

Summary and Recommendations



A photograph of a person in a dark jacket, seen from the side, holding a small blue box and a syringe. They are standing at a counter or table. In the background, there is a display of various syringes and needles. The lighting is dim, with a bright light source on the left.

REHABILITATION REQUIRED

Photographs by Lorena Ros

Injection drug users at a needle
exchange point.

Russia's healthcare system leaves most people affected by drug dependence to their own devices in their battle with this serious chronic disease.



THE RIGHT TO DRUG DEPENDENCE TREATMENT IN THE RUSSIAN FEDERATION

Hundreds of thousands of people in Russia are affected by a chronic disease* that is extraordinarily hard to beat: drug dependence. These people are in need of—and have a right to—effective, evidence-based therapy and healthcare services to help them manage or overcome their condition. Numerous studies around the world have shown that evidence-based drug dependence treatment can be as effective as treatment of other chronic diseases. It also can substantially reduce the risk of infection with HIV and other diseases, increase the social functioning of patients, and decrease criminal behavior.

Russia's healthcare system leaves most people affected by drug dependence to their own devices in their battle with this serious chronic disease.

Although Russia boasts an extensive state healthcare structure to address alcohol and drug dependence, government policies hinder access to effective treatment. The most effective treatment—methadone or buprenorphine maintenance therapy—is prohibited by law. Rehabilitation treatment, which prevents relapses by helping patients develop control over drug cravings, is available in only about one-third of Russia's regions.

Government-imposed obstacles restrict access to detoxification treatment—a medical intervention aimed at safely withdrawing the patient from physical dependence on drugs—or keep people away from seeking such treatment. Finally, Russia has not incorporated several decades' worth of scientific evidence of best practices into the detoxification treatment it offers.


The Russian government and the Russian healthcare system leave most people affected by drug dependence on their own in their battle with this serious chronic disease. Yet policy makers and the Russian public routinely blame users for the failure to overcome their drug dependence, accusing them of lacking the motivation, character, or

perseverance to stop using drugs. Our research and that of others indicates that most drug-dependent people in Russia do want to stop using drugs and that many make multiple attempts to do so, including at state clinics. However, without evidence-based treatment very few people can overcome drug dependence.

As a result, many drug users who might otherwise have successfully entered into treatment programs are condemned to a life of continued drug use with its increased risk of HIV infection, other drug-related health conditions, and death by overdose.

Left: A young woman uses sex work to support her drug use.

* While Human Rights Watch is aware that there is some debate among experts about how to characterize drug dependence, we follow the American Medical Association and the US National Institute on Drug Abuse in using the term "disease."



ILLICIT DRUG USE AND DRUG POLICY IN RUSSIA

Russian and international experts estimate that 3 to 6 million people use illicit drugs in Russia. According to the International Narcotics Control Board, Russia is becoming the largest heroin market in Europe, with about one million heroin users. Although the exact number of people who are dependent on drugs is not known, about 350,000 people are registered as such with state narcological (drug treatment) clinics.



Left and below: Heroin users and sex workers talk to counselors at a mobile harm reduction center that provides medical and social assistance in St. Petersburg.



350,000 people in Russia are registered as drug dependent.

The explosive growth in injection drug use in Russia in the 1990s was soon followed by a rapid spread of HIV among drug users. Due to poor knowledge of HIV prevention and lack of access to clean needles, the rate of new HIV infections doubled every six to twelve months between 1995 and 2001. Today, at least 10 percent of injection drug users are HIV-positive. In some cities, up to 30 percent of injection drug users are infected with HIV.

Government drug policies have interfered with public health efforts to limit the spread of HIV and other drug-use-related harm. Widespread targeting and incarceration of drug users for possession of very small amounts of heroin has driven drug users away from health services for fear of arrest and harassment. Government failure to adopt a clear position supporting proven HIV prevention programs like needle exchange has resulted in insufficient access to such programs in most regions in Russia.

I'm not going back there.
There's no point, they don't
cure you. I would go to the
detoxification clinic if they actually
helped [me] there. I'm sick and
tired of injecting. But I can't do it
[withdraw] at home...
I would like to live to 30 at least...

—Sveta, 25 years old



Above: HIV tests at a mobile harm reduction center.



Right: An injection drug user returns needles
at a needle exchange point.



DRUG DEPENDENCE TREATMENT BEST PRACTICES



In the last few decades a vast amount of scientific research has been conducted on drug dependence treatment services in many countries around the world. Although there are substantial differences in the nature of the patients treated and in the structure and operation of the treatment system in different countries, the United Nations Office for Drugs and Crime concludes in a 2002 review of the evidence base on effective drug dependence treatment that “the findings for the impact of the main forms of structured treatment are remarkably similar across national and cultural divides.”

Above: At home, a drug user prepares to inject heroin.

Numerous studies around the world have shown that evidence-based drug dependence treatment can be as effective as treatment of other chronic diseases.

BASIC PRINCIPLES OF DRUG DEPENDENCE TREATMENT

Scientific studies have revealed a number of basic principles of effective drug dependence treatment interventions, including:

- Drug dependence is a chronic and relapsing disease. Relapses are often a part of the recovery process and can occur during or after successful treatment episodes. Patients may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence.
- Treatment must be readily available as drug users may be tentative about entering treatment. There should be no undue obstacles that may keep people out of treatment.
- Retention of patients in treatment for an adequate period of time is critical. The longer a patient stays in treatment, the better his or her chances of recovery. Three months is seen as a crucial threshold for many patients.
- Treatment plans should be developed for each patient that take into account specific needs, characteristics, and backgrounds of the patients. The treatment plan should evolve with a patient's progress and should be designed with patient involvement.

There is consistent evidence from numerous controlled trials, longitudinal studies, and programme evaluations that substitution maintenance therapy for opioid dependence is associated with generally substantial reductions in illicit opioid use, criminal activity, deaths due to overdose, and behaviors with a high risk of HIV transmission.


—World Health Organization, United Nations Office on Drugs and Crime, Joint United Nations Programme on HIV/AIDS, in joint policy statement on substitution maintenance therapy

METHADONE OR BUPRENORPHINE MAINTENANCE TREATMENT

The most effective drug dependence treatment approach known is maintenance treatment. Under this treatment approach, patients receive an oral form of methadone or buprenorphine that prevents opiate withdrawal, blocks the effects of illicit opiate use, and decreases opiate craving. Once a patient is stabilized on an adequate dose, he or she can function normally.

Maintenance therapy has been controversial in some countries. Critics have expressed concern that it does not cure patients of their addiction, that it simply replaces one opioid with another, and that drugs for treatment can be diverted. However, a huge body of scientific research illustrates beyond any reasonable doubt that maintenance therapy is the most effective treatment approach for opioid drug dependence.

A joint position paper of several UN agencies states that research has shown that maintenance therapy can achieve “high rates of retention in treatment” and helps increase “the time and opportunity for individuals to tackle major health, psychological, family, housing, employment, financial, and legal issues while in contact with treatment services.” Research has also shown that maintenance treatment is safe and cost-effective, and that diversion to the black market can be minimized through proper implementation of national and international control procedures and other mechanisms.



Injection drug users and sex workers receive counseling at a mobile harm reduction center.

TREATMENT WITHOUT METHADONE AND BUPRENORPHINE

Drug treatment without medications like methadone or buprenorphine consists of several stages. Patients who face withdrawal symptoms when they stop using drugs first undergo detoxification treatment to end their physical dependence on drugs. They then receive rehabilitation or relapse prevention treatment to help them overcome their psychological dependence.

While the first goal of detoxification treatment is to withdraw patients safely from physical dependence on drugs, scientific evidence shows that detoxification on its own is unlikely to be effective. It is therefore crucial that psychosocial interventions that help patients manage their cravings and address social, psychiatric, and other possible problems start during this form of treatment and that patients are counseled on the fundamental importance of continuing treatment after detoxification.



Rehabilitation or relapse prevention programs help patients prevent a return to active drug use and assist them in developing control over urges to use drugs and in regaining or attaining improved personal health and social functioning. As drug dependence is a complex disorder, a wide range of treatment strategies and treatments has been developed—and shown to be effective—over the years. These include cognitive-behavioral therapy, supportive-expressive psychotherapy, individualized drug counseling, and motivational

enhancement therapy. Many patients benefit most from a combination of different sorts of treatment, depending on their individual needs.



RUSSIA'S STATE DRUG DEPENDENCE TREATMENT SYSTEM

The state is the primary provider of drug dependence treatment in Russia, with almost 200 inpatient detoxification facilities. State inpatient rehabilitation centers exist in 26 of 85 regions. In 2005, approximately 70,000 drug users made use of state drug treatment services. State clinics provide drug-free treatment only. Methadone and buprenorphine maintenance treatment are prohibited by law.



Left: Patients who are HIV positive and suffering from drug addiction receive treatment at a hospital in St. Petersburg, Russia.

There is considerable demand for drug treatment among users. Yet uptake of treatment is low.

As constitutionally mandated, treatment at state clinics is offered free of charge, although in many clinics patients face certain out-of-pocket charges. Patients who make use of free services are also entered into a government drug user registry that imposes, among others, restrictions on their employability and ability to obtain a driver's license. Most clinics also offer paid services, which are not linked to drug user registration.

Various studies have found considerable demand for drug dependence treatment in Russia; one found that more than 90 percent of 1,000 drug users surveyed had made one or more attempts to stop using drugs. Yet, the estimated

percentage of drug users that seek treatment at state detoxification clinics is no more than 10 to 15 percent. Many drug users attempt to stop using drugs without seeking professional help.

The effectiveness of drug treatment offered at state clinics is low. Only a very small percentage of patients enter into rehabilitation treatment after detoxification. Consequently, most patients remain in treatment for just a few weeks, while scientific evidence puts the threshold for significant improvement in a patient's condition at three months. More than 90 percent of patients are believed to return to using drugs within one year.

THE RIGHT TO HEALTH

The right to health, which is recognized both in Russian legislation and in international treaties, puts an obligation on states to take steps towards the prevention, treatment, and control of epidemics and other diseases, including drug dependence.

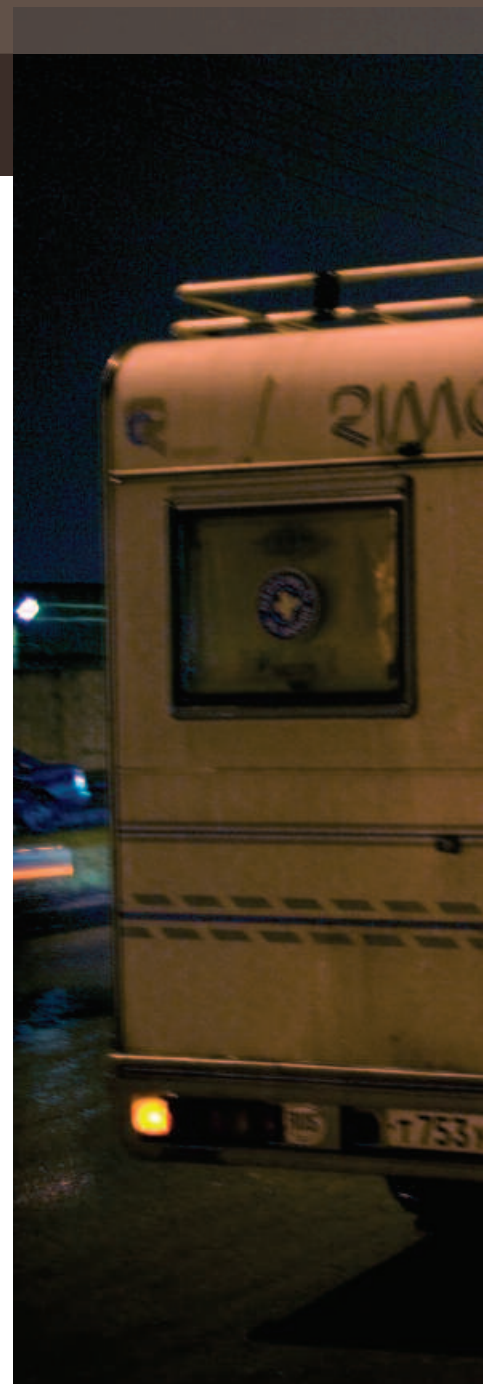
The international right to health, which is provided for in the International Covenant on Economic, Social and Cultural Rights, consists of four elements:

- Public health and healthcare facilities and services must be **available in sufficient quantity**.
- Health facilities, programs, and services must be physically and economically **accessible**, and must be offered without discrimination.
- Health facilities, programs, and services must be **acceptable**, meaning that they must be respectful of medical ethics and culturally appropriate.
- Health facilities, goods, and services must be **scientifically and medically appropriate, and of good quality**.

In addition, people must have the opportunity to seek, receive, and communicate information and ideas about health services.

Russia's constitution makes an explicit commitment to provide medical care to all its subjects. It states that everyone shall have the right to health care and that health care at state and municipal facilities shall be provided free of charge. Russia's law on narcotic drugs guarantees that "medical examination, consultation, diagnosis, treatment, and medico-social rehabilitation" should be available to drug-dependent persons.

Right: A mobile prevention point in the suburbs of St. Petersburg provides medical, psychological, and social assistance for injection drug users and sex workers.



Article 41 of the Constitution of the Russian Federation states:

“Everyone shall have the right to health protection and medical aid. Medical aid in the state and municipal health establishments shall be rendered to individuals gratis, at the expense of the corresponding budget, insurance contributions, and other proceeds.”



Below: Injection drug users at a needle exchange point.



METHODS AND INTENTIONS

This brochure is an abridged version of a 110-page Human Rights Watch report published November 8, 2007. The report is based on information collected during several field visits to Russia between January and April 2007. A Human Rights Watch researcher and a consultant from FrontAIDS in Russia conducted interviews with about 60 injection drug users and people living with HIV/AIDS. The identity of these interviewees has been disguised with pseudonyms to protect their privacy and safety. The researchers also interviewed government officials, healthcare workers, and NGO representatives.

FINDINGS AND RECOMMENDATIONS

Human Rights Watch's research found that Russia's drug dependence treatment system falls short of each of the requirements of the right to health as well as of international drug treatment best practices. Russia should take urgent steps to address the problems our research has identified, including:

- 1. Immediately lift the ban on the medical use of methadone and buprenorphine in the treatment of drug dependence, and introduce maintenance therapy programs.**

As noted above, maintenance treatment for drug users is not available at all in Russia, as the use of methadone and buprenorphine for treating drug users is expressly prohibited by law. Despite overwhelming evidence of its effectiveness in treating drug-dependent persons, senior health and law enforcement officials, as well as policy makers, continue to vehemently oppose maintenance therapy, often on the basis of selective and inaccurate interpretation of research findings or on ideological grounds. The policy decision not to make methadone and buprenorphine available for the treatment of drug-dependent persons, based on factors that ignore the best available medical evidence as to its effectiveness, violates the right to health.

- 2. Develop a plan to fund rehabilitation treatment programs and centers in regions that do not currently have any. The plan should have a clear timeline and benchmarks for implementation, and should prioritize regions and towns on the basis of need.**

Despite an explicit guarantee in a 1998 law that rehabilitation treatment must be available to drug users, the Russian federal government has failed to take adequate steps or earmark funding to ensure that rehabilitation services would become available throughout Russia. Although the availability of rehabilitation treatment is gradually growing, in about two-thirds of Russia's regions there is no state-provided rehabilitation treatment. The failure of the federal government to make adequate efforts to realize the law guaran-

teeing rehabilitation services to people affected by drug dependence is inconsistent with the right to health.

The discrepancy between the availability of detoxification and rehabilitation treatment makes no public health or economic sense. Patients in regions without sufficient rehabilitation programs can begin but not continue treatment of their drug dependence, thus severely compromising their chances of recovery.

- 3. Ensure that drug users can enter treatment without delay. Remove arbitrary requirements to present certificates on various health conditions upon admission and minimize waiting lists for admission.**

In many regions, drug users are required to obtain a variety of certificates regarding health conditions like HIV, hepatitis, TB, and syphilis before they can be admitted to inpatient detoxification treatment. The requirement creates an additional hurdle for drug users seeking treatment. It also delays entry into treatment for people who may be very ill and in need of hospitalization. At the same time, there is no compelling public health need to have these tests done prior to admission.

Detoxification treatment is available throughout Russia. But in some regions drug users who cannot pay for their treatment are forced to wait before they can be admitted to clinics for treatment because no free treatment spaces are available.

I understood perfectly well that if I started running around to gather all sorts of certificates, give blood samples, and wait for analyses, that might mean that I would continue to use [drugs] and there would be no guarantee that I would ever return to the detoxification clinic.

—a drug user from Kazan

FINDINGS AND RECOMMENDATIONS

4. Provide adequate funding to narcological clinics and cease out-of-pocket assessments for medications.

Despite the constitutional guarantee of free medical aid in state clinics, narcological clinics often push drug users toward paid services, sometimes warning them that they will otherwise be formally registered as users and that this entails restrictions on some of their rights. In many regions, narcological clinics also impose out-of-pocket charges on patients who are in supposedly free treatment, or require them to buy their own medications. As a result, drug treatment services are financially inaccessible for many drug users.

5. Address distrust toward state narcological clinics among drug users by adopting a patient bill of rights, issuing clear guidelines on treatment options and costs, and taking steps to root out corrupt practices by clinic staff.

Human Rights Watch's research found that a pervasive and profound lack of trust in state narcological services among drug users keeps many of them from seeking treatment. Drug users repeatedly told Human Rights Watch that it would be pointless to seek treatment at state narcological clinics because services offered there were ineffective, or that they did not trust the state clinics because they saw the clinics and their doctors as corrupt and not committed to patient recovery. The fact that many drug users said that they had to pay bribes in order to get into clinics without having to wait or to avoid required paperwork fueled their perceptions of corruption.

6. Integrate evidence-based drug treatment policies into the drug treatment system.

Russia inherited a drug treatment system from the Soviet Union based more on ideology than scientific evidence of effective treatment practices. Russia has, however, neither clearly embraced an evidence-based treatment philosophy nor conducted a thorough review of its treatment system to introduce new practices based on scientific evidence. To this day, many elements of the drug dependence treatment system are clearly inconsistent with well established principles of effective treatment of drug dependence.

For example, Russia's treatment system continues to require immediate, complete, and permanent abstinence for drug users entering treatment, despite the fact that this demand is inconsistent with the chronic and relapsing nature of drug dependence. This expectation—unrealistic for many patients—risks undermining the treatment system's ability to keep patients in treatment, as patients who do relapse may become disillusioned and drop out. It also complicates the ability of doctors and patients to design individual treatment plans, which should recognize the possibility of a relapse and prepare patients for such an eventuality.

7. Reform the detoxification treatment protocol to end overmedication of patients and introduce clear guidance on psychosocial interventions aimed at patient retention.

Retention of patients in treatment for an adequate amount of time is crucial for the success of treatment. Russia's narcological clinics make little effort to motivate patients to stay in treatment after detoxification, however. During detoxification, healthcare workers do little or no motivational counseling with patients and do not work with them on individual treatment plans, despite evidence that such interventions significantly increase the likelihood that patients will continue their treatment. Heavy sedation of detoxification patients, which is generally not medically necessary, also complicates any efforts to motivate patients to stay in treatment that might be undertaken. One of the results of these practices is that most drug users stay in treatment for only a few weeks.

8. Take steps to ensure all patients in detoxification receive proper counseling on HIV and other diseases that are prevalent among drug users.

International best practice standards recommend that patients in drug dependence treatment be counseled on drug-use-related health risks, such as HIV, hepatitis, TB, and drug overdose. However, our research found that patients in narcological clinics are generally not given such information and may thus continue to expose themselves to unnecessary risks should they return to using drugs.

9. Reform the drug user registry to remove blanket restrictions on rights of people on the registry.

The drug user registration system, under which drug users who seek free drug treatment at state clinics are registered and restricted in some of their rights, keeps users away from clinics by penalizing rather than rewarding treatment-seeking behavior. Drug users are overwhelmingly apprehensive of being formally registered as drug users, fear stigma and breaches of confidentiality and restrictions on their ability to drive. Some drug users said that they had not sought treatment at state clinics because of the registry.

I am a driver by profession. [If I sought free treatment] they would immediately put me on the registry and I would lose my job.

—a drug user from Kazan

The system of registering drug users who cannot pay for their treatment and restricting them in their rights to obtain driver's licenses and hold specific types of jobs is discriminatory because the restrictions are applied selectively only against poor drug users. They are also disproportionately burdensome. Registered drug users cannot, for example, legally obtain driver's licenses for at least the five years that they will be on the registry, even if they stopped using drugs immediately after seeking treatment. Furthermore, the restrictions are imposed on the sole basis of a doctor's diagnosis of drug dependence without

determining whether the restrictions are necessary in the individual case.

10. Take steps to ensure respect for confidentiality of medical information.

Medical information must be treated as confidential. In Russia, however, the confidentiality of medical information about drug users is often breached. In some regions local regulations require narcological clinics to disclose specific information on patients to law enforcement agencies. In others it appears that— whether or not such regulations exist—doctors do so in practice.

[The narcologist told me,] “I can’t give you the driver’s license. You are a drug user.” I told him, “How can it be, Vasili Nikitovich? Those drug users who pay you money [for paid treatment], who are not in remission, who drive cars like madmen, end up in accidents, knock people off their feet—they do have a right to drive? And I, clean, as I stand before you, not using drugs, with these letters of recommendations—I can’t drive? Don’t you agree that that is absurd?”

—a drug user from Kazan



A heroin user and sex worker waits on the street
in the suburbs of St. Petersburg.

