Additional information to the
Report to the International Committee on Economic,
Social and Cultural Rights
on implementation by the Russian Federation of article 12 of the International Covenant on
Economic, Social and Cultural Rights as it relates to access of people who inject drugs to drug
treatment and HIV prevention, care and treatment programs.

This communication was prepared by Andrey Rylkov Foundation for Health and Social Justice and the
Canadian HIV/AIDS Legal Network in consultation with NGOs and experts involved in HIV/human rights
in Russia and UNODC. This is a supplement to the Report, submitted by the Andrey Rylkov Foundation
to the ICESCR on April 2, 2010. For contacts: Anya Sarang, anyasarang@gmail.com, tel:
+79268708518
Introduction

In its List of issues to be taken up in connection with the consideration of the fifth periodic report of the Russian Federation (E/C.12/RUS/5), concerning articles 1 to 15 of the International Covenant on Economic, Social and Cultural Rights, the International Committee on Economic, Social and Cultural Rights (ICESCR) requested the Russian Federation:

With regards to Article 12 – Right to the highest attainable standard of physical and mental health

Para 36. Please provide detailed information on the prevalence of drug use by injection, and its impact on HIV, hepatitis C and tuberculosis prevention and treatment in the State party. Please indicate whether the WHO/UNODC/UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users (2009) and the nine interventions contained in its comprehensive package have been implemented in the State party.

Para 37. Please indicate whether the State party intends to provide evidence-based drug dependence treatment and take measures to lift the ban on the medical use of methadone and buprenorphine for the treatment of drug addicted persons, introduce maintenance therapy programmes and end practices that arbitrarily discriminate against registered drug users. Please clarify whether the State party has adopted evidence-based harm reduction programmes, for example for injecting drug users suffering from tuberculosis and hepatitis C, in particular, by fulfilling its promise to provide funding to prevent the closure of needle exchange programmes previously supported by the Global Fund. Please also provide information on whether the State party has reformed its narcotics control regulations as recommended by the World Health Organization (WHO) and the International Narcotics Control Board (INCB).

Situation in the Russian Federation: general observation.
The activities of the Government during the year 2010 and the beginning of the year 2011 clearly demonstrate that the Russian Federation neither intends to provide evidence-based drug dependence treatment and takes measures to lift the ban on the medical use of methadone and buprenorphine for the treatment of drug dependent persons, no introduces maintenance therapy programs and end practices that arbitrarily discriminate against registered drug users. To the opposite the Russian Federation actively obstructs the evidence-based harm reduction programs and does not fulfill its promise to provide funding to prevent the closure of needle and syringe programs previously supported by the Global Fund. Moreover, regardless the Russian Constitution (article 29), the International Covenant on Civil and Political Rights (article 19) and the International Covenant on Economic, Social and Cultural Rights (article 12) the Government stifles the debates concerning substitution therapy and harm reduction, thus violating the right to impart and receive information on the health-related matters. The last fact further aggravates the list of violations of the right to the highest attainable standards of physical and mental health.

Situation update

June 9, 2010: the “State Anti-Drug Policy Strategy of the Russian Federation until 2020”, has been approved by the President of the Russian Federation.

Paragraph 32 (d) reiterates the legal ban of opioids substitution therapy (OST) with use of methadone and buprenorphine, as stipulated in the article 31(6) of the Federal Law On narcotic drugs and psychotropic substances. In particular the paragraph 32 (d) stipulates that one of the “measures for enhancing the effectiveness and developing the medical treatment of drug dependency” is “not admitting on the territory

2 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”.
3 Federal Law ”On narcotic means and psychotropic substances” (adopted on 8 January 1998)
of the Russian Federation the use of substitution therapy of drug dependence treatment with use of drug means and psychotropic substances from the List I and II".

Paragraph 48 lists “attempts to legalize substitution therapy with use of narcotic drugs and promotion of drug use under pretext of syringe replacement” as a “partially manageable risks for implementation of the Strategy”.

September 24, 2010: The “Plan for the Implementation of the State Anti-Drug Policy Strategy of the Russian Federation until 2020” has been approved by the State Anti Drug Committee on (hereinafter the Plan)\(^5\). Paragraph 2.2.2. of the Plan stipulates a responsibility of the Federal Drug Control Service and the Federal executive agencies to develop by the end of 2012 “proposals on legal restrictions on the territory of the Russian Federation of organizations whose activities are aimed at drawing [public] attention to alternative methods of drug treatment (substitution therapy, harm reduction and other)”.

Position of the Ministry of Health on HIV epidemic and HIV prevention among injecting drug users. Despite the ample evidence of effectiveness of OST\(^6\) and the positive assessment of harm reduction projects in the Russian Federation, conducted under the auspice of the Parliamentary group on HIV of the Federal Parliament of the Russian Federation\(^7\), the state officials continue to mislead the public by stating that OST and harm reduction programs were ineffective. The UN High Commissioner on Human Rights brought up the issue of substitution treatment and access to needle and syringe programs during her official visit to the Russian Federation on 16\(^8\) February 2011 at the meeting with the Minister of Health. In response to the High Commissioners concern, the Minister repeated the misleading position of her Ministry that harm reduction approach proved to be ineffective in the Russian Federation and that “international community failed to produce evidence that methadone therapy is effective”\(^9\).

The Minister also stated that the Government had been financing effective HIV prevention. As an example she gave the “patients’ schools”\(^10\), the program implemented by the Russian Red Cross Organization with the state financial support of 247.8 million rubles (around 8.26 million USD) for two years\(^10\). Whilst the “patients’ schools” is intervention aimed at providing treatment literacy to people who already have HIV, this program has very limited capacity to outreach to the most marginalized and therefore most at risk populations, such as street injecting drug users. “Patients’ school” is chiefly aimed at development of a patients’ cohesion to the regimen of antiretroviral treatment, prevention of co-morbidity and further transmission of HIV from people who are already HIV positive. While being a good and necessary component of HIV care and treatment, the “patients’ schools” can not replace harm reduction programs, such as needle and syringe programs, which address issues of primary prevention of immediate harms of drug use such as HIV, Hepatitis C and overdose among wide populations of drug users. Financing of the “patients’ school” therefore could not be considered as an effective remedy to restore loss of 42 harm reduction programs which were closed in September 2010 due to unfulfilled promises of the Government to finance them after the run out of the Global Fund money. Not only the Government refuses to finance these programs, it also tried actively to prevent application for another Global Fund’s grant. In its several letters the Ministry of Health stated that there is no need for harm

\(^{11}\) Methadone is in the list I of narcotics and psychotropic substances. Any substances of the list I are prohibited for medical use. Buprenorphine is in the list II which provides for use of drugs for medical purposes with the only exception: no substances from the list II are allowed for drug treatment. Please, see article 31 of the Federal Law on Drugs and Psychotropic Substances.


\(^{13}\) Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence. WHO, 2009. WHO


\(^{15}\) “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](http://www.minzdravsoc.ru/health/med-service/142)

\(^{16}\) Ibid.

reduction as the situation with HIV and TB improves in the country due to the effective state policy and programs.\textsuperscript{11}

\textbf{Only 3\% of all HIV public funds are allocated for prevention.}\n
More than 19.5 billion rubles (650 million USD) is planned for HIV every year from 2011 to 2013\textsuperscript{12}. But only 3\% of this budget is planned for HIV prevention for the year 2011 and 2012, even less (1\%) is for the year 2013\textsuperscript{13}.

\textbf{Experts foresee lack of HIV testing as a result of introduction of the new rules of procurement and financing.}\n
Instead of investing into effective HIV prevention programs among vulnerable populations, the Ministry of Health bases its strategy on juggling with numbers. The Ministry has recently challenged the accuracy of official numbers of registered HIV cases and those in need of antiretroviral treatment, provided by the Federal AIDS Center. The Deputy Minister stated that these figures were “drastically exaggerated”\textsuperscript{14}. The new scheme of procurement of diagnostic equipment and tests’ materials was introduced at the end of 2010\textsuperscript{15}. According to the Russian AIDS experts such new scheme would not be able to accommodate the needs of Regions for diagnostic materials\textsuperscript{16}. This means that less people will be tested, therefore less HIV diagnosed and less people will be admitted for treatment.

\textbf{Discrimination of registered drug users continues.}\n
During the year 2010 Prosecutors were reported to be actively engaged in massive legal actions to withdraw drivers’ licenses of registered drug users in many regions of the Russian Federation following the instructions of the Federal General Prosecutor’s Office\textsuperscript{17}. The Prosecutors of the Republic of Tatarstan demanded private information about all the registered drug users in the Republic from drug treatment clinics. Upon receipt of such information Prosecutors successfully initiated a legal action and withdrew the driver’s licenses of all registered drug users through the court. The court did not pay attention to the fact of massive violation of the right to privacy, procedural violations and obvious discrimination. The information about the registered people was openly sent to the Traffic police for action\textsuperscript{18}.

\textbf{Lack of treatment drives drug users for highly toxic drugs leading to quick death in pain and sufferings.}\n
In 2010 availability of heroin has drastically decreased\textsuperscript{19}. Provided no access to effective treatment, opiate dependent people switch to highly toxic self-made opiates, prepared with pharmacy codeine-contained medications and some readily available chemicals such as petrol, alkali, phosphorus from the matches’ boxes, iodine and hydrochloric acid. Injecting of the toxic opiates lead to quick veins’ trombosis, limbs amputations, and other severe medical complications, increased risk of HIV transmission due to increased frequency on injection and purchase of solution in syringes\textsuperscript{20}. The state TV channels often translate videos of half dead drug dependent people decaying alive, where drug treatment

\begin{footnotesize}
\begin{enumerate}
\item The Letter of Deputy Minister V. Skvortsova to the Head of Federal AIDS Center V.Pokrovsky, 8 October 2010; The Letter of the Head of Department of the Ministry of Health, M. Shevireva to Anya Sarang, the President of Andrey Rulkov Foundation.
\item Federal Law # 357FZ of 13 December 2010 “On the Federal Budget for 2011 and the planned budget for 2012 and 2013”.
\item Ibid
\item The Ministry of Health: HIV data are too exaggerated. 3 September 2010. MedDaily. On-line http://www.meddaily.ru/article/03sep2010/epidspidavrosne
\item Decree of the Government of 31 December 2010 №1236 “On procurement and hand over to the state and municipal public health institutions the diagnostic means and anti retroviral medicines for prevention, diagnosis and treatment of people infected with HIV, hepatitis C”
\item Resolution of the Conference “25 years of fighting AIDS in Russia”, 9 December 2010. City of Suzdal, Russia.
\item “Alcoholics and drug addicts must be deprived of their licenses, General Prosecutor’s Office says”. Rossisiskaya Gazeta, 12 May 2010. http://www.rg.ru/2010/05/12/genprokuratura-anons.html; “General Prosecutor’s Office will withdraw 14 thousands driver’s licenses”. Grani.ru, 17 January 2011 http://www.grani.ru/Politics/Russia/Regions/m.185404.html
\item Information from Tatarstan provided by Alexey Kurmanaevsky, email: kurmanaevski@gmail.com
\item Andrey Rylkov Foundation for Health and Social Justice (2011) Drugsscene — Russia in 2010. Moscow
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doctors state that drug addicts are doomed to quick death, but do not provide any prevention and harm reduction interventions\textsuperscript{21}.

**Absence of overdose prevention programs leads to high mortality.**
Overdose is one of the leading causes of death amongst opiate users in the Russian Federation\textsuperscript{22}. While overdose prevention programs which educate drug users to use opiate antagonist Naloxone are cheap and easy to implement\textsuperscript{23}, they are not funded by the Russian Government. Lack of overdose prevention which is part of harm reduction is violation of the right to life.

**Recommendations to the Government:**
1. In partnership with representatives of people who use drugs, develop clear legal grounds for and introduce all nine interventions as recommended in WHO/UNODC/UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users (2009)\textsuperscript{24} with due attention to human rights of people who use drugs. In particular lift the ban on the medical use of narcotic drugs in the treatment of drug dependence and introduce opioid substitution treatment (OST) with the range of drugs available (methadone, buprenorphine, slow-release oral morphine etc) and low threshold access to such programs for patients of tuberculosis clinics and AIDS centers; adopt the legal mechanism addressing uncertainty around needle and syringe programs and overdose prevention programs and provide funds for such programs to ensure availability, accessibility and quality of thereof; reform the drug user registry to stop arbitrary discrimination against drug users and ensure respect for confidentiality of medical information.

2. Ensure that drug propaganda laws are not used to stifle the debates on drug treatment and harm reduction as well as to suppress harm reduction programs such as needle and syringe and overdose prevention and provide law enforcement and criminal justice agencies with clear instructions on their role in scientifically-based and human rights-oriented programs of HIV prevention, care and treatment among most at-risk populations such as injecting drug users, prisoners and sex workers; make sure that state officials are aware of their responsibility to provide the public with accurate information regarding health matters, such as HIV prevention and harm reduction and opioids substitution treatment, in good faith and without deception.


\textsuperscript{22} Iluk R., Krupitskii E., Torban M., et al, "Phenomenology of overdoses of injecting opiates users". Review of psychiatry and medical psychology named after Bekhterev, №1, 2009. (Р.Илюк, Е.М.Крупицкий, М.Н.Торбан и другие. Феноменология передозировок у потребителей инъекционных опиатных наркотиков. Обозрение психиатрии и медицинской психологии им. Бехтерева №1 2009)


\textsuperscript{24} WHO/UNODC/UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users (2009)