



After 4 years of World War 1 and another 4 years of civil war, the Soviet Union inherited the poverty-stricken backwardness of tsarist Russia in spades. Yet the promise of all-inclusive medical care, provided free of charge, had been made, and this noble goal had not been put on the back burner. So what did this lead to? It led to the mass production of doctors, along with the mass production of those who were supposed to teach future doctors. Relatively uneducated teachers were instructing large numbers of poorly qualified doctors (except for those who, as the Russian saying goes, were kissed by God or born to be doctors, but they are always a minority). However, a badly performing economy and the general lack of funds meant that doctors were paid minimal wages, so the profession quickly lost its prestige and

attracted mainly individuals who could not compete for work in other professions. Soon the overwhelming majority of doctors were women, that is to say, those who in a traditionally masculine-oriented society were the first fired, the last hired, and the least paid.

That situation really never changed. It improved, but the basic problem—the backwardness of Russian society, and the fact that it had not (and still has not) attained the level of economic and social development necessary to provide free, all-inclusive, high-quality medical care—is what lies at the heart of the country’s faulty public health system.

So returning to my opening statement: the attempt to build a truly socialist society in a country that, as Marx would have said, had not reached the necessary stage of development, was a colossal blunder committed by none other than Vladimir Lenin. And it is a blunder the country is still paying dearly for to this day.

Declaration of interests

I declare no competing interests.

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Alcohol and health in Russia: good news at last

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Lancet 2017; 390: 1616–18

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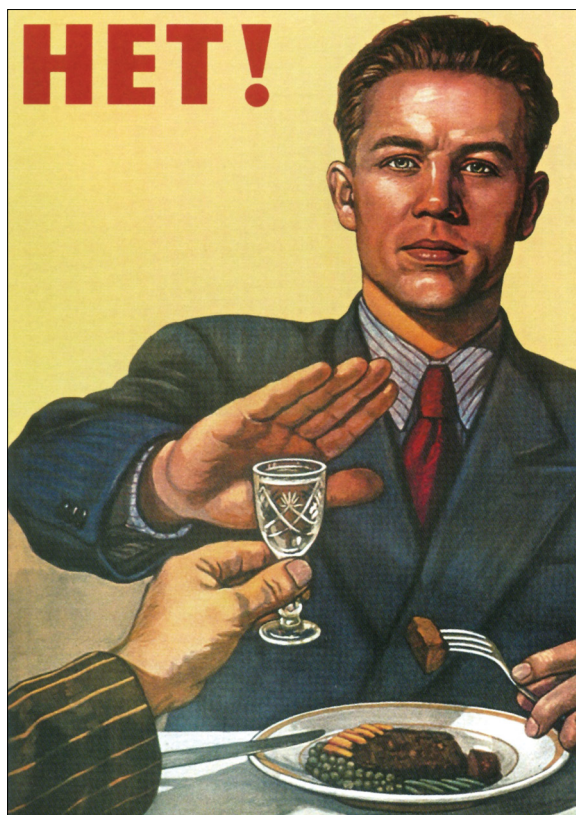
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Alcohol abuse is an important risk factor and a cause of death worldwide. Alcohol not only affects the general health of the consumer, it also causes social problems and harm to other people. A high prevalence of heavy drinking in the population affects the economy and other important determinants of a country’s welfare.¹

Epidemics of heavy alcohol consumption have affected many nations throughout history. The countermeasure in most countries was to restrict alcohol production and sale. The best known examples of restrictions are the Prohibition Amendment, enforced in the USA between 1919 and 1933, and the regulations on alcohol in Norway and some other Nordic countries.²

In Russia, efforts have been made to control heavy drinking for centuries. In the 20th century, two attempts were made to restrict access to alcohol. On July 18, 1914, before entering World War 1, recalling Russia’s problems with recruiting soldiers for the Russo–Japanese War in 1904 (in which the Japanese defeated the Tsar’s forces), Tsar Nicholas II forbade all alcohol retail and sales. The Soviet Government prolonged the terms of the restriction in December, 1917, which meant that the prohibition lasted nearly 10 years. The Russian prohibition law had some appreciable short-term effects: per capita consumption of ethanol decreased more than ten-fold between 1910 and 1915 and remained low for about a decade. Access to alcohol was also drastically restricted during World War 2.





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However, alcohol consumption was increasing by the 1960s, and by the 1980s, it had reached catastrophic levels.

To counteract this national disaster, a draconian alcohol restriction law—the Gorbachev Prohibition—was introduced in 1985.³ In addition to the ban on production and sales of all types of alcohol, the vineyards in the wine-producing regions of the country were destroyed. Within a few months, alcohol production decreased sharply to about three-quarters of pre-1985 levels. A slow increase in alcohol production in 1987 was followed by a very steep increase to the highest levels ever recorded by 1994, soon after the collapse of the Soviet Union. The best estimates, which include unrecorded consumption of alcohol, suggest that annual ethanol consumption in 1994 was 18 L per capita.

Sharp fluctuations in alcohol consumption were accompanied by similar fluctuations in adult mortality, which went from the lowest ever recorded in 1986–87 to the highest ever recorded in 1994.⁴ Mortality decreased again between 1994 and 1998, only to increase again between 1998 and 2002. These fluctuations were unprecedented for a modern industrialised country. The increases in mortality coincided with economic and social crises, whereas decreases correlated with economic improvements. The political changes during the early 1990s and the resulting social and economic crises that overwhelmed much of the Russian population in subsequent decades had a devastating effect on both patterns of alcohol consumption and mortality.^{5,6}

Increased mortality during 1991–2001 resulted in 2·5–3 million additional deaths in young and middle-aged Russians.^{4,5,7} Extreme alcohol consumption is a major determinant of the high adult mortality in Russia and has been linked to increased risk of mortality from injuries and diseases^{5,8,9} and to more than half of all deaths in the 15–54 year age group.^{5,10}

Since 2003, Russia has gradually implemented a number of WHO recommendations to control alcohol consumption, such as increasing excise tax duty on alcohol, banning advertisements of alcoholic beverages, restricting retail sales and setting minimum prices, increasing penalties for the sale of alcohol to children, banning night sales, and preventing illegal production. These measures have proved effective—alcohol consumption has drastically decreased. According to WHO, alcohol consumption in Russia was 13·5 L per capita in 2016. The Russian Ministry of Public Health's estimates of alcohol consumption are even lower (10·3 L per capita). Drinking patterns are also changing. People are drinking less vodka and more beer. The decrease in vodka consumption is observed mainly in young people and depends on the education level.^{11,12}

Age-standardised, all-cause mortality also decreased between 2003 and 2016, from 1580 to 1050 deaths per 100 000 population in men, and from 716 deaths to 490 deaths per 100 000 population in women. This improvement in mortality has already saved almost 3 million lives. If this favourable trend is sustained and not disrupted by new crises, not only could Russia reach the UN goal of a 25% relative reduction in premature mortality from non-communicable diseases by 2025, but Russians could hope to see the rise of educated and sober people in the Russian population.

Declaration of interests

I declare no competing interests.

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Tuberculosis and HIV/AIDS: the alien and the predator

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Lancet 2017; **390**: 1618–19

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In 1919, the fight against tuberculosis was declared a national policy by the Bolshevik Party because the morbidity had become very high and many revolutionaries, including Stalin and the KGB founder Dzerzhinsky, had developed tuberculosis during their incarceration for opposing Tsar ruling. Yet not until the 1960s, after the Civil War and World War 2, was a Soviet strategy against tuberculosis finally structured. The strategy included regular and free Mantoux tuberculin skin tests and chest fluorographic imaging, and free care was provided through a system of tuberculosis clinics and so-called dispensaries (outpatient facilities). For preventive reasons, gratuitous sanatorium care and flats with isolated private rooms were provided for patients with chronic tuberculosis. As a result, Russia had reached the lowest morbidity from tuberculosis by the

end of the 1980s when Gorbachev called for a period of reconstruction, also known as perestroika.

The first HIV/AIDS cases in Russian citizens were diagnosed in 1987. They were mainly men who had sex with men (MSM), typically with foreigners, and it was assumed that HIV had no way of spreading in a country where homosexuality was illegal. However, by the end of 1988, HIV was found in dozens of sick infants who had been treated at a paediatric hospital in the provincial city of Elista, where HIV had been transmitted between babies by reusing glass syringes. In response to the Elista HIV outbreak, the Soviet Government introduced mandatory testing of blood donors, pregnant women, prisoners, patients with sexually transmitted infections, MSM, intravenous drug users, and partners of HIV-positive persons, with further reporting to public health officials responsible for infection control. A network of AIDS centres similar to tuberculosis dispensaries was established across Russia, and manufacturing of disposable syringes was arranged in a short time.

Gorbachev's Glasnost policy of transparency and honesty helped to start a mass-media campaign with systemic information about safe sex, which had previously been impossible. The punishment for homosexuality was abolished in 1993. In 1995, a federal law on HIV declared free voluntary HIV tests and treatment for people living with HIV/AIDS, and any discrimination was prohibited. Although more than 20 million Russians were tested for HIV annually, less than 1500 HIV-positive individuals were found by 1996, which fuelled hope that Russia might avoid an HIV/AIDS epidemic.

However, the transition from a centrally planned economy to capitalist market led to temporary impoverishment of a large part of the population and deterioration of nutrition, which worsened the tuberculosis and HIV epidemics. The tuberculosis drug manufacturing industry collapsed, and in the 1990s, the tuberculosis and HIV epidemics became associated with an expansion of lucrative, illegal drug dealing. The number of intravenous drug users increased from dozens of thousands to several millions, and many of them were imprisoned.¹ Not one of the 156 people who were diagnosed with HIV in 1995 had ever used drugs, whereas sharing syringes was the main risk factor for 90% of the 87000 new HIV cases in 2001.

Although both the HIV and tuberculosis epidemics had worsened because of illegal drug use, the Russian



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