

Just Say Nyet

In anticipation of UNGASS 2016, Russia is creating international alliances to promote its vision of drug demand and drug supply reduction, with a view to having “a unified position at the 2016 UNGASS.” These include the International Congress of Drug-Free Organizations¹ and the Russian-African Anti-Drug Dialogue.² Countries that Russia approaches for participating in these or similar “common positions” should be aware of Russia’s outdated, ineffective, unscientific, and repressive drug policy – which does not result in any reduction of supply or demand of narcotic drugs, but instead leads to gross, systematic human rights violations and a growing HIV epidemic.

Here are just a few things to keep in mind when Russia comes calling.

1. Despite high prevalence of problematic drug use and the fast-growing HIV epidemic among people who inject drugs, Russia refuses to implement internationally recommended methods of drug treatment and HIV prevention. This undermines both HIV treatment and prevention and damages public health.

Russia is among a few countries in the world where the HIV epidemic continues to grow quickly. Among members of the Council of Europe, it has the highest number of newly diagnosed HIV infections. More than 93,000 new HIV infections were diagnosed in 2015 and 53.6% of them were attributed to unsafe drug injection.³

Furthermore, more than 78% of people diagnosed as drug-dependent are dependent on opioids.⁴ Despite this, Russia legally bans opioid substitution therapy (OST, e.g., with methadone). This is a most effective method of opioid dependence treatment and a key HIV prevention measure among people who inject drugs – and recommended as such by the WHO, UNODC and UNAIDS.⁵ Denial of OST also undermines effective HIV treatment among people who use drugs, leading to increased mortality from AIDS. The Federal Drug Control Service (FDCS) also attempts to silence scientific debates about drug policy and methods of drug treatment, including even the dissemination of recommendations from UN technical agencies and human rights bodies.⁶

Instead of implementing internationally recommended drug treatment methods, Russia promotes “its own methods” of abstinence-based treatment, despite the well-established scientific fact that such treatment methods have very limited effectiveness and can actually be harmful – and even life-threatening.⁷ The prohibition of scientific information and the obsession with abstinence have led to the development of methods characterized as “pseudo-scientific shamanism,”⁸ many of which are patented in Russia.⁹ The largest number of patents has been obtained by staff members of the National Research Centre on Addictions.¹⁰ Just a few examples of addiction treatment methods officially patented in Russia include:

- Exposure of the brain to electrical currents of 5000 hertz in 0.5-1 second (Patent No. 1279641);
- Inserting electrodes with the electric current into both ears (Patent No. 2152774);
- Heating the body’s temperature to 43.0° Celsius (Patent No. 2112471);
- Injection of atropine, leading to the condition of a 4-hour coma (Patent No. 2129866);
- Atropine-comatose therapy with electroconvulsive therapy (Patent No. 2227031); and
- The comatose therapy with the electro-convulsive therapy (Patent No. 2258508).

As long as it continues to criminalize evidence-based treatment methods, with disastrous results for individual and public health, Russia can enjoy no credibility at all in claiming it supports “scientific” responses to drugs.

2. Russia prosecutes bakers, scientists and people who use drugs; presents it as fighting organized crime.

The Director of the FDCS brags about successes in fighting transnational organized crime. Its own data shows otherwise: of the approximately 120,000 people prosecuted for drug crimes in 2015, 90,000 were prosecuted for possession of drugs for personal use.¹¹ Currently, every 5th inmate in Russia’s prisons is there for a drug offence. The majority are not large-scale traffickers, but rather people who have used drugs, including those who are drug-

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Russian drug policy **prosecutes** scientists and their opinions.

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dependent. In March 2016, the FDCS announced its plan to expand criminal prosecution to 6.5 million people to coerce them into what passes for drug “treatment” in Russia.¹²

The FDCS also misleadingly manipulates its laws and statistics in cases that it presents as targeting “drug traffickers,” when in reality it prosecutes entrepreneurs importing poppy seeds for the production of baked goods. Any large shipment of poppy seeds always contains trace amount of opioid alkaloids or poppy straw as a result of harvesting practices. According to Russia’s drug laws, the presence of any amount of prohibited narcotic in any mixture means the entire amount of the substance is deemed narcotics under the law. In other words, a ton of poppy seeds with less than a gram of morphine is treated as a ton of morphine – a pure legal fiction. Another method of manipulation is to simply multiply several tons of poppy seeds by the trace amount of alkaloid or poppy straw to have enough “quantity” for criminal prosecution. As Russia prohibits poppy cultivation, poppy seeds for baking must be imported in large quantities, offering an easy opportunity for the FDCS to “bust” supposed “organized criminal enterprises” engaged in transnational drug trafficking.

Russia’s bizarre, zealous and misguided over-use of drug laws is complemented by its effort to silence scientists as well. In one such high-profile case, Dr. Olga Zelenina, a respected expert and head of the lab at the Penza Agricultural Institute, prepared an independent, expert scientific opinion for the court demonstrating the absurdity of prosecuting a family business for trace amounts of narcotics in a poppy seed consignment imported by a family business. She was arrested by a masked, armed squad of FDCS officials and a special police unit, taken to Moscow and charged with “aiding and abetting attempted drug trafficking by an organized group.”¹³

3. Human rights violations in the name of drug control are widespread and ongoing in Russia.

Human rights concerns with Russian drug policy include the continued denial of opioid substitution therapy to millions of Russians who could benefit clinically, a wide range of abuses by law enforcement and in prisons and places of detention, restrictions on freedom of expression, and denial of fair trial rights. Numerous UN human rights bodies have repeatedly expressed concern about ongoing violations of human rights, such as the Committee on Economic, Social and Cultural Rights,¹⁴ the Human Rights Committee,¹⁵ and the Committee on Elimination of all Forms of Discrimination against Women.¹⁶ The European Court of Human Rights currently has before it multiple cases – supported by UN human rights procedures and medical experts – outlining the ways in which Russia’s continued prohibition on opioid substitution therapy violates the European Convention on Human Rights.

When Russia comes calling with proposals for drug policy...JUST SAY “NYET.”

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¹ Established in December 2015 – see <http://icodf.ru/>.

² See the declarations of the first “Russia-Africa Anti-Drug Dialogue” (“The Banjul Declaration”), July 23, 2015 (online: http://www.unodc.org/documents/ungass2016/Contributions/IGO/Russian-African-Dialogue/English_Declaration.pdf), and the second such dialogue (“Durban Declaration”), March 9, 2016 (see report in South Africa Drug Policy newsletter analyzing dialogue online: <http://www.sadrugpolicyweek.com/news/russia-africa-anti-drug-dialogue-recipe-for-death>).

³ Federal Scientific and Methodological Center for Prevention and Control of AIDS, “HIV infection in the Russian Federation on December 31, 2015.”

⁴ Official statistics of the National Addictions Research Center, online: <http://www.nncn.ru>.

⁵ WHO/UNODC/UNAIDS *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users – 2012 Revision*, online: http://www.who.int/hiv/pub/idu/targets_universal_access/en/; WHO, *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations* (July 2014), online: <http://www.who.int/hiv/pub/guidelines/keypopulations/en/>.

⁶ Canadian HIV/AIDS Legal Network & Andrey Rylkov Foundation, *When Science is Just a Decoration: Russian Drug Policy & the Right to Scientific Progress* (2012), online: <http://www.aidslaw.ca/site/when-science-is-just-a-decoration-russian-drug-policy-the-right-to-scientific-progress/>

⁷ EMCDDA, “Best practice in drug interventions,” online: <http://www.emcdda.europa.eu>.

⁸ E Krupitsky, “Short Term Intensive Psychotherapeutic Intervention in Narcology in the Light of Evidence-Based Medicine,” [“Краткосрочное интенсивное психотерапевтическое вмешательство в наркологии с позиций доказательной медицины”] online: <http://www.narcom.ru/publ/info/480>.

⁹ S Soshnikov et al, “Content-Analysis of Narcological Disorders Treatment Methods Patented in Russia,” *Neurological Bulletin* 2011; T.XLII, Issue 4, pp. 3-7, online via www.kgmu.kcn.ru (Kazan State Medical University).

¹⁰ The official website of the Center is www.nncn.ru.

¹¹ Speech of the FDCS Director Victor Ivanov, March 3, 2016, online: <http://www.fskn.gov.ru>.

¹² Ibid.

¹³ Q. Schiermeir, “Outcry over jailed Russian chemist,” *Nature*. Sep 21, 2012: <http://www.nature.com/news/outcry-over-jailed-russian-chemist-1.11462>.

¹⁴ UN Committee on Economic, Social and Cultural Rights. UN Doc. E/C.12/RUS/CO/5 (May 2011), para 29.

¹⁵ UN Human Rights Committee, CCPR/C/RUS/CO/7 (April 2015), para 16.

¹⁶ UN Committee on the Elimination of Discrimination against Women. CEDAW/C/RUS/CO/8 (November 2015), paras. 36-37.