make that first step out.

And to anybody else in the room that has ideas in terms of how to get EAP programs going over in Russia, to help us with the children's—the family planning programs or make us better aware what other resources might be available to ensure that the continuance of House of Hope is a beacon of help for the Russian people and for a less—to be able to expand to the other regions, as Dr. Zubkov had referred to—there's a great need, there's a great desire.

Just given where philanthropy is in Russia, it's very, very difficult to work. And again, I applaud Eugene for 20 years not paying any graft, not paying any takes, and working in a very difficult political-social-economic environment in order to keep the house alive.

So thank you, Eugene, and thank you, Commission.

Mr. PARKER. Thank you for your perspective. Do we have any last-minute—any burning desires, as they might say? I am glad you mentioned the veterans aspect. You know, our Chairman, Chris Smith, was Chairman of Veterans Affairs and did some inter-

esting work on these questions, particularly homeless veterans, which, again, you know, alcoholism and drug abuse are issues that are found in that milieu as well.

With that, I will thank everyone and turn it over to Mark for the last word.

Mr. MILOSCH. Once in a while I get the last word. You know, I would like to turn the last word into the last question. I was reflecting on what we've been doing here. And it seems that—this is a bit different from the usual Helsinki Commission event. You know, usually we do something that has a clear U.S. foreign policy take, or hooks into a clear U.S. foreign policy issue and is a foreign policy goal, affected. And, you know, action items come out of our hearings and briefings.

And that's a good thing. The Commission was created for—to promote change, and especially in human rights and humanitarian affairs. And alcoholism certainly fits in with the humanitarian concern.

This briefing is a little bit different. It's not exactly so clear. If I were to say, you know, where does Congress go from here on this issue, it's really far from clear. We're, you know, very happy to provide a forum on this issue. And I'm sure the Congressman—the Chairman strongly supports what each of you are doing on this.

But before I close, I would like to ask you this question of, you know, what Congress's role might be, where we might go from here. Is there a—perhaps a programming element to what we're talking about here? Would some other sort of Congressional action be called for, other than the forum that we've provided today? You know, it would be very helpful to hear about that.

So one last question, and I'd like to hear from each of you, please. Thanks.

Ms. BROWN. I don't think I'm going to comment on that. I mean, I think this is a great start. We started the conversation here. You know, before Dr. Murray came, we were talking about the benefits of therapy. You talked about the benefits of pharmacological treatments. Seems like there's a lot more discussion that has to happen before we can talk about Congress taking steps or taking any action, in my personal opinion.

Mr. MILOSCH. Mr. Zubkov?

Dr. ZUBKOV. I also think that this could be a beginning. Because we have a lot of contacts and opportunities in Russia. And, you know, while I was talking about the House, I wanted to say what initiative one person can do. But if the recent organized group—you know, which will deal with the situation—you know, the situation can be changed critically. I mean, one person did what he did, you know? Thousands of people, you know, hundreds of meetings started in the country. But this was an effort of one person alone, international effort.

You know, there's a group cooperation, there's a group effort. And, you know, Bilateral Commission, a lot—many positive things could happen if it's in the focus of attention of two countries.

Mr. MILOSCH. Thank you, Doctor.

Dr. Murray?

Ms. MURRAY. You know, it's an interesting question, because I think that, you know, Congress probably could do something to, you know, formalize some of the discussions that go on between the United States and Russia. We've been working—trying to work together with Russian scientists and, you know, Russian investigators that study alcohol over a number of years. It is, as Maria explained, a bottom-up approach. But to have some top-down to go along with that I think could possibly be helpful.

So even—you know, just some kind of a formal statement about, you know, the encouragement of the two countries working together because we don't have enough scientists studying alcohol in the world. And so any place where we can have groups working together, we're going to get closer to getting better answers.

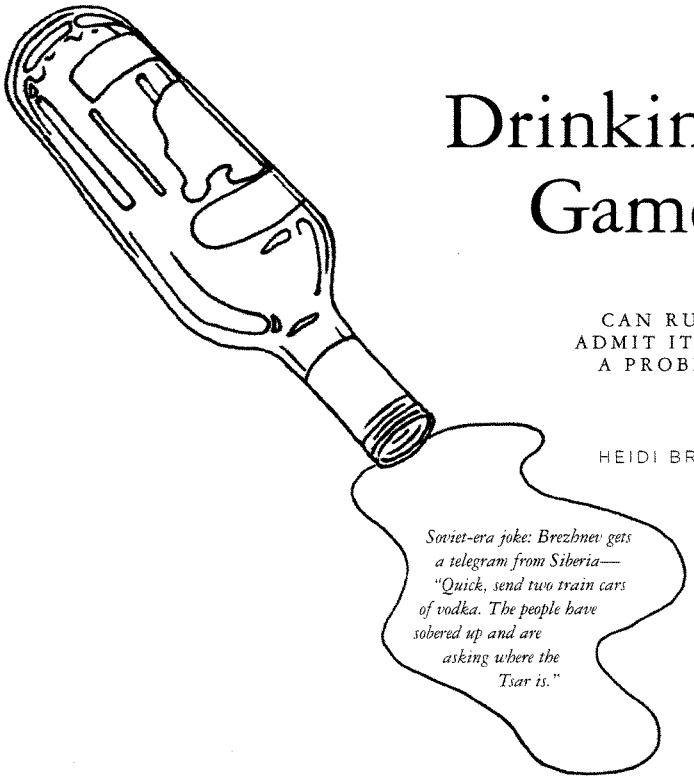
Mr. MILOSCH. Thanks very much. There is a Congressional Caucus on substance abuse and alcoholism. And we'll be sure to get the transcript of our briefing to them. I want to thank all of you for participating, and thank Kyle for organizing this, and Josh Shapiro and everyone else for participating.

Thank you very much. We're adjourned.

[Whereupon, at 4 p.m., the briefing ended.]

APPENDICES

REPORTAGE



Drinking Games

CAN RUSSIA ADMIT IT HAS A PROBLEM?

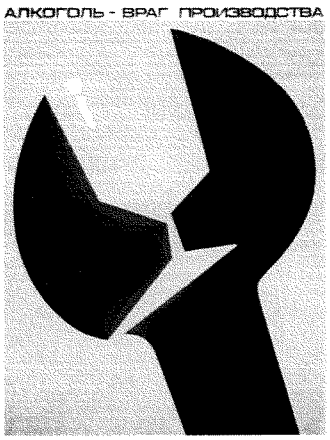
HEIDI BROWN

Soviet-era joke: Brezhnev gets a telegram from Siberia—"Quick, send two train cars of vodka. The people have sobered up and are asking where the Tsar is."

MOSCOW—Visitors to Russia are often shocked at the ubiquity of inebriated people. It's easy to spot the dirty, red-faced men of indeterminate age stumbling down the street, cigarettes drooping from their mouths. Teens hang out in small groups in city parks, nonchalantly passing bottles of beer back and forth. On the crowded subway, the smell of alcohol on commuters' breaths is noticeable—even in the morning.

Of course, Russia doesn't have an exclusive claim to alcoholism or drug addiction. In the United States, there are 56,000 chapters of Alcoholics Anonymous. Americans spend $20 billion a year at private treatment centers. But there is a specific eeriness about the problem in Russia. It is widespread, it is socially accepted, and it has transcended regimes—from the tsars, to the communists, to today's hybrid of democracy and authoritarianism. Increasingly, however, officials are admitting that it poses a threat to the survival of the country itself. In 2009, advocating stepped-up efforts to reduce alcohol abuse, the former Soviet leader, Mikhail Gorbachev, observed that "we are destroying ourselves, and then we will look for who destroyed our country, who made us drink."

The idea that alcohol is destroying Russia is not sheer hyperbole. Russia's population, 150 million at its peak in 1991, has been on a steady decline since the Soviet collapse. It now stands at just 140 million. Many factors account for the drop. The health system has deteriorated, hundreds of thousands have emigrated, and birth rates have dropped. But it's the stubbornly low life expectancy that is obstructing Russia's chances of survival. A Russian boy born today will likely live about 60 years, fewer than any of his West European counterparts—or even boys in Yemen. According to a recent report in the British medical journal *The Lancet*, the staggeringly high level of recorded alcohol consumption—nearly 8 gallons annually per adult male, double the figure in the United States—is a major factor in this demographic disparity. A 35-year-old Russian man has a 27 percent chance of dying before age 55; the probability for a Western European male of the same age is 6 percent. The magazine's researchers found that half the deaths among Russian males ages 15 to 54—whether from car accidents, heart attacks or suicides—are alcohol-related. Even the Russian government acknowledges this grim toll, reporting that excessive alcohol consumption plays a role in 500,000 deaths a year. The government also notes that 23,000 Russians die of alcohol poisoning every year. Fewer than 1,500 Americans meet that fate annually.



"Alcohol—Enemy of Production" (1985)

THE MUSEUM OF ANTI-ALCOHOL POSTERS

In May 2010, Russia's Ministry of Healthcare and Social Development reported that a recent survey had found that there are 2.7 million alcoholics in the country. The World Health Organization tells a different story. In the United States,

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it says, 5 percent of the male adult population has an "alcoholic use disorder;" in Russia, it's 16 percent, or about 7 million people. The proportion of those who are "heavy episodic drinkers," those who consume 2.1 ounces or more of pure alcohol at least once a week, is 13 percent in the United States and 22 percent in Russia — at least 10 million men over the age of 15.

The epidemic's tentacles reach into the lives of children, particularly those from disadvantaged backgrounds. A 2006 study by a Tufts University team in the northern city of Murmansk, a city of 300,000, found that more than half the children in its orphanages suffer from fetal alcohol syndrome. FAS distorts facial features, producing a flat nose bridge and a flat upper lip, and can cause severe learning disabilities and behavioral problems like hyperactivity. But the high rates of FAS do not appear to stem from a lack of information. In St. Petersburg, researchers from the University of North Dakota interviewed 899 young women about their drinking habits to find out if they understood the risks of drinking while pregnant. They found that nearly 35 percent of pregnant women had a drink in the past 30 days, and that 7 percent had more than five drinks on at least one occasion while pregnant. They reported that 90 percent of the women surveyed said they knew drinking during pregnancy could "have a negative outcome."

Excessive drinking and alcoholism effect virtually every major institution in Russian society—even the Russian Orthodox Church. One priest at Moscow's Danilovsky Monastery, who runs Alcoholics Anonymous meetings in his church, says he has heard that as many as a quarter of all priests in the order battle alcoholism. Viewing alcoholism as a disorder of morals—a sin, rather than a disease—has led the Church to ignore the issue for centuries. Today, the Church is just beginning to acknowledge that alcoholism is a problem (for its congregants, at least) and has posted articles about the issue on its website.

However, Patriarch Kirill, the Church's spiritual head, has said that Alcoholics Anonymous presents an unacceptable replacement for God. More troubling, he has recently reversed a policy that permitted alcoholic priests to use non-alcoholic wine at church ceremonies, says the priest at the Danilovsky Monastery. (The priest asked to remain anonymous because his views run counter to those of the powerful Patriarch, who is known to be close to the Kremlin.) "This is a very secret, very intimate problem," the priest says.

A MEANS OF CONTROL?

Vladimir Putin, the current prime minister and the single most powerful person in Russia, is a famously passionate teetotaler, so one might expect his government to confront alcoholism with a fully funded, robust national plan. And yet Putin and the president, Dmitry Medvedev, have responded with conflicting messages and feeble strategies. Recent moves include raising the tax on liquor—which could simply force impoverished drinkers to consume counterfeit spirits—and restricting alcohol advertising, which seems unnecessary in a country where people don't need any inducement to imbibe.

ALCOHOLISM NOW THREATENS THE FOUNDATIONS OF RUSSIAN SOCIETY AS PROFOUNDLY AS IT DID IN THE SOVIET ERA.

Experts in Russian alcoholism are suspicious about the government's purported commitment to addressing the epidemic. "The government's attitude toward drinking has been ambiguous since the tsars," says Yevgeny Zubkov, a New York-based psychiatrist who trained in Leningrad and at New York University. "The authorities saw the detrimental effects of alcohol, but on the other hand, it helped them rule the country. A drunk population didn't notice the hardships and was easier to control."

That basic calculation has managed to survive the momentous political upheavals that shaped Russia in the past century—the Bolshevik revolution, the Soviet era, the collapse of communism, and the rise of crony capitalism. Regardless of all those transformations, no Russian government has ever seriously attempted to provide or encourage the treatment of alcoholism.

Russian alcohol-abuse treatment is still dominated by the practice of "narcology"—a pseudoscientific approach developed during the 1970s that involves varying combinations of detoxification, powerful drugs and hypnosis. Regrettably, the reliance on narcology survived the shift from communism to capitalism, fully intact. Foreigners who have tried to introduce more advanced approaches have found it difficult or have been actively thwarted. Addicted or sick Russians have few effective options, and alcoholism now threatens the foundations of Russian society as profoundly as it did in the Soviet era.

DRINKING WAS SO INTEGRAL TO SERFS' DAILY LIVES THAT LANDOWNERS OFTEN PAID SALARIES IN VODKA.

BOOZE *BEEZ-NESS*

There isn't a consensus explanation for why no administration, including the current one, has been able to tackle alcoholism. The reasons encompass a complex set of factors, including the role alcohol plays in traditional Russian culture. During the Soviet period, vodka drinking was an important trust-builder. Since vodka removes inhibitions, drinking made it easier to ascertain whether a fellow drinker was a government agent. At Russians' long, relaxed home parties, any guest who dares to abstain is harangued until he or she joins the party. An American friend of mine in Vladivostok—on medication for tuberculosis—got so tired of the continual pressure to drink that he came up with the one excuse people accepted. He was allergic.

But the traditional Russian affinity for alcohol does not suffice as an explanation for official apathy about alcoholism. After all, other societies with drinking cultures—think of Norway, or Ireland—have been more aggressive and effective in treating the problem, at least in the contemporary era. The difference, perhaps, is that in Russia, booze is big business, and has been for centuries. Experts estimate that tax revenues from spirits made up as much as 30 percent of Soviet government income.

Alcohol is also big *beez-ness*, as the underside of Russian capitalism is sometimes called. Counterfeit and illegal vodka make up a colossal proportion of all vodka sales and production. Mark Schrad, an assistant professor of political science at Villanova University, is currently writing a book about the role of vodka in Russian government and politics. Many Western observers, he says, "don't realize just how ubiquitous semi-legal, illegal and home distilling is in Russia—to say nothing of the recourse to often-poisonous surrogates."

Reliable sources of information about the trade in illicit vodka are hard to come by. Vadim Drobiz, the director of the Research Center for Federal and Regional Alcohol Markets, collects statistics on the vodka industry and sells his research to alcohol producers. Drobiz figures that out of 2.3 billion liters of vodka sold per year, only 800 million liters are sold legally, with the required tax-stamp on the bottle. He says stores also sell 700 million bottles of illegal vodka brought in by black marketers—taken off the back of a truck, or bottles with stamps that were stolen—to which officials apparently turn a blind eye. The other 800 million liters sold annually consist of over-the-counter medicines containing alcohol, home brew (*samogon*) sold out of people's homes, and ethanol.

With each tax stamp costing producers the equivalent of a dollar a piece, and in a country where the average hourly wage is under three dollars per hour, it's easy to see why they try to avoid paying. "That dollar is going into other people's pockets—the store owner, the producer, the distributor, the corrupt official," says Drobiz. "In terms of the [scale of] corruption, no one knows—it's from top to bottom." In 2009, an investigative news program on Russia's Channel One, *"Spetsyalny Korrespondent."* ("Special Correspondent,") aired a segment on the illegal vodka trade that showed police and government officials in a southern Russian region at a wedding for one of the local "businessmen." Every table in the restaurant had a bottle of vodka. Not one had a stamp.

Then there is the money that is made on the other end of the problem. In the last 15 years, private narcology centers have cropped up to fill the void left by official indifference. There is even a Chief Narcologist of Russia, Yevgeny Bryun, who advises the government on alcohol policy. Unfortunately, narcology treatments, which involve harsh medicines and temporary palliatives, don't work for most people in the long run.

President Dmitry Medvedev has paid lip service to the goal of reducing alcohol consumption, and has acknowledged that the government's various measures have been ineffective—even conceding that the epidemic has become a "national catastrophe." But the anemic government response suggests that the Medvedev-Putin government hardly sees alcoholism as a crisis, much less a catastrophe. Their approach is to encourage people to drink less—a worthy goal, perhaps, but hardly a way to address a disease like alcohol addiction, which requires a far more aggressive set of actions. Bryun, as the government's official representative in the fight against alcoholism, is lobbying for puzzling solutions, such as making available a wider variety of alcohol products with lower alcohol content. "We are in schools, colleges, we give lectures, we're trying to teach people how to drink," he tells me. To that end, the Ministry of Healthcare and Social Development posted an interview on its website in which Bryun recommends that people who are drinking at long meals get up, walk around and open windows to keep from getting too inebriated.

The government is slowly introducing a patchwork of regulations. Since 2006, Medvedev has ushered in stiffer controls on alcohol advertising, raised the drinking age to 20, and prohibited hard-liquor sales between 10 p.m. and 10 a.m.—beer and wine excluded. He recently ordered larger warning labels on vodka bottles. Last year,

Putin approved new guidelines issued by the Federal Service for Alcohol Market Regulations, which required a doubling of the tax on vodka, raising the price from three dollars to $3.50 for a half liter, the smallest available bottle. According to the Congressional Research Service, it took a while to get the legislation passed because of resistance from corrupt officials and the booze industry.

The price increases have been controversial. Monthly salaries currently average $615, but vodka is now three to four times more expensive in Russia than in the United States, says Drobiz, the researcher, who opposes tax increases, saying they force alcoholics to turn to toxic substitutes. At the same time, the Finance Ministry has made puzzling statements about the tax. The purpose, it says, is to discourage drinking. But the Ministry also hopes the tax will add much-needed government revenue amid a weak post-recession economy. It's hard not to notice the tension between those two goals and wonder which is the real priority.

As Vladimir Stashkin, a St. Petersburg-based psychiatrist and alcoholism expert puts it, "Medvedev is known for saying we shouldn't terrorize businessmen. That should tell you everything you need to know about their approach to this problem."

DOWN THROUGH THE AGES

In the year 988, the founder of modern Russia, Prince Vladimir, decided to convert his nation to a monotheistic religion. Orthodox Christianity won out over the other faiths partly because it allowed the consumption of alcohol. Although early Russians mostly drank mead or beer, vodka eventually became the drink of choice, since it does not freeze during the long, dark Russian winters. Thanks to Vladimir's decision, vodka, like Russian Orthodoxy, became woven into the fabric of the country's history. In 1223, a landmark battle between the early Rus army and the invading Mongols and Tartars ended in the grinding defeat of the Russians, partly because they had gone into battle drunk.

In the 1700s, Peter the Great made use of his subjects' alcoholism, to astonishing personal gain. He monopolized the vodka industry, then decreed that the wives of peasants should be whipped if they dared attempt to drag their imbibing husbands out of taverns before the men were ready to leave. He also allowed those who had drunk themselves into debt to stay out of debtors' prison by serving 25 years in the army. In this way, Peter managed to perpetuate drinking—and found a steady supply of free labor to fight his battles and build his monumental projects, like the city of St. Petersburg.

In her book *The King of Vodka*, Linda Himelstein tells the story of Pyotr Smirnov, a freed serf whose tiny vodka tavern in Moscow eventually grew into the Smirnoff brand. Drinking was so integral to serfs' daily lives that landowners often paid salaries in vodka. The state, Himelstein writes, benefited by heavily taxing the liquor that the landowners and tavern owners bought. By the 1850s, the year Smirnov opened his tavern, nearly half the tsarist government's tax revenues came from vodka sales.

In the late 1800s, with intellectuals such as Count Leo Tolstoy growing more vocal about alcoholism, Tsar Nicholas II eventually imposed a prohibition on vodka. Vladimir Lenin later maintained the policy after his Bolsheviks overthrew the monarchy. But Russians simply turned to moonshine, making it out of sawdust—a technique still in use today—and using

lead pipes for distillation, which often caused lead poisoning. Seeing the destructiveness of prohibition—and needing cash—the Communist government lifted the policy in 1925, authorizing production of alcohol under a government-controlled monopoly.

Throughout the Soviet era, the government continued its push-pull attitude toward liquor, relying on the revenues—and dulling psychological effects—of alcohol while taking half-hearted stabs at trying to control the problem. During World War II, Stalin ordered his generals to give their soldiers a daily portion of vodka—*sto gram dlya khrabosti* ("100 grams for courage"). This helped numb the malnourished, under-equipped and terrified young men before they set off to fight a war that would kill millions of them. It also helped create yet another generation of alcoholics.

In 1970, Leonid Brezhnev publicly admitted that widespread drinking was slowing the economy. He announced stringent anti-drinking measures, made vodka available only in special stores at certain hours, and raised the price of a bottle to $4 (monthly salaries averaged $134 at the time). He even criminalized "recidivism"—repeatedly showing up to work drunk, or ending up in police drunk tanks more than a certain number of times. (Russian police departments still rely on drunk tanks today.) But jail stigmatized addicts, so they tried to hide their problem and failed to seek treatment. Once again, a coercive approach forced alcoholics to find alternative sources—drinking "non-beverage" alcohol like anti-freeze and cologne, yet another dangerous practice that endures today for those who can't afford the real stuff.

For the drinkers who were considered "criminally recidivist," there were

"Alcoholism" (1985)

THE MUSEUM OF ANTI-ALCOHOL POSTERS

Lechebno-Trudovye Profilaktory—Labor and Treatment Profilactories (LTP). These so-called "hospitals" were run by the state police. Alcoholics could be "sentenced" to as many as three years in an LTP, which generally resembled a prison or a labor colony. The main LTP in Moscow, which held more than 3,000 people, supplied free labor—its patients—to a local auto factory and kept its residents behind bars.

By 1984, the Soviet government had to acknowledge that alcohol abuse was impacting the country's economy. Scholars say Russians were spending 15 to 20

percent of their incomes on vodka. Disgusted and determined to eradicate the problem, Gorbachev implemented the only government-sponsored plan that has worked to date. He ordered the state-operated vodka factories to lower production, issued a strictly enforced rationing system, raised prices further, and ordered the destruction of home-operated stills and vineyards. His efforts resulted in a two-year increase in Russian life expectancy and prevented a million alcohol-related deaths, according to the Russian government's Ministry of Healthcare and Social Development. It was an impressive campaign, but it was reviled by Russians, and Gorbachev ended the measures in 1988.

THE APPARATUS OF A POLICE STATE MAY HAVE FADED, BUT RUSSIAN PERCEPTIONS ABOUT ALCOHOLISM REMAIN UNCHANGED.

FEW OPTIONS

Even Gorbachev's campaign did little to help alcoholics cope with sobriety. Its focus on prevention, rather than on treatment, stemmed from the ideologically motivated isolation of the Russian health-care system during the Soviet period. Doctors rejected ideas that smacked of the West, such as AA and Freudian psychotherapy. The authoritarian, top-down philosophy of Soviet Communism led people to see doctors as people who had all the answers. Patients participating in their own healing was unthinkable.

"Western approaches to the treatment of alcoholism, such as 12-step programs and psychotherapy, didn't gain acceptance, in part because knowledge about, and therapy of, the mind and brain were deeply politicized spheres during the Soviet period," says Eugene Raikhel, an assistant professor at the University of Chicago's Department of Comparative Human Development and an expert on Russia's experience with alcoholism. Even after de-Stalinization, what passed for psychotherapy was "suggestion or auto-suggestion," he adds.

The practice of narcology was a natural outgrowth of Soviet ideology. By putting the patient's "treatment" in the hands of an expert, the patient's progress (or lack thereof) was completely under the control of the doctor—the person with authority. "Narcology had a monopoly on the treatment of alcoholism during the Soviet period," says Raikhel. Narcology also became a means of social control. "It was arguably more closely aligned with the security and policing organs of the Soviet state than other medical specialties," Raikhel explains.

Today, though the apparatus of a police state may have faded a bit, Russian perceptions about alcoholism remain unchanged, and narcology continues to be the only widely available treatment option. Narcologists run highly lucrative outpatient clinics or work in underfunded state-owned hospitals. Many shun new scholarship and practice, much as their predecessors did 40 years ago.

A typical narcology clinic is like a private outpatient treatment center in the West—clean, with modern equipment and an efficient office staff. The difference is that instead of fevers or coughs, they treat alcoholism. A typical course of treatment can run anywhere from 3,000 to 10,000 rubles ($100 to $1,000), with prices often based on how long the alcoholic wishes to remain sober. Rarely is in-patient care provided. In Moscow, narcology clinics catering to the *nouveaux riches* offer round-the-clock home care. Among the services offered is "instant sobering up," which promises to bring

someone in a drunken stupor back to sobriety within two to four hours.

To stop someone from drinking, narcologists have long favored the drug disulfiram (Antabuse), which causes vomiting and headaches when alcohol is consumed. But alcoholics often forget to take their pills, or avoid them entirely, so a popular form of administration in Russia is through a subcutaneously inserted ampoule, known as a "torpedo." This is a time-released form of the drug. The problem, however, is that without accompanying psychotherapy—an essential component of this kind of treatment in the West—the drugs address the alcoholic's inability to cope with life without alcohol. So when the drug wears off, the alcoholic goes back to drinking—with a lower tolerance—and sometimes ends up in the hospital, or even dead.

For one 60 year-old alcoholic, a honey producer named Gennady, the heavy toll of alcohol on his own life is reflected in his community, the Siberian town of Barnaul. "Of the people I went to school with, the women are still alive," he says. "Half the men are no longer on this Earth." Gennady, who asked that his last name be withheld, was a heavy drinker who frequently went on *zapoi*—binges. He tried dozens of ways to get sober, including visiting narcology clinics. There, he was prescribed Antabuse and underwent "re-coding," a method used by narcologists who claim they can re-program an alcoholic's brain so he doesn't drink. He says he has spent more than $3,000 on treatments over the years.

Frustrated with his lack of progress, Gennady went on the Internet, where he read about AA. He then made his way to a small, struggling treatment clinic called the House of Hope on a Hill, in a rural area outside St. Petersburg. It is the only free alcoholism treatment clinic in Russia that uses the 12-step program. After four weeks of treatment, he says, "I see changes in myself already. God brought me here."

LOSING HOPE

The House's origins lie in the earnest generosity of Louis F. "Lou" Bantle, an American tobacco executive. Bantle toured an LTP in Moscow in the 1980s. Horrified by what he saw, Bantle decided to use part of his considerable wealth to try to change things.

He was an unlikely advocate of kicking habits. As the chief executive of U.S. Tobacco (now a part of Altria), Bantle was in the business of profiting from them. But in addition to being a smoker himself, Bantle was a recovering alcoholic. He had gotten sober at one of the decades-old, non-profit treatment residences that dot the countryside of the northeastern United States—places like High Watch Recovery Center and Father Martin's Ashley.

Bantle resolved to bring the 12 steps to ordinary Russians. He bought some land outside St. Petersburg and gave it to Zubkov, the psychiatrist, who became a liaison between Bantle and the House. In 1997, they began building what would become the House of Hope. (Because of Russia's labyrinthine property laws, Bantle deeded the property to Zubkov, who leases the land for a dollar a year to Bantle's U.S.-based charity, which then leases the land to the House for free.)

Bantle's project immediately faced Russian-style challenges—bribe demands from local officials, water stolen by nearby housing developers, even extortion attempts by the Russian mob. But the Home is still in operation and has treated 4,500 people from 110 cities across Russia.

The staffers are almost all recovering alcoholics themselves, and the modestly

equipped center, which treats just 30 people at a time, feels like a home in the countryside. The main building's entrance room is paneled in local birch, with wooden benches wrought by patients and a map of Russia and the former Soviet countries. Covered in pins, each represents the place of origin of the House's alumni. Patients hold their meetings in the upstairs rooms, seated in circles in simple schoolroom chairs. Just like AA meetings anywhere in the world, people take turns introducing themselves and acknowledging their alcoholism to the group. Food is prepared by *babushki*—elderly women who dish up home cooking, such as the nourishing soups that Russians cherish. A one-room chapel fits just a few at a time—it was built to appease skeptical local Church leaders, the House administration says—while another, two-story building is for women only. Outside, there are usually a few people quietly gazing out at the rolling hills, cigarettes held limply, their lined faces conveying guilt, desperation and worry.

Grigory, 60, a St. Petersburg actor, started drinking at the age of 14. Ten years later, he was hospitalized for the first time, at an institution for the criminally insane, and given vitamins. "It was exactly like *One Flew Over the Cuckoo's Nest*," he says. "I saw the most horrible things." Over the years, he tried Antabuse and began drinking wine, thinking, like the narcologist Bryun suggests, that he needed to learn how to drink—"like how to drive," he says. Finally, in 1994, someone gave him a booklet on AA. A few years later, friends from a local artists' collective, who had gotten sober at the House of Hope, brought Grigory to the center. He's been sober for 13 years.

"I thought treatment meant medicine," he recalls. "I learned that after you stop drinking, that's just the beginning." He says that before going to the House of Hope, he had never been completely sober. "People in Russia are afraid of being weak. But you have to accept that you are weak."

Many patients start their own AA meetings when they return to their home cities. In fact, Svetlana Moiseyeva, the director of the House, claims that 40 percent of AA members in Russia are former patients of the House. There are some 320 AA groups around Russia, in 150 towns, with a total membership of between 6,000 and 7,000. There is even an official AA office in Moscow, opened in 2006. The House of Hope's success statistics—admittedly based on the very modest number of members—mirror those of AA in the West. Studies suggest that 25 percent of AA members are still sober after two years. The House of Hope says its rate is 30 percent—but that some relapsers return to the House for more treatment. After all, it is free—the treatments all underwritten by donations from alumni and a few Russian firms, including Baltica, a beer company.

THREATS AND TAXES

The House of Hope continues to face bureaucratic harassment. Last year, the provincial tax service, claiming the value of the House's land had increased 3,000-fold in the previous two years, billed the facility for more than $50,000 of property taxes, even though the House is registered as a non-profit. The provincial authorities have said that because the land is deeded to Zubkov, it isn't exempt from such taxes.

The House's board of directors suspected there was a political motivation behind the bill, or even a corrupt businessperson trying to get control of the land. Although there was little direct evidence, a prominent rock musician and political activist named Yuri

Shevchuk got wind of the situation and decided it was worth publicizing.

Last May, during a televised discussion between Vladimir Putin and members of Russia's arts community, Shevchuk—in an act of audacity unimaginable for most Russians—lectured the prime minister about a raft of problems he said Putin had failed to address, such as corruption. Putin was cold on camera—he asked Shevchuk what his name was, apparently pretending he didn't know the rock star—but the Russian press reported that afterward, Putin accepted a dossier from the singer. Inside were articles, letters, and other material from activists and journalists, including a letter from the House of Hope, explaining the tax issue and requesting Putin's assistance.

What followed was a dizzying series of events: an anonymous payment of the House's tax bill by a businessman known to have connections to Putin (House directors say he revealed himself to them but requested anonymity); Shevchuk, on camera, mocking a friendly telegram he received from Putin; a second tax bill suddenly levied against the House; and finally, a lawsuit, which the House filed against the tax authority, explaining that it would have to close if it were forced to pay the most recent fine.

Amid all the drama, Lou Bantle, who had been sick with lung cancer, passed away at the age of 86. His son, Bob, was named his successor, but his level of interest was unclear. Then, in April, to the surprise of its directors, a local court ruled in the House's favor.

Moiseyeva says she is feeling hopeful about the House's chances of survival. Bob Bantle has sent $10,000. Alumni are pitching in with more donations, and an official from a neighboring region came by to tour the house. Such suggestions of political support are important in Russia.

The younger Bantle wants to expand the House's activities and its fundraising. He'd like to offer employee assistance programs to American companies operating in Russia—and thereby gain access to a greater pool of donations. "We can provide the curriculum and get a dialogue going," says Bantle. "We might even say, 'If you help keep us open—or even expand to other provinces—we will help your employees get into our program.'"

Even the narcologist, Bryun, says he is trying to expand alcoholics' access to therapy, though without any endorsement of the House of Hope. Meanwhile, the country is continuing to suffocate. Moiseyeva uses the fundamentals of AA to describe the Russian government's ambivalence toward alcoholism. "They are taking the first step—admitting that there is a problem," she says. But, she adds, "an alcoholic has to go through serious loss in order to make the decision to get better. What else do we as a country have to lose? It's terrifying to think about."

It's likely that Russia will continue to stumble along, and individuals will be left to find their own way, as they have through the rule of a dozen tsars, seven decades of communism, and now well into the capitalist era. Still, for some, the increased attention focused on the epidemic is a positive sign. The priest at Moscow's Danilovsky Monastery says there is now a twice-weekly Skype "meeting" among clergy from several countries. "Some people are just getting sober, some have been for seven years," the cleric says with excitement. "People are looking for a way out and we take care of each other." Even if the government can't—or, for its own reasons, won't. ●

Russian-U.S. Cooperation in the Fight Against Alcoholism: A Glass Half Full?

Tuesday, August 2, 2011

2:00 – 4:00 p.m.

2360

Alcoholism Treatment in the United States

Margaret M. Murray, PhD
Director, International Research Program
National Institute on Alcohol Abuse and Alcoholism
U.S. National Institutes of Health

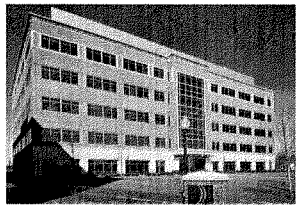
NIAAA National Institute on Alcohol Abuse and Alcoholism

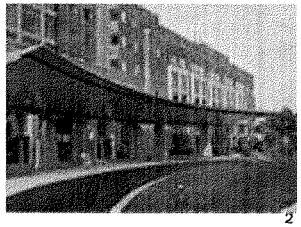
National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Mission: To understand how alcohol use impacts normal and abnormal biological functions and behavior across the lifespan and at all levels of drinking including:

- Alcohol-associated disease (including alcohol dependence)
- Alcohol-derived organ pathologies
- Public health problems resulting from acute and chronic alcohol use (e.g., alcohol poisoning, accidental injury and death)

Thereby improving the health and well-being



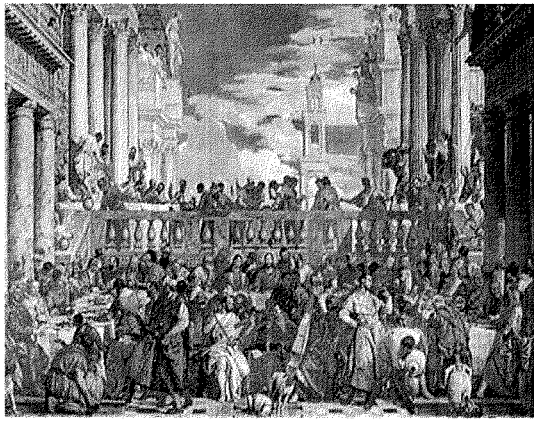


KWarren SMRB (4-22-09)

2

Why a Special Focus on Problems that Arise from Alcohol?

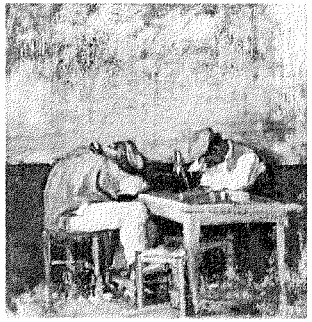
- Alcohol is legal, widely used, and easily obtained
- It is a part of the social context in many countries and cultures and is used in ceremonial occasions such as marriages, and births, and to enhance the enjoyment of social gatherings



Paolo CALIARI, known as VERONESE
(Verona, 1528 – Venice, 1588)
The Wedding Feast at Cana
1562–1563

Alcohol Consumption: Benefits and Harm

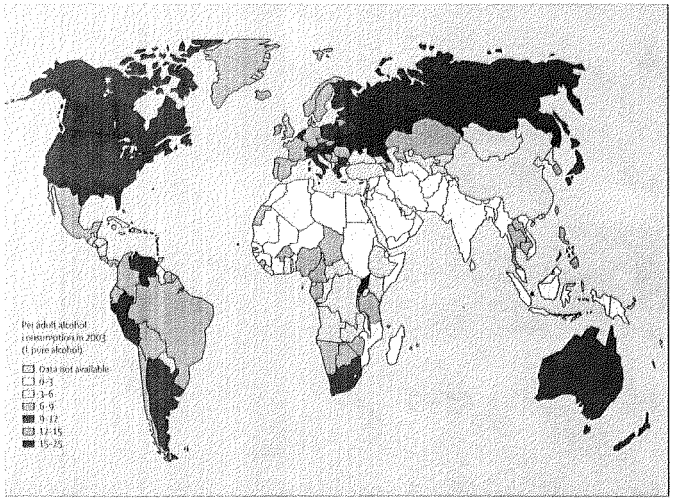
Pierre-Auguste Renoir The Luncheon of the Boating Party (1880)



Nicolae Grigorescu

- Alcohol has both beneficial and harmful health effects, and it is used by most individuals without causing harm to themselves or others
- However, alcohol interacts with the whole body, and risk drinking produces intoxication and other impairments to the CNS, and harm to organs and body systems
- Indeed, alcohol is a leading risk factor for morbidity and mortality in the United States and worldwide

Alcohol Consumption (per adult) Around the World



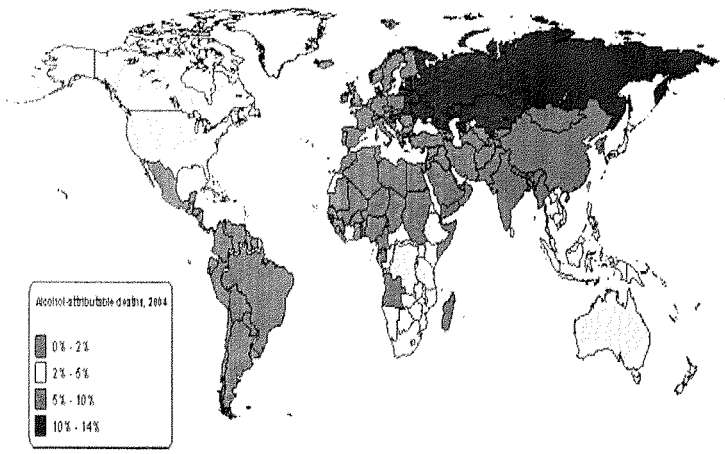
Rehm et al., Global burden of disease and injury and economic cost attributable to alcohol use and alcohol use disorders, *Lancet*, 2009

With few exceptions (e.g., Russia) in high-income countries economic wealth and alcohol consumption are highly correlated –

Alcohol Attributable Burden of Disease, 2004

Burden of disease attributable to alcohol

% DALYs in each subregion



- More DALYs are attributable to alcohol in Russia and Eastern Europe, South America, and Asia than else-where.

World Health Organization, *The global burden of disease*: 2004 update

Two Distinct Patterns of Drinking Produces the Most Harm

Binge Drinking (too much, too fast) 5+/4+ drinks/2 hours

acute consequences including:

- unintentional death and injury
- homicide and violence
- suicide attempts

particularly prevalent among adolescents and young adults

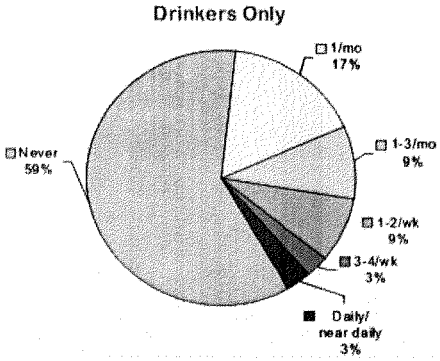
Heavy Drinking (too much, too often) frequent 5+/4+ drinks/day

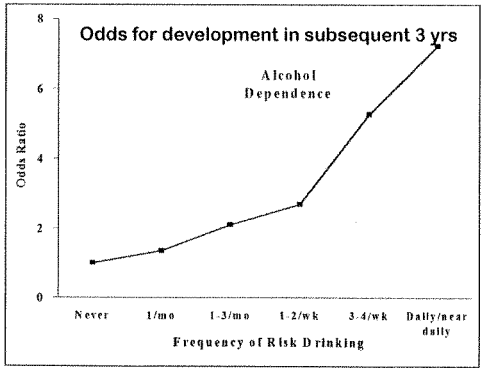
chronic consequences including:

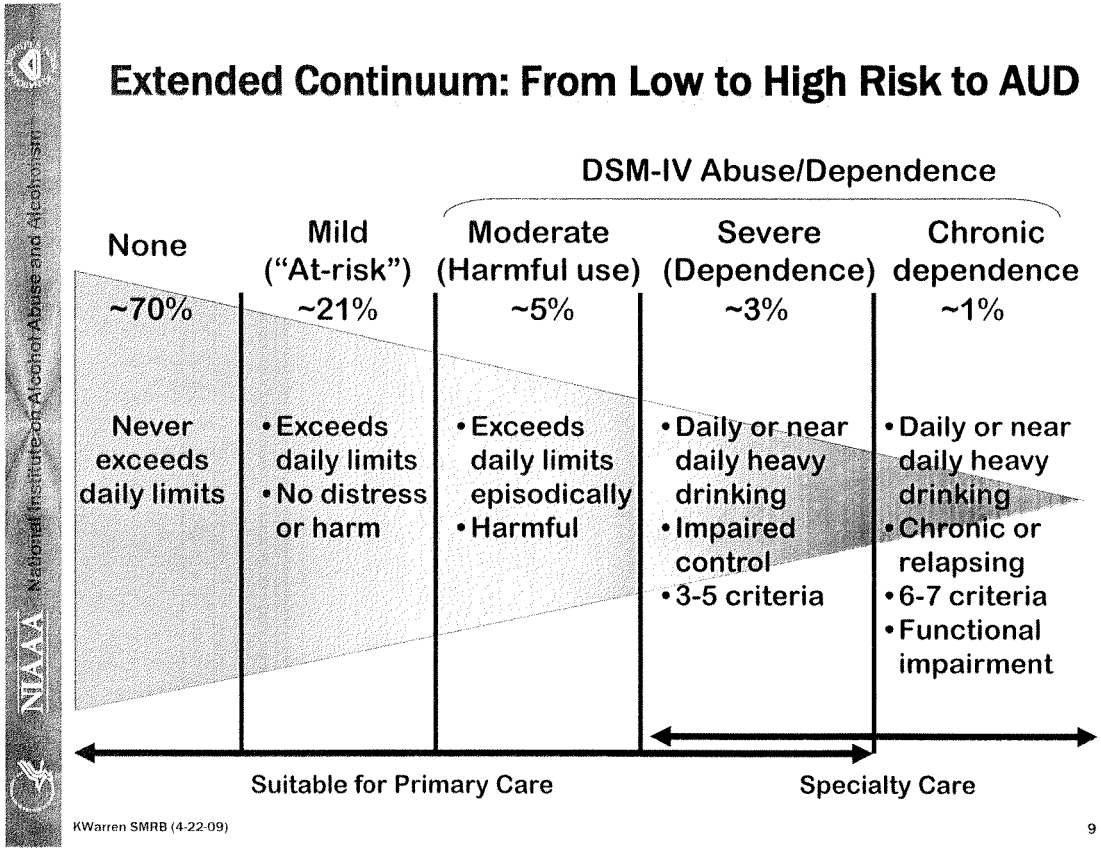
- liver cirrhosis
- cardiovascular diseases
- pancreatitis
- dementia
- alcohol dependence

Frequency of Risk Drinking in U.S. Population

- NIAAA has defined risk drinking as exceeding 5+/4+ per day (14+/7+ per week) based on epidemiologic data from the NESARC and probabilities of an adverse outcome at various drinking levels
- 65% of the U.S. adult population are current drinkers
- 59% of current drinkers do not report risk drinking

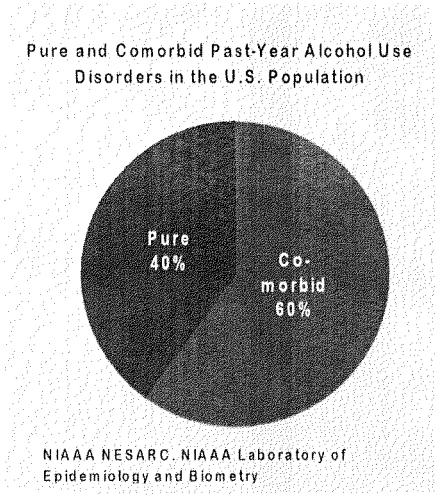





NIAAA National Institute on Alcohol Abuse and Alcoholism
Extended Continuum: From Low to High Risk to AUD
DSM-IV Abuse/Dependence
None
~70%
Never exceeds daily limits
Mild ("At-risk")
~21%
• Exceeds daily limits
• No distress or harm
Moderate (Harmful use)
~5%
• Exceeds daily limits episodically
• Harmful
Severe (Dependence)
~3%
• Daily or near daily heavy drinking
• Impaired control
• 3-5 criteria
Chronic dependence
~1%
• Daily or near daily heavy drinking
• Chronic or relapsing
• 6-7 criteria
• Functional impairment
Suitable for Primary Care
Specialty Care
KWarren SMRB (4-22-09)
9

Alcohol Use Disorders Can Be Co-morbid With Drug Use and Psychiatric Disorders

- 55% of Individuals with Drug Use Disorders have an Alcohol Use Disorder; 13% of individuals with Alcohol Use Disorders also have a drug use disorder
- Research on the pharmacology and treatment of drug and psychiatric disorders co-morbid with AUDs is an important part of our agenda



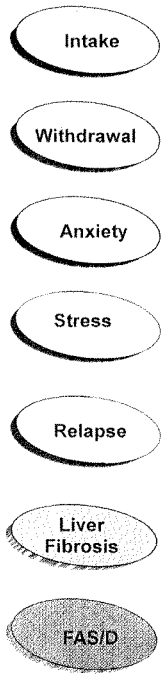
Co-morbidity Rates for 12-month DSM-IV Psychiatric and Drug Disorders Among Individuals with Alcohol Use Disorders in the U.S. Population

Disorder	Rate
Nicotine Dependence	33.8%
Personality Disorders	29%
Mood Disorders (including major depression)	19%
Anxiety Disorders	17%
Drug Use Disorders	13%

Behavioral Treatments

- NIAAA research established that several Behavioral Treatments are effective in the treatment of alcohol dependence:
  - Cognitive Behavioral Therapy
  - 12-Step Facilitation
  - Motivational Enhancement
  - Community Reinforcement
  - Marital Behavioral Therapy
- Screening and Brief Intervention for Alcohol Problems has been established as both effective and economical in:
  - Trauma Centers
  - Prenatal Practice
  - Primary Care (Now a recommendation from the U.S. Preventive Services Task Force)
- In 2006, NIAAA launched a major initiative to understand the mechanisms of behavior change
  - Precursor to NIH Roadmap developmental initiative on Science of Behavior Change

NIAAA Research – Science in Support of Practice
Developing Medications



Medications with Proven Efficacy	
Medication	**Target**
Disulfiram	Aldehyde Dehydrogenase (FDA approval 1949)
Naltrexone	Mu Opioid Receptor (FDA approval 1994)
Acamprosate	Glutamate and GABA-Related (FDA approval 2004)
Naltrexone Depot	Mu Opioid Receptor (FDA approval 2006)
Topiramate (AD)	GABA/Glutamate (off-label)
Examples of Potential Therapeutics Under Investigation	
Medication	**Target/Type**
Valproate (AD)	GABA/Glutamate
Ondansetron (AD)	5-HT_3 Receptor
Nalmefene (AD)	Mu Opioid Receptor
Baclofen (AD)	$GABA_B$ Receptor
Antalarmin (AD)	CRF1 Receptor
Rimonabant (AD)	CB1 Receptor
Refanalin (liver fibrosis)	heptic-growth-factor-mimetic
NAPVSIPQ and SALLRSIPA (FAS/D)	neuroprotective peptides/L1 receptor
Choline (FAS/D)	ACH (?)

Residential vs. Outpatient Care

27% • Facilities offering residential care

82% • Facilities offering outpatient care

2003 SAMHSA Drug and Alcohol Services Information System

Distribution of Services Provided by Substance Abuse Treatment Facilities in the U.S.

Individual Therapy 95%	Group Therapy 89%
Family Counseling 78%	Pharmacotherapy 42%
Aftercare Counseling 72%	

2000 SAMHSA National Survey of Substance Abuse Treatment

Importance of Alcoholics Anonymous in the United States

The twelve-step model is the prevailing therapeutic approach for treating substance abuse in the United States, and referral to Alcoholics Anonymous (AA) is common across different kinds of therapeutic approaches.

Prospective studies and meta-analytic reviews of the extant AA literature are in agreement that AA offers a positive benefit for many problem drinkers.

Engagement in, and commitment to, AA is a stronger predictor of success than sheer frequency of AA meeting attendance

Social network support for abstinence found in AA explains, in part, AA benefit

2010 Tonigan, S. et al. Alcohol Treatment Quarterly

Over the Next 40 Years

- A repertoire of medications will facilitate treatment tailored to the needs of the patients with alcohol use disorders.
- Personalized treatment including medications and behavioral therapies will be based on individual genetic make-up, desired drinking outcomes, attention to co-occurring disorders, ease of compliance, and other factors.

Спасибо

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RUSSIAN ALCOHOL POLICY IN THE MAKING

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Abstract — Aims: This paper examines implementation of the 2005 federal alcohol control law in the Russian Federation. **Methods:** The documents on the Russian Federation federal legislation on the control of the production and turnover of ethyl alcohol, and ethyl alcohol containing products, news reports, research, and historical documents were gathered and analysed for implementation barriers. **Results:** Consumption of alcoholic beverages, especially spirits, has been one the most significant public health problems in Russia for many centuries. Prior attempts to control alcohol consumption have been unsuccessful, in part due to the government's reliance on alcohol revenue, and its inability to implement creative and manageable solutions in the light of the high drinking rates. Implementation of this legislation has been a challenge in Russia because of administrative oversight, lack of organizational preparation, and corruption. **Conclusions:** The law discussed in this paper presented a window of opportunity to ameliorate the deteriorating health status and reverse the impending mortality crisis. However, a number of barriers presented substantial setbacks toward realization of this legislation.

INTRODUCTION

Control of alcohol consumption is a multifaceted issue, complicated by the legal status of alcohol and the danger of its excessive consumption. Most governments have a variety of policies directed at controlling consumer behaviour, administering taxation of alcoholic beverages, and monitoring their quality.

Globally, alcohol control policies have undergone a number of substantial changes since the beginning of the 20th century, ranging from complete prohibition in the early 1900s (i.e. USA, Sweden), to an absolute lack of control following the collapse of the Soviet Union in 1991 (i.e. Russia and other former Soviet States) (Moore and Gerstein, 1981; Partanen, 1993). The latter group of countries, specifically Russia, is the focus of this paper.

Through the centuries, Russia relied on alcohol revenue, with mortality related to alcohol consumption being underestimated or concealed by the government. However, analyses of the underlying causes of the demographic changes in Russia since the early 1990s, in particular, escalating alcohol-related mortality among middle-aged males, suggest that Russia is suffering from an extreme impact of alcohol consumption (Chenet *et al.*, 1998; Bobak and Marmot, 1999).

Following the collapse of the Soviet Union, mortality in Russia increased considerably, in comparison to its sister states, with an overall annual population decrease of about 800 000 people (Nelson, 1996; Notzon *et al.*, 2003). Many of these losses were due to the severe demographic split following 'shock therapy' economic reforms that left a majority of the population below poverty level, while the disintegrated public health system was unable to deal with their extensive social, health, and economic needs.

Increasing alcohol consumption was one of the many outcomes of this collapse, with an estimated adult per capita consumption in Russia ranging from 14 to 18 litre of pure alcohol annually, which is roughly 38 litres of 100 proof vodka, or about a 750 ml bottle of vodka every other day (Simpura *et al.*, 1997; Treml, 1997; MacKellar *et al.*, 2003; Nemtsov, 2003).

The increasing alcohol consumption has been viewed as largely responsible for the most significant drop in life expectancy in the history of Russia, with approximately 40 000 deaths annually from alcohol-related poisonings alone, compared to about 400 in the United States (Leon *et al.*, 1997; Men *et al.*, 2003; WHO Global Status Report of Alcohol–Country Profiles, Russian Federation, 2004). For example, in the first quarter of 2005, approximately 13 000 people died from accidental alcohol poisoning in Russia (Russian Federation Federal Statistical Service, 2004; Drinks Produced More often than other Fakes–Survey, 2005). Overall, alcohol-related mortality is estimated at 500 000 to 750 000 people annually (Nemtsov 2002; MacKellar *et al.*, 2003).

Despite the substantial impact of alcohol consumption on the morbidity and mortality in Russia, its contribution to the overall demographic crisis has been overlooked and de-prioritized by the Russian government (Levintova and Novotny, 2004; Osborn, 2004; Nemtsov, 2005). However, since 2004, the Russian government began to rethink alcohol control policies.

This paper focuses on such efforts, specifically analyzing the implementation of the law regulating ethyl alcohol production.

BACKGROUND

Early 1900s

Historically (with a few exceptions: prohibition in the early 1900s and Gorbachev's anti-alcohol campaign in 1985–87), the Russian government has encouraged drinking, as alcohol provided considerable revenue. It also kept the working class in an inebriated state, pre-empting public dissent against inadequate living and working conditions. However, when government control of alcohol production and sales was introduced, a return to former policies was swift, following widespread public discontent (White, 1996; Herlihy, 2002; Bassik, unpublished work).

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While prohibition in the United States in the early 1900s was a long-term venture, the Russian government did not follow the step-wise process of controlling alcohol production and consumption, but rather reacted in a haphazard way, with a partial prohibition directed only at hard liquor introduced in 1913 and lasting 4 years. The need to mobilize the male population for World War I was one of the factors in the Russian prohibition (Vvedensky, 1915). In addition, Tsar Nicolai II strongly supported prohibition, as he saw first-hand the impact of excessive drinking during one of his visits to various villages of Russia, urging drastic changes in the fight against drunkenness. These events resulted in orders to set fiscal priorities aside, with the state Duma passing a law on closure of liquor stores for 3 years, and in the first 6 months overall government revenue declined by 2.5 million rubles, compared to the same period in the previous year (Herlihy, 2002). However, since no data existed on alcohol-related morbidity or mortality, it is difficult to determine the public health effects of this policy. However, data on grain and sugar shortages, substances used in the production of homemade spirits, indicate significant samogon (moonshine) production (Herlihy, 2002). Overall, the unavailability of bread consequent to the shortages of grain and sugar added to the civil disobedience prior to the Bolshevik revolution in 1917 (Herlihy, 2002). Following the revolution, alcohol control ceased to be an important issue, as the Bolsheviks focused on the provision of equal rights to the working class. Taken as a whole, the Bolsheviks de-prioritized domestic policies because of the ongoing World War I, leading to a gradual abandonment of prohibition. Although the public urged continued support of prohibition, fiscal priorities took precedence, and by 1930 government revenue from the sale of alcoholic beverages totaled 360 million rubles, an increase from 17 million rubles 5 years earlier (Bassik, unpublished work).

GORBACHEV'S ANTI-ALCOHOL CAMPAIGN—1985–87

Alcohol control policies remained a low priority for the majority of Soviet leaders. Some (i.e. Nikita Khrushchev) even engaged substantial human and financial resources in order to develop a pure vodka (Petrenko, 2004). However, despite the limited attention on alcohol control from 1930 to 1985, there were brief programs aimed at combating public drunkenness, in 1958 and 1972. These public anti-drunkenness campaigns removed and imprisoned individuals who appeared drunk in public. In 1972 alone, over 7 million people were arrested for public drunkenness, but these rash actions did not lead to a decrease in consumption or related problems, and in 1985, Mikhail Gorbachev (Leader of the Soviet Union from 1985–91) began his ill-fated anti-alcohol campaign (White, 1996; Vroublevsky and Harwin, 1998).

This campaign was the first major change in the government's position toward alcohol consumption in over half a century, a shift from reliance on alcohol revenue to a strict system of rations and controls (Herlihy, 2002; Bassik, unpublished work). The campaign restricted hours of alcohol sales, implemented purchase quotas, closed distilleries and breweries, and destroyed most of the vineyards across a number of Soviet republics (White, 1996). The broader attempts of these campaigns were on changing public attitudes toward drinking, and to acknowledge the harmful impact of alcohol on the lives of Soviet citizens. But despite these efforts, prevention continued to be practically non-existent; treatment under-funded and inadequate to the task (White, 1996).

Gorbachev's anti-alcohol campaign was a puzzle piece in the perestroika process that failed despite public pressure and political will, albeit both short-lived. Although there were measurable gains in lives saved, estimated at 1 million people (Nemtsov, 2005)—much the same as seen following the passage of the U.S. Prohibition Act—the rapid and encompassing restrictions brought to the fore extreme elevations of previously relatively small-scale problems (i.e. home brewing and bootlegging) (Moore and Gerstein, 1981; Nemtsov, 2002; Nemtsov, 2005).

Overall, the anti-alcohol campaign exemplified Soviet centralized policy making of complete control over the production and distribution of alcohol, aiming to radically change social and cultural drinking norms (White, 1996). However, excessive reliance on force and attempting to undo the populace's long-standing relationship with alcohol failed dramatically.

POST-SOVIET UNION—1990–2006

No other country in the world exhibited such force in policy implementation as the Soviet Union did with Gorbachev's anti-alcohol campaign. Because of its legacy, draconian measures in changing alcohol consumption have not been favoured by the post-Soviet governments in Russia. Furthermore, quite the opposite approach was taken after 1991, with abolition of government alcohol monopoly that led to the fragmentation of the alcohol industry. Although, as with many other aspects of reforms in Russia, the alcohol industry was not completely privatized, the Russian government claimed control of 65% of production under the government controlled RosSpirtProm, a large conglomerate of production facilities. Despite this stronghold, in 2000, 50 to 80% of all alcohol sold in Russia was from illegal sources, with an annual government revenue loss of upto 20 billion rubles (about US$ 700 million) (Voitenkova, 2000).

As the alcohol market was expanding in the early 1990s, the private alcohol industry hurried to divide the market among the various players. Two major developments were the growth of Foreign Direct Investment (FDI) and operation of wholesale and retail facilities, hundreds of which popped up across the country, many unlicensed and unregistered. The quality and the volume of beverages produced was no longer in the purview of the government and, with the economic gains being the prevalent concern for most alcohol entrepreneurs, quality diminished, while alcohol poisonings increased (Tomilin *et al.*, 1999; McKee *et al.*, 2005).

Despite the lack of administrative efficiency, corruption, hostile privatization and tax policies, Russia remains one of the largest alcohol markets in the world (Tvalchrelidze, 2003; Taybakhtina, 2004), with FDI in the Russian beverage

industry as a major driving force for market expansion (Aslund, 2001). Although, exact amounts of FDI in the beverage industry in Russia are unknown (limited information is available on FDI in the early years of privatization), two-thirds of the total FDI in the region originated from European Union (EU) countries, with less than 12% of the total FDI invested in the food and beverages sector (Duponcel, 1998). Following the Russian economic crisis in 1998 (i.e. devaluation of domestic currency, default on both domestic and foreign debts, and a collapse of the stock market), the total FDI plummeted from US$ 4 billion in 1997 to US$ 1.7 billion in 1998, but this had little effect on the high alcohol consumption (Eliassov, 2002).

LAW ON REGULATION OF ETHYL ALCOHOL AND RELATED PRODUCTS

In an attempt to control the rampant corruption, illegal activity and extremely high rates of alcohol related poisonings, a law on regulation of the production and turnover of ethyl alcohol and alcohol containing products was signed by President Putin on July 21, 2005, effective January 1, 2006 (Law on Regulation of Ethyl Alcohol, 2005). The major focus of this legislation is on the control of the volume and quality of alcohol production and sales, with a special focus on registration of production and wholesale facilities, utilization of raw materials, and distribution and sale locations (Table 1). All the components of this law require substantial financial investment from the producer or seller of alcohol products, including registration fees and equipment costs; new excise stamp procedures, designated sale locations, and extensive reporting guidelines. On the consumer side, higher prices and sale restrictions are expected.

Although some have called this legislation an attempt to monopolize the alcohol industry, the reintroduction of stricter controls on alcohol production and sales is not new in post-Soviet politics (Putin and Vodka Monopoly, 2005, Government Monopoly on Alcohol Wholesale, 2005). As early as 1998, Yevgeny Primakov, Russian Prime Minister, suggested that a monopoly on spirits would bring significant government revenue and impose stricter controls on the quality of alcoholic beverages, preventing avoidable deaths from alcohol poisonings (Vodka Monopoly, 1998). However, the critical point in alcohol control policy in Russia occurred when President Putin explicitly acknowledged the urgency of this problem in his 2005 'State of the Nation Address', where he stated, 'Every year in Russia, about 40 000 people die from alcohol poisonings alone, caused first of all by alcohol substitutes. Mainly they are young men, breadwinners.' (President Putin State of the Nation Address, 2005).

Nonetheless, the critics of this legislation believed that a decrease in market competition through the elimination of smaller production and distribution facilities and an increase in prices will drive the growth of the illicit market, leading to an increase of already elevated consumption, alcohol related poisonings and mortality (Nicholson, 2006).

Table 1. Excerpts from the Russian Federation Law on the regulation of ethyl alcohol (January 1, 2006)

	Aspects of the Law on regulation of ethyl alcohol and products
1	Production, distribution, and sales (wholesale and retail) are against the law unless a license is obtained and registered with the government. The cost of a license is dependent on the size of the production facility and annual turnover, and is a significant cost increase from prior licensing costs.
2	All of the products must carry an excise stamp designating the destination of sale as the Russian Federation domestic market.
3	Retail sale of alcohol containing products without a proper license is against the law and no licenses are given (alcohol sale is prohibited) at the following locations - child centers, educational, sports, athletic, and cultural facilities, and on public transport.
4	Sales of alcoholic beverages containing more than 15% ethanol alcohol by volume (ABV) are banned in places of large public gatherings, airports, train and metro stations, wholesale markets, military installations, and locations in close proximity to the above places.
5	Products containing 15% pure alcohol and more are not to be sold in kiosks, containers, by individuals, from automobiles, and other places not properly licensed and set up for such sales.
6	All production facilities are required to obtain the electronic recording equipment regulated by this federal law, capable of counting the amount of ethyl alcohol used and produced, including volume and concentration.
7	Records of the amounts of ethyl alcohol or other alcohol-containing products of used and produced are to be automatically collected and sent to the centralized information system.

BARRIERS TO IMPLEMENTATION

Poor organization and preparation prior to the implementation of this law has been a major barrier to its realization. Specifically, as of January 1, 2006, excise stamps for imported products were to be affixed on the territory of the Russian Federation (hitherto, alcohol importers were able to have the stamps affixed before arrival in the country) (Drujinina, 2006; El Amin, 2006). However, in mid-January the Russian government issued a 6-month extension, due to a serious shortage of excise stamps. Even though this extension allowed for printing of additional stamps, most alcohols quickly disappeared from store shelves, with many consumers turning to illicit sources. Consequently, in October/November 2006, almost 200 Russians died and thousands were hospitalized due to alcohol induced poisoning, reportedly from drinking alcohol tainted with industrial spirits (i.e. antifreeze, detergents and window cleaning solutions) (State of Emergency Widens over Russian Alcohol Poisoning, 2006; Nicholson, 2006). Four regional governments announced a state of emergency associated with these poisonings.

The lack of excise stamps was not the only problem affecting implementation of this law. Another serious problem was the utilization of EGAIS or the Unified State Automatic Information System. This computerized system was developed by the Department for State Regulation of Economy and the Ministry of Economic Development and Trade, and designed to gather data on the use of raw materials (i.e. ethyl alcohol and related products), production volumes and left-over raw materials. According to legislation, all producers, wholesalers,

and importers are required to register with EGAIS and obtain proper equipment. The cost of registration and equipment was set according to production and sale volumes, which were extremely high for many smaller companies, forcing them out of the market. As of July 2006, 480 out of 500 producers, only 1700 out of 3000 wholesalers, and 80 out of 160 importers were connected to EGAIS.

In the beginning of 2006, major international newspapers reported on the frequent problems with EGAIS (Drujinina, 2006; Netreba, 2006). One of the major issues was the inability of the system to function with more than ten users being online at once. With over 2000 potential users, the system was frequently overloaded and the users were unable to send information to the central depository. This issue has been partially resolved with the Federal Tax Service allowing 'manual' entry, a decision that practically reverses the whole idea of using EGAIS. In addition to the industry's inability to send data electronically, EGAIS lacks proper nomenclature to specify producers, supply lists, and most importantly, the type of left-over raw materials.

An additional concern with implementation of this legislation is rampant corruption, given the Russian experience in subverting government policies. Even though government transparency and a stronger rule-of-law are clearly required if any positive changes in alcohol consumption and related social and economic losses are expected, this is unlikely in the near future. One of the reasons is the endemic vertical corruption from the highest levels to the lowest levels of government in Russia. According to a 2005 Transparency International report, parliament, political parties, police, and the legal system are the most corrupt institutions in Russia (Hutchinson *et al.*, 2005). Such data instills serious doubts about the sustainability of this law, when the very structures charged with its execution are breaking it. Overall, Russia is in 128th place on the corruption index, one point below Niger and just above Sierra Leone (Transparency International, 2005).

The implicit nature of corruption in Russia is one of the leading reasons why public distrust of authority is disastrously high. This distrust breeds a general public sense of apathy toward all top-down legislation, the only kind of legislation passed in Russia. Furthermore, the widespread acceptance of corruption, which many Russian citizens relish for its conveniences of queue jumping and preferential treatment, continues to maintain the status quo. It is, therefore, understandable why Russia does not have a strong civil society that is able to rise above the many complexities of state building and help in not only educating the public about the importance of various policies, but also assist in their development and implementation. Although corruption played a part in the myriads of problems encountered during the implementation of this law, major failures in the organization of the underlying structures responsible for oversight and data gathering were encountered, while the industry (at least overtly) tried to comply with the various procedures.

CONCLUSIONS

The Russian Federation presents a unique opportunity to see the progression of many policies, with alcohol control being one of them. History shows that prior attempts to control alcohol consumption in Russia and the Soviet Union have failed, ultimately because of short-lived political and public support, in addition to excessive reliance on fiscal matters. Corruption and illicit production have also played their role in the maintenance of alcoholization of the populace, but ultimately, government policies promoted both production and public consumption of alcohol.

Legislation discussed in this paper, if implemented, will increase government revenue, but this will only be possible if the underlying structures of the government follow through with the designed plan. Legacies and in some cases stakes in the alcohol industry will undoubtedly present significant barriers to the government's ability to implement harsher rules, ultimately reducing personal incomes of influential players and giving the money to the government. The government, however, is not a transparent mechanism in Russia; therefore, those who will benefit from this legislation may very well be those important players who appear to be restricted by their own policies. At this point, it appears that extensive government involvement and influence of the private sector including the alcohol industry will continue through the weeding out of unnecessary stakeholders and buying out companies, thereby increasing its overall stake in the alcohol market in Russia.

The most effective alcohol control policies in industrial countries have used price controls, taxation and availability of liquor, in addition to protection of high-risk groups (European Alcohol Action Plan, 2000; Babor *et al.*, 2003). Regulations that promote responsible alcohol advertising, promotion and sponsorship practices have also been used in various countries with varied success (Bruun *et al.*, 1975; Mäkelä *et al.*, 1981; Room, 1981; Trauth and Huffman, 1987; Greenfield *et al.*, 2004). Implementation of these strategies is a delicate process of monitoring and enforcement that must be supported by federal and municipal leadership, the judicial system, and perhaps most vitally, the lay public. Undertaking any policy changes, especially in Russia, must be incremental, aiming to prevent chaos, alienation of various groups and elevating public distrust. Attainment of these goals is only possible through an open and transparent decision-making process that reflects a sincere concern for public health and safety, and is sensitive to business and consumer communities. Although economic interests have historically prevailed in decisions regarding alcohol policies, eventually, recognition among the Russian citizenry that such policies are to protect them from undue harm from alcohol, has a much higher probability of gaining their support and compliance.

While other countries with strong communities have been able to spearhead the efforts to tackle major public health problems (e.g. smoking, driving under the influence of alcohol), Russia lost most of its social fabric following the collapse of the Soviet Union. While the lack of public voice and civil society is prevalent in all spheres of daily life in Russia, it is essential to recognize that this spillover of public apathy is directly tied to the Soviet top-down management system, which tends to discourage public initiative and responsibility and promotes reliance upon the government (Levintova and Novotny, 2004). This persistent lack of public participation in policy development and implementation is a

major obstacle in the realization of the law described in this paper.

Although, one of the most significant tasks undertaken since the collapse of the Soviet Union in 1991 has been development of civil society, it has not proven successful with many Non-Governmental Organizations (NGOs) accused of illegal activities and ultimately closed (Kickbusch, 2002). Out of those NGOs that have survived the government conducts extensive assessments of their activities, and few are capable of launching a public campaign focused on alcohol control. This is despite the elevated discourse in the government and the media on the devastating levels of alcohol-related mortality.

If we look beyond administrative failures, corruption, and public disengagement, it is important to note President Putin's discontent with the lack of oversight and responsibility in various spheres of policy implementation. Despite his power, broad sustained efforts will be necessary in order to persist with implementation of alcohol control legislation. Ultimately, the Russian federal government must become engaged and motivated, in order to provide the necessary economic and human resources for the enforcement, monitoring, and evaluation of alcohol control policies. In addition, extensive public outreach campaigns exposing the public to the positive aspects of alcohol control and information about the detrimental effects of alcohol abuse are urgently needed.

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MEMORANDUM

January 10, 2010

To: Commission on Security and Cooperation in Europe
Attention: Kyle Parker
From: Jim Nichol
Specialist in Russian and Eurasian Affairs
Subject: Information on Alcoholics Anonymous in Russia

The following information on Alcoholics Anonymous in Russia is provided at your request. If you have questions, please contact me at 7–2289.

BACKGROUND

Alcohol consumption in Russia remains much higher than in most of the world, according to the U.N. World Health Organization.[1]

Alcohol consumption in Russia declined briefly in the mid-1980s as a result of a sobriety campaign, but rose thereafter. Beginning in 1993, there was a large increase in male alcohol poisoning in Russia, along with increases in male homicide and suicide, traffic accidents, and circulatory and respiratory diseases. In June 2009, the *Lancet* reported that alcohol poisoning and alcohol-induced heart failure were among the major causes of early death of Russians aged 15–54, and that other causes of death related to alcohol consumption included depression, pancreatic disease, tuberculosis, and pneumonia. The report claimed that excess alcohol and tobacco usage among Russians accounted for most of the divergence between Russian and West European life expectancy, 62 years for Russian men and 72 years for Russian women in 2008, compared to, for example, 77 years for German men and 82 years for German women.[2]

In 2009, Russian President Medvedev became increasingly concerned about the prevalence of alcoholism in the country. At the end of June 2009, he stated that he was "surprised to learn that we now drink more than we did in the 1990s, even though those were very difficult times." A few days later, he warned that about 18 liters of alcohol are being consumed per capita per year, and that "this is a monstrous figure.

After 9–10 liters [of alcohol per person per year], gene pool problems arise, and degradation begins."[3] Some observers warn that the actual per capita consumption is even higher than the officially-cited 18 liters, since samogon (home-brewed alcohol) and surrogate alcohol (mainly ethanol) are not included. In September 2009, he ordered the government to develop policies to reduce alcohol consumption. The Health Ministry drafted a plan for discussion, and in November 2009, the Federal Service for Regulating the Alcohol Market (Rosalkogolregulirovaniye) drew up proposals to increase the minimum price of vodka, crack down on the illicit production of alcohol, increase penalties for selling alco-

[1] WHO European Regional Office, European Health for All Database, http://data.euro.who.int/hfadb/.

[2] David Zaridze, Paul Brennan, Jillian Boreham, Alex Boroda, Rostislav Karpov, Alexander Lazarev, Irina Konobeevskaya, Vladimir Igitov, Tatiana Terechova, Paolo Boffetta, and Richard Peto, "Alcohol and Cause-Specific Mortality in Russia: A Retrospective Case-Control Study of 48,557 Adult Deaths," *The Lancet,* June 27, 2009, pp. 2201–2214. See also David Leon, Vladimir Shkolnikov, and Martin McKee, "Alcohol and Russian Mortality: A Continuing Crisis," Addiction, October 2009, pp. 1630–1636; Artyom Gil, Olga Polikina, Natalia Koroleva, David A Leon, and Martin McKee, "Alcohol Policy in a Russian Region: A Stakeholder Analysis," *European Journal of Public Health,* October 2010, pp. 588–594.

[3] *ITAR–TASS,* June 30, 2009; July 4, 2009.

holic beverages to minors, and develop sports and other programs advocating healthy lifestyles.

In January 2010, Prime Minister Putin approved the anti-alcohol campaign. As per his decree, alcohol consumption per capita is to be reduced by 15% by 2012 and 55% by 2020. In the second stage of the campaign, from 2013–2020, sports and healthy living will be stressed. Reportedly, legislation to carry out the campaign has bogged down in the legislature because of resistance from corrupt officials and commercial interests that rely on revenues from alcohol sales. In October 2010, Interior Minister Rashid Nurgaliyev stated that drinking by minors had increased and posed a national security threat, and in late 2010, both President Medvedev and Prime Minister Putin directed the legislature to soon enact increased penalties for the sale of alcohol to minors. A majority (57%) of Russians polled in August 2010 indicated that alcohol and drug abuse was the most pressing issue facing Russia.[4]

Treatment

Alcohol treatment in Russia has been dominated by concepts from the medical discipline of narcology, a subspecialty of psychiatry from the Soviet era. Treatment has consisted of detoxification, perhaps followed by a course of antipsychotic medications or barbiturates. A hypnotic technique has been heavily used to implant the idea in the addict that if they drink or use drugs again, they will die.[5] Another aversion treatment has involved prescribing disulfiram—which induces nausea if alcohol is consumed while taking it (as used in the West, the drug is taken under supervision as part of a comprehensive treatment program)—or a placebo that is described as being like disulfiram.[6] Some alcohol rehabilitation centers have included restraints such as shackles and bars. Most Russian regions have lacked alcohol treatment facilities. Western treatment and prevention methods have faced resistance, including from alcohol producers, organized crime, and corrupt officials, but slowly are being introduced.[7]

Alcoholics Anonymous in Russia

The growth of Alcoholics Anonymous (AA) in Russia began in 1986, through exchange visits between AA members and representatives of the former Soviet All-Union Voluntary Temperance Promotion Society.[8] The General Service Foundation of AA in Russia was registered in 2000 as the national organization for purposes of taxation, banking, and signing contracts. Early supporters of AA included Yurii Svenko, president of the Russian

[4] "Russians See Substance Abuse as Biggest Threat—Poll," *Central Eurasia: Daily Report,* Open Source Center, September 3, 2010, Doc. No. CEP-950157.

[5] Peter Finn, "Russia's 1-Step Program: Scaring Alcoholics Dry," *Washington Post,* October 2, 2005.

[6] Eugene Raikhel, "Post-Soviet Placebos: Epistemology and Authority in Russian Treatments for Alcoholism," *Culture, Medicine and Psychiatry,* March 2010, pp. 132–168.

[7] Daria Khaltourina and Andrey Korotayev, "Potential for Alcohol Policy to Decrease the Mortality Crisis in Russia," *Evaluation and the Health Professions,* September 2008, pp. 272–281.

[8] The Soviet Ministry of Health permitted a San Francisco-based AA group, working through the Center for Citizen Initiatives, a U.S. nongovernmental organization, to hold an officially-sanctioned AA meeting in Moscow in April 1986. See "Creating a Sober World Program," Center for Citizen Initiatives, at http://www.ccisf.org/about/casw.htm. See also "75 Years of Growth: The Spread of A.A.'s Message," *A.A. Around the World,* Fall 2010; "A Visit to the Soviet Union," *A.A. Grapevine,* July 1989; and Stephen White, *Russia Goes Dry,* Cambridge: Cambridge University Press, 1996, p. 173.

Association of Independent Psychiatrists, who in 1999 stated that AA was "a highly valuable movement in Russia." By 2000 there were at least 270 groups in more than 100 cities, and by 2010 there reportedly were about 320 groups in nearly 150 towns and cities in most of the regions, republics, and territories of Russia (by comparison, AA reports that it has 56,694 groups and a total of 1,264,716 members in the United States).[9] There is a national AA magazine and a newsletter. An All-Russian Convention is held each December in rotating locales and an annual General Services Conference is held in Moscow. There also are regional Intergroups in Magadan, Moscow, Omsk, Samara, St. Petersburg, Tomsk, and Yekaterinburg, where volunteers compile and disseminate meeting information and carry out other services.

Some participants in an AA group in St. Petersburg stated in 2006 that about 6,000-7,000 individuals participate in AA meetings country-wide. They also reported that about 50% of those coming to AA meetings stick with the program, that more young people and women are entering the program, and that many churches country-side provide space for AA meetings. Although there was some opposition to AA in previous years among some members of the hierarchy of the Orthodox Church, the relationship has improved, they stated.[10] Another article states that many in the Orthodox Church hierarchy, including Kirill, Patriarch of Moscow and All Russia, have endorsed AA as a treatment method that may assist Orthodox Christians and bring atheists and others to Christ.[11]

The House of Hope on the Hill non-profit foundation was established in 1997 near St. Petersburg by the late U.S. businessman Louis Bantle as a residential rehabilitation center dedicated to providing free alcohol treatment based on the 12-step program of AA. The House of Hope has treated thousands of Russians and has received vocal support from Valentina Matviyenko, the governor of St. Petersburg.[12]

There are other treatment programs similar to AA in Russia. Yevgeniy Protsenko established the Old World Foundation in 1992, based on Orthodox Church doctrine and training he received at the American International Research and Training Institute for Alcoholism. Principles of the AA program are incorporated into his treatment program.[13]

In 1997, a U.S. Presbyterian missionary established the "Oporo" (Support) Christian Prevention and Training Program, based on the AA's 12-step program. The Russian Ministry of Health reportedly was supportive in founding Oporo. In 1999, Russian officials reportedly asked Oporo to help launch a prevention program in secondary schools.[14] The

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[9] "A Cursory look at AA: What is AA?" at www.aarus.ru/pdf/glance.pdf, and "AA Groups in Russia," at www.aarus.ru/index.php/groups-aa-russia.html. On U.S. data, see "A.A. Fact File," General Service Office, 2010, at http://www.aa.org/pdf/products/m-24__aafactfile.pdf.

[10] "The Problem of Alcoholism in Russia and the Society of Alcoholics Anonymous," Radio Freedom, April 19, 2006.

[11] "Alcoholics Anonymous: Who are they?" Orthodox Church International Religious News Portal, October 4, 2010, at cerkov.by/page/anonimnye-alkogoliki-kto-oni.

[12] The House of Hope, at http://www.houseofhope.ru/English/default.htm; Heidi Brown, "Russian Alcoholics' Dying Hope," *Forbes,* June 4, 2010; Heidi Brown, "Hi, My Name Is Boris," *Forbes,* October 15, 2007.

[13] Tatyana Titova, "Alcoholics Anonymous Controversial in Russia," Keston News Service, February 9, 1999; Eugene Protsenko, "Christian Public Charity 'The Old World,'" *Round Table: Education for Change and Diaconia,* Department for External Church Relations of the Moscow Patriarchate, at http://www.rondtb.msk.ru/info/en/alcohol__en.htm#2.

[14] "Russia: The Background," Confident Kids, at http://www.confidentkids.com/Russia.htm#The%20Background; Mary Webb, "Russian Church-Based Alcoholism Treatment and Prevention," *East-West Church & Ministry Report,* Summer 1999.

Salvation Army also operates a Christ-centered addiction prevention and treatment program in Russia.[15]

In 1993, Mikhail Morozov started informal alcohol treatments out of his home in the village of Durakovo, south of Moscow. His treatment program was based on AA's 12-step program. The Orthodox Church has since sponsored and subsidized his efforts. Priests refer patients for treatment, and patients follow the traditional practice of working in the village for free as part of their treatment.[16]

[15] *East-West Church & Ministry Report,* Summer 1999.

[16] Scott Peterson, "Where Russians Go to Dry Out," *Christian Science Monitor,* May 2, 2005; Jane L. Emery, "Trends in Russian Addiction Treatment" *Counselor,* July 31, 2003, pp. 34–39.

Congressional Research Service

MEMORANDUM December 27, 2010

To: Commission on Security and Cooperation in Europe
Attention: Kyle Parker

From: Erin Bagalman, Analyst in Health Policy, 7-5345

Subject: **Effectiveness of Alcoholics Anonymous**

This memorandum responds to your request for information on the effectiveness of Alcoholics Anonymous (AA).[1] The three sections below describe (1) Alcoholics Anonymous and 12-step programs; (2) other interventions for alcoholism; and (3) the comparative effectiveness of Alcoholics Anonymous and psychotherapy. Please note that this memorandum does not address detoxification or other acute episodes of care.

Information in this memorandum is of general interest to the Congress. As such, this information may be, or may have been, provided to other congressional requesters, and may be published by CRS in products for general distribution to the Congress at a later date. Your confidentiality as a requester would be preserved in any case.

Alcoholics Anonymous and 12-Step Programs

Alcoholics Anonymous is a peer-to-peer program, predicated on the founders' belief that the only people who can understand and help an alcoholic are other alcoholics. Alcoholics Anonymous does not involve any professional services. The only costs associated with participation in AA are the costs of purchasing literature and renting meeting space, plus coffee and snacks at meetings. The goal of treatment in AA is total abstinence from alcohol.[2]

You mentioned a perception that Alcoholics Anonymous might be religiously affiliated. The two founders of AA had both previously participated in a religious group (the Oxford Group), but designed AA to be spiritual without adhering to any specific religion. The 12 steps refer to "a Power greater than ourselves" and "God *as we understood Him*." (See the text box on the next page.) The Serenity Prayer and the Lord's Prayer are customarily included in AA meetings; this has caused some controversy within AA. One of AA's founders explained in a letter that participation in these prayers is voluntary; he suggested that for

[1] In documents produced by Alcoholics Anonymous, the abbreviation "A.A." is used; the abbreviation "AA" (without periods) is in common usage and will be used throughout the text of this memorandum.

[2] Alcoholics Anonymous World Services, Inc., *A Brief Guide to Alcoholics Anonymous*, http://www.aa.org/en_pdfs/p-42_abriefguidetoaa.pdf.

atheists and agnostics (and presumably other non-Christians), hearing others say the prayers is a "salutary exercise in tolerance."[3]

While Alcoholics Anonymous is the original 12-step program, the term "12-step program" (or more specifically "12-step facilitation") often refers to professional interventions that use AA's 12 steps. Well-known addiction treatment centers combine AA's 12 steps with professional treatment services:

- Betty Ford Center: "All our programs are based on the 12-Steps of Alcoholics Anonymous."[4]
- Hazelden: "[W]e encourage participation in a Twelve Step program as one means of support in recovery."[5]
- Sierra Tucson: "Principles of the Twelve-Step Program of Alcoholics Anonymous—the foundation of all our programs—have been broadened to include more intensive psychiatric care."[6]

The Twelve Steps of Alcoholics Anonymous

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Source: Alcoholics Anonymous World Services, Inc., *A Brief Guide to Alcoholics Anonymous*, http://www.aa.org/en_pdfs/p-42_abriefguidetoaa.pdf.

Other Interventions for Alcoholism

Beyond Alcoholics Anonymous and related 12-step programs, common treatments for alcoholism fall into two broad categories: pharmacological treatment and psychotherapy. Pharmacological treatment includes drugs to reduce symptoms associated with discontinuing alcohol use (e.g., acamprosate); drugs to cause adverse reactions if alcohol is consumed (e.g., disulfiram); and drugs to block the pleasurable experience from drinking alcohol and reduce craving (e.g., naltrexone). Other drugs may be used to treat conditions that are comorbid with alcoholism or may be used off label for treatment of alcoholism.[7] This memorandum does not address the effectiveness of pharmacological treatment.

[3] Alcoholics Anonymous World Services, Inc., *Frequently Asked Questions About A.A.'s History*, http://www.aa.org/lang/en/subpage.cfm?page=287.

[4] Betty Ford Center, *Treatment Programs*, http://www.bettyfordcenter.org/treatment-programs/index.php.

[5] Hazelden, *Frequently Asked Questions: Why Choose Hazelden?*, http://www.hazelden.org/web/public/faqchoose.page.

[6] Sierra Tucson, *Treatment Model & Philosophy*, http://www.sierratucson.com/programs_philosophy.php.

[7] National Institute on Alcohol Abuse and Alcoholism, *Helping Patients Who Drink Too Much: A Clinician's Guide*, www.niaaa.nih.gov/guide; and Agency for Healthcare Quality and Research, *Pharmacotherapy for Alcohol Dependence*, http://www.ahrq.gov/clinic/epcsums/alcosumm.htm.

Common psychotherapies include contingency management, motivational enhancement, cognitive-behavioral treatment, and marital or family therapy. Each of these is described briefly below:

- Contingency management offers positive reinforcement (e.g., money, vouchers, or privileges) when patients meet treatment goals (e.g., abstaining from drinking alcohol). Contingency management may also involve punishment (e.g., negative reports to a parole officer) when patients fail to meet treatment goals.[8]
- Motivational interviewing (a specific form of motivational enhancement) is based on the insight that behavioral change is a process that occurs in stages. It therefore seeks to move an individual through the stages of change, by asking questions designed to reduce the individual's ambivalence toward behavioral change.[9]
- Cognitive-behavioral treatment approaches alcoholism (or other mental illnesses) as a problem of learning and attempts to teach new, more adaptive ways of thinking and behaving.[10]
- Marital or family therapy can include (1) involving family members to help engage the alcoholic in treatment; (2) engaging family members and the alcoholic in joint treatment; and (3) engaging family members directly in treatment, without the alcoholic present.[11]

Comparative Effectiveness of Alcoholics Anonymous

The evidence regarding Alcoholics Anonymous, 12-step facilitation, and other interventions for alcoholism is mixed, and interpreting it is complicated. Study design may vary, so that comparisons are not always "apples to apples." The following questions are examples of ways in which study design may vary:

- Did the study compare treatment to no treatment or to other treatments?
- Was the treatment under evaluation used alone or in combination with something else (e.g. 12-step plus pharmacotherapy)?
- Did study participants have to be alcohol free (as in AA) in order for treatment to be deemed effective, or is there some other measure of effectiveness (such as reduced time away from work)?
- How long must individuals be alcohol-free (or otherwise successful in treatment)—for one month, several months, a year, or several years?

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[8] Stephen T. Higgins and Nancy M. Petry, "Contingency Management: Incentives for Sobriety," *Alcohol Research & Health*, vol. 23, no. 2 (1999), pp. 122-127; and Michael Prendergast, Deborah Podus, and John Finney, et al., "Contingency Management for Treatment of Substance Use Disorders: A Meta-analysis," *Addiction*, no. 101 (2006), pp. 1546-1560.

[9] Gretchen L. Zimmerman, Cynthia G. Olsen, and Michael F. Bosworth, "A 'Stages of Change' Approach to Helping Patients Change Behavior," *American Family Physician*, vol. 61, no. 5 (2000), pp. 1409-1416; and Eirini I. Vasilaki, Steven G. Hosier, and W. Miles Cox, "The Efficacy of Motivational Interviewing as a Brief Intervention for Excessive Drinking: A Meta-analytic Review," *Alcohol & Alcoholism*, vol. 41, no. 3 (2006), pp. 328-335.

[10] Richard Longabaugh and Jon Morgenstern, "Cognitive-Behavioral Coping-Skills Therapy for Alcohol Dependence: Current Status and Future Directions," *Alcohol Research & Health*, vol. 23, no. 2 (1999), pp. 78-85; and Molly Magill and Lara A. Ray, "Cognitive-Behavioral Treatment with Adult Alcohol and Illicit Drug Users: A Meta-analysis of Randomized Controlled Trials," *Journal of Studies on Alcohol and Drugs*, vol. 70, no. 4 (2009), pp. 516-527.

[11] Alex G. Copello, Richard D. B. Velleman, and Lorna J. Templeton, "Family Interventions in the Treatment of Alcohol and Drug Problems," *Drug and Alcohol Review*, no. 24 (2005), pp. 369-385.

Given that the answers to the questions above (among others) vary between studies, summarizing the evidence can be difficult. This section describes two approaches to summarizing research—systematic review and meta-analysis—and provides a relevant example of each. Finally, this section describes observational research and provides a relevant example.

A systematic review is a highly structured qualitative approach to summarizing multiple studies, which may vary in methodology and/or have contradictory findings. Like original research, a systematic review follows a protocol that is determined before the review begins. The protocol defines how relevant studies will be identified, which studies will be included or excluded, how the quality of each study will be evaluated, and so forth. Adherence to a rigorous protocol reduces the likelihood of errors stemming from a researcher's subjective decision making.

A 2006 systematic review of experimental evidence regarding the effectiveness of both Alcoholics Anonymous and 12-step facilitation (i.e., professional interventions using the 12 steps) found no conclusive evidence that they were effective. Note that a lack of conclusive evidence is not the same as evidence that the interventions are ineffective. Note also that experimental evidence, which was the only kind of evidence included in the review, is not the only way to evaluate effectiveness.[12]

A systematic review may stand alone or may lay the groundwork for a meta-analysis, a quantitative approach to synthesizing the results of different studies into a single statistic. A meta-analysis combines the samples (which may be small in individual studies), increasing both the statistical power and the precision of the estimated effect. In the event that individual studies have conflicting results, a meta-analysis may determine that the weight of the evidence falls in one direction or the other, that the results counterbalance each other yielding no significant difference, or that the results vary according to some factor (e.g., an intervention is more effective in one subpopulation than in another subpopulation).

A 2008 meta-analysis of studies comparing different psychotherapies for alcoholism included 30 studies, with a combined 47 head-to-head comparisons. Many of the individual head-to-head studies found differences in effectiveness between types of psychotherapy. When results of all the studies were synthesized, however, the meta-analysis did not find significant differences between types of psychotherapy. The meta-analysis found that a significant portion of the variability between studies could be explained by researcher allegiance, which may occur when one intervention is preferred, better understood, or more proficiently implemented than the other intervention.[13]

Both the systematic review and the meta-analysis described above were limited to randomized controlled trials (RCTs). Restricting a systematic review or meta-analysis to RCTs excludes the majority of available research. For example, a 2005 systematic review of research on motivational interviewing (not restricted to alcoholism treatment) identified 15,516 articles using a key word search and excluded 15,174 of them (98%) because they were not RCTs.[14]

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[12] Marica Ferri, Laura Amato, and Marina Davoli, "Alcoholics Anonymous and Other 12-Step Programmes for Alcohol Dependence," *Cochrane Database of Systematic Reviews* 2006, issue 3, art. no. CD005032; Lee Ann Kaskutas, "Comments on the Cochrane Review of Alcoholics Anonymous Effectiveness [Letter to the Editor]," *Addiction*, vol. 103, no. 8 (2008), pp. 1402-1403; and Marica Ferri, Laura Amato, and Marina Davoli, "Identifying the Treatment Effect Signal from the Noise [Author Response]," *Addiction*, vol. 103, no. 8 (2008), pp. 1403-1404.

[13] Zac E. Imel, Bruce E. Wampold, and Scott D. Miller, et al., "Distinctions Without a Difference: Direct Comparisons of Psychotherapies for Alcohol Use Disorders," *Psychology of Addictive Behaviors*, vol. 22, no. 4 (2008), pp. 533-543.

[14] Sune Rubak, Annelli Sandbæk, and Torsten Lauritzen, et al., "Motivational interviewing: A Systematic Review and Meta-analysis," *British Journal of General Practice*, vol. 55, no. 513 (2005), pp. 305-312. See also CRS Report RL33301, *Congress and Program Evaluation: An Overview of Randomized Controlled Trials (RCTs) and Related Issues*, by Clinton T. Brass, Erin D. (continued...)

In medical research RCTs are the gold standard; however, Alcoholics Anonymous is not a professionally delivered treatment and therefore may not be subject to the same expectations in terms of evidence. Observational research follows patients in the normal course of treatment (or lack thereof), whereas RCTs do not necessarily reflect patients' real-world experience. Observational research is much less resource-intensive than RCTs, enabling more studies with larger sample sizes and/or longer periods of observation.

A limitation of observational research is the inability of researchers to infer a causal relationship between the intervention and the outcome. Because participants in observational studies are not randomized into different interventions, researchers must consider the possibility that participants self-selecting into one intervention may be systematically different from those self-selecting into another intervention. Thus any difference in outcome might be attributable to that unknown difference, rather than to the intervention.

A 2000 observational study of alcoholism interventions allowed participants to choose which method of treatment, if any, they received; when they started; and how often they engaged in treatment. The researchers categorized 466 study participants as untreated (17%), AA only (14%), formal treatment only (16%), or AA plus formal treatment (53%). The distinction between participants in AA only and participants in AA plus formal treatment is key to establishing the effectiveness of AA as a stand-alone intervention.

The study looked at multiple outcomes after 1 year, 3 years, and 8 years. Since the goal of AA is total abstinence from alcohol, results for that outcome are summarized in **Table 1** below. In this study, abstinence was defined as being alcohol free for at least 6 months prior to the follow-up.

Table 1. Likelihood of Being Alcohol Free at 1-Year, 3-Year, and 8-Year Follow-Up, for Study Participants Using Alcoholics Anonymous (AA) Only Versus Comparisons

Comparison	1 year	3 years	8 years
AA only versus untreated	More likely	More likely	More likely
AA only versus formal treatment	More likely	More likely	No significant difference
AA only versus formal treatment plus AA	No significant difference	No significant difference	No significant difference

Source: CRS summary of abstinence results from Christine Timko, Rudolf H. Moos, and John W. Finney, et al., "Long-Term Outcomes of Alcohol Use Disorders: Comparing Untreated Individuals with Those in Alcoholics Anonymous and Formal Treatment," *Journal of Studies on Alcohol*, vol. 61, no. 4 (2000), pp. 539-540.

In summary, the evidence regarding the effectiveness of Alcoholics Anonymous and other alcoholism interventions is mixed. Randomized controlled trials, which are the preferred method of research for medical treatments, are inconclusive with regard to AA and psychotherapy. Observational research suggests that AA is at least as effective as formal treatment.

(...continued)
Williams, and Blas Nuñez-Neto.

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