

# What Accounts for the Differences in Suicide Trends Across Countries of the Former Soviet Union?

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Suicide is a major public health problem worldwide [1]. The Slavic countries of the former Soviet Union Russia, Ukraine and Belarus retain one of the highest suicide rates in the world, despite a gradual decline over the past decade [2,3]. Since the early 1980s, suicide mortality in these countries has undergone sharp fluctuations (Figure 1). In general, the temporal pattern of suicide mortality fluctuations was similar for three countries: sharp decrease in the mid of 1980s, dramatic increase in the first half of 1990s followed by a decline. While the trends in suicide mortality have been similar in three countries during the Soviet period, there was significant discrepancy after the collapse of the Soviet Union in 1991. In particular, Russia experienced the sharpest suicide mortality fluctuations during anti-alcohol campaign and transition. In Russia suicide rate jumped dramatically between 1991 and 1994. There was also a spike in suicide mortality between 1999 and 2001 in Russia, which might be explained by the financial crisis in 1998. In Ukraine and Belarus, suicide rates increased steadily up to 1996 and then started to decrease. The comparative analysis of long-term evolution of suicide rate suggests that in the early 1980s the rate was considerably lower in Ukraine and Belarus than in Russia, but this gap practically disappeared in most recent years.

One possible explanation behind marked discrepancy in suicide trends lies in the economic strategies that countries used during the post-Soviet period. In comparative perspective, Belarus presents an interesting contrast to other former Soviet countries with high suicide mortality rate. The developmental path in Belarus has been somewhat different to that seen in other countries in the post-Soviet period. The country never fully democratized and there has been less emphasis on economic reform, with many aspects of the command economy being retained, as witnessed by the low level of privatization [4]. By contrast to Russia and Ukraine, this implemented mass privatization after the collapse of the former Soviet Union, Belarus has adopted a more gradual approach to transition.

The post-Soviet transition has had a dramatic impact on suicide mortality, which is often referred as an indicator of psychosocial distress. In fact, trends in suicide mortality in the 1990s fit a typical stress related pattern: dramatic grows in the early 1990s (the acute stress) and decrease in the second half of the decade (the stage of adaptation). Rapid mass

privatization and increased unemployment rate was suggested as the major determinant of the mortality crisis in Russia in the early 1990s [5]. It should be emphasized, however, that suicide trends in Belarus have broadly paralleled those in Russia, despite the differences in the pace of economic reforms during transition. At the same time, there was significant discrepancy between suicide trends in Russia and Ukraine, despite the similarity in the pace of economic reforms. Furthermore, in an analysis of the determinants of mortality in post-Soviet countries Earle and Gehlbach [6] find no evidence that privatization increased mortality during the early 1990s. This evidence suggests that rapid mass privatization, increase unemployment and psychosocial distress do not provide a sufficient explanation for cross-country differences in suicide trends during the transition to the post-communism.

Many scholars believe that alcohol has played an important role in the fluctuation of suicide mortality rate in the former Soviet republics during the last decades [2,3,7]. It seems obvious that sudden decline in suicide rate between 1985-88 appears to be entirely due to Gorbachev's anti-alcohol campaign that significantly reduced alcohol consumption by limiting its availability. There is also strong evidence of a key role of alcohol in explaining of suicide mortality crisis in the early-1990s [2,3].

Since 2001, Russia, along with other former Soviet republics, has experienced steep decline in suicide mortality rate. What is unclear, however, is whether this trend is simply the latest phase in a continuing cycle of fluctuations that have characterized suicide mortality in Russia over the past three decades, or whether there are new features that mark a break from the past. In relation to this, it should be mentioned, that this development is similar to changes that have taken place in other Central and Eastern European countries over the past decades.

A coincidence in the alcohol consumption and suicide mortality trends allows several experts to hypothesize that the reduction in the number of suicide deaths during the last decade might be attributed to the implementation of the alcohol policy reforms in 2006, which increased government control over the alcohol market [8,9]. In a recent study Predimore [10] took advantage of this natural experiment to assess the impact on suicide mortality of a suite of Russian alcohol policies. They revealed that the alcohol policy in Russia led to a 9% reduction in male suicide mortality, meaning the policy was responsible for saving 4000 male lives annually that would otherwise have been lost to suicide.

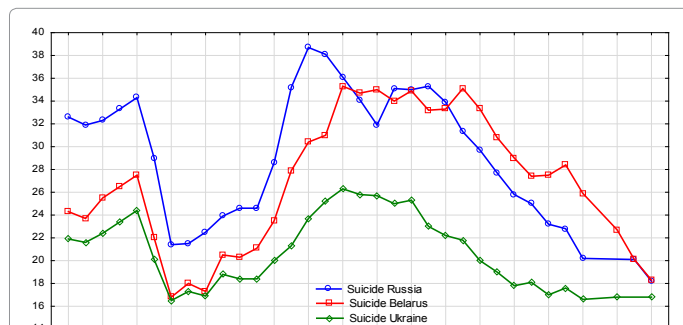


Figure 1: Trends in suicide rates in Russia, Belarus and Ukraine between 1980 and 2014.

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There is, however, some doubts that recent decline in suicide rate in Russia is fully attributable to the alcohol control measures, since downward trend in suicide rate started before the implementation of the alcohol policy reforms. It might be especially true, since specific alcohol control measures were not implemented in Ukraine and Belarus during recent decade. An alternative explanation might be that the decline in Russian suicide mortality is simply following a regional pattern that happened to coincide with the implementation of alcohol control measures. Remarkably, political instability does not seem to have had a significant impact on suicide rate in Ukraine in recent years.

In conclusion, accumulated research and empirical evidence suggest that the dramatic mortality fluctuations in the Slavic countries of the former Soviet Union in the mid-1980s and in the first half of the 1990s were attributable to alcohol. Alternatively, alcohol can not fully explain the downward trend in suicide mortality observed in these countries during the last decade. Similar regional pattern of suicide trends do not support the hypothesis that alcohol control policy was responsible for the decline in Russian suicide mortality during recent decade. Further monitoring of suicide mortality trends in the former Soviet countries and detailed comparisons with earlier developments in other countries remain a priority for future research.

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