

**Parallel Submission for 62 Session with respect to Russia in addition
to the Shadow Report to the Committee on Economic, Social and Cultural Rights
concerning the access of people who inject drugs to drug treatment and HIV
prevention, care and treatment programs¹**

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Summary

This document presents information gathered for the Committee by the Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation (“Public Mechanism”) in addition to the Public Mechanism report that was presented to this Committee in February 2017, which included all the most useful HIV, hepatitis C, tuberculosis and drug use–related statistics.

The present document is broken into short items corresponding to the Committee’s questions for the Russian Government in the List of Issues (LoI), as well as to answers given by the Russian Government to the Committee in response to the LoI.

¹ This additional information was drafted on behalf of the Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation by the Andrey Rylkov Foundation for Social Justice and Health with technical assistance provided by the Canadian HIV/AIDS Legal Network. This is a supplement to the *Shadow Report to the Committee on Economic, Social and Cultural Rights in relation to the review of the 6th Periodic Report of the Russian Federation (E/C.12/RUS/6)*, submitted to the CESCR on January 17, 2017. Contact person: Anna Kinchevskaya, anna.kinchevskaya@gmail.com, +7 965 295 3993.

As a conclusion we present very short draft recommendations to the Committee, which in our view would be the most appropriate help of the Committee to improve performance of the Russian Federation under the *International Covenant on Economic, Social and Cultural Rights* in response to the health crisis related to narcotic drugs.

Introduction

In its List of Issues of 9 March 2017,² in paragraphs 29 and 30, the Committee on Economic, Social and Cultural Rights (CESCR) requested the Russian Federation to provide information on measures to adopt a human rights–based approach to the treatment of drug-dependent persons, as well as measures undertaken to address HIV, AIDS and hepatitis C.

The Russian Government responded with some information, mostly limited to legislative and organizational measures (paragraph 30 of the government’s response).

In this document, we provide CESCR with additional information to fill the informational gap caused by the limited response of the Russian Government.

1. Information on measures to adopt a human rights–based approach to the treatment of drug-dependent persons

1.1 Detailed information on steps taken to ensure that persons who use drugs are not subjected to discriminatory searches, arrests and detentions by law enforcement

The Russian Federation did not undertake any steps to ensure that persons who use drugs (PWUD) are not subjected to discriminatory searches, arrests and detentions by law enforcement. As of August 2017, the Russian Federation did not adopt a single legal document to address this issue. As reported to this Committee in the 17 January 2017 Shadow Report, the number of people imprisoned for drug-related crimes continues to grow despite the overall trend of a declining prison population in Russia.

The Russian Federation continues to employ law enforcement instruments to deal with drug-related issues, including drug use and drug dependence. Due to the dominance of law enforcement measures over social and medical support, PWUD (especially drug-dependent people) experience extreme marginalization and health risks. By employing predominantly law enforcement measures to deal with drug use and drug dependence, the government fails to fulfill the following obligations:

- The obligation to respect the right to health, which is not fulfilled when law enforcement and criminal justice actors prevent PWUD from accessing health services, including HIV prevention programs.
- The obligation to protect the right to health, which is not fulfilled when law enforcement and criminal justice actors are directly responsible for pushing PWUD into high-risk behavior, including sharing contaminated needles and using highly toxic new psychoactive substances (NPS).

² UN Committee on Economic, Social and Cultural Rights, *Implementation of the International Covenant on Economic, Social and Cultural Rights: List of issues to be taken up in connection with the consideration of the sixth periodic report of the Russian Federation (E/C.12/RUS/6), concerning articles 1 to 15 of the International Covenant on Economic, Social and Cultural Rights*, E/C.12/RUS/Q/6, March 9, 2017.

- The obligation to fulfill the right to health, which is not fulfilled when the government spends significant amounts of money on law enforcement leaving social and medical services underfunded.

Below is a referenced study of how criminalization of drug-use-related behavior leads to extremely negative public health consequences in violation of the right to health, and how the government's disbalanced and overly punitive law enforcement response is making the situation worse.

1996–2008

Heroin is the main drug of choice for people who inject drugs.

The government's response: Harsh law enforcement, preventing harm reduction programs and effective drug-dependence treatment such as opioid substitution therapy.

Result 1: Between 2001 and 2008, more than 80% of HIV cases and the majority of hepatitis C cases resulted from drug users' unsafe injecting practices.³

Result 2: The number of people imprisoned for drug-related crimes doubled.

2009–2013

Desomorphine ("Krokodil") appears on the market. The decrease of opium production in Afghanistan⁴ and harsh law enforcement significantly decreased the availability and quality of street heroin in Russia. PWUD started massively using over-the-counter codeine medications to make the highly toxic substance desomorphine.

The government's response: Legal restrictions and harsh law enforcement.

Result 1: Epidemic of deep vein thrombosis, limb amputations, and other severe medical complications (loss of vision or hearing, death).⁵

Result 2: Increased risk of HIV transmission due to increased frequency of purchase and injection of self-made desomorphine solution in syringes; further marginalization of desomorphine users, making them even less visible for access to HIV prevention and other health services.

Result 3: Conditions for NPS's market were created because the government not only reduced the availability of over-the-counter codeine medications, thus leaving drug-dependent people with no access to narcotics, but also did not manage to reduce the demand for drugs by providing effective drug treatment and harm reduction measures.

2013–present

New highly toxic psychoactive substances appear literally every day to replace on the market those substances which get included into the list of prohibited substances.

³ This was reported to the Committee during the previous cycle.

⁴ UNODC reports 48% decrease in opium production in Afghanistan in 2010. "Afghan Opium Survey, 2010," UNODC, December 2010. Also, see Andrey Rylkov Foundation for Health and Social Justice, *Drug scene in Russia 2010. Results of the Internet survey on the heroin situation in Russia in 2010*, December 2011.

⁵ *Drug scene in Russia 2010*.

NPS, including synthetic opioids (fentanyl, carfentanil) became widespread in Russia. The Ministry of Health's Chief Drug Treatment Doctor noted that NPS became widespread because of their cheap price and easy purchasing process, as compared to traditional drugs.⁶

The government's response 1: In 2011, the concept of "derivative drugs" was introduced into law; any substance with a psychoactive effect can be identified as a derivative of the drug, and therefore may be banned.

The government's response 2: Harsh punishment for possession and selling of NPS.

The government's response 3: No scientific studies of NPS; state drug treatment facilities cannot address the unexpected mental and physical complications of the use of NPS; patients are redirected to private rehabilitation centers where they are subjected to torture and degrading treatment. There were no epidemiological studies conducted in Russia to assess the number of people who use or are dependent on drugs. The Ministry of Health has only quantitative data on registered drug users. Data on the estimated number of drug users in 2015, according to the Federal Service for Drug Control and the Ministry of Health varies greatly, from 2 to 8 million people.⁷ The poor quality of drug treatment is indicated by remission rates. In 2016, 10.6% of drug users remained in remission lasting from 1 to 2 years.⁸

Result 1: The drug market migrated online. Each new formula became increasingly toxic and the effects of NPS became totally unpredictable. To avoid criminal liability, online sellers provide so-called constructors — legal chemical components, which end-users can self-construct into some highly potent and often very toxic NPS, using step-by-step instructions provided by the sellers.⁹ Hidden internet domains (deep web) and open media sources provide many self-reported stories about severe side-effects of NPS, including psychosis, the development of severe dependence, and other adverse effects for mental and physical health.^{10,11,12} Short fragments of these stories are reproduced below.

Nuria, 18, experienced an overdose of a NPS that mimicked MDMA:

"The dose was high and it was unclear what that powder contained... For the first four days I was falling into some completely different states. I hadn't experienced anything like that

⁶ E. Anatolieva, "Chief Narcologist of the Ministry of Health: 'There are no tests for synthetics and they are not expected in the foreseeable future,'" Zdravkom.ru, June 7, 2017. Available at http://zdravkom.ru/factors_zav/glavnyj-narkolog-minzdrava-testov-na-sintetiku-net-i-v-obozrimom-budushem-ne-ozhidaetsya.

⁷ "Director of FSKN [Federal Drug Control Service of Russia] counted 7 million drug users in Russia," *BBC Russia*, June 26, 2015. Available at www.bbc.com/russian/russia/2015/06/150626_drug_addicts_number.

⁸ V. Serbsky Federal Medical Research Center of Psychiatry and Addiction of the Ministry of Health, *Key Performance Indicators: Drug treatment service in the Russian Federation in 2014–2015*, Moscow, 2016. Available at www.nncn.ru/objects/nncn01/Ст_сборник_2014_2015_сайт.pdf.

⁹ Alexei Kurmanaevsky (Public Mechanism member), Personal interview, July 10, 2017.

¹⁰ V.A. Vladimirovna and B.O. Sergeevna, "Spice and its impact on the mental state of adolescents," *Youth Scientific Forum: Natural and Medical Sciences* 7, 25 (September 2015): pp. 23–36. Available at [https://nauchforum.ru/archive/MNF_nature/7\(25\).pdf](https://nauchforum.ru/archive/MNF_nature/7(25).pdf).

¹¹ O. Plekhanova, "'Salt' provoked 32 suicides in the Chelyabinsk region for the year," *Dostup 1*, February 10, 2016. Available at https://dostup1.ru/society/Sol-sprovotsirovala-32-suitsida-v-Chelyabinskoy-oblasti-za-god_83586.html.

¹² A. Chechulinsky, "The reason for the death of people today again became smoking blends," *First Channel*, September 26, 2014. Available at www.1tv.ru/news/2014-09-26/33945-prichinoy_gibeli_lyudey_segodnya_snova_stali_kuritnye_smesi; V. Kulkova, "Neither breaking nor hallucinations - lightning death," *Znak.com*, July 20, 2017. Available at www.znak.com/2017-07-20/epidemiya_smertelnyh_otravleniy_karfentanilom_lyutuet_v_chelyabinskoy_oblasti.

before, I had panic attacks and felt complete disconnected from reality (I didn't even know what it was then), so I just sat there and I felt very sick and terrified at the same time, and it hurt. I was sure I was going to die. My legs couldn't move and I couldn't walk, I tried to stand up and ask for help but wasn't even able to do that. I also felt constant headache like something was happening inside my head. I'm afraid to even talk about it. As if I'm coming back there and it's scary."

Vitaly, 44, using NPS stimulants (“salts”) for 5 years:

"In 3 or 5 days after using salts the desire to do it again starts following you constantly during the day and even when you sleep. In physical terms, the state of health becomes much worse, that is, you can't concentrate and feel depression, apathy, and terrible physical weakness, lack of coordination, hallucinations, and terrible memory blackouts."

Result 2: NPS often require multiple injections during a short period of time, which increase the risk of HIV and hepatitis C.

Result 3: The spread of NPS (in particular carfentanil) leads to a sharp increase in mortality among drug users. According to the Consumer Rights Protection Service of the Ministry of Health (Rospotrebnadzor), the rates of drug overdose (including those related to NPS) remains high in several regions of Russia.¹³ According to the deputy chief medical officer of the Chelyabinsk Oblast Clinical Drug Treatment Hospital, Mikhail Denislamov, the situation regarding drug-related deaths is very severe, with 90% of all fatal overdoses caused by carfentanil.¹⁴ In Chelyabinsk Oblast alone, 400 people died of carfentanil overdose from October 2016 to June 2017.¹⁵ Despite the fact that there are no official statistics on the number of drug overdose deaths, the official letter of the Ministry of Health of the Russian Federation states that more than 9,000 registered drug users died for different reasons (mental illness, overdose, suicide, etc.) in 2016.¹⁶ This means that one out of every sixty of the officially registered 560,000 drug users in the Russian Federation died. Consequently, by analogy, out of at least 1.5 million injecting drug users,¹⁷ about 25,000 died last year, including deaths from overdose or co-morbidities.

Result 4: Dozens of thousands of young people were sentenced to imprisonment from 5 to 15 years for possession or "social distribution" of NPS. Some examples of criminal sentences:

- Mikhniukov (29 years old), 2.6 g substance of plant origin with quinoline-8-yl-1-pentyl-1H-indole-3-carboxylate — 9 years 10 months in high-security colony
- Gorbach (29 years old), a small amount of smoking substance “spice” — 18 years in a high-security colony
- Ginatulin, (23 years old), 1.039 gram of narcotic substance containing quinoline-8-yl-1-pentyl-1H-indole-3-carboxylate — 7 years in a high-security colony
- Kochkin (26 years old), 20 grams of a derivative of N-methylpheidone a-PVP — 10 years and 6 months in a high-security colony

¹³ A. Guselnikov, "Urals overwhelmed by the epidemics of HIV and drug addiction," Ura.ru, July 25, 2017. Available at <https://ura.news/articles/1036271595>.

¹⁴ V. Kulkova, “Neither breaking nor hallucinations – lightning death,” Znak.com, July 20, 2017.

¹⁵ Ibid.

¹⁶ N. Sologyb, “‘They just fall asleep and that’s it.’ Why ‘China White’ is killing the Russians again,” Mediazona, August 18, 2017. Available at <https://zona.media/article/2017/08/18/C22H28N2O>.

¹⁷ UNAIDS, *Prevention Gap Report*, 2016. Available at www.unaids.org/sites/default/files/media_asset/2016-prevention-gap-report_en.pdf.

Overall result of the government responses from 1998 to present: The current epidemic of HIV and hepatitis C, as well as the appearance of NPS currently available on the market, are the direct consequence of the disbalanced response to drug-related problems. As of 2017, 25% of all prisoners and 40% of women in prisons in Russia have been convicted for drug-related crimes.¹⁸ At the same time, the government is ill-prepared for any effective scientific and medical response to the problem.

1.2 Detailed information on steps taken to ensure that persons who use drugs not arbitrarily stripped off their parental rights

In 2014, the UN Committee on the Right of the Child recommended to Russia to stop the widespread practice of forcible separation of children from their parents in the application of Articles 69 and 73 of the *Family Code*, and address the lack of support and assistance to reunite families.¹⁹

Women who use drugs are especially vulnerable to forcible separation because Article 69 of the *Family Code* explicitly identifies chronic drug dependence as a reason for the forcible separation and termination of parental rights.

On August 22, 2017, a Public Mechanism member sent Observations to the European Court of Human Rights on the case *Ismailova v. Russia*, no 68868/14.²⁰ In this case, Russian authorities forcibly removed three children from the custody of their drug-dependent mother and completely terminated her parental rights without providing any support for the family, despite the clear circumstances indicating that the family would benefit from state support. In other words, the authorities immediately sought the harshest measure relying on Article 69 of the *Family Code* and disregarding the right to family life. Members of the Public Mechanism would like to inform the Committee that the case of *Ismailova v. Russia* is a fair representation of thousands of situations concerning families of PWUD, when instead of providing family support first, the authorities immediately employ the most severe measures of forcible removal of children and complete termination of paternal rights.

1.3 Detailed information on steps taken to ensure that persons who use drugs are allowed access opioid dependence treatment, such as opioid substitution therapy.

The government did not provide this Committee with the information pertaining to OST. In addition to the information submitted to this Committee in February 2017, we would like to respond to some of the government's observations related to access to drug treatment (paragraphs 29, 30 of the government's response to the LoI).

1.3.1 Regarding the government's statements about the decrease in the number of drug users seeking medical help.

¹⁸ Official statistics of the Federal Penitentiary Service (FSIN) 2003–2015. Available at <http://fsin.su/structure/inspector/iao/statistika/Xar-ka%20lic%20sodergahixsya%20v%20IK>.

¹⁹ UN Committee on the Rights of the Child, *Concluding observations on the combined fourth and fifth periodic reports of the Russian Federation*, CRC/C/RUS/CO/4-5, February 25, 2014.

²⁰ The Observations are available upon request.

Contrary to the government's assertions, the decrease in the number of people seeking medical help is the result of the very low availability, accessibility and, most importantly, the poor quality of drug treatment services in Russia.

The National Scientific Center of Narcology (NSCN) of the Ministry of Health reports the following:

- Drug treatment is becoming less accessible to citizens due to insufficient human resources and steady decline of number of organizations providing such services. As a result, the number of officially registered drug-dependent people also decreased.²¹
- In 2009, there were 144 drug treatment clinics; in 2012, their number decreased to 101; and in 2015, there were only 92.
- The number of doctors providing narcological help to teenagers is also steadily declining: from 259 in 2012 to 189 in 2016.
- The number of drug treatment doctors has been critically insufficient for the last few years in Russia. Each drug treatment doctor occupies 1.7 work positions on average in the country. The high rate of secondary employment indicates, on one hand, that the need for specialists of this profile is still not satisfied and, on the other hand, there is a significant work overload of doctors, which can affect the quality of medical services provided.²²

The lack of science-based effective methods of drug treatment, such as opioid substitution therapy, is a significant cause of the unwillingness of drug-dependent people to resort to drug treatment clinics, which offer poor quality services, explaining the decrease in rates of opioid and other injecting drugs dependency in the official statistics.

Changes in the registration system are another reason for the decreasing numbers of the officially registered people living with drug dependence. In March 2016, a new procedure for registering drug-dependent people came into effect, reducing the time for people to remain in the registry from 5 to 3 years.²³

At the same time, there are several important trends related to the appearance of NPS, reported in Section 1.1 above:

- 300% increase for the last 5 years among adolescents in the number of people seeking treatment for the first time due to their dependence on stimulants
- 500% increase of people seeking medical help regarding their dependence on combinations of drugs of different groups
- 80% increase in the number of people seeking medical help regarding the harm caused by their drug use
- 80.9% increase in the demand of primary treatment of drug dependency among adolescents²⁴

²¹ V. Serbsky Federal Medical Research Center of Psychiatry and Addiction of the Ministry of Health, *Key Performance Indicators: Drug treatment service in the Russian Federation in 2015–2016*, Moscow, 2017.

²² *Key Performance Indicators: Drug treatment service in the Russian Federation in 2014–2015*.

²³ "On Approval of the Procedure for the provision of medical assistance in the profile of psychiatry-narcology and the Procedure for regular medical observation of people with mental and (or) behavioral disorders associated with the use of psychoactive substances," No. 1034n, approved by the Order of the Ministry of Health of Russia on December 30, 2015.

²⁴ *Key Performance Indicators: Drug treatment service in the Russian Federation in 2014–2015*.

Thus, there is a decrease in demand for drug treatment among people with opioid dependency, but at the same time the demand rate among other groups of drug users continues to grow, due to the use of NPS.

1.3.2 In addition, we would like provide the Committee with yet another example of how the Russian Government tried to use disbalanced law enforcement measures to deal with drug-related problems in complete disregard of voluntary socio-medical interventions.

As already indicated in our report of January 17, 2017, for CESCR, from 2013 to 2015, the Government established the system of the court-ordered compulsory drug treatment and rehabilitation,^{25,26} despite the fact that Russia's own scientists' reports suggest very low effectiveness of compulsory treatment in comparison to voluntary treatment interventions.²⁷

The ineffectiveness of the newly introduced compulsory measures is evident from the analysis of the official statistics:

- Only about 2% of people, convicted for drug administrative offences chose to undergo treatment rather than punishment (about 1,500 out of more than 70,000).²⁸ This is a good indication demonstrating that people prefer administrative punishment to ineffective drug treatment. Clearly, the voluntary path from criminal justice to drug treatment does not work.
- Those whom courts coerce into treatment either do not fulfill the court order or start using drugs less than a year after completing the court-ordered treatment. According to court statistics in 2016, no fewer than 48,557 people were involuntarily ordered to undergo drug treatment.²⁹ Of them, only about 13,000 patients appeared in drug clinics to fulfill the court order.³⁰ Of them, about 40% did not complete their treatment. Thus, at best, only 15% of all those sent for treatment by court order complete it. The majority of these patients either evades treatment or, for whatever reason, terminates it early. The percentage of those who remain in remission a year or more after the treatment imposed by the court order remains very low — only 12.5%.³¹ As a result, it can be said that only about 1% of treatment orders resulted in remission within a year or more after treatment.
- For those who do not fulfill a court treatment order, the Russian Government introduced a legal punishment of up to 30 days imprisonment (Article 6.9.1 of the *Code of Administrative Offenses*). In 2016, 7,765 people were prosecuted under this article. To further coerce people who have a drug dependence, the Supreme Court of the Russian

²⁵ *Federal Law on Amendments to Select Legislative Acts of the Russian Federation* of November 25, 2013, N 313-FZ. Available at www.consultant.ru/document/cons_doc_LAW_154738.

²⁶ K. Lunze et al. "Mandatory Addiction Treatment for People Who Use Drugs: Global Health And Human Rights Analysis," *BMJ* 353 (June 9, 2016): i2943. Available at www.bmj.com/content/353/bmj.i2943.

²⁷ V.E. Pelipas, "Review of foreign legislation in the field of providing drug treatment to the population," in *Legal Regulation in the Sphere of Providing Drug Treatment, HIV/AIDS Prevention, and Countering the Illicit Trafficking of Drugs: International Experience* (Moscow, 2002). Available at http://uhrn.civicua.org/library/law/hrights.htm#_OBZOR_ZARUBEZHNOGO_ZAKONODATELSTVA.

²⁸ Judicial Department of the Supreme Court of the Russian Federation, "Judicial statistics," 2016. Available at www.cdep.ru/index.php?id=79&item=3832.

²⁹ *Ibid.*

³⁰ *Key Performance Indicators: Drug treatment service in the Russian Federation in 2015–2016*, Moscow, 2017.

³¹ *Ibid.*

Federation encourages lower courts to repeatedly punish those who do not fulfill a court treatment order.³²

2. Information pertaining to the reasons leading to the increase in HIV and AIDS diagnoses in recent years.

In response to the Committee's question, the government provided information regarding legislative measures aimed at coping with the HIV epidemic in Russia. However, the question related to the reasons leading to the increase of HIV diagnoses remained unanswered.

With reference to the above sections of this document as well as to the report which we submitted to this Committee on January 17, 2017, we would like to stress that the main reason for the adverse public health consequences of illicit drug use, including the epidemic of HIV and hepatitis C, is the disbalanced application of punitive law enforcement measures, which the Government of the Russian Federation continues to enforce and even increase, despite ample evidence of their being ineffective and counterproductive.

There is an acute need for changing the paradigm and to return the issues of drug use and drug dependence into the realm of socio-medical instruments rather than of law enforcement.

Criminal repressions have shown to be inefficient, and only lead to the emergence of new, more dangerous and unknown substances. The law enforcement approach to the problem of drug dependency only makes it worse — the toxicity of drugs increases along with the risk of a fatal overdose; convicting drug users results in their de-socialization and increases the risk of co-morbidities (HIV, hepatitis C, TB); and drug treatment services become powerless in their attempts to stop drug use or reduce its harm.³³ At the same time there is no support, such as reliable information about drugs and the consequences of their use; affordable and effective treatment; or harm reduction and overdose prevention programs.

Additionally, the government continues discriminating people living with HIV by refusing medications based on the lack of formal residence registration.^{34,35} The government also did not eradicate the problems related to stock-outs of HIV medications.³⁶

3. Statistical data on the prevalence of hepatitis C in the State party

³² “Review of the judicial practice of the Supreme Court of the Russian Federation No. 1 (2016)’ (approved by the Presidium of the Supreme Court of the Russian Federation on April 13, 2016).” Available at www.consultant.ru/document/cons_doc_LAW_196727/b925e316ec40af41f4bf3094ed7efb9871147f30.

³³ K. DeBeck et al., “HIV and the Criminalisation of Drug Use Among People Who Inject Drugs: A systematic review,” *The Lancet* 4,8 (August 2017): e357–e374. Available at [http://thelancet.com/journals/lanhiv/article/PIIS2352-3018\(17\)30073-5](http://thelancet.com/journals/lanhiv/article/PIIS2352-3018(17)30073-5).

³⁴ “Moscow court refused HIV treatment to a Siberian man without a residence permit,” *Miloserdie.ru*, September 10, 2015. Available at www.miloserdie.ru/news/moskovskij-sud-otkazal-sibiryaku-v-lechenii-vich-bez-propiski.

³⁵ V. Mishina, “In the regions, tablets are calculated for patients with HIV,” *Kommersant*, August 2, 2017. Available at www.kommersant.ru/doc/3213575.

³⁶ “Results of the meeting of activists of Public Mechanism with representatives of the Ministry of Health of the Russian Federation and Roszdravnadzor,” *ITPC.ru*, August 16, 2017. Available at <http://itpcru.org/2017/08/16/itogo-vstrechi-aktivistov-patsientskogo-kontrolya-s-predstavitelnyami-minzdrava-rf-i-rozdravnadzora>.

In its response, the Russian Government partially admitted the problem of high prevalence of hepatitis C in Russia. We would like to refer to the additional information with respect to the access to modern HIV and hepatitis C medications in Russia, which we submitted to the Committee on March 6, 2017, following the Working Group session on the LoI.³⁷

4. Request to the Committee

In 2016, CESCR recommended to the Government of the Philippines to reconsider the criminalization of the possession and use of drugs.³⁸

In 2010, the UN Special Rapporteur on the right to the highest attainable standards of health issued similar recommendations to UN member states.³⁹

Prohibiting drug use and drug possession should not automatically mean penal sanctions.

We request the Committee to follow this pattern and help the Russian Federation address the root cause of the health crisis related to narcotic drugs by issuing the following recommendations for the Russian Government:

Create favorable conditions for implementing a socio-medical and human rights–based approach to drug use, including harm reduction and overdose prevention programs, rather than punitive law enforcement methods. For this purpose, we recommend the following:

- a) Decriminalize drug use–related behavior, including the possession of narcotic drugs for personal use, and offences related to social distribution of drugs (Articles 6.9, 20.20 of the *Code of Administrative Offenses*; Article 228, part 1 and 3 of Article 228.1, part 1 of Article 231, and Article 232 of the *Criminal Code*)
- b) Limit the scope of so-called drug propaganda laws, so that they do not prevent public access to information on actual facts about drugs and possible ways to reduce harm from their use
- c) Immediately provide the legal, political and financial support to make opioid substitution therapy available, accessible and of good quality for all in need
- d) Stop the widespread practice of the immediate application of Article 69 of the *Family Code* for termination of parental rights against parents who use drugs or against drug-dependent parents, and provide such parents and families with social and medical support as a measure of a first response
- e) Stop discriminating against people living with HIV and drug-dependent people by preventing their access to HIV medications and other medical services based on the residence registration requirements, and address the issues of HIV medication stock-outs
- f) Provide low-threshold access to modern medications for treatment of hepatitis C for all in need

³⁷ We can provide this information upon request.

³⁸ UN Committee on Economic, Social and Cultural Rights, *Concluding observations on the Philippines*, E/C.12/PHL/CO/5-6, September 2016, para 54.

³⁹ UN General Assembly, *Report of the Special Rapporteur on the right to the highest attainable standards of physical and mental health, Anand Grover*, A/65/255, August 6, 2010.