

Governing Habits: Treating Alcoholism in the Post-Soviet Clinic. By Eugene Raikhel. Ithaca: Cornell University Press, 2016. 248 pp. \$26.95, paperback.

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Amidst an ongoing surge in middle-aged, white mortality in the United States, it is perhaps instructive, or at least interesting, to consider a similar epidemic of “despair-driven” deaths in the mid-1990s Russian Federation. Billed by turns as the Russian “mortality crisis” or “demographic crisis,” the newly independent nation experienced a net loss of nearly five million inhabitants between 1993 and 2004, a statistic cited in the first chapter of Eugene Raikhel’s *Governing Habits* (25). Alongside decades of declining fertility, a sharp diminution in male life expectancy in the immediate post-Soviet period has been deemed a primary factor in population shrinkage, itself driven by rising levels of suicide, alcohol and illicit drug consumption – an epidemiological snapshot again foreshadowing that of the contemporary U.S. Yet, while U.S. commentators are more prone to fetishize the inherent danger of taboo intoxicants, the trope of sweeping social crisis (*krizis*) has been widely used to analyze the experience of everyday life and premature death in post-Soviet Russia. In Raikhel’s ethnography, crisis is implicated in not only worsening patterns of heavy drinking, but also in the fierce struggle of Russian “narcologists” to retain their professional monopoly on its treatment. Largely ignoring Western critiques of narcology as “backward or even authoritarian”, Raikhel pivots away from questions of universal effectiveness to instead examine the negotiation of therapeutic legitimacy in a newly free-market health system dealing with a swell in demand (4).

A cultural and medical anthropologist, Raikhel sets off on a tour of St. Petersburg’s substance abuse treatment system in 2003, seeking to “understand [the clinical treatment of alcoholism] as a changing domain of knowledge and expertise, as a circulation of changing medical technologies, and as a site where distinct forms of personhood are enabled” (5). His book draws on two years of ethnographic observation and interviews among clinicians, staff, and patients in across numerous public hospitals, private clinics, and one non-profit institution in St. Petersburg, as well as the stray foray into an ad-hoc therapeutic session blending collective hypnosis with Russian Orthodox

imagery. After an initial chapter exploring the salience of “crisis” to the experience of heavy drinking and its treatment in the post-Soviet-world, Raikhel goes on to examine the muddled medical-moral origins of narcology as an independent system and discipline in 1975 and the challenges to its scientific and legal authority post-perestroika (Chapter 2). The subsequent chapter describes the ongoing transformation of its practice in a (literally) cut-throat open market for health services (Chapter 3). Delving into the current landscape of alcoholism treatment in the Russian Federation, Chapter 4 documents two of the most prevalent therapeutic technologies in the post-Soviet period – *khimzashchita* (“chemical protection” or disulfiram treatment) and *kodiviranie* (“coding”), grounding both in Ivan Pavlov’s “materialist” brand of Soviet-sanctioned psychiatry, which emphasized behavioral modification through reflex conditioning. Raikhel’s final chapter considers the simultaneously successful and thwarted introduction of Alcoholics Anonymous and 12-step programs into Russia, treatment interventions that encourage radically different forms of patient subjectivity compared to traditional narcology.

Raikhel’s book is perhaps most compelling in its contextualization and theorization of *khimzashchita* and *kodiviranie*, quasi-medical interventions that both local and foreign critics have decried as ineffective shams. Side-stepping the evidentiary basis behind these techniques and the claims of their detractors, Raikhel instead grounds their popularity (among both providers and patients) in the post-Soviet reorganization of narcology, its roots in Pavlovian psychiatry, and to some degree, the understanding and pattern of heavy drinking in Russia. Once a relatively prestigious field empowered by the ability to commit chronic alcoholics into compulsory treatment, narcology was divested of this legal power in the wake of democratization, forcing its practitioners to rely upon the “charismatic authority” implied by certain types of treatment (7). Raikhel characterizes *khimzashchita* and *kodiviranie* as treatment technologies that ascribe agency to the therapist, who is charged, respectively, with injecting or implanting an “anti-alcohol” chemical (disulfiram) into the patient’s body, or employing a form of hypnosis to deter drinking; both practices ultimately seek to leverage the power of suggestion toward behavioral conditioning, typically for a discrete period of time. Raikhel explains that a portion of their allure in fact rests in their finitude – individuals undergoing treatment need only wait out, for example, a six-month dosage of disulfiram, or a one-year “oath” to avoid alcohol, before returning to drink. Such treatments not only accommodate certain temporalities of alcoholism as a bingeing disease, but

also further decline to demand the permanent self-transformation of the patient as recovering alcoholic – a totalizing identity portrayed by Raikhel as overwhelming to many “post-Soviet people” (147).

Traversing multiple disciplines and theoretical frames, *Governing Habits* might appeal to a number of audiences within and outside anthropology. Raikhel’s text engages most extensively with the literature on health and health systems transitions in Eastern Europe, yet it may also engage students of medical anthropology, sociology, and history more broadly, given its multi-decade exploration of addiction as disease. Moreover, scholars of post/Soviet governmentality may appreciate Raikhel’s discussion of narcology as an important institution of surveillance and social control in the late Soviet period, or his consideration of contemporary therapeutic techniques as “prostheses of the will” – not “technologies of the self” (16). Yet, this book might most interest, discomfit, or outrage readers who study or work within the fields of substance abuse or public health more generally. In stepping outside of the gospel of evidence-based interventions, and instead insisting on the relevance of history and social context to population welfare, *Governing Habits* may offer a more nuanced understanding to behavioral health epidemics the world over.