Tobacco Control and Public Health in Eastern Europe

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Explanatory models of health and disease: surprises from within the former Soviet Union

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Модели, объясняющие здоровье и болезни: неожиданности при взгляде изнутри бывшего Советского Союза

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The review of anthropological theories as applied to public health by Jennifer J. Carroll (Carroll, 2013) published in this issue of TCPHEE made me recollect my first and most surprising discoveries of how differently same things can be understood in different parts of the world. Probably less unexpectedly, these impressions concern substance abuse and addiction behaviors, similarly to many examples deployed by Jennifer J. Carroll.

The first of these events happened soon after the break-up of the Soviet Union when some of the most active people from the West rushed to discover what was going on behind the opening iron curtain. A director of an addiction clinic, who had just come into contact with a Dutch counterpart, invited me to join the collaboration and the innovation process he planned to launch. Being a participant of the exchange program started within this collaboration, I had an opportunity to discover how addictive behaviors were understood and explained in books (English, 1961; Kooyman, 1992; Viorst, 1986) recommended by the colleagues in the Netherlands and, as I could observe with my own eyes, addressed in everyday practice. This was a jaw-dropping contrast to what I learnt at the soviet medical university and some post-graduate courses, where all the diseases related to alcohol, tobacco, or drug abuse were considered predominantly a result of the substance intake. In the Soviet discourse, the intake itself was understood as 'willful and deliberate' or immoral behavior which, in some cases, was to be rectified in prison-like treatment facilities. In the West, quite oppositely, substance abuse was seen rather as a consequence of a constellation of life-course adversities thoroughly considered by developmental psychology. This approach was obviously deeply ingrained in how practitioners diagnosed and treated their patients.

The second example and surprise of how important the explanatory models were was related to practice of tobacco control where media work is an established tool of proper communication and achieving advocacy goals. New insights closely related to those mentioned above came from papers by Michael Pertschuk and the Advocacy Institute (Pertschuk, 1988, 2001). The crucial idea of 'Framing the issue' was deeply rooted in distinguishing three approached to how smoking (along with other health problems) could be understood and presented to the public. The first one framed smoking as a problem behavior per se (which usually leads to blaming the victim similarly to how it happens with alcohol and drug users). The second and a less blaming was the frame of medical consideration. All peo-

ple who used legal or illegal drugs were, from this point of view, doing so not because being immoral, but because having a biological defect - a chemical dependence. While this medicalization approach allowed exonerating the victims, it did not suggest a real way out. The third frame suggested taking into account the environmental factors which predetermine smoking (or other behavior) and formation of dependence. These factors included both the efforts of the tobacco industry to hook consumers and efforts of the state/government/society to protect its members from initiating and establishing addictive behaviors.

This was really an eye-opening experience as most, if not all public health problems could since be seen and presented as not just 'problems' but those accompanied by underlying causes and comprehensible solutions.

My third insight related to the previous two and the one consolidating them happened when I started teaching Health Promotion, which begins with the recognition of how differently health and health problems can be approached, namely as biomedical, behavioral, and socio-environmental issues (Promoting Health: Intervention Strategies from Social and Behavioral Research, 2000; Sheinfeld-Gorin & Arnold, 2008; Tones & Tilford, 2001). This understanding of different levels of causes that do not exclude one another but rather show them as proximal and distant ones is an essential idea found in social epidemiology (Oakes & Kaufman, 2006) which provides an additional way of looking at these differing discourses.

This example of different explanatory models applied to same health problems with emphasis on either proximal causes or on seeking distal causes of causes which results in different intervention strategies is just one illustration of how important theoretical framework may be. Other examples of contrasting paradigms that dominated in the former Soviet Union and in Western countries may include existence in the medical practice of certain pathologies, which are not recognized as such in other societies. Representatives of different specialties within the health science and practice may be aware of different similar examples, and their participation in the debate is welcome.

Obviously, integration cannot be fully achieved without verbalizing the paradigms behind the existing beliefs and without the reconceptualizing emphasized in the review. Some of the theories provide tools for such paradigm analysis. Unsuccessful efforts of health system reforms may result from the introjection of foreign concepts without real digesting, i.e. understanding their elements and following back to their roots.

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