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# Alcohol and Alcoholism in Russia with Special Reference to Toxicology

## Abstract

This review is focused on alcohol and alcoholism in Russia since 1970, but the subject matter is significant in a global context. The article may be of interest for experts in medicine and toxicology, social workers and psychologists. There has been a tendency to exaggerate the topic in order to veil shortcomings of the health care system, with responsibility for the comparatively low life expectancy especially in males shifted onto people, that is, self-inflicted diseases caused by the alcohol abuse. Besides, the purpose of this review is to draw attention to the unstable quality of legally sold beverages, which have caused poisonings up to lethality, even after consumption of moderate doses, offenses against alcoholics and people with alcohol-related dementia, aimed at appropriation of their immobile and other property, and overtreatment of alcoholics in medical institutions. Some invasive procedures have been used without sufficient indications. Instead of warmongering, the Russian government should provide public assistance to citizens in need, including those suffering from alcoholism and alcohol-related dementia.

## Keywords

Alcohol, Alcoholism, Russia, Alcohol Surrogates, Toxicology

**Review Article**

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## Introduction

This review is an update of some parts of the book "Alcohol and Alcoholism in Russia: Recent History" and other publications [1,2]. The topic is relevant for the former Soviet Union (SU) and some other countries. In the Russian Federation (RF), the problem has sometimes been exaggerated in order to shift responsibility for the comparatively low life expectancy, especially among men, onto citizens. Alcohol is often discussed in the context of domestic violence. It is straightforward to denounce a drunken troublemaker. Perpetrators from the privileged milieu know how to avoid responsibility, accuse the victim of slander, and force her or him to remain silent. Drunkenness is a well-known criminogenic factor; but focusing on drunken troublemakers distracts attention from corruption and organized crime. The fight against drunk driving is necessary, but when intoxicated drivers are held generally responsible for traffic injuries and the declared goal is zero blood alcohol content [3], insufficient attention is paid to the condition of roads, vehicles and other causes of accidents. Of note, alcohol-related violence and other misbehavior is common among young and working-age people [4]. Many older alcohol consumers know their maximal dose and do not violate public order.

## Recent History

The Anti-Alcohol Campaign (AAC), launched in 1985, was initially effective, but after 1987 the consumption started to increase, with fortified, dry and sparkling wines giving way to low-quality vodka [5]. Alcohol-related mortality declined during the AAC; but there was an increase in poisonings by technical fluids. Inexpensive perfumes and other ethanol-containing liquids were sold en masse, e.g. window cleaner in Krasnoyarsk province in 1988 [6]. During the AAC, the quality of legally sold beverages declined. Mass drinking after the AAC facilitated the economic reforms. It

is known that alcohol-dependent people are prone to emotions of guilt and shame, have low self-esteem [7], so they are easier to control and to manipulate. Workers and intelligentsia did not interfere with the privatization of state enterprises due to drunkenness and participation in illegal activities: theft in the workplace, use of equipment for personal purposes, to which the administration often turned a blind eye before the economic reforms of the 1990s. After the abolition of the state monopoly on alcohol, the country was flooded with low-quality drinks made from ethanol produced by chemical synthesis or by hydrolysis of cellulose (Sawdust) with subsequent fermentation. In the 1990s, the turnover of non-beverage ethanol in the retail trade reached 60%, while the mortality rate from alcohol poisonings in RF was reported to be 65 times higher than the European average [8]. In the 1990s and early 2000s, ethanol was supplied in large quantities from Georgia. The author observed a line of tanker trucks queuing at the border. This ethanol was used to produce vodka, beer and wine. The North Caucasus was known as a source of low-quality alcohol throughout the country [9].

Drinks sold in shops and kiosks caused poisoning. The following quantities of fatal poisonings from alcohol-containing liquids were reported by year: 1998 - 21,800, 1999 - 24,100, 2000 - 27,200 [10]. Real figures were probably greater. In many patients the onset of severe poisoning was related to the consumption of vodka purchased in a legal shop [11]. The concentration of ethanol in blood was often not excessively high. Mass poisonings by legally sold beverages have been discussed in detail previously [1,2]. The role of organochlorine compounds as the cause of fatal poisonings was assumed [11,12]. It seems likely that the bottles with vodka labels contained admixtures of tetrachloromethane, dichloroethane or other solvents used in dry cleaning of clothes [9,13]. Even alcohol-dependent persons will not drink the named liquids because they have a characteristic smell. However, liquid from a labeled vodka bottle can be gulped without smelling it; such cases, ending up in death, are known. Low-quality, counterfeit vodka was sold in stores, kiosks and snack bars. Industrial alcohol was added to beer and wine. Consumers recognized the taste of non-beverage ethanol, which had been habitually stolen from factories and scientific institutions [14]. These facts were camouflaged by some authors, creating the impression that surrogates were deliberately purchased for drinking (from Russian): “The outbreak was caused by the use of antiseptics with chloride compounds due to a shortage of other non-potable alcohol” [15]. In fact, in 2006 there was not the “shortage of non-potable alcohol” but a temporary dearth of vodka in some places as a result of increased excise taxes and tightening of regulations with the closure of kiosks and many small shops [10]. The temporary gap in the market was filled by surrogates sold in vodka bottles [15].

The exaggeration of the issue of unrecorded or non-commercial alcohol shifts the responsibility for poisonings onto consumers alleged to intentionally drink toxic surrogates [16]. The concept of unrecorded alcohol is not directly applicable to RF without a comment that ethanol from non-edible sources has been used for production of beverages sold through legal shops, generally with the knowledge of the authorities [17-19]. The concept of unrecorded alcohol is not applicable to RF without the comment that technical ethanol, redirected from industry or imported, was used to produce legally sold drinks [13,14,17,19,20]. Without opening the bottle, a consumer cannot distinguish the authentic beverage from a counterfeit. In the 1990s, crooked labels and loose caps were known as features of falsified beverages. Today, bottles of genuine and counterfeit products are indistinguishable by sight [21]. After the aforementioned mass poisonings, there was an improving tendency; however, vodka and beer sometimes smell of industrial alcohol now as before.

The use of technical ethanol for beverage production can be interpreted as concealment of information about facts that pose a health risk. Citizens have the right to expect that government will ensure quality control. Modern methods such as chromatography and spectrometry must be used to control the quality of drinks and detect impurities. In particular, the following should be applied more widely by supervising authorities: gas chromatography with flame ionization detection (GC-FID), using a column separating admixtures, and gas chromatography - mass spectrometry (GC-MS) [22,23]. Spectrophotometry using chromotropic acid has been proposed by the Organization of Vine and Wine (OIV) as a low-cost alternative for methanol analysis in wines and spirits. Recent studies have improved this method; referenced in [24].

The decrease of heavy binge drinking is visible with the naked eye. Compared to the 20th century, heavy intoxication is less common today, even among marginalized individuals. In this regard, it is necessary to mention the Siberian bichi. In populated areas and temporary shelters

in the taiga forest live homeless citizens without documents, called bichi; they worked in tree tapping and other jobs. The alcohol abuse sometimes interfered with the working safety. During the AAC, they massively consumed non-beverage alcohol such as window cleaner [6]. Society's attitude has not always been humane. The state must take care of them, as well as of homeless people in general, provide them with hostels; they need help in obtaining documents and housing. Quality control of alcoholic products is also necessary, including confiscation of surrogates and counterfeits containing industrial ethanol sold in vodka bottles through legally operating shops.

## Anti-Alcohol Policy

After the Anti-Alcohol Campaign (AAC), ended in failure by 1989, the average life expectancy in Russia decreased especially in men. For the period 1993-2001, this figure was estimated to be around 58-59 years [14,25]. The life expectancy has increased since then; but there are doubts about reliability of official statistics. Among the causes of the increased mortality has been limited availability of modern health care, late detection of malignancies, offences against alcohol-depended people resulting in homelessness and premature death.

Some authors exaggerate the effectiveness of governmental anti-alcohol measures. The policies' impact on public health is sometimes discussed as if vodka were the main factor determining mortality: "The relatively high mortality rate in Russia is associated with the consumption of strong alcoholic beverages, mainly vodka" (translated from Russian) [26]; "Alcohol is the most important factor of male mortality in industrialized countries; and the strength of the alcoholic beverages consumed is of great importance" [27]. In this way, other factors are ignored: availability and quality of medical care, toxicity of drinks on sale, offenses against alcoholics and people with alcohol-related dementia. In fact, vodka, beer and other drinks have remained affordable since the AAC: sales in supermarkets, no queues, ratio of the average income to vodka price higher and selling time longer than prior to the AAC [1]. The monograph [28] discusses the "crisis of medicine", denying its significant impact on mortality. However, the arguments are unconvincing, for example, the stable level of mortality from strokes, despite the growth of morbidity. The tendency to overdiagnose cardio- and cerebrovascular diseases in unclear postmortem cases is known. The frequency of unfounded diagnoses is inversely proportional to the quality of diagnostics and the healthcare in general [29]. The decline in infant and maternal mortality since 1999, cited by the authors as evidence of improved healthcare quality [28], may reflect priorities in governmental policies, but has no relation to drunkenness and alcoholism.

Recent anti-alcohol measures have been superficial compared to those of the Soviet era. Taking inflation into account, vodka prices fluctuated moderately [1]. The availability of alcohol did not really decrease. As in the Soviet era, some restrictions encouraged the consumption of higher doses: disappearance of beer in 0.33 l cans, absence of vodka in 150-200 ml bottles. Inside observers recollect that disappearance of 250 ml vodka bottles after the anti-alcohol measures of 1972 led to consolidation of the stereotype "pollitra-na-troikh - half a liter for three", which appeared after the ban of selling by the glass in stores and canteens in 1960. For many aged alcohol-dependent people, even 250 ml is too much; they would prefer to buy after work a 100-150 ml of vodka plus 1-2 bottles of beer and go home. Instead, between 1972 and 1985, they consumed half a liter for three persons, then sometimes added fortified wine (vodka was sold until 7 p.m.). Consumption in high doses was contributed by queues, after standing in which more alcohol was purchased and consumed. During the AAC (1985-1989), many elderly people and veterans were forced to stand in hours-long lines and/or to drink surrogates. Certainly, it is better not to drink, but this does not justify selling of counterfeit beverages in regularly labeled bottles, deceit of alcohol-dependent citizens, deprivation of quality healthcare, of apartments and houses.

The author of this review agrees to the opinion that "the anti-alcohol measures implemented in Belarus and Russia coincided with decrease in alcohol-related mortality which originated in the past" [30], caused by different factors. Apparently, the main reason for the decline in alcohol consumption has been a responsible lifestyle in a market economy. This pertains to workers and intelligentsia in the first place. As a result of economic reforms of the 1990s, confidence in the future has been lost by many people. Factories and scientific institutions closed or reduced their personnel. At the same time, property crime has increased, leaving many alcoholics and people with dementia homeless. Finally, the immigration from less drinking regions has contributed to a decrease in alcohol consumption.

## Epidemiology and Statistics

"There is no doubt that alcohol is an important cause of mortality in Eastern Europe and globally. It remains uncertain, however, whether the high long-term mortality rates of middle aged and older persons in Russia are caused predominantly by alcohol and what is the contribution of other factors" [31]. Those "other factors" are evident for inside observers: deterioration of the healthcare after 1990, toxicity of some drinks on sale, external causes of death [3]. Related factors have been mooted as being responsible for the fluctuations in life expectancy and mortality since 1990: stress associated with the transition to capitalism, quality and availability of food, cigarette smoking, insufficient social care [32]. In addition, heavy binge drinking after the failure of AAC has been discussed as a cause of increased mortality. Without denying the harm from this style of alcohol consumption, it should be stressed that the heavy binge drinking has been declining since the early 2000s [33]. Over the period 2003-2017, the positive life expectancy trend was statistically independent of alcohol poisonings [34].

For 2021, the age-standardized death rates of heart diseases per 100,000 were as follows: Russia 403, China 290, United States 151, Germany 142, France 84, Japan 76 [35]. The reasons for the high cardiovascular mortality in RF and of its increase after 1990 are obvious for pathologists. Cardiovascular Diseases (CVD) are often diagnosed in unclear cases, both at postmortem examinations and in people dying at home without autopsy. If the cause of death is unclear, one of the standard diagnoses is "IHD with heart failure" or other similar formulations [29]. It is not surprising that an increase in registered mortality from CVD coincided with the quality decline of post mortem diagnostics and of the healthcare in general during the 1990s and early 2000s [36,37]. The topic of insufficient healthcare quality as a cause of low life expectancy in RF is generally avoided these days.

The overdiagnosis is confirmed by an increase in the registered mortality from CVD, but not from Myocardial Infarction (MI), the share of which in the Russian mortality is small [25]. The reason is obvious for pathologists: the diagnosis of MI is usually based on clinical or morphologic criteria, while IHD with heart failure is sometimes used postmortem without sufficient evidence. The overdiagnosis of CVD has occurred along with "the absence of any significant differences in mortality rates from neoplasms, including those associated with alcohol, in the period 1984-1994" [38], since tumors are rarely diagnosed without evidence. Remarkably, deaths from lung cancer (X-ray or autopsy are necessary for the diagnosis) in men decreased by 17% between 1998 and 2007; while deaths from breast cancer, which rarely goes undetected, increased [25]. "Changes in Russian mortality over the past few decades are unprecedented for industrialized countries in peacetime" [39]. Indeed, mortality fell rapidly with the onset of the AAC, and then increased significantly. The fluctuations were so sharp that the possibility of an artifact was discussed [38]. The above seems to be indicative of unreliable and possibly manipulated statistics. The decline in mortality after 1985 was probably overstated in order to highlight the success of AAC, which was counterbalanced by an overestimation after 1990. Some writers have exaggerated the causal relationship between alcohol and CVD, seeking to portray increased mortality as a result of alcohol abuse, e.g. [40], commented in [1,2]. The "outstanding puzzle" that "the risk of dying from IHD (excluding MI) is associated with heavy alcohol consumption" [41] has analogous explanations. It can be reasonably assumed that official statistics is unreliable now as before.

The comparatively high mortality rate from strokes [42] together with low mortality from myocardial infarction has an explanation: unlike myocardium, the macroscopic picture of cerebral infarction can be imitated artificially e.g. by a junior pathologist, destroying brain tissue at autopsy in case of impossibility (lack of toxicological tests) or unwillingness to look for the true cause of death. The unreliability of stroke diagnosis is indirectly confirmed by the report that in 2002, "the death rate from stroke among Russian men aged 45-54 was ~10 times higher than in Germany, France or Italy" [42]. The article [42] contains a reference to international statistics from 2004, according to which the registered stroke mortality in RF, without taking into account gender and age, was 4-8 times higher than in many developed countries [43].

Alcoholic cardiomyopathy has been diagnosed more frequently in RF than in other countries, sometimes without sufficient grounds. It was estimated that registered mortality from alcoholic cardiomyopathy in RF is ~100 times higher than in the United States, Finland and France [8]. The diagnosis of cardiomyopathy has been widely used postmortem in alcohol consumers [40], while the true cause of death sometimes remained unknown. Clinically significant

cardiomyopathy usually develops after long-term abuse, especially in genetically predisposed individuals.

There is an opinion that moderate alcohol consumption is not associated with the risk of CVD, and some epidemiological studies show that the risk is reduced among moderate consumers [44-46]. However, the cardioprotective effect of low doses has not been confirmed by a number of studies [47,48]. There is a controversy in the literature about the risks of moderate alcohol consumption. This is beyond the scope of this review. Theoretically, a protective effect is not excluded due to the thousands-years' adaptation of some ethnic groups to alcohol and by-products of natural fermentation. Even if the cardioprotective effect of moderate doses exists, in advanced age it is largely counterbalanced by the toxic impact of ethanol on the liver, nervous system, skeletal muscles and immunity. It is important to emphasize that new methods of ethanol manufacturing are accompanied by new by-products, to which no adaptation has developed. In animal experiments, ethanol obtained both synthetically and by hydrolysis turned out to be more toxic than that from edible raw materials [17]. Experiments may overestimate the toxicity of beverages produced using traditional technologies, because animals lack adaptation.

In conclusion of the section, the downward trend in alcohol consumption and alcohol-related mortality in RF should be pointed out. According to estimates by the World Health Organization (WHO) and some Russian authors, the alcohol consumption in RF reached its maximum around 2001-2004, then fluctuated with a downward trend until 2010, after which the decline has continued [49-52]. The period 2003-2017 saw the prevalence of alcohol dependence in patients registered in state-run services fall by 38%, that of harmful use of alcohol - by 54%, and the prevalence of alcoholic psychosis - by 64% [32]. From 2005 to 2016, the consumption in terms of pure ethanol decreased from 18.7 to 11.7 liters per person per year [52]. According to our observations, in the fourth year of the Ukraine war (2025), alcohol consumption is increasing again, which has been confirmed for certain regions [53,54].

## Invasive Treatments with Questionable Indications

Among others, the following treatments were applied to supposed alcoholics: prolonged intravenous infusions, sorbent hemoperfusion, endolymphatic, endobronchial and rectal drug delivery, sometimes without clear indications. Intravenous infusions were recommended for patients with alcohol use disorder including moderately severe withdrawal syndrome: 7-10 infusions daily, sometimes combined with intramuscular injections; details and references are in the books [1,55]. The intravenous detoxification was deemed indicated to nearly all alcohol-depended patients. Many cases with symptoms of excessive infusions, fluid overload, pulmonary or generalized edema have been reported [56]. Besides, various intramuscular injections have been applied and recommended: magnesium sulphate, sodium bromide and thiosulphate, subcutaneous infusions of saline and insufflations of oxygen (300-500 ml); Unithiol, Dimercaprol, cranio-cerebral hypothermia (1-1.5 hours); extracorporeal ultraviolet irradiation of blood, sorbent hemo- and lymphoperfusion [1,55]. The recommended duration of the intravenous detoxification was up to 30 days; references are in [1,2]. A more recent publication recommended 2-3 days [57]. This is generally at variance with the international practice. Alcohol and its metabolites are eliminated spontaneously while rehydration can be usually achieved per os. Repeated infusions, endovascular and endoscopic manipulations were known to transmit viral hepatitis.

Furthermore, antipsychotic drugs have been applied in adults and adolescents diagnosed with alcohol dependence in the absence of psychosis. The alcohol craving has been interpreted as an altered state of consciousness, as a paranoid or delusional phenomenon [58-60]. Accordingly, the anti-psychotic medication has been recommended by the most authoritative handbooks [60,61]. Apart from other potential side effects, a synergism between some antipsychotics and alcohol, possibly aggravating liver injury, should be taken into account [62]. With regard to alcohol-related dementia (and other dementia in alcohol consumers) it should be stressed that antipsychotic use compared with non-use is associated with increased risks of stroke, venous thromboembolism, myocardial infarction, heart failure, fracture, pneumonia and acute kidney injury [63].

Among patients with supposed alcoholism, biopsies were taken from kidneys, pancreas, liver, lung, salivary glands, stomach and skin, repeatedly in some cases. Intraoperative lung biopsies were taken at surgeries for suppurative lung diseases; details and references are in the books

[1,55]. Some biopsies were collected according to clinical indications but in many cases the specimens from different organs were taken for research. The attitude to patients with alcohol use disorders tended to be less responsible. Other invasive procedures (angiography, endoscopic cholangiopancreatography) were applied in persons diagnosed with alcohol use disorder without clear indications [64].

The overuse of surgery in patients with comorbidity of alcoholism and tuberculosis should be briefly commented. According to official instructions and textbooks, indications for surgery (lobectomy or others) have been broader in alcohol-dependent than in other patients; details and references are in the books [1,55]. In case of alcoholism, thoracic surgeries have been recommended earlier, after a short course of medical therapy. Perelman insisted on early surgery in Tb patients with alcohol use disorder, and operated them also in the absence of demonstrable Tb infection, including stable solitary tuberculoma. At the same time, he noticed that patients with alcoholism have more frequent post-surgery complications [65].

Furthermore, bronchoscopy was applied in cases with bronchitis, the latter being frequent among alcoholics in Russia due to cigarette smoking and the risk to fall asleep in a cold place. Along with other complications, vocal cord injuries were observed after repeated bronchoscopies sometimes performed in conditions of suboptimal procedural quality [64]. It was noticed that vomiting, triggered by apomorphine as aversive therapy, provoked hemoptysis and pneumothorax in patients with tuberculosis. A case was reported when ~60% of patients from a “phthisio-narcological” institution for compulsory treatment broke out; over 50% of them were returned by the police [66]. The implementation of compulsory examinations and treatments is increasingly efficient these days, which can be seen by the example of tuberculosis. Reportedly, 100% of M. tuberculosis excretors in the Moscow region had been hospitalized since 2019 [67].

The ultra-rapid (one session) treatment of alcoholism, known in the former SU as “coding”, should be commented briefly. The method was started during the AAC; it was criticized because of mystification, verbal intimidation and unpleasant manipulations associated with health risks. The following has been applied: spraying of the throat with ethyl chloride or infusion of 3-5 ml ethyl chloride into the pharynx with forced swallowing, pressure with therapist’s thumbs on the trigeminal and occipital nerve branches, pressure on the carotid sinus areas and the patient’s eyeballs, intralingual injections, forceful turning and backwards movements of the patient’s head [68-75]. The latter is associated with a risk of injury for patients with vertebral abnormalities. Nevertheless, it continues to be used.

## Aged Alcohol Consumers: Vulnerable Members of Society

The focus on alcohol distracts from other causes of relatively high mortality in RF. In this regard, it is necessary to give more attention to the individuals with alcohol use disorder, their protection from fraud and violence, from disdainful attitude in employment centers and medical institutions, from harassment in the workplace and at home. It is known that older people are sometimes bullied to quit their jobs or change the place of residence. Even moderate alcohol consumption can serve as a pretext. The topic of elder abuse is scarcely covered in Russian literature [76,77]; it does not pertain to drinkers only, although alcohol abuse occurs among both perpetrators and victims. On the one hand, alcohol-dependent individuals have less real possibilities to protect their rights; on the other hand, maltreatment can cause stress and depression in the victim, predisposing to alcohol consumption. Elder abuse can take many forms and often goes unrecognized. Victims of abuse may have low self-esteem, blame themselves for what is happening, and do not want to “betray” their relatives. Bringing death of an elderly person nearer may be a consciously implemented strategy that includes involvement in binge drinking, failure to provide assistance, manipulation in the direction of social risks and auto-aggression. People with alcohol use disorder and dementia are known to have been victims of property-related crimes, which resulted in an increase in homelessness [78]. In the 1990s, extortion and violence were usual in the housing market; later on the fraud and threats have prevailed. Disabled, lonely, aged people, including alcohol abusers, have been convenient victims [79].

The attitude in governmental polyclinics, especially towards middle-aged and elderly men, is sometimes dismissive. Real or supposed alcohol abuse can serve as a pretext. Aged men are visibly underrepresented among patients. For that reason, along with the marketing of placebos under the guise of evidence-based medicine, high

prices, low quality and falsification of some drugs [80,81], chronic diseases often remain untreated. Mention should also be made of the employment service, where a dismissive attitude towards the unemployed has been noticed. Personnel of homes for the aged are not always friendly to residents. Some of such homes prohibit exit from their territory and beer drinking, or leave the permission with paying relatives, which is a violation of the elderly persons' rights. It is known that alcohol consumption is contraindicated in some diseases and incompatible with certain drugs. This necessitates qualified advice rather than prohibitions.

## Conclusion

Of great importance is the strengthening of measures to prevent alcohol addiction, in particular, effective anti-alcohol propaganda aimed primarily at young people. The media often present people with alcohol addiction in a pitiful light. Apparently, this kind of propaganda has contributed to the fact that young people today drink less than in the 1980s, and that heavy binge drinking is visibly in decline. This approach has a drawback: criminals including migrants sometimes subdivide citizens into "krutye" (cool or tough) and those socially vulnerable. Many aged alcohol consumers find themselves in the latter category.

The care of war veterans is showcased today. There are, however, misgivings that the veteran status has been awarded gratuitously to individuals from the privileged milieu. Some real or fictive participants of the Ukraine war will occupy leading positions without sufficient professional qualities [82]. In fact, many real veterans had been maltreated in the period 1985-2005. It is known that percentage of alcohol consumers is relatively high among military veterans. During the AAC (1985-1989), they had to stand hours-long queues at retail outlets and/or to drink surrogates. After AAC, the country was flooded by poor-quality beverages and surrogates sold in vodka bottles through legally operating shops and kiosks, leading to mass poisonings. As discussed above, the healthcare deteriorated at that time while the average life expectancy in men decreased to 58-59 years in the 1990s and early 2000s.

The labor productivity is increasing, but unemployment remains; there are not enough prestigious jobs for everyone. Older drinkers can be considered voluntary outsiders, giving up their social positions to more proactive fellow citizens. Following the example of some countries, they should be given a possibility to spend time in pubs and then go home, provided that public order is maintained. It might be a good idea to bring back inexpensive pubs of the Soviet era, with one difference: there should be enough seats. It is unhealthy for aged people to stand on their feet for a long time. The same applies to workers after their shift. Instead of the warmongering, the Russian government should provide public assistance to citizens in need, including those suffering from alcohol use disorders.

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