

Russia's drug policy fuels infectious disease epidemics

On Feb 3, 2012, the Russian Government blocked the website of the Andrey Rylkov Foundation for Health and Social Justice. The reason, according to the Federal Drugs Control Service, was the website's "placement of materials that propagandize (advertise) the use of drugs, information about distribution, purchasing of drugs and inciting the use of drugs". The drug in question was methadone, which is banned in Russia despite being on the WHO list of essential medicines.

The Andrey Rylkov Foundation aims to "promote and develop humane drug policy". Its website—an English version of which remains available—likely offended the authorities with articles about opioid substitution therapy, which commonly uses methadone. "We had articles on substitution therapy, its relation with HIV, and the reasons why it was needed in Russia", explains the Foundation's Ivan Varentsov. "The government concluded we were advertising drugs and shut us down." He added that drug users and other interested parties in Russia would also be deprived of the health information and advocacy materials that the website provided.

About 1 million Russians are infected with HIV. UNAIDS notes that the epidemic has not stabilised in the region. HIV incidence has accelerated over the past few years and deaths continue to rise. Contaminated injecting equipment is by far the leading cause of infection. Russia has the largest population of injecting drug users (IDUs) in the world—an estimated 1.8 million people. More than a third have HIV; in some regions, the proportion is nearer to three-quarters. Astonishingly, an estimated 90% of Russian IDUs have hepatitis C, and most patients co-infected with HIV and tuberculosis in Russia are drug-dependent.

Russia's response to the twin epidemics of HIV and injecting drug use has puzzled some experts. The country's

repudiation of substitution therapy is a case in point. "It is a case of ideology triumphing over evidence and at great cost to public health", affirmed Evan Wood at Vancouver's International Center for Science and Drug Policy. Outside Russia, there is little controversy about substitution therapy. Wood points out that, uniquely, methadone has supportive Cochrane reviews which show its efficacy for two separate indications: heroin addiction and HIV risk. WHO recommends integrating substitution therapy in HIV treatment guidelines for IDUs.

IDUs prescribed methadone have an increased chance of kicking their habit. It is inexpensive and can be swallowed, and from the moment a patient stops injecting heroin, they are removed from a key risk category. For those already infected with HIV or another infectious disease, methadone improves adherence to treatment. Tuberculosis treatment in Russia entails a daily trip to a clinic and a lengthy wait; without methadone, an individual in the midst of addiction is hardly likely to be able to bear such a situation. The country's treatment drop-out rate for drug-dependent patients with both HIV and tuberculosis is 41%.

Nonetheless, "there are high-level public officials in Russia claiming there is no evidence that substitution therapy is effective", says Diederik Lohman (Human Rights Watch, New York, USA). Indeed, the website decision was no aberration. The State Antidrug Policy Strategy—signed into law in June, 2010, and running until 2020—stipulates the "prevention of substitution addiction treatment by way of using narcotic drugs", a category in which methadone is listed. This policy is indicative of an approach to drug-dependence that rejects the tenets of harm-reduction.

Needle exchange exemplifies this rejection, with a murky legal status. "It is not necessarily in violation of the article in question but it is undefined

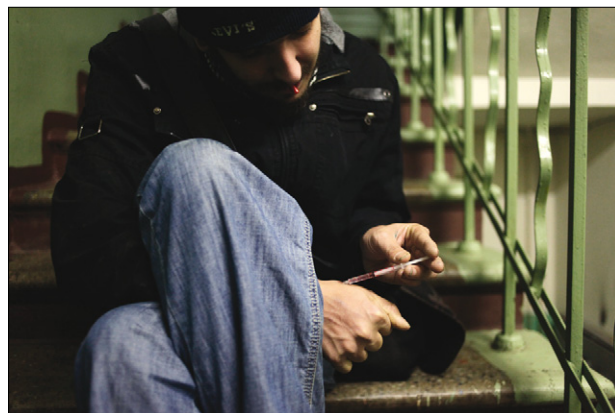
in Russian law how such services can be provided", explains Lohman. The Antidrug Policy Strategy warns against the "promotion of drug use under the pretext of syringe replacement". Irrespective, needle exchange services have been offered in Russia, largely supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Global Fund has backed 75 harm-reduction programmes in the country since 2004, most of which offered needle exchange. Most have closed now that Russia is no longer eligible for its support—for a country of Russia's income level to qualify for such support, at least 10% of its population must have HIV—and the remaining 20 or so will have their funding withdrawn this year, probably marking the end of Russia's harm-reduction activities.

Despite undertakings to the contrary, the Russian authorities have declined to refinance the harm-reduction programmes. "They have diverted the money", says Lohman; "instead of a proven intervention like needle exchange, they go for primary prevention of illicit drug use of questionable efficacy: advocating with children." Russia has set aside roughly US\$650 million for HIV services in 2012, but only 3% will be used for prevention (next year, this value will fall to 1%). No money will go to needle exchanges. Health officials in the country have previously claimed that

For the **Andrey Rylkov Foundation for Health and Social Justice website** see <http://en.rylkov-fond.org/>

For **UNAIDS data on the HIV pandemic** see http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2216_WorldAIDSday_report_2011_en.pdf

For more on **drug use and infectious diseases in Russia** see <http://www.uiphp.org.ua/media/1445>



Russia has the largest number of injecting drug users in the world

REUTERS/Diana Markosian

For more on **City Without Drugs** see <http://www.nytimes.com/2011/09/03/world/europe/03russia.html?pagewanted=all>

needle exchange programmes do not work in Russia, and when instituted have led to an increase in HIV.

WHO, UNODC, and UNAIDS have jointly issued guidelines for HIV prevention in IDUs. The two most important strategies in the “comprehensive package” are needle and syringe programmes and opioid substitution therapy. Indeed, Wood is adamant that harm-reduction programmes, including opioid substitution therapy, are crucial for resolution of the HIV epidemic in IDUs.

So why is Russia so reluctant to endorse such policies? Lohman recalls a colleague who noted that while other countries aim to reduce the harm of drug use, Russia wants to eradicate drug use altogether. Perhaps the country’s communist past plays a part, with its notions of human perfectibility and hopes for a worker’s paradise free of social ills. The Antidrug Policy Strategy talks, somewhat quixotically, of the “formulation

of personal liability for one’s own behaviour ensuring a reduction in demand for drugs”. Elsewhere it asserts the need to ensure the public maintain a “negative attitude” towards drug use, which amounts to a government endorsement of stigmatisation. Varentsov points out that, by contrast with the kinder attitude that prevails towards alcoholics, drug users are held in deep contempt by most Russians.

All of which hardly encourages IDUs to emerge from the shadows, particularly when registered drug users can have their driving licences withdrawn. Alternatively, they could be forced by their family into private rehabilitation centres such as City Without Drugs, in which although individuals are no longer handcuffed to their beds during the early stages of withdrawal, they are confined to their beds and fed a diet solely of bread and water. The country officially follows so-called narcology, a system predicated on abstinence

and designed for alcoholics. Human Rights Watch describes it as “largely ineffective or harmful for those dependent on opiates”.

What of the future? Ekaterine Iakobishvili (Harm Reduction International, London) is pessimistic. After all, these policies are enshrined in law. “There is no hope that anything will change”, she told *TLID*. “The Prime Minister supports the strategy and there are very few people, if any at all, in the Duma who support harm reduction.” As for generation of public support for harm reduction, knowledge of the subject is poor in Russia, but people attempting to disseminate information would break the very laws they are attempting to overturn. “For the next 8 years, the policy of the Russian Government will not change”, Iakobishvili said firmly. “Any mention of harm reduction will be understood as encouragement for drug use.”

Talha Burki

Infectious disease surveillance update

Anthrax in Peru

13 people in the small Andean town of Sinsicap in the Otuzco province of the La Libertad region, Peru, have been diagnosed with cutaneous anthrax. The cases were confirmed on March 6, and the patients are being treated in local clinics. Anthrax is caused by *Bacillus anthracis*, which is carried by livestock such as cattle and goats. People can be infected after handling or eating contaminated animal products. The regional councillor noted that he knows of no previous campaigns to vaccinate cattle, pointing towards a potential source of the disease.

Polio in India

On March 12—only 2 weeks after WHO removed India from the list of countries where polio is endemic—an 18-month-old girl from a small village in West Bengal was admitted to hospital in Kolkata with paralysis and

fever. Stool samples have been sent to the National Institute of Virology for tests to confirm whether the child has polio. Her mother reportedly said that several other children in their local area had similar symptoms. Authorities have initiated an intensive surveillance programme in the village. The last polio case in India was reported in a nearby area in January, 2011.

Hantavirus in Chile

On March 1, a young man aged roughly 21 years became the fifth victim of hantavirus in Chile to die this year. The man is believed to have been infected with the virus on a trip to the Biobio region, where most of the country’s 21 cases have been reported. People can become infected with hantavirus after contact with rat faeces or urine. The Chilean Government has opened five new microbiology laboratories to improve

diagnostics and hopefully help to contain the outbreak.

Pertussis in the USA

Cases of pertussis—also known as whooping cough—have been increasing in number in some US states. McHenry County, IL, is in the midst of the worst outbreak in history, with 313 cases reported between August, 2011, and March, 2012. About half of affected individuals were children younger than 10 years. In Alamance County, NC, 82 patients have been diagnosed since mid-December, 2011. States including Illinois, Iowa, Missouri, Pennsylvania, Washington, and Wisconsin, are monitoring the spread of the infection in schools. Health officials are recommending increased vaccination to reduce the spread of this highly infectious disease.

Abi Cantor

For more on **anthrax in Peru** see <http://www.examiner.com/infectious-disease-in-national/anthrax-outbreak-peru>

For more on **polio in India** see <http://www.guardian.co.uk/world/2012/mar/13/suspected-polio-case-india-list>

For more on **hantavirus in Chile** see <http://www.santiagotimes.cl/chile/health/23443-hantavirus-continues-to-spread-throughout-chile>

For more on **pertussis in the USA** see http://articles.dailypress.com/2012-03-07/health/dp-nws-pertussis-vaccines-0308-20120307_1_tdap-pertussis-whooping-cough