

Implementation of UPR recommendations received and accepted by the Russian Federation during the second UPR cycle, as relevant to the fast growing HIV epidemic combined with multidrug-resistant tuberculosis

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This report is drafted on behalf of the Russian Public Mechanism for Monitoring of Drug Policy reform by the Andrey Rylkov Foundation for Social Justice and Health with technical assistance of the Canadian HIV/AIDS Legal Network*.

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INTRODUCTION

1. This report provides information on the implementation of UPR recommendations received and accepted by the Russian Federation during the second UPR cycle, as relevant to the fast growing HIV epidemic combined with multidrug-resistant tuberculosis and rifampicin-resistant tuberculosis (MDR/RR-TB).ⁱ

2. We begin with UPR recommendations related to the right to health (Cuba and Brazil) and follow with UPR recommendations which have the direct relevance to people who inject drugs (PWID) as a group most marginalized and affected by HIV and MDR-TB in Russia

3. We conclude with the following **recommendations for the Russian Federation during the third UPR cycle:**

- Provide clear legal grounds and other support to WHO recommended measures for HIV prevention among people who inject drugs, in particular the opioid substitution therapy with use of methadone and buprenorphine, as well as needle and syringe, and overdose prevention programs
- Address vulnerability of people who inject drugs to HIV and depenalize drug users, by repealing administrative and criminal punishment for drug use, possession with no intent to supply, and social distribution (micro- trafficking) of drugs.

UPR RECOMMENDATIONS GIVEN TO RUSSIA DURING THE SECOND UPR CYCLE, RELEVANT TO HIV AND MDR-TB

4. Continue its efforts to ensure free medical services of high quality for its population (given by Cuba during the second UPR cycle and accepted by the Russian Federation)ⁱⁱ;

5. Strengthen its programmes aimed at the promotion of the right to health (given by Brazil during the second UPR cycle and accepted by the Russian Federation)ⁱⁱⁱ.

IMPLEMENTATION OF THESE RECOMMENDATIONS BY RUSSIA WITH RESPECT TO HIV

6. The Russian Federation failed to implement these recommendations.

7. Nearly two-thirds of European HIV cases are now in Russia. It is the only European country with a rising rate of new HIV infections, and that trend is getting worse.^{iv}

8. Nearly 80 people living with HIV died every day during the first part of 2017. As of 30 June 2017 there were 1, 167, 581 HIV people officially registered in Russia; 259, 156 of them died since the beginning of epidemic in 1980th.^v

9. As of June 2017 antiretroviral therapy (ARVT) was provided for 298, 888 patients (32,9% of all officially registered people living with HIV). Of them 12, 280 stopped taking ARVT for different reasons.^{vi}

10. The number of people with combined HIV and TB is growing, reaching 35, 334 as of June 2017. People living with HIV are 50.9 times more often suffer TB than people from the general population.^{vii}

11. In 2017, 50,3% of new cases of HIV were related to heterosexual contacts; 1,9% – homosexual contacts; and **46,6% – were due to unsafe injecting of illicit drugs**. Thus, people who inject drugs (PWID) remain the groups of population most affected and vulnerable to HIV.^{viii}

IMPLEMENTATION OF THESE RECOMMENDATIONS BY RUSSIA WITH RESPECT TO MDR/RR-TB

12. The Russian Federation failed to implement the above mentioned recommendations with respect to MDR/RR-TB.

13. The Russian Federation is a third after Lesotho and Namibia with the highest rate of MDR/RR-TB in the world. World Health Organization (WHO) estimates that Russia has a rate of 42 cases of MDR/RR-TB per 100,000 people; India - 9.9 cases; and China - 5.1 cases.^{ix}

14. Russia, India, and China are responsible for 45% of all MDR-TB cases in the world.^x

15. Official Russian statistics for 2015 shows 178, 080 people officially registered as living with TB; of them 37, 925 had MDR-TB.^{xi} There is a stable annual growth of MDR-TB patients in Russia, from 17.1% of all TB patients in 2010 to 27,3% in 2016.^{xii}

16. More than 40% of all people died of TB in Russia in 2015 had MDR-TB.^{xiii} According to one official health institution, the number of TB cases decrease mostly because of the deaths of people living with TB, in particular of people living with combined HIV and TB.^{xiv}

THE MAJOR REASON FOR FAILURES TO IMPLEMENT UPR RECOMMENDATIONS

17. Stigma and discrimination against PWID is a major driver for HIV and MDR/RR-TB, in particular because many PWID suffer legal persecution, massive imprisonment, and the lack of access to evidence based HIV and TB prevention, treatment and care services for patients with drug dependence.^{xv,xvi}

18. According to UNAIDS, HIV epidemic in Russia is an epidemic of stigma and discrimination.^{xvii}

UPR RECOMMENDATIONS GIVEN TO RUSSIA DURING THE SECOND UPR CYCLE, RELEVANT TO PEOPLE WHO INJECT DRUGS.

19. Continue efforts to promote the rights of the vulnerable and marginalized groups in the country (given by Nepal and accepted by the Russian Federation);^{xviii}

20. Carry on its efforts to protect the rights of vulnerable groups including children and persons with disabilities (given by Greece and accepted by the Russian Federation).^{xix}

IMPLEMENTATION OF THESE RECOMMENDATIONS.

21. The Russian Federation failed to implement these recommendations with respect to people who inject drugs as a marginalized and vulnerable group.

22. The government's official policy towards drug use is one of "social intolerance,"^{xx} which seeks to legitimize and encourage societal ill treatment of people who use drugs. Russian and international civil society organizations have documented massive and grave human rights violations and published reports describing the impacts of Russian drug treatment and care on the human rights of PWUD, including widespread and systematic torture and ill treatment, and the denial of access to essential medicines and services^{xxi,xxii,xxiii} As such, the Russian government treats drug use as punishable offence, rather than a health condition.

23. There are two cornerstones of this policy. The first is a ban on opioid substitution therapy (OST), and the preclusion of harm reduction services. The second is a criminalization of drug use and drug-use related behavior, such as the possession or illicit drugs for personal use, and the social distribution of drugs in small quantities (micro-trafficking). In 2013-2015 Russia also introduced different forms of coercive treatment enforced by the criminal justice system, which is in conflict with the International Covenant on Economic, Social and Cultural Rights as it does not allow for the ability to withdraw from treatment.^{xxiv}

24. As a result of the current drug policy, about 25% of all prisoners in Russia are in prison for drug crimes; and almost 40% of imprisoned women are in prisons for drug crimes.^{xxv}

25. Policing and the risk of arrest drives people who use drugs from health services and force them to practice unsafe injecting, which leads to HIV. When in prison PWID get infected with TB, often due to the fact that their immune system is weakened by drug dependence and HIV.^{xxvi} In addition to this, the lack of evidence based drug dependence treatment, such as OST, also leads to high failure and default rates of TB treatment among PWID, which leads to MDR/RR-TB.^{xxvii}

UN HUMAN RIGHTS TREATY BODIES RECOGNIZE THESE FACTORS OF STIGMA AND DISCRIMINATION AND MADE IMPORTANT RECOMMENDATIONS TO THE RUSSIAN FEDERATION.

26. The UN Committee on Economic, Social and Cultural Rights (CESCR) urged the Russian Federation to apply a human rights-based approach to drug users so that they do not forfeit their basic right to health. The Committee strongly recommended the Russian Federation to provide clear legal grounds and other support for the internationally recognized measures for HIV prevention among injecting drug users, in particular the opioid substitution therapy with use of methadone and buprenorphine, as well as needle and syringe, and overdose prevention programs.^{xxviii}

27. The Russian Federation did not implement these CESCR recommendations

28. The UN Human Rights Committee (HRC) recommended Russia to take all measures necessary to ensure that: (a) its policies vis-à-vis drug users deprived of their liberty fully conform to its obligation to effectively protect them against the pain and suffering associated

with the withdrawal syndrome and that timely, adequate and scientifically based medical assistance to counter withdrawal symptoms is available in practice; (b) adequate legal safeguards are in place to prevent interrogations or any other procedural actions being conducted while the person is suffering from the withdrawal syndrome; and (c) due process rights of drug users deprived of their liberty, including not to be compelled to testify against themselves, are effectively respected in practice.^{xxix}

29. The Russian Federation did not implement these HRC recommendations.

30. The UN Committee on the Elimination of Discrimination against Women (CEDAW) recommended Russia to to develop programmes of substitution therapy, in line with the recommendations of the World Health Organization, for women drug users, and intensify the implementation of strategies to combat HIV/AIDS, in particular preventive strategies, including by increasing efforts to prevent sexual and mother-to-child transmission.^{xxx}

31. The Russian Federation did not implement these CEDAW recommendations.

32. The implementation of these recommendations is absolutely critical to ensure the right to health, the right to be free from discrimination, the right to be free from ill-treatment, and the right to liberty and security of the person in Russia. Moreover, the implementation of these recommendations is critical to ensure effective measures of HIV and MDR/RR-TB prevention, care and treatment in Russia.

RECOMMENDATIONS TO THE RUSSIAN FEDERATION DURING THE THIRD UPR CYCLE WITH RESPECT TO HIV AND MDR/RR-TB MOST AFFECTED POPULATION – PEOPLE WHO INJECT DRUGS.

- Provide clear legal grounds and other support WHO recommended measures for HIV prevention among people who inject drugs, in particular the opioid substitution therapy with use of methadone and buprenorphine, as well as needle and syringe, and overdose prevention programs
- Address vulnerability of people who inject drugs to HIV and depenalize drug users, by repealing administrative and criminal punishment for drug use, possession with no intent to supply, and social distribution (micro- trafficking) of drugs.

ANNEX I



Andrey Rylkov Foundation for Health and Social Justice (www.rylkov-fond.org) is a grass-roots organization from Moscow, Russia with the mission to promote and develop humane drug policy based on tolerance, protection of health, dignity and human rights. The Foundation engages in 4 key strategies to advance its mission: advocacy, watchdog, service provision and capacity building of affected communities and individuals. From 2009 the Foundation serves as a Secretariat for the Russian Public Mechanism for Monitoring of Drug Policy reform, a consortium of more than 70 civil society activists, legal and medical professionals, which are committed to improve drug policy in Russia through legal and policy analysis, information sharing, and strategic litigation.

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In preparation of this report the Foundation was assisted by the Canadian HIV/AIDS Legal Network



The Canadian HIV/AIDS Legal Network (www.aidslaw.ca) promotes the human rights of people living with and vulnerable to HIV/AIDS, in Canada and internationally, through research and analysis, advocacy and litigation, public education and community mobilization. The Legal Network is Canada's leading advocacy organization working on the legal and human rights issues raised by HIV/AIDS. (An NGO with Special Consultative Status with the Economic and Social Council of the United Nations)

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ⁱ Global tuberculosis report 2016. Table 2.2 <http://apps.who.int/iris/bitstream/10665/250441/1/9789241565394-eng.pdf?ua=1>

ⁱⁱ Human Rights Council. Twenty-Fourth Session. Report of the Working Group on the Universal Periodic Review. Russian Federation. A/HRC/24/14. July 2013.

ⁱⁱⁱ Ibid

^{iv} Gus Cairns. Epidemiology. NAM. 9 January 2017. <http://www.aidsmap.com/Nearly-two-thirds-of-European-HIV-cases-are-now-in-Russia/page/3109895/> (Accessed October 4, 2017)

^v HIV in Russia. Statistics of the first part of 2017. September 11, 2017. <https://spid.center/articles/1420> (Accessed October 4, 2017)

^{vi} Ibid

^{vii} Epidemiological TB situation in Russia in 2015. Central Scientific-Research Institute of the Administration and Informatization of Public Health. The Ministry of Health of the Russian Federation. 2016. <http://mednet.ru/images/stories/files/CMT/2016tb.pdf> (Accessed 4 October 2017)

^{viii} HIV in Russia.

^{ix} WHO Global tuberculosis report 2016. Fig 3.20 <http://apps.who.int/iris/bitstream/10665/250441/1/9789241565394-eng.pdf?ua=1> (Accessed 4 October 2015)

^x WHO Global tuberculosis report 2016. Table 2.2 <http://apps.who.int/iris/bitstream/10665/250441/1/9789241565394-eng.pdf?ua=1> (Accessed 4 October 2015)

^{xi} Epidemiological TB situation in Russia in 2015

^{xii} Epidemiological TB situation in Russia in 2015

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- ^{xiii} WHO Global tuberculosis report 2016. <http://apps.who.int/iris/bitstream/10665/250441/1/9789241565394-eng.pdf?ua=1> (Accessed 4 October 2015)
- ^{xiv} Epidemiological TB situation in Russia in 2015
- ^{xv} Sarang, Anya et al. "Prisons As A Source Of Tuberculosis In Russia". *International Journal of Prisoner Health* 12.1 (2016): 45-56. Web. <http://www.ncbi.nlm.nih.gov/pubmed/26933992>
- ^{xvi} Golichenko M and Sarang A. Atmospheric Pressure: Russian drug policy as a driver for violations of the UN Convention against Torture and the International Covenant on Economic, Social and Cultural Rights. *Journal Health and Human Rights special issue on Framework Convention on Health and Human Rights*. June 2013
- ^{xvii} Statement by Vinay Patrick Saldanha, Director, Regional Support Team for Eastern Europe and Central Asia of the Joint United Nations Programme on HIV/AIDS (UNAIDS) for CNN. See Watson I., et al. On the front lines of Russia's 'staggering' HIV epidemic. CNN. June 8, 2017. <http://www.cnn.com/2017/06/06/health/russia-hiv-epidemic/index.html> (Accessed October 4, 2017)
- ^{xviii} Human Rights Council. Twenty-Fourth Session. Report of the Working Group on the Universal Periodic Review. Russian Federation. A/HRC/24/14. July 2013
- ^{xix} Ibid.
- ^{xx} Adopted by the Decree of the President of the Russian Federation No. 690 of June 9, 2010. Para 23, 48.
- ^{xxi} Golichenko M and Sarang A. Atmospheric Pressure: Russian drug policy as a driver for violations of the UN Convention against Torture and the International Covenant on Economic, Social and Cultural Rights. *Journal Health and Human Rights special issue on Framework Convention on Health and Human Rights*. June 2013.
- ^{xxii} Human Rights Watch. Rehabilitation Required. Russia's Human Rights Obligation to Provide Evidence-based Drug Dependence Treatment. November 7, 2007; Human Rights Watch. Lessons Not Learned: Human Rights Abuses and HIV/AIDS in the Russian Federation. April 2004.
- ^{xxiii} Open Society Institute. The Effect of Drug User Registration Laws on People's Rights and Health: Key Findings from Russia, Georgia, and Ukraine. New York, 2009; Levinson L and Torban M. Drug User Registration: To Follow the Law or To Follow Instructions? Problems of Drug User Registration in Today's Russia. 2009.
- ^{xxiv} Lunze, Karsten et al. "Mandatory Addiction Treatment For People Who Use Drugs: Global Health And Human Rights Analysis: Table". *BMJ* (2016): i2943. Web. <http://www.bmj.com/content/353/bmj.i2943>
- ^{xxv} Statistics of Penitentiary Service of the Russian Federation as of the end of 2016. www.fsin.su
- ^{xxvi} Sarang, Anya et al. "Prisons As A Source Of Tuberculosis In Russia". *International Journal of Prisoner Health* 12.1 (2016): 45-56. Web. <http://www.ncbi.nlm.nih.gov/pubmed/26933992>
- ^{xxvii} The New Profile of Drug-Resistant Tuberculosis in Russia. A Global and Local Perspective Summary of a Joint Workshop. Institute of Medicine (US) Forum on Drug Discovery, Development, and Translation; Russian Academy of Medical Science. Washington (DC): National Academies Press (US); 2011. Figure 7-1. Online: <https://www.ncbi.nlm.nih.gov/books/NBK62461/>
- *Information about this organization is in Annex II
- ^{xxviii} Consideration of reports submitted by States parties under Articles 16 and 17 of the Covenant Concluding Observations of the Committee on Economic, Social and Cultural Rights. E/C.12/RUS/CO/5
- ^{xxix} Concluding observations on the seventh periodic report of the Russian Federation. CCPR/C/RUS/CO/7. 28 April 2015
- ^{xxx} Concluding observations on the eighth periodic report of the Russian Federation. CEDAW/C/RUS/CO/8. November 2015.