

THE BECKLEY FOUNDATION
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Drug Policy and the HIV Pandemic in Russia and Ukraine

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The Beckley Foundation Drug Policy Programme (BFDPP) is a new project dedicated to providing a rigorous, independent review of global drug policy. The aim of this partnership between the Beckley Foundation and DrugScope is to assemble and disseminate information and analysis that supports the rational consideration of these sensitive policy issues at international level and leads to the more effective management of the widespread use of psychoactive substances. It brings together the Beckley Foundation, a charitable trust set up to promote the investigation of the science of drug use and DrugScope, the UK's leading independent centre of expertise on drugs.

SUMMARY

Over the past three years Russia and Ukraine have experienced one of the fastest growing HIV pandemics in Europe. In contrast to other parts of the world, the main driver behind the rate of infection is injecting drug use. Recent government policies have placed a heavy emphasis on reducing availability and on harsh punishments for drug users. This approach has not succeeded in significantly reducing the level of drug use. It has pushed the drug scene underground and increased risky behaviours among vulnerable groups. In the absence of measures to reduce infections and reverse the rate of transmission, the long-term impact of HIV/AIDS on population growth and economic development is likely to be grave.

BACKGROUND

Drug use

In the former Soviet Union drug use was not officially recognised as a social problem found in socialist societies. Legislation penalised the economic crime of dealing in drugs as contrary to socialist principles. However the consumption of drugs was not characterised as criminal behaviour, but made subject to administrative responsibility by the Edict of the Supreme Soviet of 25 April 1974.¹ Though the number of officially registered addicts in the Russian Federation doubled from 14,324 to 28,312 between 1984 and 1990, it remained low by international standards (Butler 2003:36).²

However, there are indications that the use of narcotics was spreading dramatically from the late 1970s onwards, possibly as a result of the invasion of Afghanistan. Moves to increase penal sanctions in response to growing concern over rising levels of

drug use in the mid-1980s, were caught up in the *perestroika* of constitutional reforms. Instead of tightening legal restrictions, the authorities were pushed towards a more liberal approach by the 1990 ruling of the Constitutional Supervision Committee. In the Committee's opinion, punishing people for consuming narcotics without prescription was contrary to the USSR constitution. Prisoners held for narcotic consumption violations in the Russian Federation and other republics were promptly released. Changes made in 1991 to the Criminal Code and the Code of Administrative Responsibilities were "tantamount to a certain legalisation" of consumption, though not of possession, of narcotic substances (Butler, 2003, p 39).

Following the dissolution of the Soviet Union in December 1991,³ the newly emerging sovereign states began to revise their criminal code, and formulate new drug regimes. In 1998 the Federal Law on Narcotic Means and Psychotropic Substances set a new legal framework for the control of drugs in the Russian Federation, incorporating the schedules of the 1961,

1971 and 1988 United Nations Conventions into Russian law. The Federal Law was complemented in 2001 by the Code on Administrative Violations. Significantly, drafting for both sets of Russian legislation began before there was a clear understanding of the link between injecting drug use and HIV infections in the Russian Federation.

HIV INFECTION

Until the 1990s Russia remained relatively untroubled by HIV. Official literature traced outbreaks to homosexual practices among soldiers stationed in Africa. The authorities undertook little by way of preventative work, or awareness campaigns. The explosive increase in levels of infection in the late 1990s and early 2000s has overwhelmed health and social services. In 2003, the total number of people registered as having HIV stood at 265,000, nearly triple that recorded for 2000 (Malinowska-Sempruch, 2003). In neighbouring Ukraine, the trend has been sharper still, with national prevalence already above 1% among 15 to 49-year-olds.

These prevalence rates may seem less dramatic when compared to those reported from southern Africa. Adult prevalence among 15 to 49 years olds is running at 15% in Malawi, 13% in Mozambique, 20.1% in South Africa and 15-19% in Zambia (UNAIDS, 2001). But the situation in Russia is extremely grave as well. Both Russian and UN agencies believe that the actual figure for HIV infections in Russia is around 1.5 million in a population of 144 million. In Ukraine prevalence stands at 1% and if current levels of infections continue there will be an HIV infected population of 1.44 million by 2010 (Malinowska-Sempruch, 2003).

Moreover, compared to southern Africa, the distinctive feature of the HIV epidemic in Russia, and the other republics of the former Soviet Union, is that it is overwhelmingly driven by drug use. As the United Nations has itself observed “today, this is predominantly an epidemic among urban, young, male, injecting drug users and their sexual partners” (UNDP 2004, p 12).

THE PROBLEM

In the mid-1990s official concern over increasing recreational drug use prompted a change in policy direction. It was recognised that for many Russian youths “illegal drugs [had] become a means to demonstrate their assimilation to Western lifestyles and to display their newly obtained freedom of action” (Paoli, 2001, p 8). Drug users are often younger than their western counterparts with teenagers and young adults making up the bulk of injecting drug users. By 2000 prevalence rates for opiate use had shot up to 1.8% in the 15 plus population,

three times the rate reported by the United Kingdom (UNODC, 2002). As of 2001 there were 317,178 people registered as dependent on narcotics, (Butler, 2003, p 49). Two years later the estimates for the population of injecting drug users ranged from 1,500,000 to 3,500,000 (World Health Organisation, Euro database). Ukraine registered HIV prevalence rates of 0.9% in 2000 with an estimated population of 400,000 to 600,000 injecting drug users.

Drugs became more widely available following the relaxation of border controls. This led the Russian authorities to focus on external factors - mainly trafficking and supply - rather than analysing and responding to actual consumption patterns. A dedicated government agency was set up at the Ministry of Internal Affairs with a staff complement of 40,000 (Butler, 2003, p 56). Emphasis was placed on the containment of drug use through punishment, rather than on prevention and mitigation of harmful consequences. The new legislative regime includes severe penalties for drug offences, notably “three year sentences for possession of up to five one-thousandth of a gram of heroin, an amount that would most likely not warrant a prison sentence in the US” (Grisin and Wallander, 2002, p 10). This punitive approach has driven the drug scene underground, often out of reach of social and health services.

A handful of programmes are being financed by overseas agencies such as the UK Department for International Development, the Open Society Institute and Medicins sans Frontiers. These programmes are providing basic services to injecting drug users, such as needle and syringe exchanges and outreach work. Such measures are known collectively as ‘harm reduction’ and have proved successful in containing the spread of HIV and other infectious diseases among injecting drug users in a number of Western European countries.

In the Russian Federation, the official stance on harm reduction has been ambiguous. Article 230 of the Criminal Code criminalises “promoting the use of narcotics” and “inclining to consumption...of narcotic means and psychotropic substances”. So the provision of clean needles could be interpreted as being in contravention of the law. It all depends on what is meant by ‘inclining to consumption’, which is not clear. The Russian Government withholds financial assistance from ‘harm reduction’ measures. Furthermore in 2003, the State Drug Control Committee issued a non-binding recommendation to its regional departments advocating the cessation of all harm reduction activities. This negative stance has been somewhat ameliorated by an amendment to Article 230 of the Criminal Code passed in December 2003 which exempts “propaganda ... for the purposes of the prevention of HIV infection”. In March 2004 the Duma followed this up with a decision to decriminalise personal possession. But the nettle of defining ‘personal possession’ has yet to be grasped.

In the meantime practical interventions are impeded by a particularly narrow interpretation of the UN Conventions. In Russia the treatment of drug dependence with opiate containing medicines is expressly prohibited. This has ruled out methadone substitution programmes that are widely used to stabilise and maintain chronic opiate users in Western Europe. In the Ukraine a small number of substitution programmes involving the injection of buprenorphine were introduced in 2001, but have fallen well short of demand (Subata, 2003).

As noted above, harm reduction projects have been run in a number of Russian cities with the support of external funders. The results have been good, but these initiatives are a drop in the ocean. It has been calculated that the reversal of HIV transmission rates could only be achieved by the roll-out of these kinds of services to at least 60% of the most vulnerable demographic groups (DFID, 2002). Recent legislation places formidable obstacles in the path of harm reduction initiatives. So does the hostile attitude of the State Drug Control Committee and the law enforcement agencies. It is not only the *provision* of harm reduction services that is difficult, but even the *discussion* of harm reduction policies. For example, the mere suggestion that heroin prescribing should be introduced for chronic users was recently met by the State Drug Control Committee with the threat of criminal prosecution.⁴

The Russian healthcare system is quite unprepared for meeting the needs of HIV patients. Treatment costs are running at between US \$6,000 and \$12,000 per patient per year. In 2002 only US \$ 6 million was committed to federal AIDS centres. The current level of funding can only cover a few hundred out of hundreds of thousands of cases. If comprehensive care was provided it has been estimated that it would cost Russia over US\$1.5 billion per year to treat all patients (Kallings, 2003).

PRISONS

Prisons are one of the chief centres of HIV infection. At 595 per 100,000 in 2003, Russia has one of the largest prison populations per capita in the world. A rapidly rising number of these prisoners are being held for drug related offences.

While HIV testing is routinely undertaken with new inmates, the separation of those testing positive creates a false sense of security in Russian prisons. Drug use and sexual relations

between prisoners remain serious problems, in spite of strict prohibitions. A report on seven prisons found that 43% of prisoners were injecting drugs. Significantly, 13% had been initiated into injecting drug use while in prison. Levels of HIV infection are now running at 42.1 per 1,000 prisoners (4%). See below. This is an extremely high-risk environment; chillingly, the UNDP report described Russian prisons as 'HIV incubators'.

A less punitive regime exists in Ukraine with a prison population rate of 415 per 100,000 population. But HIV infections in Ukrainian prisons are even higher than in Russia, at 70 per 1,000 prisoners (7%).

FORECAST

In both Russia and Ukraine the transition to a market economy has incurred heavy social costs. In Russia life expectancy has already fallen from 69.3 in 1990 to 66.6 in 2000 (UNDP, 2004, p 46) and diseases such as TB and hepatitis have also spread dramatically. The impact of HIV is even more serious, as it is impacting on the economically most active segment of the population: young adults. The mathematical models developed to assess demographic and economic repercussions paint a bleak picture. The spread of HIV is going to impact severely on population growth and economic development.

One set of calculations estimates the following possible trajectories for Russia's population and its economic development (as measured by Gross Domestic Product or GDP). See overleaf.

In addition to rising health care expenditure and the need for ongoing prevention campaigns, there will be a number of further economic consequences including:

- reductions in labour force numbers and productivity
- reduction in the numbers of workers and savers relative to the total population
- increases in wages and salaries resulting from a shrinking labour force.

IMPACT

The repercussions of the drug use driven HIV pandemic will

Prisoner population and diagnostic HIV screening in the penitentiary system of the Russian Federation 1995 – 2002

	1994	1996	1998	2000	2002
total number of prisoners in	929,000	1,052,000	1,014,000	924,000	875,000
prisoners living with HIV	7	240	2,300	15,100	36,850
prisoners living with HIV (per 1,000 inmates)	0.008	0.23	2.3	16.3	42.1

Aids Foundation East-West, 2003

Population outcomes in millions	1995	2020	2045	% change 1995-2045	Total of HIV infected persons in 2025	HIV/AIDS Mortality rates in 2025	GDP fall by 2045
Low AIDS	144.86	131.39	107.58	-26%	4 million	3 million	6%
Medium AIDS	144.86	127.97	100.77	-44%	13 million	9 million	11%
High AIDS	144.86	125.76	96.49	-48%	19 million	12 million	14%

(Sharp; Eberstad – adapted from UNDP 2004)

have a profound impact well beyond the social groups that are most directly affected. If the rate of infection is allowed to continue apace, the costs of rising mortality and morbidity rates will further shift dependency rates in the long term. The economy will suffer reductions in competitiveness and there will be a significant decline in aggregate macro economic activity.

Current analysis indicates that attempts to avert the epidemic of drug injecting and HIV through strong enforcement of supply side measures have not been effective. Against the background of the rapid spread of HIV, there is an urgent need in Russia and Ukraine for effective measures to engage drug users in services that protect their health and reduce drug-related harms. Failure to implement measures that have been proven to be effective elsewhere could, in years to come, be looked back on as a tragic mistake.

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USEFUL WEBSITES

www.internationaldrugpolicy.org
www.beckleyfoundation.org
www.drugscope.org.uk

FOOTNOTES

¹ Administrative offences are a category unknown to Anglo-American law, although many continental systems have them. They are not crimes, but nonetheless are unlawful actions or failures to act and are sanctioned in various ways (fine, administrative arrest, and so on). In Russia and Ukraine there are separate codes determining what they are and what penalties apply. W. Butler, personal communication.

² 35,254 – 67,622 for the Soviet Union. These figures do not distinguish between recreational and dependent users.

³ The date conventionally accepted is the 25 December, marking the ratification of the documents that created the Commonwealth of Independent States.

⁴ Instruction sent on 19/11/03 by A.G. Mikhailov, deputy head of the State Drug Control Committee to the heads of the territorial departments.