



INSTYTUT SPRAW PUBLICZNYCH
THE INSTITUTE OF PUBLIC AFFAIRS



Fellowship Program for Young Russian Policy and Opinion Makers

Policy Papers 10/07

**NGOs IN PROTECTING RIGHTS OF DRUG-USERS ON SOCIAL
SUPPORT AND TREATMENT: LESSONS FROM POLAND**

AUTHOR: ELENA STEPANOVA

Supervisor: Piotr Kazmierkiewicz, Institute of Public Affairs



The National Endowment for Democracy
Supporting freedom around the world



1. Introduction

The policy in the field of public health services is often developed without careful reflection about the purposes of these policies, whether the activity stipulated by them will lead to the achievement of these purposes, and whether the advantage for public health will be greater than the adverse consequences for the compliance with human rights.

Drug policy carried out in Russia considers its main objective to be the elimination of using drugs in the society.¹ This clear objective often leads to certain breaches of human rights in the field of medical treatment and social support. Drug users possess all the civic rights, fixed in the constitution and the international conventions ratified by their country. Non-observance of this fundamental right in relation to drug users results in significant obstacles in preventive activity and in a more comprehensive sense in barriers to social rehabilitation.

In many countries of the world disputes on how the use of drugs should be considered have been going on—the views ranged from seeing it as a crime, disease, social frustration or a combination of these. The state policy is often based on the dual attitude to the nature of drug-addiction: social directives concerning abusing drugs reflect inability unequivocally to answer a question that causes abusing and who, finally, bears for it the responsibility. In France, Italy, Switzerland, Luxembourg using drugs is forbidden. In Great Britain and Ireland only using opium is penalized. In Belgium criminally-legal ban extends to using drugs in groups. In Denmark, Germany, the Netherlands, Portugal using drugs is not a crime.

National activities aiming at solving the problem of the use of harmful substances differ among countries. Some states introduce increasingly strict measures, while others implement radical reforms of drugs laws.

Prohibitive politics (prohibitionism) in drugs sphere can put in jeopardy many rights stated in the Universal Declaration of Human Rights. In some countries the presumption of innocence principle (which is normally considered as a cornerstone of a fair legal system) does not extend on drug-users. Prohibitive policies and effective control over the spread of a HIV-infection are mutually exclusive frequently.

¹ According to the Concept of the State Policy of Drug-Addiction Preventive Maintenance and the Offences Connected with Illegal Circulation of Drugs and Psychotropic Substances in Russian Federation.





During the last 15 years a fierce debate has been raging about advantages of «harm reduction» as the approach of drug policy relative to «using reduction». It may be concluded that harm reduction has won in some countries (for example, in the Netherlands), and has failed to do so in others (for example, in the USA). However harm reduction and using reduction in essence are not the mutually exclusive purposes. Harm reduction is considered as a field of activity of public health services programs, and using reduction - as a field of activity of law enforcement bodies.

Harm-reduction programs are recommended by the World Health Organization as highly effective and low cost way of HIV-preventive activity among drug-users. However promotion of harm-reduction ideas and call for funds for the programs realization in Russia is still difficult.

Today in various regions Russia there are more than seventy harm-reduction projects in operation. Projects include information programs (giving information on infectious diseases such as HIV, virus hepatitis, etc.); giving medical and psychological consultation, and also giving drug-users assignments to medical institutions (infectious hospitals, narcological hospitals, rehabilitation programs, testing for HIV, hepatitis, etc.); giving the means of personal preventive maintenance (condoms, syringes).

However, methadone therapy is not applied in Russia due to a legislative ban. Methadone is included in the List of substances whose circulation is forbidden in Russia.¹ As using drugs for treatment of drug addiction is forbidden in Russia (the Federal law «On drugs and psychotropic substances») legal application of methadone is impossible. That fact essentially complicates treatment and rehabilitation of people with dependence and HIV/AIDS.

All the UN activity in the field of drug control is coordinated by the UN Drug Control Program (started in 1990). The Single Convention on Narcotic Drugs (1961, amended 1972) as well as the Convention on Psychotropic Substances (1971) state that the participating states «may provide, either as an alternative to conviction or punishment or in addition to punishment, that such abusers undergo measures of treatment, education, after-care, rehabilitation and social reintegration». Similar statements are contained also in the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988).

Below the Polish experience will be analyzed as such of the country which gained great success in this field of social policy. Poland fights efficiently with HIV-epidemic among drug-

¹ the List approved by the Government regulation on June 30, 1998 № 681





users owing to harm-reducing policy adoption. This experience is relevant for Russia because Poland was the first country in the East-European region which soon after the beginning of registration of HIV-infection incidence among drug users came up with effective policy responses. They included a complex official policy of HIV-infection preventive maintenance among drug users as well as programs on needles and syringes exchange. In 1988 the National program of preventive maintenance of AIDS and struggle against was introduced in Poland. The idea of syringes exchange was exposed then to criticism from experts and officials of public health services because of the dominant policy framework of treatment without drugs. Nevertheless, for the first time distribution of syringes began to be implemented in 1988 by the biggest NGO – «MONAR». It is now agreed that with the benefit of hindsight the Polish experience confirms that distribution of sterile tools can prevent drug users marginalization.¹

2. Problem description

Human rights of drug users in Russia are abused in a number of instances. The current policy of criminalization of using drugs in Russia leads to prosecution and discrimination of drug consumers, incites fear and mistrust toward them in the society, and hampers the development of preventive, medical and social programs. Here, in response the elementary necessity of methadone therapy permission will be analysed.

Drug addiction spreads widely in all the strata of the Russian society. President Vladimir Putin defines the situation in the country as a «threat of the national safety». The state agency Gosnarcocontrol estimates the number of drug-users at 6 million persons. No person, no family is safeguarded from this social trouble. It is necessary to understand that there are two kinds of victims of drug addiction: drug user himself and members of his family. The total situation is aggravated by the unprecedented growth of HIV-carriers in the current decade in Russia. About 80% of them are intravenous addicts. UNAIDS (The Joint United Nations Program on HIV/AIDS) has for several years reported that in Eastern Europe and the countries of former Soviet Union HIV extends more quickly, than anywhere else in the world. There are officially registered 363,691 cases of HIV infection to the end of 2006 in Russia. Approximately 80 % of

¹ Moskalewicz, J. and Sieroslowski, J. 1995, *Lifestyles of Drug-Dependent Persons Living in Poland*, Pompidou Group, Council of Europe, Strasbourg, France.





HIV-carriers are 30 years old or younger. There are about 80-100 thousands drug addicts in St.-Petersburg and center «SPID» gives in reports the information on almost 30 thousand registered HIV-infected persons there.

Over the last 5-7 years various activities to combat drug addiction have been undertaken in Russia. Federal, regional and municipal structures, interdepartmental commissions have been created. Different programs are being started in St.Petersburg as well. However it is necessary to note, that most efforts have been directed on two kinds of activity - on (a) struggling with drug business and (b) drug addiction prevention. There is no third serious component in combating of drug addiction from the direction of Russian government – (c) the help for the people suffering from drug-addiction.¹ There are a huge number of such people and it is impossible to solve their problems by the way. These patients are in need of qualitative and accessible treatment primarily. The NGOs functioning in Russia try to solve these questions.

These are three different focuses of activity directed on essentially different sectors of the society. They assume essentially different purposes and results, and are based on absolutely different resources and ways of action. Drug-addicted patients are sometimes considered as part of the fight against drug business and sometimes as the object of preventive activity. It may be argued, that the absence of the independent status at patients and corresponding activity leads to uncertainty and inefficiency of all three focuses of activity. The problem of drug-addicts treatment availability and quality is on the one hand a problem of containment of drug-addiction and a HIV-infection in the society, and on the other hand a problem of realization of legal rights of the person on medical treatment and necessary social service.

However in Russia and St.-Petersburg as well actually there is no sufficient infrastructure of help, treatment and social support for drug-users provided by the state. The state has shifted in a certain way the blame for drug-addiction spreading in a society on family and patients themselves and eliminated itself from a problem of treatment. Treatment of patients bears heavily on their families; poor-quality short-term treatment quickly leads to relapses and then repeated attempts of treatment. Drug users are stigmatized by the social help bodies and the population as a whole.

¹ From the speech of the head of Regional Charity Public Organization “Azaria – Mothers against drugs” Galina I. Saganenko on international seminar “Reproductive and social rights of drug users”, Amsterdam, Nov.16, 2006.





In many countries in the world (including Poland) NGOs fill a state order to solving social problems of different origin. Usually it's a common practice the state government carry out a grant competition for implementing of a concrete social program as a result of which NGOs can win funding. So in Poland NGOs function together with the government and in Russia – in a confrontation.

A number of NGOs have been founded in Russia, whose mission is to supply support for drug-addicts, HIV-infected persons, their families. NGOs defend rights of drug users; develop understanding of the civil rights infringements of drug-users and the other population in the society. So in Russia a system of drug-users registration has been in existence for over 20 years, in which a person is included in the special register. This can be interpreted as limiting the civil rights. For removal of drug registration it is required to be marked and confirm on a regular basis the steady remission (sobriety) during 5 years. The registration («narcouchet») itself is an extralegal action which is not regulated by any legal procedures. The condition of free treatment availability in official institutions – «to the persons consisting under narcological supervision in regional narcological clinics the treatment is rendered free of charge, anonymous treatment is paid» - collides in violation with international laws.

Last year the legislative establishment of the whole spectrum of actions violating national and international laws¹ was discussed literally from all the tribunes. Among them the establishment of total testing on the presence in an organism of drug traces was considered for all university entrants. The same idea has been repeatedly brought up with reference to pupils at schools. Many times in mass-media, in speeches of representatives of authority the question on the establishment of a death penalty for "distributors" of drugs rose. By now a huge number of drugs-users have been in prisons for 5-7 years for possessing a dose for injections. Russian

¹ Under

(a) **Universal Declaration of Human Rights** (1948). *Article 3* ("Everyone has the right to life, liberty and security of person"); *Article 12* ("No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks"); *Article 11, part 1* ("Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defense").

(b) **Russian Constitution** (1993). *Article 22, part 1* ("Everyone has the to right liberty and security of person"); *Article 23, part 1* ("Everyone has the right to security of private life, personal and family secret, honour and good name protection"); *Article 49, part 1* ("Everyone charged with a penal offence is presumed innocent until proved guilty according to federal law and established by the valid sentence").





legislators have been debating in the last months the question on legislative establishment of compulsory treatment for drug-users.

Infringement or neglect of human rights can raise risk of inadequate results of actions on health protection. Such infringements include, for example, inability to observe, protect and enforce the rights of citizens to the information, education, rest and an adequate standard of living.

Application of public health measures on restraint of HIV-distribution among consumers of injection drugs (such as substitute therapy and exchange of syringes programs) becomes complicated because of strongly rooted belief in the efficiency of rigid law-enforcement activity in the struggle against illegal drugs, and also because of fear that support for harm-reduction would lower effectiveness on drugs deliveries decrease.

A significant number of drug users are interested in undergoing treatment and taking advantage of harm-reduction services. However only a few of them will apply for the assistance if it is connected with a number of restrictions. Those are the loss of confidentiality (for example, with registration in official institutions), deprivation of the driving rights, impossibility of high school education, constant supervision or penal sanctions in case of continuation or renewal of drug-using. Deterring consumers from the help, such policy provokes all new medical, financial and human losses not only among consumers, but also among all members of a society.

3. Lessons from Poland

Polish experience can provide recommendations for solving problems concerned with human rights protection of drug-users. Poland has been implementing for many years such measures as substitute therapy, dispensing of sterile syringes, places for safe use of drugs. These measures have enabled Poland to contain the spread of HIV epidemics. There are reasons to believe that applying the Polish experience will help address the problems in Russia in the field of protection drug-users rights and HIV-infection spreading, as well as availability of qualitative and free treatment for drug-addicts.

In Poland there are 60 thousand drug addicts (estimated by Polish Society for Drug Prevention). Several years ago Poland chose not to follow prohibitive policy. Efficiency of prohibitive policy («the zero tolerance policy») has been doubted in the last years all over the





world: it not only results in numerous infringements of human rights, but also - to a greater degree - becomes the reason of spreading HIV/AIDS all over the world. All the treatment for drug-addicts is free of charge in Poland. Methadone programs have been actively run in the country during the last 10 years. The problem of drug prevention and treatment is considered as one of the social policy problems which the state solves in cooperation with NGOs. Thus NGOs providing treatment to drug users and running preventive activity are funded partly by carrying out the order of the state structures and partly by donations.

Poland, according to the international standards, is not the country with a wide prevalence of HIV (12 cases per 100,000 inhabitants) or AIDS (1.3 per 100,000). However these rates are higher than in the other countries of Central Europe¹. According to official statistics the number of cases of HIV and AIDS in Russia is 274.2 and 2.4 per 100 thousand inhabitants respectively². UNAIDS however estimates the number of HIV-carriers per 100,000 inhabitants in Russia to be 662.7³.

The most popular drugs in Poland are (1) marijuana, (2) cocaine, (3) amphetamine. Recently the consumption of heroin has decreased. The rate of recovery from drug addiction through substitute therapy is 3-5%. In several European countries several years ago there were programs of giving heroin to addicts (for instance, in Germany and Switzerland). The laws on drug addiction counteraction are the same in all the provinces of Poland (the country is unitary).

The principle operated in Poland is «to treat instead of punishing». There is a practice of compulsory treatment under the court sentence. In prisons there are opportunities for treatment. Being registered, addicts in Poland do not lose any civil rights. Registration restrictions apply only if the former addict wishes to become the therapy specialist. In this case he should confirm 3 years sobriety partly due to high state standards of accreditation/certification of therapy specialists in Poland.

Harm-reduction approach is focused on risk minimization of HIV and the harm connected with it for consumers of drugs. It does not demand from intravenous drug-users to stop using drugs immediately to lower the risk of HIV-infection obtaining. Harm-reduction approach includes obligatory training for addicts on the forms of HIV transmission and the ways

¹ Vodovski, Gzegosh (2006) Needles, Syringes and Human Rights. Drug Politics, HIV/AIDS and Human Rights, Soros Foundation – Kazakhstan, p. 267-279.

² The data of the Federal Center «SPID» < <http://www.hivrussia.ru> >

³ http://www.unaids.org/en/HIV_data/epi2006/default.asp





of avoiding infection. In particular, the participants are made aware of the fact that the use of injection drugs in itself does not lead to HIV-infection, but that the virus is transmitted when needles are shared. Teaching addicts to disinfect the tools and providing them with pure syringes has brought about reduction in new cases of a HIV among drug-addicts in several cities worldwide.¹ The harm-reduction position is based also on respect for human rights and the pragmatism approach for a problem of using drugs.

From the very beginning the AIDS epidemic and its consequences have affected most strongly those who live at the bottom of a society, including intravenous drug users. Dispensing of sterile syringes, substitution therapy, places for safe drug use are most important measures in preventing HIV epidemics. The needles exchange programs require relatively small resources in comparison with expenses for treatment of the HIV-infected who have become infected owing to their absence. The syringe exchange program has been run in Poland for three decades. Providing drug-addicts with the sterile needles and syringes does not occur to the purpose of drugs reception simplification or enable of such opportunity by it, but serves the purpose of protection of these people and also all population from HIV-infection and other infectious diseases.

In such case when the syringe exchange program is a component of a larger system of services for persons with addictions, contact with the worker of the program is an excellent basic point. For instance, about 30 % of all patients who started treatment at the Center of Treatment of Addictions MONAR in Krakow had had earlier contact with workers of exchange programs working in the streets. Programs of syringe exchange in Poland are based on the principle, that street workers of the program are a link between drug sphere and medical programs. The program of syringe exchange realized in *Kamienna Góra (in Lower Silesia)*, is completely based on delivery injection toolkit to houses of addicts.

Realization of huge expenses for treatment of AIDS-diseased indicates the need for change in the attitude towards harm-reduction programs. Expenses for the program which involves one thousand clients during one year, are lower than the expenses on anti retrovirus treatment of two persons with AIDS.

¹ Paone, D, Des Jarlias, B. C., Gangloff, R., Millikan, J. & Friedman, S. R. (1995) Syringe exchange: HIV prevention, key findings, and future directions. *International Journal of the Addictions*, 30 (12), 1647-1683.





As the struggle against drug business is rather complex, and a growing number of people start using drugs, contract and die of heavy illnesses, - harm reduction programs are represented as the most effective for achieving sustainable results in preventing infections with HIV/AIDS and hepatitis among drug users. They also have essential impact on restricting the spread of HIV-infection in the population. Experience of Poland where effective programs of harm reduction contributed to the significant reduction of HIV/AIDS incidence among drug-users and stabilized a situation in the general population testifies to it.

Methadone is considered in Poland as an optimum solution among available means of decreasing the illegal use of heroin and related criminality, diseases and death rates. 30 centers in the country run methadone programs. About 200 persons a year use methadone. The overriding aim of the harm-reduction strategy is limiting harmful medical, social and economic consequences of the use of drugs.

These solutions allow to restrain HIV-infection spreading in drug field and finally return the patients to the society.

Summing up, the Polish laws do not oppress, but describe procedures. Drug-addiction in Poland is viewed as illness; in Russia – as a crime.

Based on the Polish experience we can conclude that drug policy should aspire to restriction of the individual and public harm caused by consumption of drugs. The control over drugs policy should be focused on decreasing criminality, sickness and death rates, connected with using of drugs. In the prohibitive approach used in Russia addicts are considered, first of all, as the criminals deserving punishment, instead of the sick people requiring treatment and help.

The prohibitive policy in Russia leads to the fact that drug-users deal with the law more often, rather than with medical institutions. The reason is in the basic postulate on the nature of drug addiction spreading which is often used as the argument of power and prohibitive measures. The postulate says: «Each addict involves in the use of drugs from 10 up to 15 person». The conclusion done from this is in necessity of the criminal liability of addicts for drug addiction distribution.

The approach based on observance of the Russian legislation makes impossible realization of harm-reduction and preventive programs which are necessary for restriction of HIV virus transfer. Criminalization of stupefying or psychotropic substances consumption leads





to significant restrictions in application of such approved methods, as for example as methadone therapy and places for safe drug using.

Criminal sanctions remain the basic mechanism applied both in preventive maintenance and in work with the people using drugs. Still huge means are allocated for activity on struggle against drugs deliveries, instead of to efforts on demand reduction. Using drugs should be perceived first of all not as a law-enforcement problem, but as a problem of public health services. It is necessary to admit that fact, that drug users possess the same rights, as other citizens.

4. Conclusions and Recommendations

Harm-reduction first of all means the actions directed on elimination of harmful consequences of drug-using instead of counteraction of their consumption. Harm-reduction does not put the priority to solve the problems of drug-addiction of a concrete person, no less than to solve general problems of drug-traffics. However, representing a separate kind of preventive and therapeutic intervention, it does not deny and does not reject necessity of other forms of work with the drug-addiction problem.

Of great significance to the lives of addicted persons in the society are legal regulations concerning drugs which in practice often mean punishment for storage of a dose for own use. There is a relationship between criminal sanctions for possession of drugs and the addicted persons' lifestyle -- as soon as punishments become more severe, the environment of addicts becomes more criminogenic.

Russia should develop a realistic strategy for decrease in epidemic, firmly based on the cornerstone of human rights. Development and realization of humane policies should be begun with revision of conventions of the United Nations on drugs and reforming of national laws on drugs and a HIV.

The following articles should be included to the Federal law «On drugs and psychotropic substances»:

(a) Article 1 «General terms» should include «‘substitution treatment’ means administering, in the course of drug treatment, medical products or opioid receptor antagonist drugs»;





(b) There must be included the new article «An addicted person may be treated according to the substitution treatment programme»

(c) Methadone should be excluded from the List of substances circulation of which is forbidden in Russia (the List approved by the Government regulation on June 30, 1998 № 681)

Consumers of drugs and NGO defending their rights should be involved in decision-making process. It is necessary to include clauses in the Russian laws on counteraction of drug-addiction about the legitimate status of an exchange of needles and medical purposes use of methadone programs.

The government should develop and support actively harm-reduction programs including syringe exchange, providing of access to substitute therapy by methadone, education in the field of ways of HIV-distribution. Similar services should be accessible in all penitentiary institutions.

Cost of the methadone program is 70 US dollars on average a year per one patient. Harm-reduction programs are effective there where introduced at a national level and in a plenty. The syringes exchange should cover about 30 % of drug users, and another 70 % should be covered informational. For example, in Sydney (Australia) where the population of 5 million including surroundings, there exists about 200 stations on syringes exchange. As to economic efficiency: treatment of one HIV-infected of the person in a year costs on the average about 10000 dollars, cost of one program of an exchange in Russia is 30000 dollars.

As in Russia the war on drugs approach is widespread, today it is necessary to struggle with social marginalisation drug-users. Antinarcotic laws should start with positions of conventions on fundamental laws of the person. Such laws often do not consider distinctions between the consumers storing drugs for own consumption, and dealers of drugs.

Harm reduction programs should include distribution of the information, development of exchange programs, medical programs, including substitute therapy, and also various kinds of service, including legal services.

