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.

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From the outset, we would like to express our sincere gratitude to all those who continue to work hard to ensure that drug users have access to appropriate and effective drug and HIV prevention, treatment and services in the Russian Federation.

In particular, we would like to pay tribute to those officials and service providers, particularly from the civil society organizations (CSOs), who support and manage needle and syringe programmes (NSPs). These programmes, often run on shoestring budgets, continue to operate in a climate of legal uncertainty and NSP managers and staff still face intimidation and even threats of prosecution on the basis that their work contravenes Russian ‘incitement’ and ‘propaganda’ laws. Their sterling efforts have helped to prevent many HIV infections.

We would be remiss if we failed to record our appreciation of the Minister of Interior, police chiefs and rank and file officers, for supporting Drug Referral Schemes (DRS). These schemes, run by the police in partnership with local civil society organizations in six regions, are designed to identify injecting drug users at the point of arrest and refer them to local drug and HIV prevention, treatment and care services. DRS have also helped to foster viable and durable partnerships between local police and CSOs.

We also wish to thank the small but growing number of Russians academics, and at least one Duma Deputy, for having the courage to lend their support to our advocacy efforts to introduce pilot opioid substitution therapy.

Finally, we would be churlish if we failed to acknowledge the generosity of past and present donors. Currently, the majority of HIV prevention work is funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the Ministry of Health and Sports, The Netherlands, USAID, and the Open Society Institute. Their generosity and commitment has saved the lives of many and has been a catalyst for experiment and innovation.

Having said all this, we have grave concerns about the Russian Government’s drug and HIV policies. It is against the backdrop of these concerns that the present report is framed. In summary, the report draws attention to those problems which the Russian Government need to remedy as a matter of urgency in order to meet its under article 12 of the International Covenant on Economic, Social and Cultural Rights (Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health).

Focus of the report.

From the broad range of issues covered by the article 12 of the International Covenant on Economic, Social and Cultural Rights this report specifically focuses on access to health services for injecting drug users (IDUs), particularly, drug treatment, prevention and treatment of HIV, hepatitis C and tuberculosis. The issues of so-called primary drug prevention have not been considered within the purview of this report.
Recommendations to the Government at the Federal and regional levels:

In order to fulfill its international obligations the Russian Federation should immediately adopt and fund a federal plan aimed at introduction of all nine interventions of the comprehensive package for HIV prevention, treatment and care among people who inject drugs. This plan should have a clear timeline and benchmarks for implementation, and should prioritize regions and towns on the basis of need.¹

The following issues must be specifically targeted as a matter of urgency:

1. Lift the ban on the medical use of narcotic drugs in the treatment of drug dependence and introduce opioid substitution treatment (OST) programmes. Whilst the process of lifting the ban and preparing all relevant protocols for OST is going on, immediately start piloting these programmes with the range of drugs available (methadone, buprenorphine, slow-release oral morphine etc) and in consultation with WHO, UNODC and UNAIDS. Ensure as soon as possible OST is provided in tuberculosis clinics and AIDS centers.

2. In consultation with WHO, UNODC, UNAIDS, and civil society organizations, adopt the legal mechanism addressing uncertainty around needle and syringe programmes and provide funds for scaling up such programmes in order to ensure 60% coverage of IDUs.

3. Provide law enforcement and criminal justice agencies with clear instructions not to apply anti drug propaganda law in cases involving the distribution of advice and information intended to reduce drug related harms.

4. Provide adequate funding and ensure availability and accessibility of residential drug-free rehabilitation centers and access to anonymous and free drug detoxification services. Reform the drug user registry to remove blanket restrictions on rights of people on the registry and ensure respect for confidentiality of medical information.

5. Provide viable and effective alternatives to incarceration for drug users committing administrative violations and minor crimes.

6. Take steps to ensure drug users can enter treatment programmes without delay. This should include measures to remove arbitrary requirements to present certificates on various health conditions upon admission, and steps to minimize, to the extent possible, waiting lists for admission.

7. Provide HIV training for law enforcement officers facilitating partnerships between policing agencies and HIV prevention initiatives and further creating environments conducive for reduction of risks with respect to drug use.

The comprehensive package of internationally recognized interventions for HIV prevention, treatment and care among people who inject drugs

The Russian Federation has signed both the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS and committed to scale up towards universal access to HIV prevention programmes, treatment, and care.²

Following the undertakings of 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS the UN member states further commit themselves to work towards the universal access taking into account the following interventions:

1. Needle and syringe programmes (NSPs)
2. Opioid substitution therapy (OST) and other drug dependence treatment
3. HIV testing and counseling (T&C)
4. Antiretroviral therapy (ART)
5. Prevention and treatment of sexually transmitted infections (STIs)
6. Condom programmes for IDUs and their sexual partners
7. Targeted information, education and communication (IEC) for IDUs and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis

Maximum benefit is gained by implementing all nine parts of this comprehensive package together. It is recognized, however, that countries are at different stages of establishing a comprehensive response. It is advised that at least the first four of the nine interventions – NSPs, OST, HIV testing and counseling and ARV therapy to be monitored as a minimum requirement.³

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² Declaration of Commitment on HIV/AIDS, adopted by the UNGA Resolution S-26/2
http://www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html

Political Declaration on HIV/AIDS 2006, adopted by the UNGA Resolution 60/262
http://www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html

³ Please, see paragraph 20 of the Political Declaration on International Cooperation towards and Integrated and Balanced Strategy to Counter the World Drug Problem (2009) approved by the UNGA Resolution A/RES/64/182. The paragraph refers to the WHO, UNOD, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users, WHO, 2009.
Drug use and related health problems in Russia

The estimated number of people who use drugs in Russia is 5 millions.\(^4\)

The estimated number of opiates users in Russia exceeds 1.6 million.\(^5\)

Around 550 thousand people are officially registered as drug users. 71% of them are registered as people who inject drugs.\(^6\)

The number of registered HIV positive people in the Russian Federation as of 31/12/2008 is 504,537.\(^7\)

HIV prevalence among people who inject drug is 37.2%.\(^8\)

It is estimated that from 1987 to 2009 about 78.00 % of all HIV positive people with known way of contracting the virus were infected due to intravenous drug use.\(^9\)

About 11% of all HIV positive people with known diagnose are in prison settings.\(^10\)

Prevalence of Hepatitis C among injecting drug users reaches 90% in some cities.\(^11\)

More than 105,000 new cases of active TB were detected in 2009.\(^12\) In 2008 more than 16,000 people had both TB and HIV (18% growth compare to 2007). TB is the leading cause of death (67%) among people with HIV.\(^13\)

Around 75% of males and 54 % of female who have both HIV and TB acquired HIV through injecting drug use.\(^14\)

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\(^6\) The basic parameters of activity of narcological service in the Russian Federation in 2007-2008 (analysis of data of the federal statistical supervision). Kirzhanova V.V. The National Research Centre of Narcology under the Ministry of Health and Social Development of Russia, Moscow, 2009.


The background of the report

This report has been prepared in response to the long standing invitation of the Committee on Economic, Social and Cultural rights (the Committee) for NGOs to submit to it in writing, at any time, information regarding any aspect of its work\(^\text{15}\) and against the background of the ECOSOC recommendations for NGOs participation in the activities of the Committee.\(^\text{16}\)

The information provided in the report mainly relates to the implementation of the article 12 of the International Covenant on Economic, Social and Cultural Rights and for this reason corresponds to the appropriate recommendations and comments.\(^\text{17}\)

This report has its roots in the 12/12/2003 in concluding observations by the Committee on Russia\(^\text{18}\) in particular:

Paragraph 31 “The Committee is concerned about the general deterioration of the level of availability and accessibility of health care in the State party……. and that, despite the constitutional guarantee of free medical care, many health clinics charge fees for their services and request patients to purchase medicaments.”

Paragraph 33 “The Committee remains concerned about the high incidence of tuberculosis in the State party.”

Paragraph 34 “The Committee notes with concern the sharp increase in the HIV-infection rate during the last three years…”

Paragraph 36 “The Committee remains concerned about the spread of drug addiction in the State party.”

Paragraph 59 “The Committee calls upon the State party to ensure that the ongoing reform of the health sector will improve the quality of and equitable access to health services in all regions of the country.”

Paragraph 61 “The Committee recommends that the State party intensify its efforts to combat tuberculosis….”

Paragraph 62 “The Committee, in line with its general comment No. 14 (2000) on the right to the highest attainable standard of health, calls upon the State party to take urgent measures to stop the spread of HIV/AIDS.”

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\(^{16}\) Substantive issues arising in the implementation of the International Covenant on Economic, Social and Cultural Rights. NGO participation in the activities of the Committee on Economic, Social and Cultural Rights. E/C.12/2000/6


Paragraph 64 “The Committee recommends that the State party ensure the effective implementation of programmes to prevent and combat drug abuse.”

This report also refers to the Fifth periodic report of the Russian Federation to the Committee\(^{19}\) where information on the country response to the needs of people who inject drugs and in particular drug treatment and prevention of blood born deceases amongst them is very limited.

**Current situation with implementation of the article 12 of the International Covenant on Economic, Social and Cultural Rights in the Russian Federation. (As it relates to access of people who inject drugs to drug treatment, HIV prevention, care and treatment programmes).**

**Availability of medical services.**

The number of state drug treatment facilities in the Russian Federation is woefully lacking given the number of drug users.\(^{20}\) Even in the most economically successful regions of the Russian Federation drug treatment facilities are in few in number.\(^{21}\)

Drug treatment facilities (detoxification mostly) are accessible free of charge only for patients who agree to undergo registration which often lead to deprivation of certain rights (not eligible for driving license, certain jobs). Anonymous drug treatment is only available privately and at unaffordable prices to majority of IDUs.\(^{22}\)

The majority of drug users who need drug treatment use injecting drugs (mostly opiates).\(^{23}\) Despite this, methadone and buprenorphine, included in the WHO list of Essential Drugs are not available for the treatment of drug addiction in the Russian Federation.\(^{24}\)

Unnecessary restrictive drug control system hinders access to opioid analgesics for people suffering severe pain including end-stage AIDS patients.\(^{25}\)

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\(^{19}\) http://www2.ohchr.org/english/bodies/cescr/cescrwg44.htm

\(^{20}\) The basic parameters of activity of narcological service in the Russian Federation in 2007-2008 (analysis of data of the federal statistical supervision). Kirzhanova V.V. The National Research Centre of Narcology under the Ministry of Health and Social Development of Russia, Moscow. The paper ends with the following conclusion “The analysis of the medical statistics shows that for the last 5 years the narcological service has suffered the following changes: decrease in number of drug clinics, drug treatment doctors, increase of drug treatment doctors having more than one job at a time, decrease of drug clinics capacities and duration of treatment. There is no increase of rehabilitation centers. There is very slow increase of a number of psychologists, social workers which are the basis for the rehabilitation process. These figures suggest aiming drug treatment clinics at detoxification with no tendencies of development of rehabilitation”.

\(^{21}\) Information from civil society organizations and personal stories of drug users from the Republic of Tatarstan and the city of Yekaterinburg.


\(^{23}\) The basic parameters of activity of narcological service in the Russian Federation in 2007-2008 (analysis of data of the federal statistical supervision). Kirzhanova V.V. The National Research Centre of Narcology under the Ministry of Health and Social Development of Russia, Moscow.

\(^{24}\) 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.
Contrary to the country laws, the duration of treatment in the state facilities on average does not exceed 14 days. This period covers only a quick detoxification with no rehabilitation.

Drug treatment system operates contrary to international drug treatment standards. Overreliance on use of antipsychotics makes their prescription a common practice regardless to whether the clients suffer any additional to drug addiction psychotic disorders.

Drug treatment is very limited in prison settings including pre trial and police detention facilities. Opioid substitution therapy is not available in prisons. At the same time Federal Laws stipulate coercive treatment for drug addicted and HIV positive inmates.

Needle and syringe programs (NSPs) are very limited and cover only 7% of IDUs, contrary to 60% recommended by UN. They operate in the environment of legal uncertainty and are not financially supported by the state. Despite scientific evidence, and Russian international commitments to implement such programs, the state officials, such as the Minister of Health express open opposition to NSPs.

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27. The basic parameters of activity of narcological service in the Russian Federation in 2007-2008 (analysis of data of the federal statistical supervision). Kirzhanova V.V. The National Research Centre of Narcology under the Ministry of Health and Social Development of Russia, Moscow.

28. According to professor Vladimir Mendeleovich mend@tbit.ru The list of medicines used for drug treatment is provided in the Order of the Ministry of Health of the Russian Federation N 140 of 28 April 1998. On approval of drug treatment standards (model protocols).

29. Article 18 part 3 of the Code of Execution of Criminal Punishment of the Russian Federation


32. Contrary to the article 230 of the Criminal Code of the Russian Federation the Federal Drug Control Service (FDCS) and the Ministry of Health have yet to produce methodological guidelines for needle and syringe programmes. UNODC, Country office for the Russian Federation in a way of technical cooperation submitted draft guidelines to FDCS in the end of 2008. The status of the UNODC guidelines is unknown and there is no information which suggests that either the FDCS or the MoHSD is pursuing this issue. Indeed, taking into account recent comments by Dr Onischenko, Minister Golikova (MoHSD), and Professor Dmitrieva (INCB member), there is every reason to believe that senior Russian policy makers and advisors are against NSPs and have no intention of issuing any guidelines.

33. Majority of programs are supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, some are supported by the Government of Netherlands through the UNODC Country Office for the Russian Federation.

In several regions, primary care, surgery and other basic health care is accessible only for people with mandatory medical insurance certificate. This insurance is often inaccessible to socially deprived drug users, and social support to ensure their access to treatment is not provided.\textsuperscript{35}

**Accessibility, acceptability and quality of the medical services.**

The quality of services, provided by the state drug treatment system is very poor\textsuperscript{36} According to Russian specialists, not more than 8.6\% remain drug free within a year since participation in the drug treatment program. On average a drug dependent person has from 5 to 6 hospitalizations in a year.\textsuperscript{37}

Questionable private drug treatment practices are widely advertised through mass media. Desperate for quality treatment drug users and their families informed about methods which promoters falsely allege have high success in treatment of drug addiction. Such methods may include therapy by flogging, handcuffing to beds for prolonged periods, and hypnotherapies to convince patients that drug use will be fatal (“coding”). These methods, imposing great expense and with no scientific base, may be considered degrading or inhuman treatment.\textsuperscript{38}

Current policies and practices around system of drug users’ registration appear to run contrary to the fundamental rules of confidentiality and data protection principles. Though not required by law, in practice patients report sharing of health information with police.\textsuperscript{39}

There is evidence suggesting an uneasy relationship between street policing and needle and syringe access, whereby policing strategies can undermine an HIV prevention ethos promoting needle and syringe accessibility among people who inject drugs.\textsuperscript{40}

There is a perception among medical doctors that active drug use is an obstacle for HIV+ to comply with regimen of antiretroviral treatment. Because of this medical commissions tend not to prescribe ARV to active drug users.\textsuperscript{41}

There are reports from several regions of the Russian Federation that pharmacies refuse to sell sterile syringes to drug users\textsuperscript{42}. This may be linked to perception of the Minister of Health of the Russian Federation that luck of access to syringes may stop drug use.\textsuperscript{43}

\textsuperscript{35} Summary of the Research done in the Republic of Tatarstan in the year 2007 by Russian civil society organization “Obnovlenie” and Dutch organization AFEW.


\textsuperscript{38} Please, see the personal story of Alexey Kurmanaevsky at http://rylkov-fond.ru/blog/2010/03/30/kurmanaevskiy-story/http://www.stratgap.ru/includes/periodics/comments/2009/1124/3841/detail.shtml

\textsuperscript{39} Levinson L., Torban M. Narcological registration: according to law or to instruction? Regulation of drug users’ registration in the Russian Federation. Moscow, 2009.


\textsuperscript{42} Reports from NGOs Yula (Kaliningrad) vystem.inna@gmail.com, NGO Chance + (Yekaterinburg) pin.ekb@yandex.ru. For more information, please contact Anya Sarang. E-mail: anyasarang@gmail.com

Tuberculosis clinics do not provide drug dependence treatment. Drug clinics do not accept people with tuberculosis. Drug dependent patients who suffer tuberculosis start in-patient treatment in the state of drug withdrawal and often get discharged before completion of treatment, due to breaking the clinic’s regime following the need to get drugs. Absence of OST in TB clinics leads people to early discharge, development of multi drug resistant forms of tuberculosis and most often death.\textsuperscript{44}

Pregnant drug users report that negative attitude and stigma in maternity clinics deter them from seeking care. Absence of substitution treatment in maternity clinics means that opiate dependent mothers must leave hospitals to seek drugs, and often forfeit child custody rights.\textsuperscript{45}

Fear of deportation based on HIV status discourages migrants who use drugs to access drug treatment. Russian Laws prohibits entry for long stay in the country to HIV+ persons.\textsuperscript{46}

Free of charge treatment of Hepatitis C is very limited. As treatment is expensive it leaves no chances for access for most of drug users.\textsuperscript{47}

General conditions and quality of medical help are low in pre trial detention and prison settings which frequently arise to degrading or inhuman treatment and pave a way to spread of infectious diseases.\textsuperscript{48} While illegal drugs are available and needles shared in prisons, NSPs and OST programs are not available\textsuperscript{49}. Access to medications for treatment of HIV and tuberculosis in prisons is limited and intermittent.\textsuperscript{50}

The legal framework already exits for the imposition of alternatives to incarceration for minor drug related offences. Proper implementation of these alternatives would help to significantly reduce the prison population, which in turn would help to reduce HIV, hepatitis, and TB amongst prisoners.\textsuperscript{51}

\textit{Information accessibility (right to seek, receive and impart information and ideas concerning health issues)}

\textsuperscript{44} Please, see the relevant publication at http://www.newkaliningrad.ru/news/community/k1049970.html

\textsuperscript{45} International Harm Reduction Development Program. Women, Harm Reduction, and HIV: Key Findings from Azerbaijan, Georgia, Kyrgyzstan, Russia, and Ukraine. New York: Open Society Institute; 2009

\textsuperscript{46} Article 10 of the Federal Law № 38-FZ of 30 March 1995 \textit{On prevention of spread on the territory of the Russian Federation of HIV.}

\textsuperscript{47} Please, see the relevant publication at http://www.mk.ru/social/health/article/2009/11/02/378506-vosh-po-retseptu.html

\textsuperscript{48} 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.


\textsuperscript{50} See the case of Kostya Proletarsky at http://rylkov-fond.ru/blog/2010/03/14/proletarsky_rus/.

\textsuperscript{51} As an example, please see the publication on cases of a long term imprisonment for small amounts of marijuana. http://www.sovsekretno.ru/magazines/article/1777

International Narcotics Control Board (INCB) noted with concern the limited use of alternative sentences in lieu of imprisonment for non-violent drug offenders. INCB Annual Report. 2008. Paragraph 204.

International researches suggest that “Incarceration of those who have committed no offense save drug use or possession for personal use is contraindicated for HIV prevention and treatment, and increases health risk of those incarcerated”. See Mathers B, Degenhardt L, Boltueva A and Desjarlais D. Findings of UN reference group on IDUs and HIV, presentation at the Commission on Narcotic Drugs. Vienna: March 2010.
There is overwhelming evidence that the Federal Drug Control Service has used threat of prosecution under laws banning incitement to or propaganda for illicit drug use to stifle exchange of medical evidence on OST, even when in the form of master classes and workshops. Threats of this kind are an affront to the long-established practices governing scientific discourse and public debate on issues relevant to the health and well-being of populations.

Because of misleading public statements of state officials there is a hostile environment created over the years around those who advocate for OST.

The wide interpreting of poorly drafted drug propaganda law jeopardizes distribution information aimed at reducing adverse medico-social consequences of drug use.

There are many examples of misleading/ill-informed public pronouncements by state officials about internationally accepted evidence-based methods of drug treatment and HIV prevention among injecting drug users, sex workers and in prison settings.

Conclusions.

Given the magnitude of the twin epidemics of injecting drug use and HIV in Russia, the Government should take immediate steps to ensure that the comprehensive package is formally adopted and all nine of its components implemented without delay. Unless the country introduces opioid substitution therapy programmes and commits to a massive scaling up of NSPs, there is little hope that the twin epidemics will be contained, let alone reversed. In addition, the Government should provide undertakings that it will set about reforming the country’s drug treatment system in line with internationally recognized standards and practices. Finally, the Government should do far more to ensure that law enforcement and other criminal justice agencies, have a much clearer understanding of their roles in preventing HIV and other blood borne diseases. In the absence of these reforms, Russia’s commitment to article 12 of the International Covenant on Economic, Social and Cultural Rights, will at best, remain questionable.