



**“ATMOSPHERIC PRESSURE”
Russian Drug Policy as a Driver for Violations of the UN Convention
against Torture**

Shadow Report to the UN Committee against Torture in relation to the
review of the Fifth Periodic Report of the Russian Federation.

This joint report was prepared by the Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation, chaired by the Andrey Rylkov Foundation (www.rylkov-fond.ru), in cooperation with the Canadian HIV/AIDS Legal Network (www.aidslaw.ca) and the Eurasian Harm Reduction Network (www.harm-reduction.org).

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1. Focus of the report and its justification

This report considers facts, reasons for and conditions for mistreatment of drug users in Russia. Members of this community, especially those injecting drugs, have often developed a certain degree of drug dependency and are at high risk for adverse consequences of illicit drug use, such as overdose, HIV infection and other viral and bacterial infections. For the sake of brevity, we will call these people “drug users”.

When preparing this report, we took into account that the Committee against Torture recognizes the importance of the work of non-governmental organizations and invites them to submit information related to reviews of periodic reports of parties to the Convention.¹

This report takes into account the conclusions and recommendations of the Committee against Torture following its review of the fourth report of the Russian Federation.² In particular, we refer to **the Committee's concern** at “*numerous, ongoing and consistent allegations of acts of torture and other cruel, inhuman or degrading treatment or punishment committed by law enforcement personnel, including in police custody*” (Para. 9a); “*inadequate health care provided to persons in pre-trial detention centres and prison colonies*” (Para. 17c); and “*inadequate living conditions in psychiatric hospitals for patients ... and ... also overcrowding in such institutions, which may be tantamount to inhuman or degrading treatment*” (Para. 18). It also reflects that the issues of drug control and related negative consequences were not highlighted in the fifth periodic report of the Russian Federation to the Committee against Torture.

2. Summary

Russian State authorities, officials or other persons acting with the consent, at the direction or with the acquiescence of the State, are intentionally causing a large group of people (about 1.7 million) severe physical pain, suffering and humiliation with the purpose of punishing them for using drugs, and to intimidate and coerce them into withdrawal. This is in complete disregard of the chronic nature of dependency and of the scientific evidence pointing to the total ineffectiveness of punitive measures in achieving the purposes for which such measures are officially used (i.e., protection of public safety and public health). Concurrently, at the legislative level and at the highest political levels, the State impedes the implementation of those measures that would eliminate the pain and suffering of drug dependent people, help to prevent the spread of dangerous infectious diseases and reduce mortality, and significantly reduce Government spending and ensure compliance with their international obligations to protect the rights and freedoms.

3. Recommendations to the Government

The government's current policy of heavy-handed enforcement against drug users must be immediately revised to fall in line with internationally recognized human rights principles, including the right to liberty and security of person; the right to health; the right to not be subjected to torture or to cruel, inhuman or degrading treatment or punishment; and the right to freedom from discrimination.³ Drug control should not be synonymous with punishment, humiliation and repression towards drug users. Respect for the rights and dignity of drug dependent people is equally important for their recovery as their access to effective treatment.

¹ Office of the UN High Commissioner for Human Rights, “Participation of non-governmental organizations (NGOs) and National Human Rights Institutions (NHRIs) to the reporting process to the Committee against Torture,” online at http://www2.ohchr.org/english/bodies/cat/follow_up_ngo.htm.

² Committee against Torture, “Conclusions and recommendations after reviewing the reports submitted by States parties under article 19 of the Convention against Torture — The Russian Federation,” 6 February 2007.

CAT/C/RUS/CO/4. (Комитет против пыток: Выводы и рекомендации по итогам рассмотрения докладов, представленных государствами-участниками в соответствии со статьей 19 Конвенции против Пыток. Российская Федерация. 6 February 2007. CAT/C/RUS/CO/4)

³ Political Declaration (Para. 1) and Plan of Action (Part I, Section 3) on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted by the High Level Segment of the Commission on Narcotic Drugs, March 2009 and later adopted by the UN General Assembly's Resolution 64/182 of 18 December 2009.

It is both necessary and urgent to develop and adopt a federal law regulating drug-demand reduction and drug-related harm reduction through social and medical measures, rather than through law enforcement; such a law should protect drug users from discrimination and ill treatment.

Aside from the principle of non-discrimination and respect for the rights of drug users, the law must contain the following principles:

1. The principle of non-punishment for drug use and related actions, including procurement and possession of drugs with no intent to supply;⁴
2. The principle of priority of socio-medical interventions over punishment, retribution and imprisonment, in non-violent offences (in particular acquisitive crimes or low scale drug trafficking) where drug dependence is the underlying cause;⁵
3. The principle of ensuring access to evidence-based drug treatment programs, such as opioid substitution therapy with methadone and buprenorphine, including in the criminal justice system;⁶
4. The principle of harm reduction as the basis for working with drug users, including the political, financial and legal support for needle and syringe programs, overdose prevention programs, and effective outreach work among drug users, including in the criminal justice system;⁷
5. The principle of drug users' participation in the development, adoption, implementation and assessment of the policies, programs and activities related to drugs and any other programs that concern their rights and freedoms; and
6. The principle of unacceptability of restrictions on scientific and public discussions of any issues related to drugs and drug policy.

4. Introduction: Situation in Russia

4.1. Some statistical data

- The estimated number of people using illegal drugs in Russia is 5 million.⁸
- The estimated number of people using illegal opiates in Russia is 1.7 million.⁹
- About 547,000 people were officially registered as drug users by the end of 2010. About 72% of them were injecting drug users.¹⁰

⁴ Report presented by Anand Grover, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of health, in 2010 in accordance with Resolution 6/29 of the Human Rights Council; Vienna Declaration, 2010; *Report of the Global Commission on Drug Policy*, June 2011.

⁵ International Narcotics Control Board, "The principle of proportionality and drug-related offences," *Report of the International Narcotics Control Board for 2007* (E/INCB/2007/1), Vienna, Para. 18.

⁶ Committee on Economic, Social and Cultural Rights, "Concluding Observations: Russian Federation," E/C.12/RUS/CO/5 (2011), Geneva, Para. 29.

⁷ WHO, UNODC and UNAIDS, *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users* (2009).

⁸ Interview with head of the Federal Drug Control Agency (February 4, 2010), *Rossiyskaya Gazeta*, Federal issue No. 5101 (22).

⁹ UN Office on Drugs and Crime, *World Drug Report* (Vienna: 2011).

¹⁰ V. Kirzhanova, et al., "Incidence of substance abuse disorders, registered in the Russian Federation. Key performance indicators of the drug treatment (narcology) service in 2010," National Addiction Research Center (Moscow: 2011). (The number of narcological Kirzhanova V. и др. (2011). «Число заболеваний наркологическими расстройствами, зарегистрированных в Российской Федерации». Основные показатели деятельности наркологической службы в 2010 году. Национальный научный центр наркологии. Москва).

- About 37.2% of injecting drug users who live in Russia are living with HIV,¹¹ and in some regions HIV prevalence in this group reaches 75%.¹²
- According to the official data, about 80% of HIV cases from 1987 to 2008 were related to injecting drug use.¹³ For 59.2% of HIV positive people identified in 2010, drug use with non-sterile equipment was named as the main risk factor.¹⁴
- About 11% of people living with HIV who are aware of their status are in custody.¹⁵ During the past four years, a rapid and consistent increase in new HIV cases identified in this group has been observed (from 1194.5 per 100,000 tested in 2007 to 1638.8 in 2008 and 1712.6 in 2009).¹⁶
- In some cities, up to 90% of injecting drug users are infected with hepatitis C.¹⁷
- At the end of 2009, 262,718 people with active tuberculosis (TB) were registered at the Russian TB facilities, including 117,227 new cases.¹⁸ Of all people with active TB, 16% were in custody of the Federal Penitentiary Agency.¹⁹
- According to the WHO, the Russian Federation has become one of the three global leaders for multiple drug resistant TB (MDR-TB) incidence,²⁰ 43,000 cases were identified in 2007.²¹ In 2009, MDR-TB prevalence grew by 10.2% during one year.
- At the end of 2008, the total number of cases of TB-HIV co-infection reached 16,813 which is about 18% more than in 2007. Progressive TB became the direct cause of death in 66.5% cases among deceased patients with HIV.²²

¹¹ UNODC, *World Drug Report* (Vienna: 2009), p. 57.

¹² Federal Service on Customers' Rights and Human Well-being Surveillance of the Russian Federation, "Country Progress Report on the progress of implementing the Declaration of Commitment on HIV/AIDS adopted at the 26th United Nations General Assembly Special Session on HIV/AIDS. Reporting period: January 2008 – December 2009," (2010). («Национальный доклад Российской Федерации о ходе выполнения Декларации о приверженности делу борьбы с ВИЧ/СПИДом, принятой в ходе 26-ой специальной сессии Генеральной Ассамблеи ООН, июнь 2001 г. Отчетный период: январь 2008 года - декабрь 2009 года».)

¹³ Federal Scientific and Methodological Centre for Prevention and Control of AIDS in the Russian Federation, Newsletter № 33 (Moscow: 2009), p. 13. (Федеральный научно-методический центр по профилактике и борьбе со СПИДом в Российской Федерации (2009). Информационный бюллетень № 33, Москва С. 13. http://www.hivrussia.ru/files/bul_33.pdf.)

¹⁴ Federal Scientific and Methodological Centre for Prevention and Control of AIDS in the Russian Federation, "Information note on HIV in the Russian Federation in 2010," (2010). (Федеральный научно-методический центр по профилактике и борьбе со СПИДом в Российской Федерации (2010). Справка ВИЧ-инфекция в Российской Федерации в 2010 г. <http://www.hivrussia.ru/files/stat/2010/spravka.doc>.)

¹⁵ According to the Medical Department of the Federal Penitentiary Agency (FSIN) of the Russian Federation: <http://www.poz.ru/news/?id=2682>.

¹⁶ Federal Scientific and Methodological Centre for Prevention and Control of AIDS in the Russian Federation, Newsletter № 34. (Moscow: 2009). (Федеральный научно-методический центр по профилактике и борьбе со СПИДом в Российской Федерации (2010). Информационный бюллетень № 34, Москва. <http://www.hivrussia.ru/stat/bulletin.shtml#34>.)

¹⁷ Stelit, Research among people who use street drugs in St. Petersburg, (2010). (Стеллит, (2010). Исследование, среди уличных потребителей наркотиков в г. Санкт-Петербурге.)

¹⁸ Federal Research Institute for Health Organization and Informatics of Ministry of Health and Social Development of the Russian Federation (FRIHOI of MoH&SD of the RF), "The epidemiological situation of tuberculosis in the Russian Federation of December 31, 2009," (2010). (ФГУ ЦНИИ ОИЗ МЗСР РФ (2010) Эпидемическая ситуация по туберкулезу в Российской Федерации на 31 декабря 2009 года. http://duma.hivpolicy.ru/assets/files/15_04_2010/TB.pdf.)

¹⁹ FRIHOI of MoH&SD of the RF., "The epidemiological situation of tuberculosis in the Russian Federation of December 31, 2009," (2010). (ФГУ ЦНИИ ОИЗ МЗСР РФ (2010) Эпидемическая ситуация по туберкулезу в Российской Федерации на 31 декабря 2009 года. http://duma.hivpolicy.ru/assets/files/15_04_2010/TB.pdf.)

²⁰ MDR-TB is a form of TB which cannot be treated with a standard six-month therapy using first line drugs. MDR-TB develops as a result of an infection with resistant bacteria or as a result of unsuccessful treatment.

²¹ WHO, "Multidrug and extensively drug-resistant TB (M/XDR-TB): 2010 global report on surveillance and response," (2010), http://whqlibdoc.who.int/publications/2009/9789241598866_eng.pdf.

²² Russian Health Care Foundation (RHCF), "Experience of cooperation among regional tuberculosis services and AIDS centers in surveying people with TB and HIV co-infection," 2010 Round Table. (ФПЗ (2010) Круглый стол

- About 75% of men and 54% of women living with HIV and TB were infected with HIV through injecting drug use.²³
- According to the official data, 7192 people died because of overdoses in 2010.²⁴
- Russia is the second in the world, followed by the USA, in the number of prisoners for each 100,000 residents. Each year, Russian prisons house 850,000 to 1,000,000 prisoners.²⁵
- Prison overcrowding results from a repressive drug policy: according to research, up to 65% of drug users have been in custody.²⁶

4.2. Drug dependence: illness or crime?

The Ministry of Health of the Russian Federation considers drug dependence as a chronic illness. The dependence syndrome is not fully reduced even during long-term remissions and is characterized by a strong and sometimes insurmountable need to take a psychoactive substance.²⁷ The chronic nature of drug dependence is also accepted by the WHO.²⁸ Many drug dependent users are not able to abstain from drugs immediately or may return to drug use after long-term remissions. Often drug use becomes the symptom of a chronic illness, similar to the periodic manifestation of symptoms of asthma, diabetes or hypertension.²⁹

In spite of the formal acknowledgment that drug dependence is an illness, drug dependence treatment in Russia is based on policies that do not take into account the chronic nature of the illness.³⁰ Patients become subject to cruel, inhuman or humiliating treatment and punishment. Drug dependent people are the only group of ill people in Russia who are subjected to punishment and humiliation as a method of prevention and treatment of their illness.

4.3. Some characteristics of Russian drug policy

1. The methods of drug treatment accepted for use in Russia are outdated, and their effectiveness is very low. Although internationally recognized and recommended as an effective method of drug dependence treatment, opioid substitution therapy with methadone and buprenorphine (OST), is banned by law in Russia.³¹ Commitment to this ban till at least

«Опыт взаимодействия региональных противотуберкулезных служб и центров СПИД по привлечению к обследованию больных туберкулезом в сочетании с ВИЧ-инфекцией»:

<http://hivpolicy.ru/news/?id=3917&word=7387&logic=OR.>

²³ O. Frolova, "The epidemiological situation of tuberculosis concomitant with HIV infection," 2009 Presentation at the Moscow Medical Academy named after I.M. Sechenov. (Фролова О. (2009). "Эпидемиологическая ситуация по туберкулезу, сочетанному с ВИЧ-инфекцией". Презентация. Московская медицинская академия им. И.М. Сеченова <http://www.tbpolicy.ru/news/?id=227.>)

²⁴ Aleksandra Zinovieva, "Hospital or Prison?," July 21 2011, Multiportal KM.RU.

²⁵ R. Walmsley, *World Prison Population List, 8th ed.*, International Centre for Prison Studies, 2009.

²⁶ A. Sarang, et al., "Drug injecting and syringe use in the HIV risk environment of Russian penitentiary institutions," *Addiction* 2006, 101:1787–1796.

²⁷ Order of the Ministry of Health of the Russian Federation of October 22, 2003 N 500, "On approval of the protocol of managing rehabilitation of people with drug dependence (Z50.3)." (Приказ Министерства здравоохранения Российской Федерации от 22 октября 2003 г. N 500 «Об утверждении протокола ведения больных "Реабилитация больных наркоманией (Z50.3)"».)

²⁸ WHO, UNODC, *Principles of Drug Dependence Treatment*, (2008), discussion paper, p. 1.

²⁹ US National Institute on Drug Abuse, "Info Facts: Understanding Drug Abuse and Addiction," (2011).

³⁰ Human Rights Watch, *Rehabilitation Required. Russia's Human Rights Obligation to Provide Evidence-based Drug Dependence Treatment* (New York: 2007).

³¹ Article 31 of the Federal Law of 08.01.1998 N 3-FZ, "On Narcotic Drugs and Psychotropic Substances Act" (Статья 31 Федерального Закона от 08.01.1998 N 3-ФЗ "О наркотических средствах и психотропных веществах")

2020 has been reiterated in the national drug strategy.³² OST is approved by the UN General Assembly and recommended by the World Health Organization (WHO), UN Office on Drugs and Crime (UNODC), and the Joint UN Programme on HIV/AIDS (UNAIDS)³³ and has been successfully implemented in over 60 countries. Scientific discussions regarding substitution therapy are suppressed in Russia under the threat of prosecution.³⁴

2. The Russian Government opposes evidence-based programs aimed at maintaining the health of drug users and prevention of infectious diseases, such as needle and syringe programs. These programs are implemented by non-governmental organizations at a minimum, without financial support from the State, and in conditions of legal uncertainty; at the policy level they are equated with drug propaganda.³⁵
3. The State has proclaimed the need for building intolerance towards drug use in society.³⁶ According to the Minister of Health, “distribution of sterile needles and syringes stimulates society to tolerate drug dependent persons and violates the Russian Criminal Code.”³⁷ Chief Narcologist of the Russian Federation states that there is a need to increase “social pressure” on drug users as a method of preventing and combating drug dependence.³⁸
4. Drug use is considered as an administrative offence in Russia and is punishable by detention for up to 15 days.³⁹ Possession without intent to supply in amounts exceeding 0.5 grams for heroin, opium or desomorphine is considered a crime and is punished by incarceration for up to 3 years.⁴⁰
5. The main policy document related to drug control is the Strategy of the State Drug Policy until 2020, approved by Decree of the President.⁴¹ The document does not mention “human rights” at all.

prohibits the use of narcotic drugs and psychotropic substances, such as methadone and buprenorphine for the treatment of drug addiction.

³² Strategy for the Implementation of the National Anti-Drug Policy of the Russian Federation in the Period Until 2020, adopted by Presidential Order N 690 of 9 June 2010, para. 4, 32, 48. («Стратегия государственной антинаркотической политики Российской Федерации до 2020 года» (Параграф 4, 32, 48). Утверждена Указом Президента № 690 от 9 июня 2010 года).

³³ Political Declaration (para. 20) and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted by the High Level Segment of the Commission on Narcotic Drugs, March 2009 and later adopted by the UN General Assembly’s Resolution 64/182 of 18 December 2009.

³⁴ T. Parfitt, “Vladimir Mendelevich: fighting for drug substitution treatment,” *The Lancet* 2006, Volume 368, Issue 9532, p. 279.

³⁵ Strategy for the Implementation of the National Anti-Drug Policy of the Russian Federation in the Period Until 2020, adopted by Presidential Order N 690 of 9 June 2010, para. 48. («Стратегия государственной антинаркотической политики Российской Федерации до 2020 года» (Параграф 48). Утверждена Указом Президента № 690 от 9 июня 2010 года.)

³⁶ *Ibid.*, para. 23 and 48.

³⁷ Health Minister, T. Golikova, “The state and improvement of the narcological service of the Russian Federation,” 2010, abstract for the conference “Drug Addiction in 2010.” (Т. Голикова (2010). “Состояние и совершенствование наркологической службы РФ”. Тезисы доклада для Конференции “Наркология-2010”. <http://www.minzdravsoc.ru/health/prevention/21>.)

³⁸ A. Kurskaya, “Public pressing against drug dependence,” RIA Novosti, 16 May 2011. (Курская А. (16 мая 2011). «Социальный прессинг против наркомании». РИА Новости.)

³⁹ Article 6.9. of the Russian Federation Code on Administrative Offences, 2001. (Статья 6.9 Кодекса Российской Федерации Об административных правонарушениях, 2001 года.)

⁴⁰ Article 228 of the Criminal Code of the Russian Federation, 1996. (Статья 228 Уголовного Кодекса Российской Федерации, 1996 года.)

⁴¹ Strategy for the Implementation of the National Anti-Drug Policy of the Russian Federation in the Period Until 2020, adopted by Presidential Order N 690 of 9 June 2010. («Стратегия государственной антинаркотической политики Российской Федерации до 2020 года». Утверждена Указом Президента № 690 от 9 июня 2010 года.)

5. Evidence of the consequences of Russian drug policy and related facts of the ill-treatment and punishment of drug users

5.1. Drug treatment: inaccessible, ineffective, inhuman

Russian drug treatment standards are outdated and based on repressive approaches that were in practice during Soviet times, when drug treatment was closely connected to law enforcement.⁴² According to Professor Vladimir Mendelevich, “the Russian drug treatment system has a definition of *treatment as edification*. You suffer, and next time you won’t do anything bad.”⁴³ According to the protocols of diagnostics and treatment of drug dependent patients,⁴⁴ alleviation of the withdrawal system occurs through the use of medication, including tranquilizers and “substances that suppress the craving, behaviour correctors” (including neuroleptics such as haloperidol) that are not used in international practice to treat drug dependency.⁴⁵

The use of neuroleptics, including haloperidol, is rooted in repressive Soviet psychiatry, when they were used to suppress the will of political prisoners and dissidents.⁴⁶ People considered undesirable by the state were hospitalized for years in prison-like conditions and subjected to powerful drugs including neuroleptics.⁴⁷ In the global literature, the use of such drugs is equated with torture.⁴⁸ Nevertheless, they are still widely used in the Russian drug treatment system.

Evidence from Alexey Kurmanaevsky, 28, Kazan:

More than fifteen (15) times I attempted treatment of my drug dependence. First time in 1996. The treatment consisted of removal of withdrawal symptoms with neuroleptics and tranquilizers such as haloperidol (галоперидол) and Chlorpromazine (аминазин). These treatments did not change anything in my life. The quality of treatment did not change with time, but prices had constantly risen [...]. My last treatment was as follows: when I came to the narcological clinic, I was prescribed sleeping pills and pain killers, but I was feeling really very bad. I asked nurses to give me more medication, but instead the nurse called clinic’s ward assistants and I was tied up to the bed for 24 hours. After 24 hours they untied me; but when I was tied up I developed deep lesions and wounds on my legs, the skin was gone baring the tissue, as under the influence of tranquilizers I did not quite understand what was going on. After this medical treatment, for more than three months I had to recover from these wounds that I received in the health care institution. Almost immediately I relapsed into drug use. All this happened in a specialized state-owned health care organization — National

⁴² T. Rhodes, et al, “Policy resistance to harm reduction for drug users and potential effect of change,” *British Medical Journal* 2010, 341:c3439; Vladimir D. Mendelevich, “Bioethical differences between drug addiction treatment professionals inside and outside the Russian Federation,” *Harm Reduction Journal* 2011, 8:15.

⁴³ A. Zlobin, A. Kovalevsky, “Revolution of Doses,” *Newsweek*, December 2, 2007. (А. Злобин, А. Ковалевский (2 декабря 2007). «Революция доз». "Newsweek".) At <http://www.narcom.ru/publ/info/738>. Last accessed October 15, 2011.

⁴⁴ Order of the Ministry of Health of April 28, 1998 No. 140, “On approving standards (model protocols) for diagnostics and treatment of drug dependent patients.” (Приказ от 28 апреля 1998 г. N 140 «Об утверждении стандартов (моделей протоколов) диагностики и лечения наркологических больных».)

⁴⁵ Globally, neuroleptics are generally used in the treatment of schizophrenia, but they are not used in the treatment of drug dependency.

⁴⁶ Aleksandr Podrabinek, *Punitive Medicine* (Ann Arbor, MI: Karoma Publishers, 1980), pp. 15–20; “Neuroleptics: Treatment or Torture?” in Richard Gosden, PhD, *Punishing the Patient: How Psychiatrists Misunderstand and Mistreat Schizophrenia* (Melbourne: Scribe Publications, 2001).

⁴⁷ John Langone and Glenn Garelik, “Medicine: A profession Under Stress,” *Time Magazine*, April 10, 1989.

⁴⁸ *Supra* 48.

Narcological clinic in Kazan [...]. Many of my acquaintances encountered this kind of treatment practice. Many of them are already dead.⁴⁹

Evidence from Maxim Shmelev, 31, Kursk:

[I] was in treatment in 17th narcological clinic in Moscow. Once [clinic's staff] injected me with Haloperidol (галоперидол), because they thought that I was trying to break the door in the ward. But it was a mistake — in fact I wasn't breaking anything, I was actually asleep at that moment. This is a way to punish you [by haloperidol]. If they think you are "guilty" of something, they inject you with haloperidol. It leads to horrendous feelings — all body is as twisted, as if the washing is wrung. All muscles are twisted by spasms and you cannot do anything. The head is thrown back, and the feeling as if muscles are contracted and you are all twisted. The spine is wrenched. Legs. And you cannot control the saliva coming out of your mouth. But you cannot relax at all. Everything is contracted, all muscles, the body is screwed in spasms. And until you take Trihexyphenidyl (циклодол) you are not going to get better. They injected me at around 11 a.m., in the morning. In the beginning it gives effect of a sleeping agent, but then the side effects kick in, and you are all twisted. After four hours I could not take it any more ... please do something ... or I slit my veins. It was so painful! This is just horrible! And you cannot control your body at all, you are all twisted and contorted in spasms! Haloperidol is not used for medical purposes, that's for sure. It's punishment.⁵⁰

Aside from the obvious violation of the right to not be subject to any form of ill treatment, this treatment has a very low rate of effectiveness. According to official data of the Russian Federal Drug Control Agency (FSKN RF), over 90% of drug treatment patients resume the use of illegal drugs within a year.⁵¹ According to the National Scientific Narcology Center, in 2010 there were three rehabilitation centres in Russia, with a total of 140 beds, and 71 rehabilitation wards with a total of 1441 beds.⁵² Thus, the State can ensure rehabilitation of 0.3% of the officially registered (550,000) and 0.09% of the estimated (1.7 million) drug users. Substitution therapy with methadone and buprenorphine, used in developed countries, is prohibited in Russia, and removal of this prohibition in the near future is unlikely. The paradox is that while access to drug treatment is practically non-existent, FSKN RF proposes the introduction of criminal liability for drug use in order to motivate drug dependent people to undergo treatment by offering them a choice of treatment versus criminal punishment.⁵³

Ineffectiveness of the government drug treatment system and the high demand for treatment in Russia have resulted in a large number of doubtful private practices. Methods being suggested

⁴⁹ Andrey Rylkov Foundation, "Alexey Kurmanaevsky: I am alive only because I am very lucky," 2010 interview. (Фонд им. Андрея Рылькова (2010). «Алексей Курманаевский: я живу до сих пор просто потому, что мне сильно повезло». Интервью.) <http://rylkov-fond.ru/blog/lichnye-svidetelstva/kurmanaevskiy-story/>.

⁵⁰ Andrey Rylkov Foundation, "The world that Max built," 2011 interview. (Фонд им. Андрея Рылькова (2011). «Мир, который построил Макс». Интервью.) <http://rylkov-fond.ru/blog/lichnye-svidetelstva/max-2/>.

⁵¹ FSKN RF Director Ivanov, Interview for RIA Novosti, September 16, 2009, www.ria.ru; Professor T. V. Klimenko, "On the Russian Drug Control Strategy," 2009. (Директор ФСКН РФ Иванов (16 сентября 2009 года). Интервью РИА Новости.. www.ria.ru; Профессор Т.В. Клеменко (2009). «О государственной антинаркотической стратегии Российской Федерации».) <http://stratgar.ru/includes/periodics/comments/2009/1124/3841/detail.shtml>.

⁵² National Scientific Center for Narcology, "Key indicators of the activities of the narcology service in 2010," (2011). Moscow (НИЦ Наркологии (2011) Основные показатели деятельности наркологической службы в 2010 г. Москва.) <http://datadepot.10gb.ru/dd51/020310.pdf>.

⁵³ "Head of the Drug Control Agency Victor Ivanov, "What addicts depend on and what their treatment depends on," Rossiyskaya Gazeta, Federal edition No. 5457 (81). («Руководитель наркоконтроля Виктор Иванов: От чего зависит наркоман и от чего зависит его лечение» (15 апреля 2011 года). "Российская газета" - Федеральный выпуск №5457 (81).)

include flogging,⁵⁴ beatings, punishment by starvation and long-term handcuffing to the bed frame,⁵⁵ “coding” (hypnotherapy aimed at persuading the patient that drug use leads to death), or brain surgery.⁵⁶ Analysis of officially registered patients demonstrates that methods used in drug treatment in Russia include electric shock causing seizures; burying the patients in the ground for 15 minutes; putting electrodes into the patient’s ears to cause electric shock; 25th frame; xenotransplantation of guinea pig brains and other similar methods. Overall, 78 of these methods are considered by independent experts to endanger the lives of the patients.⁵⁷ Often these expensive unscientific methods constitute inhuman or degrading treatment or sometimes torture.

Evidence from a man, 31, victim of the private rehabilitation centre “City Without Drugs”, Ekaterinburg:

I was taken there [to the office of the City without Drugs]... There was this “cold room,” this is how it was called, a room in the office right under the stairwell. Drug users were packed there, 21 persons in this room and all in withdrawal... There was a bottle to pee — this was toilet. Food — bread and water. Stuff was literally coming down the walls, the stench was horrific. Everybody is sweating there, the odour is awful, really. Labourtherapy: 5 people were taken out each hour to work. Move snow from one place to another, and things like this. Awful conditions of course. They had this system: if you are new, came by yourself or brought by others, they take you to a separate room. There is a couch... you lay down, get undressed to underwear... and there are two-three [staff of the fund], there were three people who beat me up at the same time. And beat me up until [my] butt was all black. And you cannot shield yourself with your hands, nothing like this. It'd be even worse if you tried to protect yourself with hands. That would be much worse. Then they hit you on the hands by shovels, clubs. You don't need this... It will be even more painful. They are kind of teaching you. Like teach drug users a lesson — so are you going to inject drugs again? will you? Everyone shouts — No, I will not, I am not going to use drugs any more, stop, I swear, just stop flogging, don't flog me any more please.... Here it's like if you are a junkie — you are not a person any more. That's it, this is the attitude — they beat you up constantly, and humiliate you. They make you work. You sit in this “cold room”...not sit actually but stand. It's just horrible. It's all done with the help of a whip, all through pain, it is all imprinted through isolation, through constant humiliation.⁵⁸

An absence of drug users’ access to effective drug treatment combined with harsh law enforcement measures leads to the use of dangerous substances which cause an increased morbidity and painful death.

From a publication by Anastasia Kuzina, a journalist who often reports on drug dependency and HIV/AIDS:

In the last three years, the drug scene in Russia has changed considerably. If before a person used 1–2 grams of heroin a day, today, they use up to 10. Actually the active substance there

⁵⁴ S. V. Speransky, et. al., “Method of pain impact in the treatment of addictions and other manifestations of avital activity,” 2005. (Сперанский С.В и другие (2005) Метод болевого воздействия при лечении аддиктивного поведения и других проявлений авитальной активности). <http://rozgamed.narod.ru/caust3.html>.

⁵⁵ A. Sarang, “Spas-on-Blood, or the chronicles of anti-drug terror in Ekaterinburg,” 2010. (Саранг А. (2010) Спас-на-крови, или хроники антинаркотического террора в Екатеринбургe) <http://rylkov-fond.ru/blog/2010/03/15/gbnrus/>

⁵⁶ No to Drugs (2010). 335 experimental operations on humans (Нет наркотикам (2010) 335 Экспериментальных операций на людях). http://www.narkotiki.ru/internet_5242.html

⁵⁷ S. Soshnikov, “Patent-related activity in addiction treatment in Russia,” 2011 presentation at the conference “Medical Science and Right in the 21st Century,” St. Petersburg. (Сошников С. (2011). Патентная активность в области лечения аддитивных расстройств в России. Выступление на Конференции «Медицина и право в XXI веке». Санкт-Петербург.) <http://www.youtube.com/watch?v=BqsM7-XHYLk>

⁵⁸ *Supra*, 57.

is still 1–2 grams, the rest - chalk, but it costs the same as 10 grams. It means that a person needs to steal or provide sex services to earn 10–15 thousand [rubles] a day! So people inject — steal — inject — steal. He or she does not even have a half an hour to think about what is happening to him/her. And when all possible resources are exhausted, people have to switch to a cheap drug that can be made out of medicines — desomorphine or crocodile. And this means death: the drug is made out of petrol and other chemical ingredients, the body rejects it, arms, legs, internal organs start to rot. And after this — it's the end — narcological departments do not take these people, because they have festering wounds and high fever up to 40 [degrees Celsius]; regular health care facilities will not take them because of drug dependence, and because in two hours they will develop withdrawal symptoms and nobody will be able to keep them in bed. No health care facility takes these people.⁵⁹

Many videos have been placed on the Internet, including reports by journalists from the Federal channels, that demonstrate the results of desomorphine use and show people rotting alive, as well as doctors' evidence regarding the severe consequences of using prescription drugs, including loss of sight and limbs, and quick death.⁶⁰ The doctors show rotting limbs, amputations and other consequences of drug use produced from prescription medications, commenting that drug dependent people who use drugs even after they lose their arms and legs “continue to kill themselves for a few minutes of doubtful happiness.”⁶¹ One of the videos shows how a doctor saws off a shin of a patient who is a 26 year old “opiate addict”; the patient was conscious throughout the procedure and held leg with his trembling hands over a waste bucket where the sawed off leg eventually dropped.⁶²

But even such a catastrophic situation in the sphere of health does not compel the government to introduce effective, evidence-based drug treatment programs that are used all over the world.

5.2. Promoting public hate and loathing of drug dependent people

State policy facilitates a zero-tolerance attitude towards drug users, promotes hate and loathing, and leads to degrading treatment of drug dependent persons. Drug-related public discourse is filled with images of contempt; it calls for moral and physical humiliation, unlawful incarceration, and isolation of dependent persons. Very often, public debates, including Federal-level media coverage, position drug dependent persons as “animals,”⁶³ “scum,” “inhuman,” “deadmen” or “zombies.”⁶⁴ Official FSKN entities inform the public, “An addict degenerates as an individual. His intellect decreases fast, his interests become primitive, his mind weakens. He loses interest in life, his friends and relatives abandon him. His appearance becomes repulsive,

⁵⁹ A. Kuzina, *Treated to Death* (2011), Moskovsky Komsomolets. (А.Кузина (2011). «Долечили до смерти». Газета Московский Комсомолец.) www.mk.ru

⁶⁰ A. Mamontov, “The tragedy is called Coaxil,” 2010 documentary, Rossiya TV Channel (А. Мамонтов (2010). «Трагедию зовут коаксил». Документальный фильм. Телеканал Россия.) http://www.rutv.ru/video.html?tvpreg_id=123784&cid=125&d=0&mid=14. Last accessed October 14, 2011.

⁶¹ Selection of videos on this topic can be found here:

<http://www.youtube.com/watch?v=7KiWjhjNT7U&feature=related>. Last accessed October 14, 2011.

⁶² <http://www.youtube.com/watch?v=CDRrL4ZuuPI&feature=related>

⁶³ “Every junkie is a socially dangerous animal,” KM.RU. (“Каждый наркоман – социально опасное животное” KM.ru) <http://www.km.ru/v-rossii/2011/05/12/vnutripoliticheskaya-situatsiya-v-rossii/kazhdyi-narkoman-sotsialno-opasnoe-zhiv>

⁶⁴ “An addict is a dead man,” Social advertising. («Наркоман - это мертвец»). Социальная реклама.) <http://video.sibnet.ru/video422154/>

“bum-like.” Moral and ethical norms do not exist for such persons.”⁶⁵ This dehumanizing statement is one of the mildest expressions pervading the Russian media.

Instead of discussing medical and psychological assistance and support to drug dependent persons, or ways of reducing criminalization in this group and alleviating its physical and social suffering, the public discourse supported by the State has constructed an image of a drug dependent person as a public enemy, a morally degraded and criminal person. The title of a TV program shown in February 2011 on NTV, a Federal channel, is typical: “How to beat the crap out of an addict (My son is a monster).”⁶⁶ In the fall of 2010, twelve video clips appeared on the Internet as social advertisement. Their production was funded through the framework of the state program “Comprehensive measures to combat the spread of drug dependency and alcoholism in Krasnoyarsk Krai in 2010–2012.”⁶⁷ One of the videos shows a young man receiving anal sex and asking painfully, “*I am a junkie; it is a disease, why does everyone laugh at me?*” An off-screen voice answers, “*No my dear, you are a fag, because all junkies are fags but not all fags are junkies.*” Clearly, it is envisioned that the audience for these videos includes school-age children. Another video shows children receiving spoonfuls of excrements from a toilet bowl; the children are eating and wincing in disgust, and an off-screen voice says, “*Everyone who is silent about drug dealing at schools has feces in his mouth. Don’t be a member of the shit mafia.*”⁶⁸ The Federal Anti-Monopoly Agency has not found these videos to violate the law on advertising.⁶⁹

Strikingly, such an attitude towards drug dependent persons is supported even by the clergy. In December of 2010, FSKN RF signed a cooperation agreement with the Russian Orthodox Church, including with regard to rehabilitation and social reintegration of drug dependent people.⁷⁰ The head of the Synodal Unit for Collaboration with the Armed Forces and Law Enforcement, Arch presbyter Dmitry Smirnov, presents this work in the following way: “*An addict either undergoes treatment or should be isolated from society. I’m not talking about prison. We have many islands in our country; in the North, in the Far East. An addict is not harmless to society. According to statistics, he involves 20 more people in drug addiction*”⁷¹ The head of the foundation “City Without Drugs” supports Father Dmitry: “*Each junkie is a socially dangerous animal, everyone understands that. That’s why, I think, Father Dmitry made a sensible point*”⁷²

Overall, current attitudes towards drug dependent people in Russia ignore the provisions of the Constitution regarding prohibition of discrimination (Art. 19) and prohibition of propaganda that

⁶⁵ FSKN RF, Department for Khanty-Mansi autonomous district – Yugra, “What one should know about drug addiction?” (2009). (ФСКН РФ, Управление по Ханты-Мансийскому автономному округу–Югре. (2009). «Что нужно знать о наркомании?») <http://www.uraves.ru/article/66>.

⁶⁶ The Pavel Selin Talk Show “Last Word”, “How to beat the crap out of an addict (My son is a monster),” February 24, 2011. (Ток-шоу Павла Селина «Последнее слово». Эфир 24 февраля 2011 года «Как выбить дурь из наркомана (Мой сын чудовище»).) <http://posledneeslovo.ru/kak-vyibit-dur-iz-narkomana/>.

⁶⁷ “Krasnoyarsk Krai Administration paid 420 thousand rubles for 12 shocking videos” (“Администрация Красноярского края заплатила 420 тысяч рублей за 12 шокирующих роликов”) — <http://www.adme.ru/lynch/shokiruyuschaya-soc-reklama-okazalas-goszakazom-218405>.

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ FSKN RF, “State Drug Control Agency and the ROC will collaborate in the field of prevention of drug use,” digest, December 22, 2010. (Государственный антинаркотический комитет и РПЦ будут взаимодействовать в сфере профилактики наркомании (22 декабря 2010). Дайджест. ФСКН РФ.) www.fskn.gov.ru

⁷¹ Elena Kolebakina, “Every junkie is a socially dangerous animal,” May 12, 2011, multiportal KM.RU. (Елена Колебакина (12 мая 2011). «Каждый наркоман – социально опасное животное». Мультипортал [KM.RU](http://www.km.ru).) <http://www.km.ru/v-rossii/2011/05/12/vnutripoliticheskaya-situatsiya-v-rossii/kazhdyi-narkoman-sotsialno-opasnoe-zhiv>

⁷² Ibid.

incites social hate (Art. 29). State officials, public figures and the clergy make statements that humiliate people, promote hate and undermine human dignity. Drug dependent people cannot even hope for support from human rights activists, because many of them also express stigmatizing convictions. For example, the plenipotentiary representative of the Chamber of Attorneys of the European Union to Russia, Alexander Treschev, made the following comment regarding a complaint to the UN about unavailability of effective drug treatment in Russia, submitted by a drug dependent Russian citizen, Irina Teplinskaya: “I think this complaint has no prospects whatsoever. It was written by a person who depends on drugs and is unlikely to be considered legally capable, because drug dependence means that a person requires isolation and treatment.”⁷³ All these statements incite strife and public hate of drug users, and create an atmosphere of pressure and humiliation, undermining the human dignity and honour of those suffering from drug dependency.

5.3. Humiliation, beating, extortion and violence towards drug users as routine law-enforcement tactics

The use of torture and other kinds of cruel or humiliating treatment and punishment by law enforcement in Russia has already been the subject of reviews undertaken by the Committee Against Torture.⁷⁴ When such practices concern drug users, they reach an absurd and inexplicable level of inhumanity. Zero tolerance for drug users is promoted by the state, through building an acceptance of the violation of their human rights, and upholding the image of drug users as “scum” and “public enemies.” Additionally, the legal vulnerability of drug dependent people results in their treatment as human meat at the hands of the police, who exercise a complete disregard for procedural norms, laws and minimal human morals and ethics. Repressive policy towards drug dependent people in Russia is primarily expressed not in laws on paper, but in ways the authorities treat drug dependent people in reality, often violating the laws and legitimating all methods to combat “this evil.” The daily life of drug users is characterized by a constant terror arising from the widespread illegal practices employed by law enforcement officials. These can be routine practices, such as detention without legal justification; planting of clues to make an arrest or detention; extortion of money or drugs; or sexual violence targeting sex workers. These can also be much more extreme practices, such as physical violence used to obtain a “confession” or as torture-like punishment. The concept of *bespredel*, or lack of any limits for police, is described in detail by Sarang et al.,⁷⁵ who demonstrate that the majority of respondents accept as a given fact that police actions have no moral or legal boundaries and that police boast a limitless authority. Anything can become a reason for search and detention, including one’s young age, one’s “junkie” look, or one’s not being in the right place at the right time. Drug use is an offence in Russia,⁷⁶ so even needle marks may justify detention. The following are excerpts from the above-mentioned survey.

⁷³ “Drug dependent woman with 30 years of use complains about Russia to the UN,” Russia Region Press, October 22, 2010. («Наркозависимая с 30-летним стажем пожаловалась на Россию в ООН». (22 октября 2010 года.) <http://russiaregionpress.ru/archives/88126> — last accessed October 14, 2011.

⁷⁴ Committee against Torture, “Conclusions and Recommendations from Review of reports presented by member states in accordance with Article 19 of the Convention against Torture — The Russian Federation,” 6 February 2007. (Комитет против пыток: Выводы и рекомендации по итогам рассмотрения докладов, представленных государствами-участниками в соответствии со статьей 19 Конвенции против Пыток. Российская Федерация. 6 February 2007.) CAT/C/RUS/CO/4 (Para. 9a)

⁷⁵ A. Sarang et al., “Policing Drug Users in Russia: Risk, Fear, and Structural Violence,” *Substance Use & Misuse* 2010, 45:813-864.

⁷⁶ Article 6.9 of the Administrative Code of the Russian Federation. (Статья 6.9 Кодекса об административных правонарушениях Российской Федерации.)

Evidence from a man, 32, Moscow:

The paper [law] says that they don't lock you up, but if the police officer sees that you injected, if he sees that you are ripped [stoned], that's all it takes. You either give away your money or you give away your freedom. He just walks up to you and says: "Listen to me, give me money." You say: "How, why should I give you money?" "Cause you're high. You think we can't lock you up for this? We'll see about that." "How can you lock me up? I don't have anything!" "You don't have anything? We can fix that." And he pulls [drugs] out of his pocket and puts into yours, and that's it.

The arrest and detention of drug users allow police officers to gain income through bribery and meet arrest quotas established by their supervisors, while ostensibly "combating drug addiction." In the experience of drug users, having drugs planted on them is a matter of routine. A typical arrest "procedure" described in many interviews looks like this:

Evidence from a man, 29, Barnaul:

They met me on the street, put on handcuffs, brought me to the [police] department, put hanka [liquid opiate] in my pocket, called witnesses, and started the case. They just saw that I had needle marks. So what's the difference, you are a junky. That's it. They just pushed their own [drugs on me], just to get their collar quota for the day.

Extortion is another routine practice. Today, bribe-taking by law enforcement staff is considered something normal and responding to it is an accepted way of avoiding arrest or detention. For police, drug trafficking presents a golden opportunity to earn income. Extortion of money occurs in an atmosphere of constant fear and humiliation, when a bribe can look like the best solution to a problem.

Evidence from a man, 29, Barnaul:

They stop you all the time. Some people they call them "moochers." They come there [to drug selling sites], catch junkies and rip them off. So just give them a hundred [rubles] and then go fix in peace. They won't touch you. So they just come to the Ditch [drug selling area] to get some beer money.

As drug users experience the pressure and threat of criminal prosecution, they can willingly or otherwise become police informants. Some of them are pressured into doing this through promises of protection or drugs.

5.3.1. Physical violence and torture

Although planting drugs on people, extortion and pressure to collaborate with police have become normal daily practice, these do not necessarily relate directly to the work of the Committee. We provide this evidence as an illustration of the horrifying routine of violations against human rights and dignity with regard to drug dependent people in Russia, practices now institutionalized in Russia. However, there is evidence that has direct relevance to the Convention, namely evidence of routine beatings, violation and torture of drug dependent persons by law enforcement agencies. Physical violence is frequent and widespread, and it is seen by drug users as "natural" behaviour for people in uniform: "Yes, it's as always; they punch you in the liver a couple of times, kick you in the ass and let you go;" "well, they 'knead' you a little and then throw you out."

Evidence from a woman, 19, Moscow:

So, naturally they pulled me out of the car. They broke all windows. Put us on the ground. For twenty minutes we were laying spread-eagled on the snow. Then, they took us to a police

station. They naturally beat him a little bit, they beat me a little bit too, just punched me in the stomach a couple times. You should've seen his fist, oh, my lord, after the first punch I was... [But what for??] Because I was... Well he asks me: "What's your dosage?" And I say "I don't know." Why should I tell him that I had been clean and just started up again? "Tell me what's your dose is!" And I said, "I don't know, I don't know!" He said: "Look at your arms; you must be shooting a gram!" I say: "No!" "Yes!" "No." He says: "If you won't admit it I'll just kick shit out of you." I say "Well, what can I do if I don't shoot a gram?!" And he just hit me so hard! And I just go: "Sure, it's a gram, what are we talking about!"

Evidence from a man, 23, Moscow:

And I didn't sign [the confession]. They didn't hit me at first. I was even surprised. And they say: "Go, have a smoke." And led me to some gloomy room. I smoke. And then the door opens. The bright light hits my eye, I inhale, and straight into the [cigarette] coal they just hit me on the face. And then it starts: bang, bang, bang, bang. And you just go: "Yes, yes, I confess to everything," and off you go to the prosecutor's office.

Police violence can go extremely far and can be used as a punishment in the absence of legitimate evidence or a logical justification.

Evidence from a man, 27, Volgograd:

We were just standing [on a street] talking with my girlfriend. So a policeman comes by and asks to show my passport, as they always do. I didn't have my passport and I didn't carry the ganja too, that was all on my girl. So he takes me out into his booth to question me about my background. Then in this booth after they searched me and couldn't find anything they just started to call someone, peek into my eyes and say something like I'm high or something. And they just start to get to me. Then my girl comes in. And they searched her too and found the pack of Russian cigarettes [in which the ganja was kept], and that was it. Now we're 100-percent junkies, and so things are off and rolling. He locked us both into these bars, there were maybe five other people in there. And he just starts to bully my girl. He says: "Your girl is a bitch, she's a toad, a turd, I can see it in her eyes," and he starts to wind me up. And when I start reacting he just tears me out of there and starts to beat me, methodically on my belly, legs, and other parts so as not to bruise me too much. Then when he got tired he just stretched me out on the floor, put handcuffs behind my back, pulled my legs through my arms and just left me there. I don't know how long I just laid there and why they bullied me, even though I didn't even have anything. No reason. I don't know what to call that. This is just scary. Some kind of real fascism. This kind of scorning. They burnt my arms with cigarettes, to feel if they already went numb or not. I don't know, I'm still in a trance from all this horror.

According to the respondents, police openly admit that their actions are "torture," but they justify such actions as scare tactics necessary to obtain information. Some police officers have invented their own torture tools and methods.

Evidence from a man, 28, Barnaul:

It was winter. It was late and dark. So they meet us with open arms and pull us into the bus. And so they start. One asks: "Tell me where you got it [bought drugs]." I say: "I know nothing." So, he says: "We will torture you then." And he pulls out these wooden blocks, and there are two holes in each of them and they are inserted on a rope through a ring. And so he put it between my fingers and he said: "I'm starting to break your bones. Tell me, where did you get hanka?" And he starts to pull and twist the rope.

Evidence from a man, 29, Volgograd:

He [police Major] has the distinction of being particularly pitiless with junkies. He considered them animals... He just disliked them so much, he liked to, like, put a gas-helmet with an ash tray, you know this joke? So they put the gas-mask on you, pinch the tube so that you can't breathe and then they smack the ashtray right into your face so all your face turns black. Then he also liked to play with the telephone, you know this old-fashion telephone with a disk, so he just takes out two bald cables, puts a wet cloth on your belly, puts the two cables there and starts to twist the disk. This is of course, not deadly, but it's quite painful and you get these red burns all over. He simply did it for joy. I for instance stood for 3 hours propping up a metal safe in his office. He used such methods. You stay and think that drugs are bad, yes, but sport is good.

5.3.2. Rape

Another kind of inhuman and degrading treatment employed by police is sexual violence directed at sex workers. Forced provision of free-of-charge sexual services to police officers is known as a *subbotnik*.

Evidence from a woman, 17, Barnaul:

Subbotnik is this kind of thing, they can just pull a girl out from the car by her hair, and not only one girl, but how ever many sit there, put her in their car and take away, fuck her for free in whatever way they like. They can even beat her, in this or that way, and also do their raid on prostitutes.

Evidence from a woman, 18, Barnaul:

Sometimes they take you to the [police] department and force you to work with the whole department... You start to resist, they just break your arms, they hit you or... Of course, a girl will not report on them. I'm a prostitute, I was taken to a subbotnik.

This evidence shows that cruel police practices not only undermine human rights but also increase the pressure of fear and terror, impose humiliation and inhuman treatment, and trample human dignity. In this way, such practices perpetuate daily social suffering aggravated by internalized stigma, self-condemnation, loss of self-esteem and fatalism thus preventing possible responses aimed at the protection of rights and dignity.

5.4. Criminalization and disproportionate punishment of drug users

Aside from humiliation, physical suffering and moral terror, police repression against drug users and shortfalls in the judicial system result in a high level of criminal prosecution of drug users and their punishment through incarceration.

According to FSKN RF, "one in every eight inmates in Russia has been punished for drug-related crimes; the number of drug users in the penitentiary system grew twice in the period of 2005 to 2011; one in every three court sentences in the largest cities is related to drug crimes; within the total number of terminated offences, drug-related crimes are the third largest group after theft and economic offences."⁷⁷

⁷⁷ Session of the Presidium of the State Council dedicated to the fight against drugs among young people, April 18, 2011. (Заседание президиума Госсовета, посвящённое борьбе с распространением наркотиков среди молодёжи. 18 апреля 2011 года.) <http://президент.рф/news/10986>

According to the Russian Ministry of Interior, “in 2010 police and drug control agencies identified 222,600 crimes related to illegal drug turnover.”⁷⁸

Analysis of statistics from the Department of Courts at the Russian Supreme Court⁷⁹ shows that about 85,000 drug-related cases addressed by Russian courts in 2010, including the small-scale supply of up to 0.5 grams, are directly related to drug use. Three thirds of these cases are reviewed in the absence of a court investigation, with the defendants pleading guilty to the alleged crimes.

The Russian judicial system is not independent and is susceptible to political influence.⁸⁰ Current practices demonstrate that drug-related cases are mostly dealt with in a perfunctory manner, and courts often serve as “notaries to rubber-stamp the prosecutor’s decision.” In most cases the defendants are convicted and receive a severe punishment in the form of imprisonment. The frequency of acquittals is about 1%.⁸¹ When sentencing drug users, courts often ignore the legality of a case or procedural errors made at the time of detention or investigation.⁸² When making their decisions, the courts disregard police provocation.⁸³ This leads to a high level of penalization of drug users and to their disproportionately harsh punishment through incarceration. Subsequent sections show that in Russia, a prison sentence automatically results in trampled human dignity, and the deprivation of civil rights, health and often (especially for drug users) life.

5.5. Incarceration as death sentence for drug users

Russia holds second place after the USA in terms of incarceration rates.⁸⁴ Penitentiary facilities are overcrowded. Their conditions, including low level of access to medical assistance, have repeatedly been found to violate the prohibition of torture and other forms of ill treatment.⁸⁵ Today this is even openly acknowledged by Russian state officials responsible for the situation in the penitentiary system. At the end of September 2011, the Minister of Justice, Alexander Kononov, stated that the condition of the Russian penitentiary system is “overwhelmingly archaic” and that medical staff at the Federal Penitentiary Agency (FSIN) are unable to cope with the large number of ill inmates. He also stated that the FSIN has retained the rudiments of GULAG and even of pre-revolution penal colonies. “This system cripples human psyche”, noted Kononov. Due to the assembly-line approach of this system and its inhuman character, the

⁷⁸ Statistical data for 2010, “Crimes related to illegal trafficking in drugs, psychotropic substances and powerful substances.” (Статистические данные за 2010 год. «Преступления, связанные с незаконным оборотом наркотических средств, психотропных веществ и их аналогов, сильнодействующих веществ.» www.mvd.ru

⁷⁹ Section on court statistics on the website of the Department of Courts. (Раздел судебная статистика на сайте Судебного Департамента.) www.cdep.ru

⁸⁰ Report of the Special Rapporteur on the independence of judges and lawyers, Leandro Despouy, based on his Mission to the Russian Federation in 2008 (A/HRC/11/41/Add.2, 23 March 2009), para. 58.

⁸¹ *Ibid.*, para. 37.

⁸² Interregional public charity organization “Committee for Civil Rights,” *Main systematic violations of human rights by FSKN.* («Основные нарушения прав человека, систематически допускаемые ФСКН» (2009).

Межрегиональная общественная благотворительная правозащитная организация «Комитет за гражданские права». Доклад. <http://www.zagr.org/371.html> — last accessed October 15, 2011.

⁸³ *Vanyan v. Russia*, ECHR (15.12.2005); *Khudobin v. the Russian Federation*, ECHR (26.10.2006); Постановление Европейского суда по правам человека от 15.12.2005 по делу «Ваньян (Vanyan) против Российской Федерации»; Постановление Европейского суда по правам человека от 26.10.2006 по делу «Худобин (Khudobin) против Российской Федерации»

⁸⁴ R. Walmsley, *World Prison Population List*, 8th ed., International Centre for Prison Studies: 2009.

⁸⁵ See among many other cases of the ECHR, *Kalashnikov v. Russia* (15.7.02), no. 47095/99 (Sect. 3), ECHR 2002-VI –; *Labzov v. Russia* (16.6.05), no. 62208/00 (Sect. 1); *Novoselov v. Russia* (2.6.05), no. 66460/01 (Sect. 1) (Eng); *Mayzit v. Russia* (20.1.05), no. 63378/00 (Sect. 1); *Mamedova v. Russia* (1.6.06), no 7064/05 (Sec. 1); *Veliyev v. Russia* (24.6.10), no. 24202/05 (Sect. 1); *Popandopulo v. Russia* (10.5.11), no. 4512/09 (Sect. 1).

Minister himself is unable to view inmates as human beings, openly stating that “the medical service at FSIN today cannot cope with the flow of — if you allow me to use this word — ‘human material’ that ends up in the penitentiary facilities.”⁸⁶

The situation with drug dependent people in this system defies description. While effective drug treatment assistance is inaccessible in the civil health care system, there is not even a token presence of it in the penitentiary system.

Evidence from a man, 33, Kaliningrad:

*[What did you do when you went cold turkey?] Nothing, just loll[ed] about, that's all. Drinking water. [So, no medical assistance?] Well, what did they have? You could have picked up some Analgin. Then you could have talked with the doctor. Could have asked for Dimedrol. But it would have been even worse with Dimedrol. [So there were no narcologists there?] No. Never heard of them, never saw them. It's like, “nobody does drugs in that place.”*⁸⁷

In Russian penitentiary facilities, drug dependency is “treated” with beatings and humiliation, without medical or pharmacological assistance. There are no drug treatment services in pre-trial detention facilities. According to the UN Special Rapporteur on torture, “There is no doubt that the withdrawal syndrome can cause severe pain and suffering if medical assistance is not provided accordingly, and that the condition of withdrawal in prisoners creates a strong potential for mistreatment.”⁸⁸

Evidence from a man, 26, Kaliningrad:

*Now they have four check-ups there [in detention], every two hours they fall-in outside. And there they see everything. Well, you shoot up once [inject drug], they'll notice and you'll lose more health. They'll kick you, hit you with their batons, that's all. And then will be coming to the isolation ward to beat you up every day.*⁸⁹

Those prisoners whose health has been weakened through the use of illegal drugs, HIV and other infectious diseases, require special attention. But the prison health care system cannot ensure such attention, and inmates' requests for medical assistance may lead to violent actions by the administration.

Evidence from Ivan Ustinov, sentenced in 2002 to 15 years in prison, today the Coordinator of the All-Russian Public Community of People Living With HIV (PLHIV) for the penitentiary facilities of the Volga Federal District:

I constantly asked for a doctor, because I had temperature, I had swelling. I had festering wounds on my arms, my legs started to rot [because of beatings]. So, closer to the evening the door of the cell opens, and they ask who called for a doctor. In the cell everyone tells me not to go at any cost. I did go, and they started beating me very, very hard. And they say: here is your doctor, get it. The first time when they beat me, I remembered. When I fainted,

⁸⁶ Minister of Justice acknowledges that Russian colonies are similar to GULAG where human material is rotting away, September 22, 2011. (Министр юстиции признал российские колонии ГУЛАГом, где гниет человеческий материал (22 сентября 2011 года).) Newsru.com, <http://www.newsru.com/russia/22sep2011/konovlov.html> — last accessed October 16, 2011.

⁸⁷ A. Sarang et al., *Integration of medical services for patients with HIV, TB and drug dependency in Kaliningrad. A survey report* (2010). (Саранг А. и другие (2010). Интеграция медицинских услуг для пациентов с ВИЧ, туберкулезом и наркозависимостью в Калининграде. Отчет об исследовании.)

⁸⁸ Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak, 14 January 2009, A/HRC/10/44, para. 57.

⁹¹ Sarang et al., *supra* 89.

they just poured water on me, to make me conscious again and started beating me up again. This happened twice. I mean they twice poured water on me to make me conscious and beat me up again. Then they returned me to the cell. And then they would return to the cell to beat me up and to make me conscious with pouring water on me ... and after 32 days I fell and did not regain consciousness. They brought me to the hospital, to the general population hospital outside of prison. The doctors determined that I had serious blood infection and that I needed blood transfusion. And all the rest. The doctors even said that at some point my heart stopped.⁹⁰

Evidence of high mortality rates, moral and physical torture in the penitentiary facilities are common, and the respondents often consider this situation normal.

Continuation of evidence from Ivan Ustinov:

In February [in that penal colony] seven people had died because of HIV. I mean they just burned out, because of pneumonia, pleurisy When searches start, and all these beatings, shouts, noise and hassle; they put psychological pressure on people, so people just sat and waited for their turn, and they hear these shouts and screams, this psychologically exterminates people, kills them. They killed people psychologically, morally. Many people were not afraid of them any more, but they could not stand it in a psychological sense. I mean, pain — you are kind of getting used to it; I did not feel pain any longer. I got used to pain, but psychologically it was impossible to withstand.⁹¹

The lack of effective drug treatment in penitentiary facilities, considering the large number of drug users there, turns such facilities into incubators for HIV, since drugs are accessible in prisons while sterile syringes are not.⁹²

Evidence from a man, former prisoner, 18, Barnaul, Russia:

Drugs were around but you see a syringe is a forbidden thing. And so they didn't really figure very much. With drugs it is possible to hide them somehow, somewhere, but well, how do you hide a syringe? So, if someone somehow got hold of a syringe — maybe they brought it in or stole it from the medical centre — then it was just a super achievement. Then that syringe would do the rounds and rounds and rounds of the whole camp. And then you get loads of syphilis, AIDS and Someone would shoot up once and then in the course of the next 2 months about 20 people would be in the isolation ward with viral hepatitis.⁹³

Evidence from a man, former prisoner, 56, Barnaul, Russia:

I made a syringe out of a pen. I washed it thoroughly, did everything Out of a ball pen, that was in prison. Otherwise, how can you find it [a syringe] in prison? Things are in a very bad way there. If a syringe is sitting somewhere, then it's been there for 2 years, and everyone's been shooting up with it.⁹⁴

⁹⁰ Andrey Rylkov Foundation, "Provision of Medical Assistance in the Penitentiary System," interviews, 2010. (Фонд им. Андрея Рылкова (2010). «Оказание медицинской помощи в МЛС [местах лишения свободы]. Интервью.» <http://rylkov-fond.ru/blog/lichnye-svidetelstva/ustinov/>)

⁹¹ Ibid.

⁹² Human Rights Watch, *Lessons not learned: human rights abuses and HIV/AIDS in the Russian Federation*, 2004. С. Олейник (2007). Наркологическая служба России глазами пациентов. Пенза-Москва.

⁹³ A. Sarang et al., "Drug injecting and syringe use in the HIV risk environment of Russian penitentiary institutions: Qualitative study," *Addiction* Dec. 2006, 101(12):1787–96.

⁹⁴ Ibid.

Due to the catastrophic conditions of the penitentiary system, inhuman living conditions and the unavailability of adequate sanitary control or protection from infections, many people become infected with TB.

Evidence from a man, 33, Kaliningrad:

[How did you become ill with tuberculosis?] That was simple, we were in a closed space, over 60 of us. We were in a ward [a room of 10–15 meters]. Daily walks lasted only one and a half hours. And a similar small room with a TV. So when about thirty people start smoking, then it becomes difficult. You open those two windows but still there are no vents. We had three toilet bowls for 60 people. We slept on two-tiered bunk beds. It was all crammed together. We had read all [the norms], argued with the cops, showed them the printouts that we had received. But they were saying, we don't have another space. We won't give you anything else.⁹⁵

People with a weakened immunity are especially vulnerable to TB. The quality of TB treatment in penitentiary facilities is very poor and often results in a compassionate early release due to a bad health condition. According to evidence, many of the early-released inmates die within several days after release.

Evidence from Kostya Proletarsky, an HIV+ drug user, convicted in 2006, released due to bad health in November 2008, deceased of TB coupled with HIV on June 19, 2009:

When I was taken to prison, I told them that I had advanced AIDS, and that before incarceration I had started taking ARV. They told me to calm down... Did not give me any drugs. They told me that they did not have the medication I needed, they did not have work relations with the AIDS centre, they ... generally did not know and did not have anything. Then I was transferred to [another region] Karelia, in Ondo, a TB penal colony. There were a lot of inmates with HIV there, but the authorities did not know what to do with them. And for a long time we were registered there not as people living with HIV, but as people with TB. The barrack could not accommodate all the HIV-positive people And they had to form a separate turbo-HIV section ... and now it is the biggest section of prisoners in the colony. There is nothing — no medicines, they stuff you with anti-TB drugs despite the fact that you may have hepatitis or something else In several months there had been about 10 deaths. There was one person. He had a relapse of hepatitis, and he was given these anti-TB drugs, which are very toxic. He was swollen, had an enlarged abdomen, was all yellow. When he complained to the doctors, told them he was feeling very ill, they replied that they didn't know anything and could not help And as a result he developed ascites, abdominal distention, fluid retention. And he died. At dinnertime. We are all having dinner, and he died. In the hospital ward And then it started spoiling statistics in the prison colony. And the administration started sending lethally ill people, HIV-positive people, to Medvezhegorsk People were dying [in this colony] mostly of TB, but all these people had HIV.⁹⁶

In an interview conducted before his death, Konstantin Proletarsky spoke not only about the lack of medical assistance, leading to deaths among inmates, but also about direct torture to which they were subjected:

⁹⁵ Sarang et al., *supra*, 89.

⁹⁶ Andrey Rylkov Foundation, “Treatment of HIV, TB, drug dependency, and protecting dignity in the penitentiary system,” interviews, 2009. (Фонд им. Андрея Рьлькова (2009). «Лечение ВИЧ, ТБ, наркозависимости и соблюдение достоинства в местах лишения свободы». Интервью). <http://rylkov-fond.ru/blog/category/lichnve-svidetelstva/page/2/>

It was hard. In a colony it is generally very hard. As soon as you arrive at the colony they so to speak put the sawdust out of you. They show you who is in charge. Chlorine and ammonia are poured into the cell. Thirty liters of chlorine solution with hot water and ammonia. All this is poured onto the floor ... this is such a mixture, its just awful! When I stood there, looked at the floor and saw that there was smoke coming out of wooden floor, can you imagine! Psychologically, morally this breaks people. With this mixture, you practically lose consciousness, you understand? When your eyes burn and you cannot breathe, you have foam coming out of your stomach. Even the face starts ... how to put it, I don't know. Everything is dissolving, corroding. And after this for several days everything aches, everything is in pain. When I arrived at the colony I had infiltration TB — it is not very serious. This means that there are no lesions, just dark spots [on the lungs] And after a month of my stay there, after several punishments with this chlorine, they x-rayed me and told me that a collapse of both lungs had started. Apart from that gas chamber they put a gas mask on me, and underneath instead of the filter there was a bottle with ammonia, 1.5 liters, can you imagine? [As a punishment for violating internal orders.]⁹⁷

Evidence from Pyotr Samokhin and Galina Samoknina, parents of V. P. Samokhin who died of TB in prison, Orsk, Russia:

They took Vova [to prison] in the winter, and on 15 of July he had medical examination and there was no TB. But on the 14 of September Vova was suddenly put in the prison hospital, and after several days he called us in utter horror and started begging us: "I have lost control of my legs, get me out of here! Corpses are taken out of here every day!" But the prison doctor told us that he was receiving treatment and that we only needed to bring in medicines for him — Essentiale, vitamins, iron supplements. We brought him parcels with food, medicines, drinks, but once our daughter got a call from some acquaintance from the colony who said: "Dasha, so and so, your brother does not have anything, the nurses don't even bring him a bedpan or change a mattress" A week before his death Volodya was allowed to have a visit. Three of them [relatives] came to the colony, with the daughter Dasha. We came to the visitation room and waited for Volodya. Two men carried him in supporting him by his arms. Vova could hardly sit, could not speak and swallow, his lips were ulcerated white because of pleuritis, he only asked for some water. Volodya had 7 days to live. He died within 15 days in the most painful way, under tranquil gazes of doctors and prison administration. Together with our son's body we were given a bag with medicines, which we had sent him. All the pills and ampoules were not even opened. Volodya was not given anything. The Head office of the Department of Penitentiary Services (УФСИН) of the Orenburg region drafted a report describing how Samokhin V.P, born in 1982 died in the colony ИК 25/5. "On July 14th, 2009, Samokhin had undergone regular X-ray tests — no indicators for active TB had been discovered. On September 14th the same year, he was taken to the prison's medical department due to worsening of his health. The same day he was hospitalized to the in-patient ward of the medical department. After the examination, a relapse of TB was diagnosed. Despite the treatment that he received from 18th to 23 of September the patient's health was considered serious because of the rapidly progressing HIV-infection. On September 23, he was examined for an application for a compassionate early release due to illness. On September 29th Samokhin V.P died."⁹⁸

Former convicts often emphasize that their survival in the penitentiary system was a miracle that

⁹⁷ Ibid.

⁹⁸ A. Kuzina, "Death Zone. In Russia, incarceration could mean loss of life," *Moskovsky Komsomolets*, No. 25457, (September 23, 2010). (А. Кузина (23 сентября 2010). «Зона смерти. В России лишение свободы может означать лишение жизни». Газета Московский Комсомолец № 25457.) www.mk.ru

happened despite the “assistance” they received.

Evidence from a woman, 46, Kaliningrad:

We were not being tested. I wasn't aware of my status. I didn't know my viral load. And I began to wither. Nobody knows why. I lost my hair, eyelashes and nails. I had extensive candidosis. My legs turned violet. I was dehydrated and losing fat. This happened during one year. We couldn't be released on medical conditions or otherwise, or treated, because we were not being tested. The colony for women rejected me. Take her away, we are not accepting her. They put me in hospital again, the hospital said, we have transit, we can't hold her here for long. And from there they brought me back to the TB colony. The colony, when they saw me, freaked out. Finally they tested us for status. And when the status came, they said I had 40 units. I hadn't been capable of eating or drinking by that point. That's all, they said they'd release me and I was thinking, will I make it? I didn't care at that point, I was so sick and for so long. I was, let me die in peace. So they compassionately released me. My mother came and grabbed me. They told her at the colony, take her away but it won't be for long.⁹⁹

The situation in the penitentiary system remains critical; it has not changed in years, even after additional funding and procurement of drugs became available. There is a deep-rooted culture of violence and suppression of humanity and dignity in Russian penitentiary institutions. This leads to systemic problems, including low-quality medical assistance and other forms of cruel and inhuman treatment, as well as torture. One of the manifestations of these structural problems is the impunity of those responsible for the violations and poor conditions, owing to an absence of effective mechanisms to monitor the situation and to the inmates' refusal to provide information about violations of their rights due to their fear of beatings, torture and administrative punishment.

5.6. Conditions in healthcare facilities

Stigmatization of drug use can result in the denial of medical care in general, or degrading treatment by medical specialists. Furthermore, the current health care system does not address the special needs of drug users, and therefore fails to provide people who use drugs with critical life-saving services. This situation is largely caused by the absence of effective drug treatment, particularly of opioid substitution programs with methadone and buprenorphine. The absence of these programs leads to a number of negative health consequences, including drug users' inability to remain in treatment for life-threatening diseases such as tuberculosis, HIV, hepatitis C; the impossibility of assisting drug dependent women during pregnancy; and the inability to provide adequate assistance related to anesthesia. These factors create a condition which may be considered cruel and inhuman treatment. Although drug dependent people undergoing in-patient treatment experience severe pain due to withdrawal, the Russian health care system does not offer any help. Medical workers often demonstrate demeaning and discriminatory attitudes towards drug dependent people. To illustrate the general situation, we took three indicative examples: provision of care to patients with TB, assistance to pregnant women who use drugs, and palliative care and pain management. Although these three cases were chosen, the problem is actually broader and covers almost all branches of the health care industry.

⁹⁹ Sarang et al., *supra* 89.

5.6.1. Tuberculosis hospitals: cruel and degrading conditions, and the unavailability of treatment

Recent research showed that most (78%) patients with HIV/TB co-infection are drug dependent people. The rate of dropping out of in-patient treatment is rather high; on average, that rate is 41%, but it reaches 100% in some cities.¹⁰⁰ This situation is closely connected to the lack of drug treatment and support, and is exacerbated by bad conditions in in-patient medical institutions, lack of adequate nutrition, cruel and degrading treatment of patients who use drugs by staff of the dispensary, and sometimes torture.

Citation from a complaint to the UN Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health, Tuberculosis Dispensary, Ekaterinburg, Russia:

Effective in-patient TB treatment is practically not accessible for people living with HIV who are opiate dependent: they cannot undergo detoxification in narcological clinics before TB treatment. Therefore they are hospitalized with withdrawal symptoms. There is no treatment for removal of the withdrawal symptoms in TB dispensaries. Patients who frequently leave the dispensary in order to seek drugs, risk being expelled from the dispensary and the treatment program. Substitution therapy with methadone and buprenorphine, recommended by international organization is banned in the Russian Federation, and thus is not provided in the dispensary After complaints to the Ministry, our NGOs organized a press conference, with the participation of the Head of the TB service Igor Zykov and head of the AIDS service Angelica Podymova. As a result of the press conference several information pieces have appeared, including on TV and in printed press. The reaction of the dispensary's management was immediate: on April 16, 2010 the management decided to make the dispensary a "closed" institution. This means that patients are not allowed to leave the institution during the entire duration of treatment (on average, 90 days). Today, patients are held in close to prison conditions. If earlier drug dependent patients could leave the dispensary and acquire drugs away from its territory, today approximately 15 patients in this closed institution are experiencing withdrawal syndrome and do not have access to drug dependence treatment. These patients are in bad state. They have been warned that if they violate internal orders and leave the clinic in order to use drugs to remove the withdrawal symptoms they will be discharged from the clinic and will not get access to medical help. Patients are not allowed to take daily walks, which are very important for the improvement of health of people with TB. The management is pressurizing patients, trying to "persuade" them to write to the regional Ministry of Health in order to recall their earlier complaints. People experiencing withdrawal symptoms are vulnerable and can be easily manipulated. After two days in this regime, no one of the patients who had earlier complained about the bad conditions, agreed to sign this urgent complaint.¹⁰¹

Many patients are admitted to TB clinics in a condition of withdrawal which occurs when an opiate user stops using drugs. According to the WHO, withdrawal is "a group of symptoms of

¹⁰⁰ Andrey Rylkov Foundation, "Provision of effective TB treatment to drug dependent patients living with HIV," 2011. Moscow. (Фонд им. Андрея Рылкова (2011). Обеспечение эффективного лечения туберкулеза у наркозависимых ВИЧ-положительных пациентов. Отчет об исследовании.) <http://rylkov-fond.ru/blog/health-care/health-care/tb/arf-tb-survey/>.

¹⁰¹ Andrey Rylkov Foundation, "On the situation with TB treatment of drug dependent people living with HIV in the city of Ekaterinburg," 2010. (Фонд им. Андрея Рылкова (2010). «О ситуации с лечением туберкулеза у ВИЧ-положительных наркозависимых пациентов г. Екатеринбург». Жалоба специальному докладчику ООН по праву каждого на наивысший достижимый уровень физического и психического здоровья.) <http://rylkov-fond.ru/blog/health-care/health-care/tb/grove/>.

variable clustering and degree of severity which occur on cessation or reduction of use of a psychoactive substance that has been taken repeatedly, usually for a prolonged period and/or in high doses. The syndrome may be accompanied by signs of physiological disturbance. ... Opioid withdrawal is accompanied by rhinorrhoea (running nose), lacrimation (excessive tear formation), aching muscles, chills, gooseflesh, and, after 24–48 hours, muscle and abdominal cramps. Drug-seeking behaviour is prominent and continues after the physical symptoms have abated.”¹⁰² Despite the fact that opiate withdrawal syndrome and drug dependence itself are medical conditions, no assistance is currently provided in TB clinics to patients with these conditions. Bearing in mind that the withdrawal syndrome can cause severe pain and suffering if the patient is not provided with adequate medical care,¹⁰³ the conditions in which drug dependent people undergo treatment in TB hospitals have all the elements of torture and inhuman treatment.

Due to withdrawal syndrome, drug dependent patients cannot undergo TB treatment. They often leave TB clinics to obtain drugs, and as a result are subjected to disciplinary penalties — discontinuation of treatment. After time, these patients return to their TB clinic having developed more severe forms of tuberculosis. And the situation repeats itself. Because the State refuses to introduce opioid substitution treatment programs recommended by the WHO for the treatment of people with the TB/HIV co-infection and drug dependency, these patients do not receive adequate treatment.

Interview with a doctor at a TB clinic in St.Petersburg:

*Talking about those who die, here we can see a clear pattern. A patient is dismissed [from the TB clinic] most often for regime violations. He/she does not undergo out-patient treatment. Then this patient returns to us in a grave condition. He/she is again dismissed or leaves [the TB clinic]. The third time, this patient returns to die; he/she is brought to us in such a condition that we can do nothing. This is the most common pattern.*¹⁰⁴

To conclude, the health care system puts patients in a situation where there is no way out for them, when it becomes virtually impossible for these patients to be cured from TB.

5.6.2. Discrimination against drug users with regard to their access to painkillers

Compared with other countries in Europe, painkillers are the least accessible in Russia.¹⁰⁵ This limited accessibility to painkillers, coupled with the biased attitude of medical specialists towards drug users, as well as the frequent association of HIV with drug use, results in patients with severe pain not receiving opioid analgesics. These patients, therefore, often experience severe pain in the terminal stages of AIDS.

Lesha Gorev, died on 15 January 2009 of AIDS associated lymphoma:

Apparently HIV has affected the nervous system, and I was so screwed and twisted that everyone thought that I was a junkie. I've never felt so shitty in my life. I tell them that I don't even smoke, that there are no drug users like this! But they don't care — [tell me] you are in withdrawal. You need to go to drug dependence treatment, we don't provide treatment to people like you. They'd give you some crap like baralgin (баралгин), and even that as if it's

¹⁰² WHO, “Lexicon of alcohol and drug terms published by the World Health Organization,” accessed at http://www.who.int/substance_abuse/terminology/who_lexicon/en/index.html.

¹⁰³ Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak, 14 January 2009, A/HRC/10/44, para. 57.

¹⁰⁴ Andrey Rylkov Foundation, *supra* 103.

¹⁰⁵ International Narcotics Control Board, “Ensuring Adequate Access for Medical and Scientific Purposes,” *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs* (2010), p. 20.

*their last, until you yell at them. If there is hell on Earth for HIV-positive people, it's here in the 3rd department of the 2nd Infectious Diseases Hospital of Kaliningrad. Today they are going to transfer me to the second department for HIV-positive people. I will take a look at how it is there. There, they say heroin is sold, and I'll have more contacts. You know, I belong to the community. The attitude towards me is the same as towards them — let this dog die. But I so much want to live, and I am only 35! But these bastards don't let you live. Only sufferings, pain and despair, and there is no help, sadists! I support euthanasia: it is better to die than endure this fascism from the health care system. They usually feel sorry for kittens on the street, but a human being — let him die!*¹⁰⁶

5.6.3. Ill treatment of pregnant women

Substitution therapy is the main type of assistance recommended all over the world for drug dependent women during pregnancy.¹⁰⁷ In Russia, this treatment is banned. Medications prescribed for treatment of drug dependency are contraindicated with pregnancy.¹⁰⁸ Drug treatment protocols do not mention pregnancy and recommendations for pregnancy assistance do not include drug dependency treatment or related assistance. Gynecologists are not familiar with drug dependency. Drug dependency is an indicator for an abortion.¹⁰⁹ Drug dependency is also grounds for termination of parental rights.¹¹⁰ Intolerance towards drug addicts cultivated by the State leads to a situation when even if a pregnant woman who uses drugs wants to leave the child, she is pressured to have an abortion, because medical specialists tell her that the child will be born handicapped. This practice of intimidation and humiliation of young mothers is a common phenomenon in Russia.

Evidence from Yulya, 18 years old, HIV+, a former drug user, Kalinigrad:

The first words from the nurse who had done my ultra-sound were: go have an abortion. I said that I won't. Then they started from afar — how are you going to buy your child trousers? I asked them what they meant? They said — if your child is born without a leg, how are you going to buy shoes and put on trousers? ... [T]hey advised me to get an abortion before many times, I always refused. But when they told me, that a child could be born without legs or arms, I agreed. The gynecologist had given me a referral to a free abortion. I came when I was 12 weeks pregnant. And the head of the clinic with whom I had an appointment, had admonished me that here I was relaxing, had fun and missed the 8 weeks term, used drugs, slept who knows where and now came at 12 weeks to have an abortion. And then she continued in this vein, that I am an alcoholic and a drug user. She was shouting so much, and there in the corridor there were people. Then she said that if I did not mind ruining my uterus she could do a free abortion on me, but if I wanted to still have [a healthy] uterus, I needed to pay 5,500 thousand rubles [about 200 dollars]. I told them I did not have such sum of money.... Then they started offering me instillation abortion, which means to give birth to a dead child.... I don't know how they got to know that I used to use drugs. In

¹⁰⁶ Andrey Rylkov Foundation (2009). "HIV treatment, access to painkillers in Kaliningrad". (Фонд им. Андрея Рылькова (2009). «Лечение ВИЧ, доступ к обезболивающим в Калининграде»). <http://rylkov-fond.ru/blog/lichnyye-svidetelstva/lesha-gorev/>

¹⁰⁷ H. Jones et al., "Treatment of opioid-dependent pregnant women: clinical and research issues," *Journal of Substance Abuse Treatment* 35 (2008), 245–259.

¹⁰⁸ Order of the Ministry of Health of April 28, 1998 No. 140, "On approving standards (model protocols) for diagnostics and treatment of drug dependent patients." (Приказ от 28 апреля 1998 г. N 140 «Об утверждении стандартов (моделей протоколов) диагностики и лечения наркологических больных».)

¹⁰⁹ Order of the Ministry of Health of 3 December 2007 No 736, "On approving of the list of medical grounds for abortion." (Приказ Министерства здравоохранения и социального развития от 3 декабря 2007 г. N 736 «Об утверждении перечня медицинских показаний для искусственного прерывания беременности».)

¹¹⁰ Article 69 of the Family Code of the Russian Federation.

*their eyes I was a lost cause. When they learned that I am an ex-drug user, their attitude changed. I've experienced a lot in that maternity ward — they told me that I was a drug user, an alcoholic and all the rest.*¹¹¹

In one of the above-mentioned 12 videos that were posted on the Internet in the fall of 2010 by a commission of the Krasnoyarsk Krai Administration, a girl was shown surrounded by cans containing bodies of embryos preserved in alcoholic solution; these embryos had developmental disabilities (e.g., two heads, one leg, no brain, etc.). The girl called each embryo by name, stating that she had given birth to him or her when she was smoking marijuana, using ecstasy or heroine. At the end of the video, an off-screen voice explained, “Any dose of any drug at any time before pregnancy results in birth defects.”¹¹² While such ads are not based on scientific evidence or facts, such scare tactics are the main “approach” in dealing with drug dependent women.

6. Fear, humiliation, hopelessness and expectation of death — is the daily experience of drug dependent people in Russia

Due to their illness, drug dependent people are forced everyday to break the law and acquire illegal drugs, and to risk ending up behind bars. They buy or produce narcotic mixtures, the use of which is often life threatening. They know this, but the illness is stronger. By punishing drug users for drug possession for personal use and especially for drug use, the State actually punishes them for the symptoms of their illness: drug dependency. In Russian society today, drug dependency is the only chronic disease for which the effective treatment is prohibited by law; instead, there is severe punishment through long-term imprisonment. Fear of the police drives drug dependent people underground and increases health risks; they contract HIV/AIDS, hepatitis C and tuberculosis. They are aware of the dangers of the deadly diseases awaiting them, but the dependency is stronger, and effective drug dependency treatment is prohibited by law.

Irina Teplinskaya’s appeal to the Leninskiy rayon court, Kaliningrad, 27 April 2011:
My health continues deteriorating quickly without the effective drug dependence treatment. Taking into account the life threatening condition of AIDS, and recently treated TB, this situation is a direct threat not only to my health, but also to my life.... I cannot live without opiates. Since 1989 my medical history states that in the absence of drugs I experience “nausea, vomiting, aches and pains in the arms and legs, fever, diarrhea, sleep disorders. Actually for more than 20 years my life is existence from withdrawal to withdrawal. Psychological effects of stopping using drugs constitute feelings of constant anxiety, fear and discomfort, regardless of the time elapsed since the last stop. Because of this illness [drug dependence] I have to regularly seek and use illegal drugs, which puts me in a constant danger of being charged with criminal or administrative offence. These constant fears to be apprehended by the law enforcement agencies, necessity to get money to finance drugs together with the inability to get paid employment, put me in a state of perpetual hopelessness and despair. The realization that because I am unable to stop using drugs, the state considers

¹¹¹ Andrey Rylkov Foundation, “In their eyes, I was a finished person: pregnancy and stigma of drug dependency,” 2011 interview. (Фонд им. Андрея Рылькова (2011), “В их глазах я была конченный человек»: ВИЧ, беременность и клеймо наркозависимости в России”. Интервью. <http://rylkov-fond.ru/blog/lichnye-svidetelstva/kaliningrad-hiv-story/>)

¹¹² “The Krasnoyarsk Krai administration paid 420 thousand roubles for production of 12 shocking video clips.” (“Администрация Красноярского края заплатила 420 тысяч рублей за 12 шокирующих роликов”.) ADME.RU.

*me as a person who cannot be tolerated, puts me in a situation of permanent deep humiliation.*¹¹³

7. Assessment of facts in light of the provisions of Art. 1, 16 of the Convention against Torture — Conclusion

Each of the above-presented facts suggests infringements by the Russian Federation of the UN Convention against Torture. Reported cases of ill treatment in prisons, closed drug treatment (narcological) clinics and tuberculosis clinics undoubtedly show signs of ill treatment and must be stopped immediately, pursuant to the Convention against Torture. At the same time, the State's overall approach to dealing with drug dependent people should be evaluated in the frame of the Convention against Torture.

7.1. Dependent people are under factual control of the State

Drug dependency, particularly opiate dependency, is a chronic relapsing brain disease.¹¹⁴ In Russia, it is officially stated that dependence syndrome persists even in a long-term remission and often manifests itself as the irresistible desire to use a psychoactive substance.¹¹⁵ All aspects of drug dependence and thus, of the drug dependent person's life are controlled by the State by virtue of the following factors:

- Non-medical use of drugs is forbidden under threat of arrest for up to 15 days (Article 6.9 of the Administrative Code);
- Acquisition and possession of drugs without intent to supply (for personal consumption) is forbidden under threat of imprisonment for up to 3 years (Article 228 of the Criminal Code);
- Drug dependent people can be treated only in institutions that are part of the State or municipal health care systems (Part 2 of Art. 55 of the Federal Law “On Narcotic Drugs and Psychotropic Substances”);
- Only methods approved by the Ministry of Health can be used in drug dependency treatment (Part 4 of Art. 55 Federal Law “On Narcotic Drugs and Psychotropic Substances”);
- The use of substitution therapy is prohibited on the territory of the Russian Federation (Part 6 of Art. 31 of the Federal Law “On Narcotic Drugs and Psychotropic Substances”); needle and syringe programs are not supported by the government and are formally criminalized (Art. 230 Criminal Code), therefore these programs require approval, the mechanism for which has not yet been developed by the Ministry of Health and the Federal Service for Drug Control; and

¹¹³ Appeal to the Leninskiy rayon court, Kalinigrad, by I.Teplinskaya, 20.04.2011. (Жалоба И.Теплинской в Ленинский районный суд г. Калининграда от 27.04.2011 года. [http://rylkov-fond.ru/blog/lichnye-svidetelstva/teplinskaya-fskn/attachment/ira-district-court/.](http://rylkov-fond.ru/blog/lichnye-svidetelstva/teplinskaya-fskn/attachment/ira-district-court/))

¹¹⁴ N.D. Volkow et al., *Journal of Neuroscience* 21 (2001), 9414–9418

¹¹⁵ Order of the Ministry of Health of the Russian Federation of October 22, 2003 N 500, “On approval of the protocol of managing rehabilitation of people with drug dependence” (Z50.3). (Приказ Министерства здравоохранения Российской Федерации от 22 октября 2003 г. N 500 «Об утверждении протокола ведения больных "Реабилитация больных наркоманией (Z50.3)».)

- The official State drug policy builds on cultivating intolerance of non-medical use of drugs and of drug dependent people.¹¹⁶

The State creates unbearable conditions to treat drug dependent people. In effect, there are only two options for drug dependent people seeking drug treatment: overcome a chronic illness through willpower or continue using illegal drugs, risking freedom, health and life. Every negative aspect of drug dependency is exacerbated by official drug policy, whereby drug dependent people become targets for police repression. They are sentenced to prison, are exposed to dangerous diseases, suffer social exclusion and humiliation, and are more likely to experience a painful death.

7.2. Infliction of severe pain and suffering on drug dependent people deliberately by the State or with the State's consent

The State is aware of the suffering of drug dependent people.¹¹⁷ State authorities have repeatedly spoken publicly about the grave consequences of this disease. However, an insurmountable barrier exists for introducing effective drug treatment interventions such as opioid substitution therapy and harm reduction programs. Repressive law enforcement, judicial practices and intolerance towards drug dependent people have been cultivated by the State pursuant to the existing legislation.

7.3. Are harsh measures against drug users necessary?

Given the proven high efficiency of substitution therapy,¹¹⁸ harm reduction¹¹⁹ and approaches based on human rights, the current Russian drug policy not only reaches beyond “the required response,” but also appears to be in conflict with the objectives of a drug control system.

An objective of a drug control system is to protect public health and public safety.¹²⁰ However, current drug policy does not take into account the results of numerous studies showing a lack of significant effects of severe laws and harsh penalties for drug users on the reduction in the levels of drug use or availability of drugs in the society.¹²¹ Harsh State policy towards drug users,

¹¹⁶ Health Minister, T. Golikova, “Current state and improvement of the narcological service of the Russian Federation,” abstracts for the conference “Drug Addiction in 2010.” (Т. Голикова (2010). “Состояние и совершенствование наркологической службы РФ”. Тезисы доклада для Конференции “Наркология-2010”. <http://www.minzdravsoc.ru/health/prevention/21>.) Strategy for the Implementation of the National Anti-Drug Policy of the Russian Federation in the Period Until 2020, adopted by the Presidential Order N 690 of 9 June 2010 (Paragraphs 4, 32, 48). («Стратегия государственной антинаркотической политики Российской Федерации до 2020 года» (Параграф 4, 32, 48). Утверждена Указом Президента № 690 от 9 июня 2010 года.)

¹¹⁷ V. Bogdanov, “No hospital beds — no problems. In Russia, drug treatment system deteriorates,” *Rossiiskaya Gazeta*, N 5266(187), 2010. (Владимир Богданов (23.08.2010). «Нет коек – нет проблем. В России деградирует система лечения наркомании». “Российская газета” - Федеральный выпуск №5266 (187).)

¹¹⁸ WHO, “Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence,” 2009.

¹¹⁹ WHO, UNODC & UNAIDS, “Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users,” 2009.

¹²⁰ Preamble to the Single Convention on Narcotic Drugs, 1961; Preamble to the Federal Law of 08.01.1998 N 3-FZ “On Narcotic Drugs and Psychotropic Substances.” (Статья 31 Федерального Закона от 08.01.1998 N 3-ФЗ “О наркотических средствах и психотропных веществах”.)

¹²¹ D. Bewley-Taylor et al, *The Incarceration of Drug Offenders: an Overview*, The Beckley Foundation Drug Policy Programme: 2009, p. 15; Doris Layton Mackenzie, *Sentencing and Corrections in the 21st Century: Setting the Stage for the Future* (2001), p. 21–22; Samuel R. Friedman et al., “Relationships of deterrence and law enforcement to drug-related harms among drug injectors in US metropolitan areas,” *AIDS* 2006, 20:93–99; Samuel R. Friedman et al., “Drug Arrests and Injecting Drug Deterrence,” *American Journal of Public Health* 2011, 101: 344-349; D. Werb et al., *Effect of drug law enforcement on drug-related violence: evidence from scientific review*, International Center for

including drug dependent people, contributes to an increased spread of HIV and other infectious diseases, as well as to an increased mortality from overdoses.¹²² In contrast, harm reduction and opioid substitution therapy are internationally recognized as the most effective methods of prevention and treatment of opioid dependency¹²³ and a key component of HIV prevention,¹²⁴ these interventions have also proven to be effective in reducing the number of crimes committed by drug users.¹²⁵ Not only has the current Russian drug policy failed to reach the objective of protecting public safety, but also this policy contradicts the existing public health objective. At the same time, the State prohibits substitution therapy and other interventions that directly contribute to reaching the public health and safety objectives without subjecting drug dependent people to pain, suffering and humiliation.

7.4. Conclusion

The above facts lead to a final conclusion: a policy of intolerant, inhuman and degrading treatment of drug users has been developed and has been turned into law in the Russian Federation. This policy is based on the widespread use of law enforcement measures against drug users, their intimidation and the creation of conditions that obstruct life and recovery, creating an atmosphere of death, pain, suffering, uselessness, isolation, powerlessness, humiliation and abuse of human dignity. Such an attitude towards drug users is accepted and encouraged by the Government. Despite the fact that according to the WHO, drug dependence is a chronic disease and other countries have long been using evidence- and rights-based methods that allow drug users to achieve the condition of physical and mental well-being, the government of the Russian Federation actively obstructs the introduction of such methods.

These actions violate the Convention against Torture and must be stopped; the system that generates these actions must be reconsidered and be subject to thorough reforms.

Science in Drug Policy: 2010; L. Degenhardt et al., "Toward a global view of alcohol, tobacco, cannabis, and cocaine use: Findings from the WHO World Mental Health Surveys," *PLOS Medicine* 2008, 5:1053-67; UK Drug Policy Commission, "Consultation paper on sentencing for drug offences," 2009; United States Office of National Drug Control Policy, *The Price and Purity of Illicit Drugs: 1981 through the Second Quarter of 2003* (2004); P. Reuter, "Ten years after the United Nations General Assembly Special Session (UNGASS): assessing drug problems, policies and reform proposals," *Addiction* 2009, 104:510-7.; Peter Reuter (RAND) and Franz Trautmann (Trimbos Institute), "European Communities," *A report on Global Illicit Drugs Markets 1998-2007* (2009); Justice Policy Institute, *The Vortex. The Concentrated Racial Impact of Drug Imprisonment and the Characteristics of Punitive Counties*, December 2007, p. 11.

¹²² Human Rights Watch, *Lessons Not Learned: Human Rights Abuses and HIV/AIDS in the Russian Federation*, (2007); T. Rhodes, "Street Policing, Injecting Drug Use and Harm Reduction in a Russian City: A Qualitative Study of Police Perspectives," *Journal of Urban Health* 2006, 83(5): 911-925; N. Bobrova et al., "Barriers to accessing drug treatment in Russia: A qualitative study in two cities," *Drug and Alcohol Dependence* 2006, 82 (Supp. 1): S57-S63; A. Sarang et al., "Drug injecting and syringe use in the HIV risk environment of Russian penitentiary institutions," *Addiction* 2006, 101: 1787-1796; T. Rhodes et al., "Situational factors influencing drug injecting, risk reduction and syringe exchange in Togliatti City, Russian Federation: a qualitative study of micro risk environment," *Soc Sci Med* 2003, 57(1): 39-54.

¹²³ WHO, *supra* 121.

¹²⁴ WHO, UNODC & UNAIDS, *supra* 122.

¹²⁵ UNODC, "Opioid substitution treatment: The review of effectiveness in crime prevention. Moscow," 2007.