

Russian drug policies fuelling the escalating HIV epidemic



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Last week I asked Viktor how he was - as his health seemed to be deteriorating, he relapsed again despite a desperate attempt to undergo drug treatment in Russia's most renowned drug treatment clinic at the National Research Center for Drug Dependence. He had started using "khanka", which contains opium, aged 16 years and then tried a number of other drugs but he always went back to injecting opioids. For the next few years he was in and out of prison, and then in about 2004 Viktor found out that he was HIV and HCV positive. Prison was followed by several attempts at detoxification as this was the only drug treatment available but each time, he relapsed.

On 23 October 2015 the Premier Minister of Russia held a meeting of the Government's Health Committee. The rapidly growing HIV epidemic was discussed. The Minister of Health informed the Premier Minister that at the current pace the epidemic would grow 250% by 2020 and any control would be lost completely. The Minister suggested that HIV treatment coverage should be significantly expanded to include more people from vulnerable populations, including people who use drugs¹.

Authorities in Russia are aware that sharing contaminated injecting equipment, by people who inject drugs remains the main driver of the epidemic (more than 57% of new cases in 2014).² Despite this, Russian officials continue with their dogmatic approach to harm reduction and in particular OST. Ignoring the overwhelming scientific evidence, the UN recommendations, and numerous examples of countries which successfully use OST for HIV prevention and drug treatment, Russia maintains a criminal ban on OST.

In 2010-2013 three Russian persons (applicants) who use drugs went to the European Court of Human Rights ("ECHR") challenging the criminal ban. All applicants are people who inject drugs with very similar stories of many years of opioids use and all its consequences, including HIV, Hepatitis C, TB, prosecution by police, and incarceration. In the ECHR the applicants claimed that by denying them access to OST the Russian authorities had violated their right to be free from inhuman or degrading treatment, the right to private life, and the right to be free from discrimination.

¹ <http://government.ru/news/20196/>

² <http://www.hivrussia.ru/files/spravkaHIV2014.pdf>

Arguing against the applicants in the ECHR, the Russian case was based on a number of myths and misinterpreted facts, such as methadone was once called Adolphine after Adolf Hitler, or that OST medications lead to mental dementia, liver failure, or increased risk of overdose in comparison to heroin use. Authorities also try to mobilize drug treatment doctors, patients and their parents against OST. In October 2015 the ECHR received a 4,000 page submission from the Russian Government with signatures of several thousand people against OST, including doctors, patients, and their parents. In addition each applicant suffered different persecutions: one applicant was arrested and interrogated about her OST application, another applicant suffered harassment of the authorities against a civil society organization which provided support for him, and yet another applicant was fired from a government oriented organization drug treatment organization for his position in favor of OST.

The legal battle in the ECHR is an example of how poor understanding of human rights by law enforcement and health authorities prevent science based and cost effective HIV prevention. The Russian Government argues that the legal ban on OST is to promote the right to health; the legal ban is mandatory for all, so there is no discrimination of any kind. The arguments which the Russian Government present to ECHR are based on the notion that low level of retention in abstinence based treatment, which is the only method of treatment available in Russia, has nothing to do with low effectiveness of this method of treatment. The Russian Government insists that the main reason why people who use drugs return to drug use after drug treatment is their low motivation to stay abstinent. According to the Government, the introduction of OST will further demotivate people who use drugs from abstinence. Taking this one step further, the authorities insist that the awful health and legal risks people who use drugs face should scare and "motivate" them into abstinence - this in spite of there being no scientific evidence to support such an argument. Further, from a human rights perspective such logic is discriminatory as the authorities ignore vulnerability of people who use drugs to the adverse health consequences of illicit drugs and its associated life style, or in some cases use this vulnerability as part of the official policy of zero tolerance to drug use.

Also argued is that OST medications could be diverted to the illicit market and that OST medications can be misused and can cause death from overdose. This ignores evidence that inexpensive safety measures as well as health workers' training can effectively minimize such risks, making the legal ban on OST completely disproportionate and unnecessary.

The ECHR hearings will take place somewhere in 2016. Meanwhile - due to the Government's stubborn resistance to OST, thousands of people who inject drugs contract HIV every year. The current denial of access to OST in Russia is not unlike the denial of access to ARVT in South Africa at one time where myths and the ignoring of clear evidence led to millions of unnecessary deaths.