



# ADOPTION EDUCATION, LLC

## SPECIAL REGIONAL CONSIDERATIONS

### RUSSIA

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## **RUSSIA**

### **Introduction <sup>1</sup>**

At 17,075,400 square kilometers (6,592,800 sq mi), Russia is the largest country in the world, covering more than an eighth of the Earth's land area; with 142 million people, it is the ninth largest by population. It extends across the whole of northern Asia and 40% of Europe. Russia shares land borders with the following countries (counterclockwise from northwest to southeast): Norway, Finland, Estonia, Latvia, Lithuania, Poland, Belarus, Ukraine, Georgia, Azerbaijan, Kazakhstan, China, Mongolia and North Korea, and is also close to the United States (Alaska) and Japan. It borders the Arctic Ocean, the Pacific Ocean, the Caspian Sea, the Baltic Sea, and the Black Sea.

Russia established worldwide power and influence from the times of the Russian Empire to being the largest and leading constituent of the Soviet Union, the world's first and largest constitutionally socialist state and a recognized superpower. The Russian Federation was founded following the dissolution of the Soviet Union in 1991, but is recognized as the continuing legal personality of the Soviet Union. It has one of the world's fastest growing major economies and has the world's eleventh largest GDP (Gross Domestic Product) by nominal GDP or seventh largest by purchasing power parity with the eighth largest military budget. It is one of the five recognized nuclear weapons states and possesses the world's largest stockpile of weapons of mass destruction.

Russia has the world's largest natural gas reserves, the second largest coal reserves and the eighth largest oil reserves. It is the world's leading natural gas exporter and the second leading oil exporter. Russia is also considered well ahead of most other resource-rich countries in its economic development, with a long tradition of education, science, and industry. The country has more higher education graduates than any other country in Europe.

According to preliminary estimates, the resident population of the Russian Federation in 2008 was 142 million people. In 2007, the population shrank by 237,800 people or by 0.17% and in 2006, by 532,600 people, or by 0.37%. Migration grew by 50.2% in 2007 to reach 274,000. There are also an estimated 10 million illegal immigrants from the ex-Soviet states in Russia.

The Russian Federation is a diverse, multi-ethnic society, home to as many as 160 different ethnic groups and indigenous peoples. In 2002 the ethnic composition was as follows: Russians 79.8%, Tatars 3.8%, Ukrainians 2.0%, Chuvash 1.1%, Chechen 0.9%, Armenians 0.8%, Other/unspecified 10.3%. Though Russia's population is comparatively large, its population density is low because of the country's enormous size. Population is densest in European Russia, near the Ural Mountains, and in southwest Siberia. 73% of the population lives in urban areas. As of the 2002 Census, the two largest cities in Russia were Moscow (population 10,126,424) and Saint Petersburg (population 4,661,219).

Russia's 160 ethnic groups speak some 100 languages. According to the 2002 census, 142.6 million people speak Russian, followed by Tatar with 5.3 million and German with 2.9 million speakers. Russian is the only official state language, but the Constitution gives the individual republics the right to make their native language co-official next to Russian. Despite its wide dispersal, the Russian language is homogeneous throughout Russia. Russian is the most geographically widespread language of Eurasia and the most widely spoken Slavic language. Russia is one of the six official languages of the United Nations. Russia gains much of its wit from the great flexibility and richness of the Russian language, allowing for plays on words and unexpected associations.

Russia is a keen sporting country, successful at a number of sports and continuously finishing in the top rankings at the Olympic Games. Among the most played sports are football, ice hockey and basketball. Other sports widely played in Russia include weightlifting, gymnastics, boxing, wrestling, martial arts, volleyball, rugby and skiing. Chess is a widely popular pastime; from 1927, Soviet and Russian chess grandmasters have held the world championship almost continuously.

In the beginning of the 21st century, there are scores of websites offering Russian language content including mass media, e-commerce, search engines and so on. Particularly notorious are the "Russian Hackers". Russian web design studios, software and web-hosting enterprises offer a variety of services, and the results form a sort of national digital culture. Commercial giants such as Google and Microsoft have their Russian branches. In September 2007, the national domain .ru passed the milestone of a million of domain names.

## History of International Adoption

The exponential rise in international adoptions from Russia parallels that for China over the past 12 years. Russia opened for international adoption as the Soviet Union disintegrated. The sudden availability of white children and the closure of Romania for international adoption rapidly accelerated interest in Russian adoptions. American parents were also enthusiastic about the provision of video tapes of the prospective child as part of the referral packet, first offered by a few agencies working in Russia in the early 1990s. Viewing video tapes of the prospective child made it easier for parents to connect with the child and also (often with professional assistance) to identify potential medical issues or developmental delays.

### NUMBER OF IMMIGRANT VISAS ISSUED TO ORPHANS COMING TO THE U.S. FROM RUSSIA

<b>FY 2008</b>	1,861
<b>FY 2007</b>	2,310
<b>FY 2006</b>	3,706
<b>FY 2005</b>	4,639
<b>FY 2004</b>	5,865
<b>FY 2003</b>	5,209
<b>FY 2002</b>	4,939
<b>FY 2001</b>	4,279
<b>FY 2000</b>	4,269
<b>FY 1999</b>	4,348
<b>FY 1998</b>	4,491
<b>FY 1997</b>	3,816
<b>FY 1996</b>	2,454
<b>FY 1995</b>	1,896
<b>FY 1994</b>	1,530
<b>FY 1993</b>	746
<b>FY 1992</b>	324
<b>FY 1991</b>	12

**NOTE:** All statistics given correspond with the U.S. Government fiscal year, which begins on October 1 and ends on September 30.

**SOURCE:** US Department of State, Intercountry Adoption, [http://adoption.state.gov/news/total\\_chart.html](http://adoption.state.gov/news/total_chart.html)

The Ministry of Education and Science of the Russian Federation is the central authority in Russia for international adoption, although officials and judges in each region have considerable autonomy to determine the actual legal process for adoption. As of 2000, the government required accreditation of all foreign adoption agencies in Russia. Accreditation was offered only to those agencies with five or more years of experience in Russia. Accreditation obligates agencies to hire separate, salaried employees, to submit regular reports on their activities and income, and to pay taxes in full.

Agencies rely on local facilitators; previously some facilitators had simultaneous relationships with multiple adoption agencies and attorneys. Some unscrupulous facilitators then offered children to multiple agencies, placing the child with the agency able to pay the highest fee. Shortly after taking office in 2000, Vladimir Putin signed a series of laws related to adoption practices. The laws were intended to halt corruption, child-selling, and other illegal activities related to international adoption.

A new Russian law took effect Jan. 10, 2005 requiring that the time that orphans must be on the federal data bank registry before they are eligible for international adoption. The time increased from three months to six months. This change was made to increase the chance that Russian orphans could be adopted domestically.<sup>2</sup>

Beginning in 2005, adoptions from Russia faced a slowdown due to many legislative and bureaucratic changes. Reacting to a series of well-publicized murders of Russian children abroad -- mainly in the United States -- Russian legislators passed a law in 2006 banning adoptions through unaccredited agencies. Agencies had to start from scratch and re-accrediting of foreign agencies started in early 2007.<sup>2</sup> The list of Adoption Agencies accredited with the Ministry of Education and Science of the Russian Federation can be found on the website of the US Embassy in Moscow - <http://moscow.usembassy.gov/adoptions05.html>.

About 600,000-650,000 children reside in institutional care in Russia, with the number growing by approximately 100,000 each year. More than 90% are “social orphans” – children living in orphanages despite having parents. Foster care is virtually nonexistent. Children are usually abandoned at birth, and enter residential care after a period (usually weeks to months) in the children’s hospital or maternity home. Orphanages for young children, known as “baby homes,” are usually under the jurisdiction of the regional health department. Older children reside in orphanages supervised by the regional education department. Children leave the “baby home” at about age 3; they are then assigned to a particular orphanage on the basis of results of a medical and developmental assessment. Some children enter state care after termination of parental rights. The type and quality of care vary enormously among different settings. In 1998 Human Rights Watch published a report about conditions in Russian orphanages which attracted considerable media attention to the plight of institutionalized children in Russia. Some orphanages have far less than 50 U.S. cents per day to feed each child. Other orphanages have plentiful food, multidisciplinary highly trained staff, and low caregiver-to-child ratios.

## Logistics <sup>3</sup>

**Note:** *Due to frequent changes in the adoption procedures in Russia, the information on this page may not be up-to-date. Please check with your agency for the most current regulations.*

Russia is not party to the *Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (Hague Adoption Convention)*. Therefore, when the Hague Adoption Convention entered into force for the United States on April 1, 2008, intercountry adoption processing for Russia did not change.

To bring an adopted child to the United States from Russia, individuals must be found eligible to adopt by the U.S. Government. The U.S. Government agency responsible for making this determination is the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS). In addition to these U.S. requirements for adoptive parents, Russia also has the following requirements for adoptive parents:

- **Residency Requirements:** There are no residency requirements for intercountry adoptions from Russia. Prospective adoptive parents will have to come to Russia twice during the adoption process. Some regions may require an additional trip. Prospective adoptive parents are advised to check with their agency.
- **Age Requirements:** For single persons who wish to adopt, there must be a 16 year age difference between the prospective parent and the prospective child. There are no age requirements for married couples.
- **Marriage Requirements:** Both married couples and single persons may adopt. Single persons must be at least 16 years older than the adoptive child.
- **Other Requirements:** Russia has some medical requirements for prospective adoptive parents. Prospective adoptive parents should consult their adoption agencies concerning medical conditions. Some disqualifying conditions include tuberculosis (active and chronic), illness of the internal organs and nervous system, dysfunction of the limbs, infectious diseases, drug and alcohol addictions, psychiatric disorders, and any disability preventing the person from working.

Russia has specific requirements that a child must meet in order to be eligible for adoption. You cannot adopt a child in Russia unless he or she meets the requirements outlined below.

### Eligibility Requirements:

- **Waiting Period:** The Russian Government maintains a database of children without parental care. Under Russian law, a child must be registered first on the local databank for one month, the regional databank for one month, and the federal databank for six months before the child can be released for intercountry adoption. Therefore, the total amount of time before a child is released for international adoption is usually eight months.

Russia's Adoption Authority is the Ministry of Education and Science of the Russian Federation. Adoptive parents who work through an adoption agency must use an agency that the Russian Government has accredited to provide adoption services. The U.S. Embassy discourages intercountry adoptions conducted independently without the assistance of an accredited agency. A list of accredited adoption agencies is available at The U.S. Embassy's website <http://moscow.usembassy.gov/> and on the website for the Embassy of the Russian Federation in Washington, D.C. <http://www.russianembassy.org/>

If you are eligible to adopt, and a child is available for intercountry adoption, the Ministry of Education and Science of the Russian Federation will provide you with a referral to a child. The process for finalizing the adoption (or gaining legal custody) in Russia generally includes the following:

- **Role of The Adoption Authority:** The Ministry of Education reviews the request to adopt in that region. Upon approval, the parents are directed to an orphanage. The Ministry also assists the Adoption Agency with pre-selecting the child.
- **Role of The Court:** The prospective adoptive parents apply for a court date after they have traveled to Russia to meet and select a child. It may take four to six weeks to receive a court date. Prospective adoptive parents are advised to return to the United States so there are no problems with the validity of their visa.

For the court date, parents must produce three additional documents which must be signed in front of a Russian notary. The documents verify that they have been informed of the child's medical conditions and they accept them, they will register their adopted child with the Ministry of Foreign Affairs (MFA), and they will provide post-placement reports.

- **Role of Adoption Agencies:** Prospective adoptive parents must work through an agency that the Russian Government has accredited to provide adoption services.
- **Adoption Application:** Once the prospective adoptive parents identify the adoptive child, they fill out the adoption application. The application is obtained from the Russian court where the adoption hearings will take place.

After the adoption is complete, adopted Russian children must be registered with the Government of Russia either by registering with the Ministry of Foreign Affairs (MFA) before they leave the country or by working with their adoption agency to register their adopted children with the government of Russia when they return to the U.S. If registering prior to departing Russia, U.S. citizen families should do this after an adopted child has received an immigrant visa to the United States.

### **Intercountry Adoption News**

The latest news affecting adoptions can be found here: <http://adoption.state.gov/adoption.homepage.html>.

## General Health Issues in the Population

### Demographics

Russia's population peaked in 1991 at 148,689,000.<sup>1</sup> As of 2006 the population was 143,221,000.<sup>4</sup> The number of deaths during 2007 was 477,700 greater than the number of births. This is down from 687,100 in 2006. According to data published by the Russian Federal State Statistics Service, the mortality rate in Russia declined 4% in 2007, as compared to 2006, reaching some two million deaths, while the birth rate grew 8.3% year-on-year to an estimated 1.6 million live births. The primary causes of Russia's population decrease are a high death rate and low birth rate. While Russia's birth-rate is comparable to that of other European countries (11.3 births per 1,000 people in 2007 compared to the European Union average of 10.00 per 1,000) its population declined at a much greater rate due to a substantially higher death rate. In 2007, Russia's death rate was 14.7 per 1,000 population compared to the European Union average of 10.00 per 1,000.<sup>1</sup>

The social and economic crises that gripped Russia in the early 1990s are reflected in increased mortality and declining life expectancy, especially among able-bodied males. Russia's mortality rate reached its lowest level, 10.4 per 1,000 population, in 1986 (for which a state anti-alcohol campaign received substantial credit); then the figure rose steadily in the ensuing decade. The largest jump was from 12.2 to 14.6 per 1,000 between 1992 and 1993. After having reached 15.7 per 1,000 in 1995, the rate remained virtually flat over the next decade. Based on 2008 estimates, the death rate was 16.1 deaths per 1,000 population. Mortality rates are especially high for able-bodied males in rural areas. Served poorly by the health care system and lacking basic sanitary facilities and conveniences, many farming communities have been transformed into enclaves for the elderly, the indigent, and the sick.<sup>5,6</sup>

In an effort to stem Russia's demographic crisis, the government is implementing a number of programs designed to increase the birth rate and attract more migrants to alleviate the problem. The government has doubled monthly child support payments and offered a one-time payment of 250,000 Rubles (around US\$10,000) to women who had a second child since 2007. In 2007, Russia saw the highest birth rate since the collapse of the USSR. The First Deputy Prime Minister also said about 20 billion rubles (about US\$1 billion) will be invested in new prenatal centers in Russia in 2008–2009. Immigration is increasingly seen as necessary to sustain the country's population.<sup>1</sup>

The Russian Constitution guarantees free, universal health care for all citizens. Since the collapse of the Soviet Union, the health of the Russian population has declined considerably as a result of social, economic, and lifestyle changes, despite the fact that Russia has more physicians, hospitals, and health care workers than almost any other country in the world on a per capita basis. As of 2007, the average life expectancy in Russia is 61.5 years for males and 73.9 years for females. The average Russian life expectancy of 67.7 years at birth is 10.8 years shorter than the overall figure in the European Union. The biggest factor contributing to this relatively low life expectancy for males is a high mortality rate among working-age males from preventable causes (e.g., alcohol poisoning, stress, smoking, traffic accidents, and violent crimes). Mortality among Russian men rose by 60% since 1991, four to five times higher than in Europe. As a result of the large difference in life expectancy between men and women and because of the lasting effect of World War II, where Russia lost more men than any other nation in the world, the gender imbalance remains to this day and there are 0.859 males to every female.<sup>1</sup>

In a comprehensive series published in *Newsday* by prize-winning journalist Laurie Garrett, the Russian health-care system was described as being "in a deadly state of shambles." Diagnostic laboratories without electricity, running water, basic reagents, or apparatus; hospitals without supplies or equipment; and a moribund public health system are vividly described. Overall, Russia has the lowest life expectancy rates in Europe. The health of women is particularly poor. Although 99% of births are attended, maternal mortality is more than six-fold that of United States. Prenatal care is publicly funded, but refugees and immigrants are excluded. Sixteen percent of young women are susceptible to rubella, 30% of women are anemic during pregnancy (beyond physiologic anemia). Fertility in Russia has been adversely affected by the common practice of using abortion as a primary means of birth control. Russian women have the highest abortion rate of any country in the world. The average Russian woman has between 3 to 8 abortions in her lifetime, 75% beyond 16 weeks gestation. Thirty-three percent of women smoke and the prevalence of HIV/AIDS among young women is 0.3%. Domestic violence rates exceed those in the United States by four-to-five-fold. Statistical estimates in Russia and other countries of the former Soviet Union do not always correspond to World Health Organization standards; underestimates of such indicators as infant mortality rate may result.

Across most age groups, progress since 1995 has been uneven, with improvements in some groups but increases in others, most frequently among young and middle-aged adults. Heart diseases account for 56.7% of total deaths, with about 30% involving people still of working age. Half of the CVD (cerebrovascular disease) mortality is due to ischaemic heart disease (26% of the total mortality) and 40% is due to cerebrovascular diseases. About 16 million Russians suffer from cardiovascular diseases, placing Russia second in the world, after Ukraine. Death rates from homicide, suicide and cancer are also especially high.<sup>1,7</sup>

The high rate of deaths from external causes in the Russian Federation can be described as an epidemic of injury and violence. External causes of injury include unintentional injuries (transport-related injury, poisoning, injury due to falls, fires and drowning and other) as well as intentional injuries (self-inflicted injuries, injuries due to violence and war and other). Overall, external causes are responsible for 226 deaths per 100,000 population in the Russian Federation in 2003. The rates in the Russian Federation have more than doubled since the mid-1980s. It is important to note that the trends are similar for most causes of injury and poisoning.<sup>7</sup>

In 2003, the infant mortality rate in the Russian Federation was 12.4 per 1,000 live births. Between 1995 and 2003, infant mortality fell by 27%. Based on 2008 estimates, the infant mortality rate continued to fall to 10.8 per 1,000 live births. Neonatal mortality also fell from 11.0 (1995) to 7.4 per 1000 live births (2003). National data and WHO estimates for 2002 show that out of every 1000 live births in the Russian Federation, there is a probability that between 16 and 17 children will die before age five.<sup>5,7</sup>

The Millennium Development Goal (MDG) is to reduce the maternal mortality rates (MMR) by 75% between 1990 and 2015. Between 1990 and 2002, the MMR in the Russian Federation fell by 31%, despite an increase between 1990 and 1994 (peaking at about 52 per 100,000). From 1994 to 2002, the rate fell by about 35%. Just over 20% of all maternal deaths reported in 2003 were attributed to abortion. For the Russian Federation to reach its MDG target, MMR would have to fall almost 64% from the 2002 level.<sup>7</sup>

## **HIV/AIDS**

Over the past decade, Russia has experienced one of the fastest growing HIV/AIDS epidemics in the world and represents two-thirds of all HIV cases in Eastern Europe and Central Asia. Russia identified its first case of HIV in 1987, and until 1995 the prevalence rate remained low. In 1996, the infection rate exploded with 1,515 new cases. After reaching its highest level to date in 2001, the annual number of newly diagnosed cases of HIV/AIDS in Russia has remained relatively steady. At the end of 2005, there were approximately 350,000 registered cases of HIV/AIDS in Russia. However, these figures do not adequately represent the situation, as many HIV/AIDS cases are not officially reported. The Joint United Nations Program on HIV/AIDS (UNAIDS) estimated that approximately 1.1 percent of Russia's adult population ages 15 to 49 were living with HIV/AIDS in 2007. The estimated number of AIDS deaths (adults and children) in 2007 was 40,000 compared to 1,900 in 2001. It is unknown how many children were orphaned due to AIDS.<sup>8</sup>

The prevailing thought among Russian citizens is that HIV is a disease of the homeless and drug users - but statistics say otherwise. HIV continues to grow throughout the Russian population.<sup>10</sup> HIV/AIDS in Russia is transmitted primarily through injecting drug use. In the Russian Federation, HIV prevalence among injecting drug users ranges from 3% in Volgograd to more than 70% in Biysk.<sup>9</sup> Increasingly, HIV is transmitted by male injecting drug users to their sexual partners. As a result, rates of HIV infection among women are also growing. In 2007, approximately 240,000 women were living with HIV/AIDS.<sup>8</sup> In 2000, women comprised 20.6% of new infections; in 2003, this figure was 38.5%; and in 2007, the proportion had grown to 44%.<sup>10</sup>

Fewer than 1 in 200 (0.46%) pregnant women in Russia in 2006 were HIV positive. The proportion of tested pregnant women being diagnosed HIV-positive, which saw a very steep rise between 2000 and 2001, has leveled off and all pregnant women are advised to take a HIV test. This has helped to reduce rates of mother-to-child transmission.<sup>10</sup>

Russia still has a problem with the transmission risk by blood transfusion. In some cultural circles, blood transfusions are thought to be the key to a healthy life. Transfusions are done to "bless" the individual with good health. Often these transfusions are entirely unnecessary, especially among children. Unfortunately, the blood supply is suspect at best with regard to HIV. This has led to an infection rate due to blood transfusions far above the world norm, and sadly many of those are in children. Many believe this is the primary reason Russia has the highest HIV rate among children in Europe.<sup>10</sup>

HIV levels are prevalent in prison populations because of the over representation of injecting drug users. Because IV drug use is illegal, a high percentage of inmates are intravenous drug users (IVDU). This, combined with the high incidence of unprotected sex between male inmates, results in a rapid spread of HIV across the prison population. Precise information on patterns of HIV in prisons is hard to obtain. Over 10% of all new HIV diagnoses in Russia during 2006-2007 were registered to prison populations. Overall prevalence in prison is estimated at around 5% with the majority of inmates already infected before entering.<sup>11</sup>

### **Tuberculosis**

Since the Soviet collapse and the deterioration of its health care system, there has been a dramatic rise in both cases of and deaths from tuberculosis. This breakup facilitated the spread of infectious diseases, including TB and multidrug-resistant TB (MDR-TB). After years of gradual decline, TB incidence doubled during the 1990s but has remained constant since 2000. Russia ranks 12th among the world's 22 countries with a high tuberculosis burden. According to the *World Health Organization (WHO) Global TB Report 2006*, the TB incidence rate in 2004 was 115 new cases per 100,000 people and it was estimated that there were 166,196 new cases.<sup>12</sup> However, the number of people infected is not fully known, as health officials say under-reporting of cases is a problem. Stigma surrounding TB plays a part. Lack of access to information also factors into the trend. The U.N. says the highest rates of reported infection are among men aged 35-64.<sup>13</sup>

TB incidence in Russia widely varies across regions. In 30 out of Russia's 88 regions, case notification rates exceed 100 cases per 100,000 people. WHO estimates that about 80% of the Russian population are carriers of TB. The majority of TB patients in Russia belong to socially vulnerable groups, such as the homeless, unemployed, migrants, and alcohol-dependent people. In addition, about 10% of Russian prison inmates are suffering from TB.<sup>14</sup>

Russia initiated Directly Observed Therapy, Short-Course (DOTS) in 1995, and population coverage has increased annually, reaching 100 percent in 2005. The 2004 DOTS detection rate of new sputum smear-positive (SS+) cases was 13 percent.<sup>12</sup> Despite a high nominal DOTS coverage in the Russian Federation, the case detection rate under DOTS remains low, particularly for smear-positive cases. Death, defaulting and treatment failure contribute almost equally to the very low treatment success rate.<sup>15</sup>

The situation with TB in prisons is improving, but remains complicated. A growing concern in Russia is multidrug-resistant TB (MDR-TB), including extensive drug resistance to second-line drug regimens and TB among prison inmates. The TB notification rate in the penitentiary system is approximately 20 times higher than in the civilian sector. DOTS is implemented in all prison health facilities, and TB incidence, prevalence, and mortality in correctional facilities are notably decreasing.<sup>12</sup>

The TB mortality rate more than doubled between 1991 and 2006, without taking into consideration AIDS-related deaths caused by TB. HIV/TB co-infections have been on the rise since 2003. As of 2006, about 6% of prisoners were co-infected by these two diseases. As more HIV cases progress to full-blown AIDS, there is worry that Russia's HIV epidemic may in the future drive the TB epidemic.<sup>14</sup>

### **Smoking**

Smoking is deeply embedded in Russian culture and British soldiers are thought to have brought back the habit from the Crimean War in the 19<sup>th</sup> century. After the Soviet break-up, multi national tobacco companies were quick to move in to Russia, snapping up local producers and ramping production. About 400 billion cigarettes are now made every year, although a quarter of them are thought to be smuggled to the EU and former Soviet states. In a report on premature mortality called *Dying Too Young*, the World Bank concluded smoking is the "single most preventable cause of disease and death in Russia", associated as it is with cardiovascular disease, many cancers, and chronic lung diseases. The report estimated that reducing cardiovascular disease in Russia by 20% would add 5 years to male life expectancy, which hovers just above age 58 years.<sup>16</sup>

Prevalence of tobacco smoking and consumption in Russia has been increasing rapidly. Between 1994-1998, the prevalence among adults was 63.2% among men and 9.7% among women. Between 2002-2005, the prevalence among adult males dropped slightly to 61.3% but increased markedly among women to 15%.<sup>17</sup> Prevalence among working - age men increased up to 70.5% in 2000 compared to 51% in 1987. Among men in the age group 30 - 34 years 72% are smokers. Prevalence of smoking among children, adolescents, youth and women is rising. In large cities up to 13.3% of adult women smoke.<sup>18</sup> One study hypothesized that the trend towards female smoking in urban centers is related to the stronger impact of modern culture and Western tobacco companies in these settings.<sup>19</sup>

Among urban schoolchildren in grades 9 - 11, up to 51.4% of boys and 40.1% of girls smoke. The majority of children - smokers start to smoke early in life: before 10 years among boys and at 13-14 years among girls. Over 60% of non-smokers have to inhale environmental tobacco smoke for at least one hour per week, increasing by 34% their risk of lung cancer and by 50% - of cardiovascular diseases.<sup>17, 18</sup>

In 2008, Russia became the 155th nation to ratify the World Health Organization's Framework Convention on Tobacco Control. The World Health Organization Framework Convention on Tobacco Control (FCTC) entered into force on February 27, 2005. The FCTC requires countries that have ratified it to implement scientifically proven measures to reduce tobacco use and its terrible toll on health, lives and money.<sup>20</sup>

Russian smokers who comprise the fourth largest global tobacco manufacturing and consumer market (following closely behind China, Japan and the United States) do not have access to counseling or other support to quit smoking. Russia's current health warnings on tobacco products cover just five percent of the package and are often difficult to read due to the use of light colors. Russia permits tobacco advertising in many forms, including metro billboards, print media, and individual promotional activity such as in bars and restaurants. In addition, Russia currently has one of the lowest tax rates on cigarettes in Europe, only 13 percent of the retail price. Russia will need to strengthen protections from deadly secondhand tobacco smoke by requiring that all workplaces and public places be smoke-free. Currently, all public areas in Russia, with the exception of public transport, have smoking areas.<sup>20</sup>

### **Alcohol**

Alcohol use in Russia is staggering; the annual consumption is higher than anywhere else in the world. Alcohol-related deaths in Russia are very high and alcohol-related emergencies represent the bulk of emergency room visits in the country. More than 30,000 Russians die each year of alcohol poisoning. According to various studies, one in four Russian citizens who die from cardiovascular diseases has increased blood alcohol levels. According to figures for 2005, Russia has about 2,348,567 registered alcoholics, and alcohol is being linked to 72 percent of murders, 42 percent of suicides and 52.6 percent of traumatic accidents.<sup>21</sup>

Annual consumption of alcohol is mostly in the form of vodka and samogon, or moonshine. The World Health Organization considers a country's health endangered if annual per capita alcohol consumption exceeds 8 liters. The average Russian consumes almost three times as much alcohol as he did 16 years ago. A report by Gennadi Onishenko, head of the consumer protection agency, found that Russians drink 15 liters (26 pints) of pure alcohol per year, or half a pint a week, compared with 5.4 liters in 1990. That far exceeds the estimate of 9.7 liters made in 2005. The study blamed rising mortality rates, particularly among men, on drink. More children were becoming dependent on alcohol, noting that the age at which juveniles started to drink had slipped from 16 to as low as 13.<sup>22</sup>

### **Drug Use**

Illicit drug use has reached epidemic proportions in Russia. Cannabis, opium and methamphetamine are the most popular drugs. Heroin is also increasingly popular. Cannabis abuse still remains the "drug of choice" for the majority of abusers regardless of their income, education and social standing. Since 2002, the number of Cannabis abusers (19,211) has remained more or less stable and constitutes 22,528 addicts in 2006. The growing abuse of cannabis is at least in part fuelled by publications, films and internet sites which often promote the drug as "safe" or "soft".<sup>23</sup>

At the present time, there is hardly a city in Russia without a drug addiction problem. The problem is particularly acute in the Russian Far East where there are 542 addicts per 100,000 people compared to the Russian national average of 310 per 100,000 according to January 2004 figures. The highest concentrations of drug abuse, measured in part by rates of HIV infection, are in the major cities along the Transiberian railroad—Vladivostok, Irkutsk, Ekaterinburg and Moscow. St. Petersburg, a major city and transportation hub, is also a center of drug abuse.<sup>24</sup>

Since 1990, the number of registered drug users has increased by almost 400%. According to official statistics of the Russian Federal Ministry of Health and Social Development, the number of registered users of illicit drugs in 2006 is more than half a million (517,389), including 350,267 (67 percent) registered with medical establishments as drug dependants. The majority of registered drug users are opiate abusers and is estimated at over 300,000 people. According to the experts' estimates the number of drug addicts in Russia during the last decade has increased by more than nine times.<sup>23</sup>

Drug abuse trends in Russia have changed over the past decade, in the direction of increasing intravenous use and drug abuse at increasingly low ages. Six percent of 15 and 16 year olds in Moscow are reported to have used heroin at least once — nowhere in Western Europe was the figure over 2 percent. Forcible incarceration, fear of imprisonment and blackmail, as well as the limited availability of health care, are the main reasons why few addicts register with the authorities. Seventy thousand people in Russia were reported to have died as a result of drug use in 2003 alone. The problem is exacerbating as the number of people infected with HIV increases, 80 percent of whom are intravenous drug users.<sup>24</sup>

The overwhelming majority of drug addicts are between 18 – 30 years old. Many of them are unemployed, have a chronic history of offending and commit a large number of crimes to finance their addiction. In 2006, more than 3,000 adolescents committed drug related crimes. Of these, some 845 cases involved the distribution of drugs. Young people's increasing willingness to abuse drugs too often leads to addiction, prostitution and homelessness.<sup>23</sup>

The number of adolescent drug abusers increased 10-fold between 1988 and 1999; the incidence of substance abuse is 8.8 times greater among adolescents than the general population. Over the past decade, the average age of "first use" dropped from 17 to 14 years. In recent surveys, conducted amongst young drug abusers, the majority of respondents (over 80 percent) cite the following factors as influencing their decision to first use drugs: curiosity, peer pressure/acceptance, "brotherhood", poor parental control, and a belief that parents and/or teachers fail to pay them sufficient attention. There is also a noticeable change in the social profile of young drug abusers - more and more of them come from well-to-do families.<sup>23</sup>

A cross-road for the international drug trade, the Russian domestic market absorbs a growing and overwhelming portion of the illegal drugs that are produced, smuggled, and sold in the country. In every region of Russia, opiates are readily available at a relatively low cost. Cannabis grows wild in a number of regions in Russia and so is readily available.<sup>23</sup>

The illicit manufacturing of synthetic drugs such as Amphetamine-type stimulants (ATS) remains one of the major concerns. These include amphetamines (amphetamine, methamphetamine and related substances) and substances of the ecstasy group. In the 1990s, the majority of ATS seizures occurred in Moscow and St. Petersburg and a couple of other large cities. However, nowadays around half of the regions of the Russian Federation have thriving ATS drug markets. This drug is widely abused and in terms of injecting users, is second only to heroin and other opiates. Most illicit ATS users do not have any criminal records or convictions.<sup>23</sup>

### **Malaria**

The malaria epidemics in Azerbaijan and Tajikistan in the early 1990s, along with intensive population movement from these countries into the territory of the Russian Federation, brought about an increase in malaria cases. The presence of seasonal workers from these countries has led to an increase in local transmission as well, particularly in the outskirts of cities and summer house areas. The greatest number of locally acquired cases (94) was reported in 2001 in Moscow and the Moscow region. Between 2001 and 2006 the number of imported and autochthonous cases continued to drop - from 898 to 143. All these cases were reported in 38 administrative territories of the country. There were only 11 cases of *P. vivax* malaria due to local transmission in 2006. Over the past years, *P. vivax* has been the predominant species in the imported malaria cases, and only *P. vivax* was transmitted within the country. The Tashkent declaration "The move from malaria control to elimination" was endorsed by the Russian Federation in 2007, in which only 10 autochthonous cases were reported.<sup>25</sup>

## **Special Considerations for Children Adopted from Russia**

### **Before the adoption**

Children reside in state-run orphanages. Foster care is virtually unknown. "Baby homes" provide care for children under 3 years of age. Children are then transferred to orphanages where they reside until age approximately 7 years. These homes are under the management of the Ministry of Health in each region (oblast). After age 7, children become the responsibility of the Ministry of Education, which supervises orphanage care until age approximately 17 years. At each transfer point, children are evaluated by a team of specialists to determine the appropriate placement (e.g. special needs facility, educational program, etc.). The quality of care varies drastically among orphanages and is directly related to the physical and psychological health of the children.

According to data from the Health and Social Development Ministry, more than 730,000 children in Russia either have no parents or have been abandoned by their parents. About 200,000 of them live in orphanages and internats, (or living facilities that include a school). In 2007, the state registered 123,000 new orphans, but 120,000 of them were able to be placed with extended family members, adopted or placed in foster homes. Children younger than five live in a dom rebyonka, a baby house. After that, they move to either a detsky dom, a children's house, where they live while attending an internat. There are also separate facilities for orphaned children with mental or physical disabilities. More than 160,000 names remain in the state database of children waiting to be adopted.<sup>26</sup>

### **After the adoption**

Alcohol use is rampant in Russia. Parents unable to care for their children are more likely to use alcohol heavily than are other segments of the population. About 10-15% of Russian adoptees have fetal alcohol syndrome (depending on criteria used for diagnosis). This rate has not been formally compared with that of other countries, but most adoption medicine pediatricians find this condition more commonly in Russian children than among those adopted from Asia or Central or South America. In the absence of reliable markers of exposure (either phenotypic or biochemical), definitive determination is not possible. Learning disabilities and/or behavior problems during school years may reflect prenatal alcohol exposure. The prevalence of other medical problems is similar to that found in other countries. In a survey of children adopted from Eastern Europe (64% from Russia), 2% had chronic hepatitis B, 5% had tuberculosis, and 51% had one or more intestinal pathogens. Growth delays were found in 44% of children for weight, 68% for height, and 43% for head circumference. Developmental delays in various domains were found in 53-82% of the children.

Although most children have undergone assessment by several specialists as well as with ultrasound and laboratory testing, serious unrecognized diagnoses are sometimes found after arrival in the United States. In a review of 56 children adopted from Russia (and other countries of Eastern Europe), chronic hepatitis B, optic nerve hypoplasia, orthopedic anomalies, severe unilateral hearing loss, renal calculi, mild spastic diplegia, and strabismus were identified after adoption. Impaired school performance, regulation of attention, and sensory integration are emerging in some Russian children as they progress through school.

Russia requires periodic post-adoption placement reports on the welfare of the adopted orphan in his or her American family. The initial post-placement report is due six months after the court decision went into effect. The second report is due six months after the first report but no later than 12 months after the court decision. The third report is due at 24 months and the fourth at 36 months. Adoptive parents are strongly urged to comply with the wish of Russia and complete all post-adoption requirements in a timely manner. Adoption agencies are able to help their clients with this process. Cooperation by the adoptive parents will contribute to that country's history of positive experiences with American parents.<sup>2</sup>

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