

Report on the course of implementation by the Russian Federation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.

Moscow, 2011

### **General information:**

The Political Declaration<sup>1</sup> (hereinafter: 2009 Political Declaration) and Plan of Action (hereinafter: Plan of Action) on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted at the 52nd session of the Commission on Narcotic Drugs, calls on the Member States to submit reports on the results of the implementation of the 2009 Political Declaration every two years to the Commission on Narcotic Drugs.

This report was prepared by members of the Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation (hereafter, Public Monitoring Mechanism), together with the Eurasian Harm Reduction Network and Canadian HIV/AIDS Legal Network. The Public Monitoring Mechanism was established in December 2010 and is comprised of representatives of non-governmental organizations, representatives of people who use drugs, public health specialists, and independent Russian experts in the field of drug demand reduction, and receives technical support of representatives of the UNODC and UNAIDS in Moscow. The functions of the Secretariat of the Public Monitoring Mechanism are carried out by a Moscow-based non-governmental organization — The Andrei Rylkov Foundation for Health and Social Justice.

### **Executive Summary**

This report reviles the defects of Russia in implementing the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, especially in the area of drug demand reduction and health protection.

Two political documents that set the course for drug demand reduction have been adopted in the Russian Federation since the adoption of the 2009 Political Declaration: the “State Anti-Drug Policy Strategy of the Russian Federation in the Period until 2020” (affirmed by the Decree of the President of the Russian Federation dated 9 June 2010) and the “Plan for the Implementation of the State Anti-Drug Policy Strategy of the Russian Federation until 2020” (affirmed by the decision of the State Anti-Drug Committee of the Russian Federation dated 24 September 2010). Both documents overemphasise drug control at the expense of drug demand reduction and measures to reduce health-related harms of drugs. Despite the provisions of the Constitution of the Russian Federation and the international treaties of the Russian Federation on the right to health, private life, physical integrity, freedom of speech, freedom from arbitrary deprivation of liberty, freedom from ill-treatment and punishment and other human rights and fundamental freedoms, the current Russian approach to drug demand reduction provides for:

- Further reinforcement of the official position of the Russian authorities which are “categorically against opioid substitution treatment”<sup>2</sup> and consider harm reduction programs as “ineffective”<sup>3</sup> and equal to drug propaganda, leaving no hope that the Government would fulfil its obligation under the 2009 Political Declaration to “strengthen efforts aimed at reducing the adverse consequences of drug abuse... taking into consideration not only the prevention of related infectious diseases, such as HIV, hepatitis B and C and tuberculosis, but also all other health consequences, such as overdose” as well as develop “a comprehensive treatment system offering a wide range of integrated pharmacological (such as

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<sup>1</sup> Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem

<http://www.unodc.org/documents/commissions/CND-Uploads/CND-52-RelatedFiles/V0984963-English.pdf>

<sup>2</sup> “Minister of Health had a meeting with the UN High Commissioner on Human Rights”: press release of the Ministry of Health, 16 February 2011. on-line: <http://www.minzdravsoc.ru/health/med-service/142>

<sup>3</sup> Statement of the Minister of Health during the meeting with the UN High Commissioner on Human Rights on 16<sup>th</sup> February 2011. Press release of the Ministry of Health.

detoxification and opioid agonist and antagonist maintenance)... interventions based on scientific evidence and focused on the process of rehabilitation, recovery and social reintegration”<sup>4</sup>.

- Restricts the free exchange of objective health-related information on drug dependency treatment and harm reduction and further isolates civil societies and the affected communities from the processes of decision-making on drug policy issues.
- Declares a zero tolerance and punitive approach to drug use, reinforcing stigma and discrimination of people who use drugs.

In order to fulfil the drug demand reduction provisions of the 2009 Political Declaration, in the very near future the Russian Federation should:

1. Remove legal barriers and initiate the widespread provision of opioid substitution therapy with the use of methadone and buprenorphine, in accordance with the guidance from the World Health Organization (WHO)<sup>5</sup>. Immediate access to substitution therapy should also be provided in tuberculosis hospitals and AIDS-centres as well in facilities serving pregnant women dependent on opioids;
2. Remove legal barriers and provide financial and technical support to harm reduction programs, including needle and syringe programmes, in accordance with the targets recommended by WHO, UNAIDS and UNODC<sup>6</sup>;
3. Provide training to medical and social workers, law enforcement officers and judges, on protection of drug users from stigma and discrimination, ill-treatment and observing their right to health and other human rights;
4. Provide to law-enforcement agencies and agencies of the criminal justice system clear instructions not to apply the drug propaganda laws in cases associated with the distribution of information and materials, aimed at preventing HIV, other diseases among injecting drug users (IDUs), overdose prevention and reducing other drug related harms to health.
5. End disproportionate criminal prosecution and harsh punishment, especially incarceration, for the possession of narcotic and psychotropic substances without the intent to sell. End punishment, especially with incarceration for the consumption of narcotic drugs or psychotropic substances.
6. Ensure meaningful participation of representatives of the civil society, including people who use drugs, in planning, implementation, monitoring and evaluation of drug demand reduction programmes.

### **Methodology:**

The current report is based on expert analysis of the "State Anti-Drug Policy Strategy of the Russian Federation in the Period until 2020"<sup>7</sup> (hereinafter: Anti-Drug Strategy or Strategy), approved on 9 June 2010 by the President of the Russian Federation, and the "Plan for the Implementation of the State Anti-Drug Policy Strategy of the Russian Federation until 2020"<sup>8</sup> (hereinafter: Plan of Implementation) approved by the State Anti-Drug Committee of the Russian Federation on 24 September 2010. These documents were analyzed with regards to their alignment with the drug demand reduction related provisions of the 2009 Political Declaration. Additional materials analyzed include official statistical data from the Governmental bodies of the Russian Federation, the UN agencies as well as information from reports, research reports, interviews with drug users and other grey literature provided by non-governmental organizations.

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4 Part I, Paragraph 2 of the Plan of Action, "Comprehensive approach to drug demand reduction". Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. Adopted at 52nd Session of the Commission on Narcotic Drugs, March 2009.

5 Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence, WHO. 2009

6 WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users (World Health Organization, Geneva, 2009). [http://www.unodc.org/documents/hiv-aids/idu\\_target\\_setting\\_guide.pdf](http://www.unodc.org/documents/hiv-aids/idu_target_setting_guide.pdf)

7 State Anti-Drug Policy Strategy of the Russian Federation in the Period until 2020 <http://graph.document.kremlin.ru/page.aspx?1;1285491>

8 Plan for the Implementation of the State Anti-Drug Policy Strategy of the Russian Federation until 2020. <http://stratgap.ru/pages/strategy/3662/3887/4548/4580/index.shtml>

## Overview of statistics on illicit drug use and health

The estimated number of people who use drugs in Russia is 5 million.<sup>9</sup>

- Estimated number of people who use illicit opiates in Russia — 1.6 million.<sup>10</sup>
- As of the end of 2009, over 555,000 people were officially registered as drug users. 70% of them injected drugs.<sup>11</sup>
- As of 31 December 2009, 567,558 people living with HIV were registered in the Russian Federation.<sup>12</sup>
- On an average, 37.2% of the injecting drug users live with HIV<sup>13</sup>; in some regions HIV prevalence in this group is 75%<sup>14</sup>
- According to official statistics, from 1987 to 2008 about 80% of HIV cases were associated with the use of injecting drugs.<sup>15</sup>
- About 11% of the people living with HIV, and who are aware of their diagnosis, are in institutions of confinement.<sup>16</sup>
- In some cities, up to 90% of people who use injecting drugs are infected with hepatitis C.<sup>17</sup>
- By the end of 2009, 262,718 people with active forms of tuberculosis were registered, of them 117,227 cases are newly registered.<sup>18</sup> 16% of all patients with active forms of tuberculosis serve their sentences in the Federal Penitentiary Service.<sup>19</sup>
- According to WHO, the Russian Federation became one of the three world leaders in incidence of the multi-drug resistant tuberculosis (MDR-TB)<sup>20</sup> – 43,000 MDR TB cases were registered in 2007.<sup>21</sup> In 2009 only, MDR-TB prevalence increased by 10.2%.

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<sup>9</sup> Interview with the head of the Federal Drug Control Service. "[Rossiiskaya Gazeta](#)". Federal Issue No. 5101 (22) dated 4th of February 2010

<sup>10</sup> World Drug Report of the UNODC, 2009, p.55.

<sup>11</sup> Kirzhanova V.V. and O. V. Sidoryuk. *Indicators of general and primary morbidity-related drug disorders in the Russian Federation during 1999 - 2009*. Moscow 2010 [http://www.nrca-rf.ru/2\\_195.html](http://www.nrca-rf.ru/2_195.html)

<sup>12</sup> Information Bulletin No. 34 of the Federal Scientific-Methodological Center for the Prevention and Control of AIDS in the Russian Federation. Moscow, 2010, p. 5 (Информационный бюллетень 34 Федерального научно-методического центра по профилактике и борьбе со СПИДом Российской Федерации, Москва, 2010. С. 5) [http://www.hivrussia.org/files/bul\\_34.pdf](http://www.hivrussia.org/files/bul_34.pdf)

<sup>13</sup> World Drug Report. UNODC, 2009. p. 57.

<sup>14</sup> Rospotrebnasozor (2010) [Country](#) Progress Report of the Russian Federation on the Implementation of the Declaration of Commitment on HIV/AIDS Adopted at the 26th United Nations General Assembly Special Session, June 2001 Reporting period: January 2008 – December 2009

<sup>15</sup> Information Bulletin No. 33 of the Federal Scientific-Methodological Center for the Prevention and Control of AIDS in the Russian Federation. Moscow, 2009, p. 13. (Информационный бюллетень 33 Федерального научно-методического центра по профилактике и борьбе со СПИДом Российской Федерации, Москва, 2009. С. 13.) [http://www.hivrussia.ru/files/bul\\_33.pdf](http://www.hivrussia.ru/files/bul_33.pdf)

<sup>16</sup> According to the data of the Medical Administration of the Federal Penitentiary Service (FSIN) of the Russian Federation: <http://www.poz.ru/news/?id=2682>

<sup>17</sup> According to a study conducted among street drug users in St. Petersburg, UNODC, the NGO Stellite, March, 2010.

<sup>18</sup> The Ministry of Health (2010). TB Epidemic: date as of 31 December 2009. (ФГУ ЦНИИ ОИЗ МЗСР РФ (2010) Эпидемическая ситуация по туберкулезу в Российской Федерации на 31 декабря 2009 года). [http://duma.hivpolicy.ru/assets/files/15\\_04\\_2010/TB.pdf](http://duma.hivpolicy.ru/assets/files/15_04_2010/TB.pdf)

<sup>19</sup> Ibid

<sup>20</sup> Multidrug resistant tuberculosis — the form of tuberculosis, which cannot be treated by a six month therapy with first-line drugs. MDR-TB can be developed as a result of being infected with resistant bacteria or as a result of an unsuccessful treatment of a patient.

- By the end of 2008, 16,813 people had TB/HIV co-infection, which is almost 18% higher than in 2007. Progressing TB became the leading cause of 65% of deaths among people who died of HIV-infection.<sup>22</sup>
- Around 75% of males and 54 % of females living with both HIV and TB acquired HIV through injecting drug use.<sup>23</sup>

### **Analysis of the Russian Federation’s Anti-Drug Strategy and the Plan of Implementation against the drug demand reduction provisions of the 2009 Political Declaration.**

#### **Participation of non-governmental organizations in the process of the planning, implementation monitoring and evaluation of drug demand reduction measures.**

##### **2009 Political Declaration**

10. [We] *Welcome* the important role played by civil society, in particular non-governmental organizations, in addressing the world drug problem, and note with appreciation their important contribution to the review process, also noting that representatives of affected populations and civil society entities, where appropriate, should be enabled to play a participatory role in the formulation and implementation of drug demand and supply reduction policy;

##### ***Plan of Action. Part I.***

##### ***2. Comprehensive approach to drug demand reduction***

*Member States should:*

4 (b) Deliver comprehensive policies and programmes using a multi-agency approach, including health-care, social-care, criminal justice, employment and education agencies, non-governmental organizations and civil society, which should take full advantage of the activities of non-governmental and civil society organizations;

##### ***6. Mainstreaming community involvement and participation***

12 (b) *Involve all stakeholders at the community level (including the target populations, their families, community members, employers and local organizations) in the planning, delivery, monitoring and evaluation of drug demand reduction measures;*

12(d) Promote **collaboration between governmental and non-governmental organizations** and other members of civil society in the establishment of drug demand reduction measures at the local level.

Formally, the adoption of the principal programme document on drug policy issues — the “State Anti-Drug Policy Strategy of the Russian Federation in the Period until 2020” – was accompanied by open discussion. The text of the Strategy was posted on the website of the Federal Drug Control Service of the Russian Federation for comments and suggestions. However, of the large number of comments made by the participants of the Public Monitoring Mechanism, only those comments that in general did not contradict with the Strategy were posted on the web site. The comments which spoke directly of the necessity to introduce substitution therapy and provide state funding for needle and syringe programs were ignored by the moderators. Among experts, whose opinions moderators considered appropriate to post on the web site, prevailed pop stars and public figures, whose occupation was quite distant from the

<sup>21</sup>WHO (2010) Multidrug and extensively drug-resistant TB (M/XDR-TB): 2010 global report on surveillance and response // [http://whqlibdoc.who.int/publications/2009/9789241598866\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241598866_eng.pdf)

<sup>22</sup> FRZ (2010) Round table discussion «The experience of interaction between regional TB services and AIDS Centers on getting into examination of patients with TB coincided with HIV: <http://hivpolicy.ru/news/?id=3917&word=7387&logic=OR>

<sup>23</sup> Presentation "["Epidemiological situation on tuberculosis/HIV confections"](http://www.tbpolicy.ru/news/?id=227), Frolova O.P., Center anti tuberculosis help to HIV infected people of the Ministry of Health of the Russian Federation. <http://www.tbpolicy.ru/news/?id=227>

drug demand reduction and related issues. The only appropriate change made in the text of the Strategy after the extensive discussion was the removal of the paragraph on “digital drugs”<sup>24</sup> and the inclusion of one line in the introduction on the connection of drug dependence with the spread of HIV/AIDS.

In other words, the government did not provide the civil society the opportunity of **meaningful** participation of in the discussion of the Strategy. At the same time the 2009 Political Declaration speaks particularly about meaningful participation of the civil society in the development, adoption, implementation, monitoring and evaluation of drug demand reduction related documents.

It is noteworthy that upon completion of the term of implementation of the previous document, which appeared as a basis for action by the State in this area — the Federal Targeted Programme "Comprehensive measures for counteracting the abuse of narcotic drugs and their illicit trafficking in 2005 -2009" — no public assessment of the effectiveness of impact that this document had on drug demand reduction has been conducted.

The Plan for the Implementation of the Strategy was adopted behind the closed doors of the State Anti-Drug Committee, without public involvement. The Russian Anti-Drug Strategy and the Plan of implementation were developed and adopted without participation of people who use drugs. People, who for various reasons quit drugs and remain abstinent for a long time, participated in the discussion nominally. Involvement of active drug users in the discussion of these documents would help to better understand of the current situation and avoid extreme imbalance and other drawbacks of the Strategy.

In the Russian Federation, the state authorities predominantly use the tactics of suppressing activity of non-governmental organizations that do not share the opinion of the Government. The Anti-Drug Strategy lists among the partially-manageable risks “strengthening efforts to legalize substitution therapy with use of narcotic drugs and propaganda of narcotic drugs under the pretext of syringe exchange programs” (paras 4, 32 and 48). The Plan of Implementation envisages “the development of proposals to the legislature on limiting the activities of organizations which are aimed at drawing [public] attention to the alternative methods of drug treatment (substitution therapy, harm reduction etc) on the territory of the Russian Federation” (para 2.2.2.) by 2012. This provision not only limits the activities of many non-governmental organizations, but also infringes the right to receive and disseminate information, stipulated by article 29 of the Constitution of the Russian Federation, article 19 of the International Covenant on Civil and Political Rights and article 10 of the European Convention on Human Rights and Fundamental Freedoms.

Another effective method for the exclusion of unwelcome non-governmental organizations has been the hampering of the financing of their activity from international sources. By the Government Decree<sup>25</sup>, since 2008 the list of international organizations, the financial aid of which to Russian organizations was not subject to tax on profits, has been practically reduced to nil. Also the Russian Ministry of Health officially rejected support of the Global Fund to Fight AIDS, Tuberculosis and Malaria in combating tuberculosis and has made several statements that the country does not need any financial support for combating HIV-infection<sup>26</sup>.

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<sup>24</sup> Digital drugs, in the opinion of the developers of the Strategy, are binaural rhythms that are able to evoke the effect and consequences of the narcotic, the action of which they simulate

<sup>25</sup> Decree of the Government of the RF, dated 28 June 2008, No. 485 "On the list of international organizations and grants received by taxpayers (gratuitous assistance) who are not subject to taxation and are not considered within the scope of taxation in the income of Russian organizations which are recipients of grants". <http://base.garant.ru/12161143/>

<sup>26</sup> The Letter of Deputy Minister V. Skvortsova to the Head of Federal AIDS Center V. Pokrovsky, 8 October 2010

## Comprehensive approach to the task of drug demand reduction.

### *Plan of Action. Part I.*

#### *2. Comprehensive approach to drug demand reduction*

*Member States should:*

4 (a) Develop ... **comprehensive and integrated drug demand reduction policies and programmes**, providing a continuum of prevention and care in the health-care and social services;

4 (h) Consider developing a comprehensive treatment system offering a wide range of **integrated pharmacological (such as detoxification and opioid agonist and antagonist maintenance) and psychosocial ... interventions based on scientific evidence ...**

4 (i) Strengthen their efforts **aimed at reducing the adverse consequences of drug abuse** for individuals and society as a whole, taking into consideration not only the prevention of **related infectious diseases, such as HIV, hepatitis B and C and tuberculosis**, but also all other health consequences, such as **overdose...**

#### *4. Measures based on scientific evidence*

8 (a) Invest adequate resources in measures based on scientific evidence, building on the significant scientific progress achieved in that area.

The Presidential Decree "On the approval of the State Anti-Drug Policy Strategy of the Russian Federation until 2020" mentions the goal "to stop the spread on the territory of the Russian Federation of narcotic drugs, psychotropic substances and their precursors" as the only goal of the Strategy<sup>27</sup>.

According to the 2009 Political Declaration, the comprehensive approach to the task of drug demand reduction entails, inter alia, adopting the necessary measures for the prevention of infectious diseases associated with drug use, such as HIV-infections and hepatitis B and C. In the introduction to the Anti-Drug Strategy there is merely a mention of the effect of drug use on the spread of these diseases. The development of epidemics of infectious diseases among the population is not considered by the Strategy among the threats associated with the demand for drugs, in spite of the epidemiological situation in the country. At the same time the Strategy lists among its threats the harm reduction programs (para. 48), the programs which proved to be effective and internationally recommended for HIV prevention among injecting drug users

The Strategy supports the state's approach to the harm reduction programs which was sounded publically many times by the Minister of Health of Russia. As an example, during the Meeting of the State Security Council on 8 September 2009 the Minister of health of Russia stated without any grounds or scientific research results that harm reduction programs had brought only negative results in Russia. She also stated that despite the positive experience of the majority of the developed countries, Russia is practically the only country where the substitution therapy had not been used. The illogicality of such an approach was so obvious that the President asked the Minister: "I would actually like to understand the position of the Ministry of Health. Are you against the substitution therapy?". The Minister of Health answered: "We are categorically against!"<sup>28</sup>.

Currently Russia does not finance any scientifically-based HIV-prevention programs for injecting drug users. Such programs have being carried out with help of international donors.

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<sup>27</sup> Decree of the President of the RF No. 690, dated 9.06.2010, "On the approval of the State Anti-Drug Policy Strategy of the Russian Federation until 2020".

<sup>28</sup> Verbatim record of the Security Council meeting on 8 September 2009. Kremlin, Building 14 Г.

In September of 2010 more than 40 harm reduction programs were closed down; these programs had been financed by the Global Fund to Fight AIDS, TB and Malaria (the Global Fund) and implemented by non-governmental organizations in collaboration with health care institutions. At the end of the implementation of the program financed by the Global Fund (2005 - 2010), the State had refused to finance these programs because according to the Minister of Health "they were ineffective". Such statements simply ignored scientific research which proved the effectiveness of harm reduction programs in Russia. The effectiveness of these programs was acknowledged by the Parliamentary Working Group on the Prevention and Combating HIV/AIDS and other socially significant infectious diseases (PWG).<sup>29</sup> The budget of the Federal Targeted Programme "The prevention and combating of socially significant diseases for 2007-2011" stipulates no resources for the prevention of HIV-infections among the vulnerable groups in 2010<sup>30</sup>.

By the end of 2012, after the expiry of the last round of funding from the Global Fund there will not remain a single harm reduction programme in the Russian Federation. These harm reduction programs will cease to exist, as will the non-governmental organizations that have been engaged in their implementation.

The Strategy does not stipulate any measures aimed at prevention of the tuberculosis-related mortality. Drug dependent patients is one of the most vulnerable groups when it comes to needs for effective treatment of tuberculosis (TB). There are several factors of vulnerability of this group. High stigma of drug use and marginalization of drug users lead to low level of access of drug users to health services. Highly repressive laws and court practices on drugs as well as lack of access to opioid substitution treatment, make drug users a highly criminalized group which leads to prison overcrowding. Because of poor sanitary conditions, prisons are one of the main sources of TB in Russia<sup>31</sup>. Legal ban for use of modern drug treatment methods such as opioid substitution therapy with use of methadone and buprenorphine not only reduce effectiveness of HIV prevention but affect negatively prevention of TB among injecting drug users and reduce retention of patients in the TB treatment programs. As an example, the research, conducted in the year 2010<sup>32</sup> shows a high mortality of patients of treatment programs with HIV and TB co-infections: in 3 cities the share of deceased patients with co-infections was close to 100%.

The vast majority (78%) of patients co-infected with TB and HIV are drug dependent. The level of drop out from treatment programs of HIV+TB positive patients with drug dependence is 41%. The high drop-out level on different stages of treatment resulted in more frequent multi drug resistant TB in patients with drug dependence. Due to the lack of access to opioid substitution treatment, drug dependent patients do not have access to comprehensive treatment that is recommended in the WHO protocols for treating patients with co-infection<sup>33</sup>. Drug dependent TB patients do not have access to any other type of drug dependence treatment.

The Strategy also does not stipulate any measures aimed at ensuring access of drug users to Hepatitis C prevention and treatment programs, overdose prevention mentioned in the 2009 Political Declaration. To the opposite the Strategy and the Plan of Implementation enforce the limitations to impart information on reduction of harm related to drugs.

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<sup>29</sup> Report of an Expert Group attached to the PWG "Principles of evidence-based medicine and the use of harm reduction programmes for the prevention of HIV-infections among vulnerable groups" <http://focus-media.ru/learn-more/library/>.

<sup>30</sup> Conference "Problems with virus infections in Russia", 16.02.2010, Moscow. From the speech of Goliusov A., the head of the HIV/AIDS surveillance department of the Federal Service for Surveillance of Consumer Rights Protection and Human Well-Being.

<sup>31</sup> Please, see following cases of the ECHR: Alexanyan v Russia of 05/06/2009; Salmanov v Russia of 31/10/2008; Dorokhov v Russia of 14/05/2008; Khudobin v Russia of 26/01/2007; Popov v Russia of 11/12/2006; Romanov v Russia of 20/01/2006; Kalashnikov v. Russia of 15/10/2002.

<sup>32</sup> Andrey Rylkov Foundation (2011). Ensuring the effective TB treatment of drug dependent HIV positive patients. Moscow.

<sup>33</sup> WHO, UNODC, UNAIDS. Policy Guidelines for Collaborative TB and HIV Services for Injecting and Other Drug Users and Integrated Approach, 2008.

Building on these facts, a conclusion can be drawn that at the political level the Russian Federation adopted and has been implementing policies, which directly contradict the principle of comprehensiveness of the drug demand reduction programs as required by the 2009 Political Declaration and ignores issues of importance for citizens with drug dependence.

### **Obstacles in the access to drug demand reduction programs.**

#### ***Plan of Action. Part I.***

#### ***5. Availability of and accessibility to drug demand reduction services***

#### ***Member States should:***

*10 (b)* Ensure, where appropriate, the **sufficient availability of substances for medication-assisted therapy**, including those within the scope of control under the international drug control conventions, as part of a **comprehensive package of services for the treatment of drug dependence**;

*10 (c)* Continue to comply with the procedures ... relating to the submission to the International Narcotics Control Board of estimates of their requirements for narcotic drugs and assessments of requirements for psychotropic substances so as to ... **ensure the relief of pain and suffering and the availability of medication-assisted therapy** as part of a comprehensive package of services for the treatment of drug dependence, while bearing in mind, in accordance with national legislation, the **World Health Organization Model List of Essential Medicines**.

The Anti-Drug Strategy and the Plan of Implementation stipulate an unacceptability of substitution treatment with methadone and buprenorphine (paras 4, 32 of the Strategy; para 2.2.2. of the Plan). This ban directly contradicts the provision 4h of the 2009 Political Declaration, in which substitution treatment with use of opioid agonists is recommended for inclusion into the range of available and accessible drug treatment options.

Opioid substitution therapy (OST) is endorsed by the UN General Assembly, the Economic and Social Council (ECOSOC)<sup>34</sup>, and the International Narcotics Control Board (INCB)<sup>35</sup>. The World Health Organization (WHO), in its scientific research publication recommended by ECOSOC, recognizes that of all examined treatment options opioid agonist maintenance treatment, combined with psychosocial therapy, was found to be the most effective<sup>36</sup>. Methadone and buprenorphine are listed by WHO as the essential medicines to be used in substance dependence programmes.<sup>37</sup> Availability of the essential medicines has been emphasized by the International Committee on Economic, Social and Cultural Rights (ICESCR) as one of the underlying determinants of health.<sup>38</sup> Despite this the Strategy decidedly repeats the legal ban<sup>39</sup> on substitution treatment.

Needle and syringe programs provided for by the number of Political Declarations<sup>40</sup>, including the 2009 Declaration have been listed among the threats to the Strategy (para. 48)

Thus, the Anti-Drug Policy Strategy and the Plan of Implementation create obstacles in the access of drug users to harm-reduction programs, which contradict the 2009 Political Declaration.

<sup>34</sup> ECOSOC Resolution 2004/40.

<sup>35</sup> Report of INCB for 2008, para 24, 25.

<sup>36</sup> Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence. WHO, 2009.

<sup>37</sup> WHO Model List of Essential Medicines, 16th list (updated), March 2010.

[http://www.who.int/medicines/publications/essentialmedicines/Updated\\_sixteenth\\_adult\\_list\\_en.pdf](http://www.who.int/medicines/publications/essentialmedicines/Updated_sixteenth_adult_list_en.pdf)

<sup>38</sup> ICESCR General Comments № 14 (2000), paragraph 12(a).

<sup>39</sup> Federal Law of 8 January 1998 «On narcotic means and psychotropic substances», article. 31(6).

<sup>40</sup> Declaration of Commitment on HIV/AIDS, adopted by UNGASS, 2001; Political Declaration on HIV/AIDS, adopted by UNGA, 2006.

## Human rights, human dignity and fundamental freedoms in the context of drug demand reduction.

### 2009 Political Declaration

21. [We] *Reiterate* our commitment to promote, develop, review or strengthen effective, comprehensive, integrated drug demand reduction programmes, ... and commit ourselves to investing increased resources **in ensuring access to those interventions on a non-discriminatory basis**

#### *Plan of Action. Part I.*

### **3. Human rights, dignity and fundamental freedoms in the context of drug demand reduction**

Member States should:

6 (a) Ensure that drug demand reduction measures respect **human rights and the inherent dignity** of all individuals and facilitate access for all drug users to prevention services and health-care and social services, with a view to social reintegration;

Paragraph 3 of the Anti-Drug Strategy states that “the Strategy has been developed in compliance with the Constitution of the Russian Federation..., generally accepted principals and norms of international law on fighting of drug trafficking and taking into account the national and foreign practice”. At the same time, there is no a single paragraph in the Anti-Drug Strategy or the Plan of Implementation which mentions human rights, prevention of stigma, discrimination or emphasizing on gender related specifics.

The Strategy lists as a task for the drug demand reduction “creating a negative attitude of the society to non-medical use of drugs” (para 25 (a)). “The broad prevalence in the society of the tolerant attitude to non medical use of drugs” is listed as one of the “main threats” in the sphere of drug demand reduction (para 23 (a)).

The global experience and the experience of Russia show that zero tolerance to drug use leads to stigma and discrimination of drug users. As such zero tolerance means that drug users have no place to be within the society. Such an approach lead to even more of deterrence of drug users from medical and social services and, as a result, entail additional obstacles to the right to health, stipulated in the article 41 of the Constitution of the Russian Federation and article 12 of the International Covenant on Economic, Social and Cultural Rights.

The Plan of Implementation of the Strategy stipulates “the development of the proposal on legislative limitation on the territory of the Russian Federation the activities of the organizations which are aimed at drawing the [public] attention to alternative methods of drug treatment (substitution treatment, harm reduction, etc)” (para 2.2.2.). This provision enforces conditions to limit the right to freely impart and access information about health if the matter is about drug treatment or harm reduction. Such a provision runs contrary to articles 29, 41 of the Constitution of the Russian Federation, article 12 of the International Covenant on Economic, Social and Cultural Rights, article 19 of the International Covenant on Civil and Political Rights and article 10 of the European Convention on Human Rights and Fundamental Freedoms.

For the purpose of “early identification of illicit drug users” the Plan of Implementation of the Strategy stipulates the “development of the protocol for preliminary and routine medical examinations of adolescents at entering and during the course of study at educational institutions” (para. 2.1.6). Earlier the school drug testing has been supported by the President of the Russian Federation<sup>41</sup>. At the beginning of

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<sup>41</sup> “Medvedev proposes introduction of mandatory drug testing for pupils”. Pravo.ru. 8 September 2009. (“Медведев предлагает ввести обязательное тестирование учащихся на наркотики”. Право.ру/ 8 сентября 2009 года. <http://pravo.ru/news/view/16954/>)

2011 the introduction of Russia wide school drug testing was announced by the Director of the Federal Drug Control Service of the Russian Federation (FDCS)<sup>42</sup>.

In other words the Plan of Implementation enforces conditions for violations of the right to privacy and the right to physical integrity stipulated by the Constitution of the Russian Federation and international treaties of the Russian Federation.

Paragraph 21 of the Strategy stipulates “toughening of administrative punishment for illicit drug use and criminal liability for drug related crimes for the purpose of drug demand reduction ...”. Paragraph 1.3.2 of the Plan of Implementation of the Strategy stipulates the “development of the law providing for the medical examination those against whom there are good grounds to suspect that they appear under intoxication after non medical use of drug or psychotropic substance.” Together with the principle of “zero tolerance to drug use”, and the ban on substitution treatment, the Strategy and the Plan of Implementation of the Strategy reinforce the methods of punishment and social isolation of drug users as a basis of state’s approach to drug demand reduction. However, criminal legislation and the practice of its application also contradicts with the principles of fairness and commensurability, since prolonged periods of imprisonment are stipulated and widely applied, even for the possession of narcotic substances without the intent to sell. For the purposes of criminal liability in the Russian Federation, the weight of the seized narcotic or psychotropic substances on List 1, such as heroin, is determined by the weight of the entire mixture seized, without regard to the actual content of the active substance. UNODC data, received from official Russian sources for 2006, show that the purity of retail heroin in Russia ranges from 3% to 27%<sup>43</sup>. According to data presented in the research, conducted in 2009 by the National Research Center of Drug Addiction together with UNODC, the average amount of street heroin consumed by one drug user in a day is 1.87 grams<sup>44</sup>, which is more than three times greater than what is considered to be possession of a large amount; the criminal liability for the possession of the large amount is imprisonment for up to 3 years (article 228 of the Criminal Code of the Russian Federation). At the present time a law is being brought before Parliament to toughen the liability for drug use in public places and also for the distribution of drugs in so-called "significant amounts", the size of which is close to a few milligrams<sup>45</sup>.

Widely publicized in the autumn of 2010 was the case of Egor Bychkov, who was prosecuted for kidnapping people. Bychkov handcuffed drug users and practised measures of brutal abuse under the guise of drug dependence treatment. It is noteworthy that the investigating agencies did not give any legal evaluation of the facts of the brutal abuse of the drug users. Also the head of the Russian Federal Drug Control Service openly supported Bychkov, in essence approving the methods he chose for treating drug dependence<sup>46</sup>.

The leaders of the Federal Drug Control Service of the Russian Federation actively propose introduction of compulsory drug treatment in the format of a network of closed medical-correction institutions for compulsory treatment and rehabilitation of people with drug addiction. Such a system is deemed to serve to those who “have voluntarily chosen compulsory treatment as an alternative to incarceration as criminal punishment”<sup>47</sup>.

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<sup>42</sup> «Pupils are going to be tested as part of dispensarization». 11 February 2011. CZT.RU («Школьников будут тестировать на наркотики в рамках диспансеризации». 11 февраля 2011 года. CZT.RU <http://www.gzt.ru/topnews/accidents/-shkoljnikov-budut-testirovatj-na-narkotiki-v-347550.html>)

<sup>43</sup> UNODC. World Drug Report for 2008. Heroin: retail and wholesale prices and purity. [http://www.unodc.org/documents/wdr/WDR\\_2008/WDR2008\\_Statistical\\_Annex\\_Prices.pdf](http://www.unodc.org/documents/wdr/WDR_2008/WDR2008_Statistical_Annex_Prices.pdf)

<sup>44</sup> UNODC. Наркомании, преступность и мятежники: транснациональная угроза Афганского опиума. Вена, 2009 г. (Addiction, crime and insurgency: the transnational threat of Afghan opium. Vienna, 2009.) Page. 27

<sup>45</sup> <http://www.gazeta.ru/social/2010/11/02/3434624.shtml>

<sup>46</sup> Interfax article "Defence of Bychkov", with comments by the Director of the Federal Drug Control Service of the RF, V.P. Ivanov. <http://www.interfax.ru/society/txt.asp?id=161499>

<sup>47</sup> From the speech of Oleg Safonov, FDCS Deputy Director, delivered at the Federal Penitentiary Service staff meeting on 25 February 2011. «FDCS proposes to return back to compulsory treatment of drug addicts instead of sentencing them to incarceration». Российская фармацевтика. 25 февраля 2011. <http://pharmapractice.ru/37543>

The Strategy and the Plan of Implementation contains provisions, which obstruct substitution therapy and harm reduction. These were adopted without taking into account of the fact that drug dependence is a chronic relapsing disease as stated in the protocols of the Ministry of Health of Russia<sup>48</sup>. Banning access to substitution therapy and harm reduction programs leads to significant infringement of the right to health of people who use drugs<sup>49</sup>. Taking into account that the Russian drug treatment protocols provide no options for pharmacological treatment in pregnancy<sup>50</sup>, the legal ban of opioid substitution treatment strengthening discrimination against pregnant female drug users despite the WHO recommendations which see “opioid agonist maintenance with methadone as the most appropriate treatment for women who are pregnant or breastfeeding”<sup>51</sup>.

The Plan of Implementation directly stipulates measures to restrict the actions of non-governmental organizations providing information on alternative methods for drug dependence treatment, including substitution therapy and harm reduction programs. In addition to the already established practice of a broad interpretation of the position of the legislature on the propaganda of narcotic drugs, the stated measures serve as further obstacles to a healthy participation of the civil society in the discussion of drug demand reduction issues in violation of article 29 of the Constitution of the Russian Federation, article 19 of the International Covenant on Civil and Political Rights and article 10 of the European Convention on Human Rights and Fundamental Freedoms.

All of the above mentioned facts allow concluding that the Anti-Drug Strategy and the Plan of Implementation directly contradict both the Constitution of the Russian Federation and the international standards on human rights and the 2009 Political Declaration.

### **Providing aid to persons who use drugs and suffer from drug dependence within the criminal justice system**

#### ***Plan of Action. Part I.***

#### ***8. Drug use and dependence care in the criminal justice system***

#### ***Member States should:***

*16 (a)* Working within their legal frameworks and in compliance with applicable international law, consider allowing the full implementation of **drug dependence treatment and care options for offenders, in particular, when appropriate, providing treatment as an alternative to incarceration;**

*16 (c)* Implement **comprehensive treatment programmes** in detention facilities; commit themselves to offering **a range of treatment, care** and related support services to drug-dependent inmates, including those aimed at prevention of the transmission of related infectious diseases, **pharmacological and psychosocial treatment and rehabilitation;**

Russia has the second largest prison population in the world ranging from 850 000 to over a million people in prison each year<sup>52</sup>. Repressive laws, including laws on drug-related crimes, lead to prison overcrowding and highly unsanitary and infectious conditions<sup>53</sup>. Research shows that in different cities,

<sup>48</sup> Order of the Ministry of Health of 22 October 2003 “On Protocols of treatment of patients “Rehabilitation of drug dependent patients(z50.30) ” (“Приказ Министерства здравоохранения РФ от 22 октября 2003 года № 500 «Об утверждении Протокола ведения больных "Реабилитация больных наркоманией (Z50.3)" »)

<sup>49</sup> General Comments № 14. (Article 12 of the International Covenant on economic, social and political rights), E/C.12/2000/4.; Concluding observations on Ukraine (2006), Poland (2009), Kazakhstan (2010) and Mauritius (2010).

<sup>50</sup> Order of 28 April 1998 N 140 On standards (Model Protocols) for diagnostics and treatment of addictions.

<sup>51</sup> Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence, WHO, 2009.

<sup>52</sup> By the end of 2008 the total number of prisoners was 891,7 thousand: World Prison Population List, 8<sup>th</sup> ed by R. Walmsley, International Centre for Prison Studies // [http://www.kcl.ac.uk/depsta/law/research/icps/downloads/wppl-8th\\_41.pdf](http://www.kcl.ac.uk/depsta/law/research/icps/downloads/wppl-8th_41.pdf)

<sup>53</sup> Bobrik A., Danishevski K., Eroshina K., McKee M. Prison health in Russia: the larger picture. *J Public Health Policy* 2005; 26: 30-59

28 to 65% of drug users have had prison experience<sup>54</sup>. Research also shows that drug use in prisons is common whilst drug treatment, HIV and TB prevention is not available<sup>55</sup>. Lack of medical treatment for prisoners has been many times qualified as ill-treatment by the European Court of Human Rights<sup>56</sup>.

The Anti-Drug Strategy has no provisions on drug treatment or other medical help to prisoners. It only stipulates in one paragraph the necessity for drug treatment instead of punishment for drug dependent people committed minor drug offences (para. 43 (B)). In practice, however, incarceration remains the main form of punishment for drug users, including those who commit acquisitive crimes for financing addiction which they can not address because of lack of access to effective treatment.

The Plan of Implementation stipulates “working out of the issue of development in the Russian Federation of drug courts” (para. 4.2.1.). Drug courts proved to be effective in some countries<sup>57</sup>. However, in the absence of scientifically-based and correspondent to the international standards system of drug treatment, the drug courts would only worsen the situation by becoming an analogue of the ineffective Soviet system of labor-treatment institutions.

The actions of the Russian Federation aiming at drug demand reduction in the criminal justice system contradict the 2009 Political Declaration.

## **Conclusion**

The drug demand reduction policy of the Russian Federation does not comply with the 2009 Political Declaration. The implementation of the Anti-Drug Policy Strategy in its present format will lead to even greater human losses, spread of infectious diseases, criminalisation of population, and worsening of social problems of drug users and the general population.

In order to improve the situation the Russian drug policy should reject the repressive approach and focus on human rights, protection of dignity and health and ensure meaningful involvement of civil society, including active drug users in the development, adoption, implementation and evaluation of the current policy.

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<sup>54</sup> Sarang, A., Rhodes, T., Platt, L., Kirzhanova, V., Shelkovnikova, O., Volnov, V., et al. (2006). Drug injecting and syringe use in the HIV risk environment of Russian penitentiary institutions. *Addiction*, 101:1787–1796.

<sup>55</sup> Idid

<sup>56</sup> Please, see following cases of the ECHR: Alexanyan v Russia of 05/06/2009; Salmanov v Russia of 31/10/2008; Dorokhov v Russia of 14/05/2008; Khudobin v Russia of 26/01/2007; Popov v Russia of 11/12/2006; Romanov v Russia of 20/01/2006; Kalashnikov v. Russia of 15/10/2002.

<sup>57</sup> UNODC and Drug Treatment Courts. <http://www.unodc.org/unodc/en/legal-tools/Drug-Treatment-Courts.html>