

Noncommercial alcohol in Russia

A case study from Moscow region's town of Klin and its surrounding rural areas

Executive summary

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Noncommercial alcohol accounts for a significant portion of the overall volume of alcohol beverages consumed in Russia, particularly in small towns and rural areas. This study assesses the shadow market of unrecorded alcohol production by examining sale procedures, product quality, consumption patterns, and related health and social consequences. In the long run, this study and its follow-ups may facilitate the effective resolution of problems associated with the informal alcohol market.

Context

In 1911, in response to brewing social unrest and to avoid riots, the government of the Russian Empire banned the sale of distilled spirits. However, the population began to consume alcohol surrogates (intoxicating substances not meant for drinking), and home production of distilled spirits, broadly referred to as *samogon*, flourished.

From the first years of its existence, the Soviet Government paid a great deal of attention to eradicating alcoholism. The December 19, 1919 resolution of the Council of People's Commissars (CPC), *On the Interdiction on the Territory of the RSFSR of the Manufacture and Sale of Alcohol, Hard Alcoholic Beverages*, stipulated penalties for making, selling, and purchasing *samogon*. However, despite the measures taken, *samogon* remained the most widespread alcohol beverage in a country devastated by civil war. As a consequence, the government was

introduced a monopoly for the production of alcohol beverages (resolution of the CEC [Central Election Commission] and CPC of the USSR on December 3, 1924). The sale of vodka with 40% alcohol was also expanded. In addition, the Soviet Government introduced a system of measures to control alcoholism: A 1927 government resolution (*On Measures to Restrict the Sale of Alcoholic Beverages*, adopted on March 4, 1927) stipulated a ban on the sale of alcohol beverages to minors and intoxicated persons, and public organizations were activated in the fight against drunkenness with the May 1927 resolution of the CEC and CPC, *On the Organization of Local Ad Hoc Committees on Alcoholism*.

In the post-World War II period, the problem of alcoholism became particularly acute and exacerbated the plight of the country. Internal affairs agencies and the relevant departments of health were tasked with controlling alcoholism. Medical departments of sobriety, drug abuse offices, and treatment centers were organized. Administrative law established liability for intoxication and appearing in a drunken state in public places and institutions, as well as criminal liability for involving minors in drunkenness. In 1972, criminal liability was established for the informal manufacture, sale, and possession of distilled spirits (Article 158 of the Criminal Code). Mandatory treatment and occupational re-education of alcohol-dependent individuals in occupational therapy rehabilitation centers were also introduced. Moreover, measures were established that

were directed at increasing the effectiveness of disciplinary, administrative, and criminal sanctioning for violations related to drunkenness and alcoholism.

The last time an attempt was made to introduce a system of strict administrative bans on the consumption of alcohol in Russia was in 1985. Strictly speaking, these measures were not a “dry law.” Pursuant to the decree *On Measures for Strengthening the Battle Against Drunkenness and Alcoholism*, many distilleries were dismantled in 1985, unique vineyards were destroyed, and restrictions were introduced on the time and the amount of alcohol that could be sold, although there was not a complete ban on trade in alcohol beverages. This measure sharply reduced the popularity of the policy of *perestroika* and reduced state budget revenues but, arguably, did not result in a health effect for the population. The reduction in the consumption of store-bought vodka was made up for by the consumption of *samogon* and alcohol surrogates (industrial alcohol, eau de cologne, etc.). At the end of the 1980s, the restrictions had to be cancelled.

In the 1990s, a large quantity of low-grade – including counterfeit (nonstandard and poor-quality) – distilled spirits appeared on the Russian market, which overflowed with domestic and foreign pseudo-vodkas, *samogon*, and other alcohol. Partly as a result, and encouraged by the difficult economic and social transitions of the early 1990s, the problem of alcohol dependence became ever more acute. More than 2.5 million people were registered in medical and preventive treatment facilities, but the actual number of patients with alcoholism was significantly higher – about 10 million (approximately 7% of the country’s total population). According to some estimates in the 1990s, approximately 30,000 people (most of them the victims of alcohol surrogates) died of alcohol poisoning each year.

The adverse situation involving the spread of alcohol produced by homemade methods necessitated the adoption of appropriate legislation, which is currently in effect in Russia. The basic rule of law was Article 6.14 of the *Code of Administrative Offenses*

of the Russian Federation (2001), which provides for liability for the production and sale of ethyl alcohol, alcohol, or alcohol-containing products that do not comply with the requirements of state standards, sanitary rules, and hygienic norms.

The current state anti-alcohol policy is consolidated in the *Concept for the Implementation of a State Policy to Reduce the Scale of Alcohol Abuse and Prevention of Alcoholism in the Population of the Russian Federation for the Period until 2020* (approved by order No. 2128-r of the government of the Russian Federation on December 30, 2009). This policy is aimed at reducing the volume of alcohol consumed by the population (including low-alcohol beverages), improving the demographic situation in the country, increasing the population’s life expectancy, reducing the mortality level, and promoting a healthy lifestyle.

In Russia, the problem of harmful drinking is still relevant. The total number of alcohol consumers being treated by substance abuse services in 2009 amounted to 2,685,000 people, or 1,873.3 per 100,000, which represents almost 2% of the total population.

Description of the Study

This pilot study was guided by the following three questions:

1. What are the characteristic traits of the production, sale, and consumption of noncommercial alcohol (i.e., who are the manufacturers, sellers, and consumers of noncommercial alcohol)?
2. What is the attitude of the population regarding the production, sale, and consumption of noncommercial alcohol?
3. What is the chemical composition of noncommercial alcohol beverages?

One urban and one rural region were chosen for the study – namely, the Moscow Region’s town of Klin and its surrounding rural areas. The selection was based on logistical considerations (accessibility and links with local officials), as well as the perceived significant scale of the noncommercial alcohol sector.

Methodology

In order to answer the research questions, the study utilized the following methodological strategies:

- Examination of contextual issues – e.g., the prevalent patterns of alcohol consumption and the main laws with respect to illicit alcohol
- Survey of noncommercial alcohol manufacturers
- Survey of alcohol consumers undergoing treatment in a substance-abuse treatment center
- Survey of high-risk consumers not in treatment for substance abuse
- Interviews with key informants
- Survey of the general population
- Examination of alcohol surrogates
- Chemical analysis and assessment of the potential toxicity of illicitly produced alcohol

Sample Size

The breakdown of the participants in the study was as follows:

- Five manufacturers of noncommercial alcohol;
- Two high-risk consumer subgroups: 32 people hospitalized for substance abuse treatment and 25 high-risk consumers who did not seek treatment;
- 26 key informants representing three professional groups: law enforcement officers (15), healthcare workers (5), and teachers (6); and
- A group of 202 respondents representing the general population.

Summary of Findings

The pilot study revealed that the main reason driving the production of undocumented alcohol is the possibility of selling it for profit. Manufacturers of noncommercial alcohol are both men and women, middle-aged and older, the majority of whom have

a low educational level. Their financial situation is assessed as below average or poor. The manufacturing method for the most common beverage they produce – *samogon* – involves double distillation by heating. The main method of manufacture of homebrew and homemade wine is fermentation in barrels. Illegally produced alcohol is sold, as a rule, through relatives and acquaintances, from private homes without the mediation of trade enterprises and public dining establishments.

The high-risk alcohol consumer group mostly consisted of young, working-age respondents, with secondary and secondary special education. Notably, almost one-fifth of this high-risk group had a higher or continuing higher education, 70% had permanent jobs, 78% assessed their financial position as average, and 62% were married or in a de facto marital relationship. In this group, one-fifth said they consume *samogon* one to 20 times per month. In the majority of cases, they drank noncommercial alcohol in the company of friends and said that the main advantage of such products was that they can be bought at any time of the day and are cheaper than legally produced alternatives.

Views of key informants – law enforcement officers, doctors, and teachers – generally agreed on the problems related to the production, sale, and consumption of noncommercial alcohol and the measures to combat this phenomenon. However, there were some differences: Representatives of power structures were the most well-oriented to the legal aspects of this problem, doctors were better informed about the harmful effects of alcohol consumption and available healthcare services, and teachers believed it necessary to strengthen the prevention component in the education system.

Finally, the anonymous survey of the active working population in Klin and its surroundings suggests that among alcohol beverages preference is generally given to legally produced beer and spirits. Nevertheless, noncommercial alcohol is reportedly consumed by a significant portion of the population: 24% drink *samogon*, and 3.5% consume surrogates.

According to this population sample, vodka and, to a lesser degree wine and beer, are the most likely to be counterfeit. The surveyed population believes that counterfeit alcohol beverages are mainly produced in underground shops. Those surveyed have themselves encountered counterfeit beverages, especially vodka.

The population is aware that counterfeit beverages are dangerous to health, but respondents buy them because such products are cheap and widely available. The main reasons for consuming noncommercial alcohol in general are its lower price when compared to legally produced drinks and its round-the-clock availability.

In general, respondents consumed alcohol at home, as guests outside the home, and in cafes and bars. Nevertheless, every fifth person drank alcohol on the street, violating the law specifically prohibiting this behavior. They consume alcohol with friends, relatives, colleagues, and spouses. Notably, a small minority of respondents (4%) drank alcohol in random company.

Thus, the surveys and interviews performed at the pilot stage revealed widespread consumption of alcohol beverages, including

noncommercial products, in the studied region, along with a high level of health and social consequences related to this phenomenon.

A direct survey of noncommercial alcohol sellers – including several owners of perfume outlets and hardware stores, as well as pharmacists – found the following encouraging signs in terms of surrogate alcohol consumption: (1) pharmaceutical drugs are now packaged only in 25 ml volumes, and therefore are not in the same demand from drinkers as before; (2) the demand for alcohol-containing perfumes and cosmetics has declined due to price changes; (3) and alcohol in technical fluids is being gradually replaced by other solvents, making them impossible to drink.

According to the chemical analysis of 13 beverage samples obtained during the pilot study, the potential acute toxicity of *samogon*, homebrew, vodka, alcohol, and fortified wine, available through illegal sale, does not exceed the potential acute toxicity of commercially produced beverages, although it should be noted that chronic use of homebrews may lead to an elevated risk of oncological and hereditary diseases.

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