

Contributions from the Civil Society Forum on Drugs to the EU-Russia bilateral dialogue on drugs

September 2018

The paper from the Civil Society Forum on Drugs (CSFD) aims to contribute to the bilateral dialogue between the EU and the Russian Federation, highlighting key issues of concern but also constructive examples of best practice within the EU to feed into the discussion.

The Russian Federation continues to play a prominent role at the UN Commission on Narcotic Drugs (CND), with positions that are often not aligned with those of the EU. We therefore welcome the move, by the EU, to create space for a constructive dialogue with the hope of identifying common understandings on many drug policy issues that remain controversial. Forming a constructive dialogue with the Russian Federation is all the more important with the upcoming 2019 Ministerial Segment drawing near.

1) Russia is estimated to have one of the fastest growing HIV epidemics in the world.

New cases of HIV in the Russian Federation have increased 10-15% per year from 2010-2016.¹ 49% of new infections are due to injecting drug use.² HIV prevention among people who inject drugs is a key priority for the EU and there is considerable experience and expertise within EU member states that could be valuable for Russia – in particular in the field of harm reduction.

Harm reduction refers to policies, programmes and practices that aim primarily to reduce the negative health, social and economic risks and harms associated with drug use without necessarily reducing drug consumption. Harm reduction benefits people who use drugs, their families and the community.³ Harm reduction is widely endorsed by the United Nations, in particular core HIV prevention interventions such as needle and syringe programmes (NSPs) and opioid substitution therapy (OST).⁴

There is a wide array of evidence showing the effectiveness of NSPs to curb HIV transmissions among people who inject drugs.⁵ Although NSPs are not prohibited in Russia, service providers and clients alike continue to be intimidated and targeted by law enforcement authorities.⁶ Every country within the EU has at least one NSP, with most having significantly scaled up this key harm reduction measure.⁷

We hope that the EU can use this experience to promote better access to NSPs for people who use drugs in Russia, without fear of intimidation, stigmatisation and arrest.

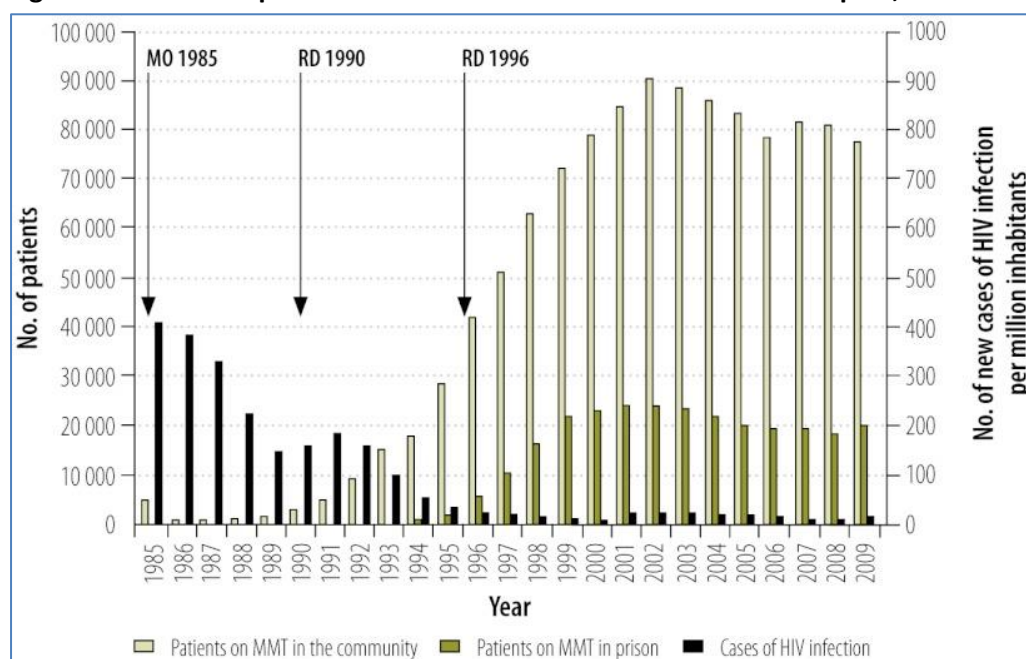
Similarly, OST has proved to be effective in reducing HIV transmission among people who inject opioids, and is also widely available across the EU (see Box 1 below for a case study). Methadone and buprenorphine – the two most common drugs used for OST – are also included in the WHO Model List of Essential Medicines.⁸ Methadone, however, remains a prohibited substance in Russia, and is therefore unavailable for people dependent on opioids. The lack of access to methadone maintenance treatment (MMT) in Russia has had devastating consequences for people who use drugs, in particular for the 600 people under OST in Crimea who were forced to abruptly end their treatment when Crimea was annexed by Russia in 2014.⁹

We recommend that the EU raises this critical issue with the Russian government on an ongoing basis, putting forward the wide array of evidence from within the EU and UN more broadly on the effectiveness of OST in reducing drug-related harm, including HIV transmission, among people who use opioids.

Box 1. Reducing HIV transmission among people who inject drugs in Spain

During the 1980s, Spain had very strict laws limiting access to OST. As a result, mortality among people who use opioids and other illicit drugs was high. Spain was also the European country with the highest number of HIV infections through illicit drug injection. Spain reached its highest incidence of HIV infection related to the injection of illicit drugs in 1984: 79 cases per 100 000 inhabitants. Changes in legislation in 1990 and 1996 led to an increase in OST coverage, from 21% in 1996 to 43% in 1999. By 2010, OST coverage had reached 60%. Since then, a decrease in mortality associated with improved access to MMT has been demonstrated in a cohort study; the main factor associated with overdose mortality was not being under MMT at the time of death. MMT access also influenced AIDS-related mortality. Overall mortality decreased from 59 deaths per 1,000 person-years in 1992 to 16 in 1999. A steady decrease in the number of new HIV cases related to illicit drug injection was also observed.¹⁰

Figure 1. Number of patients on MMT and cases of HIV infection in Spain, 1985-2009



2) Russia has one of the highest prison population in the world.

Russia's prison population rate is 448 per 100,000 inhabitants, almost four times higher than the European average.¹¹ Although Russia is counted among the countries that have decriminalised drug use, the low threshold quantities applied mean that people who use drugs continue to be incarcerated.¹² As a result, an important proportion of prison inmates are people who use drugs and low-level drug offenders.¹³ Providing alternatives to coercive sanctions for drug using offenders also constitutes a priority of the EU, being recognised both within the EU Action Plan (Action 22) and in the recently adopted *Council conclusions on alternatives to coercive sanctions for drug using offenders*.¹⁴ This agreement represents the political will of the 28 EU Member States to apply, in each legal system, alternative measures to coercive sanctions in order to: prevent crime; reduce recidivism; enhance the efficiency and effectiveness of the criminal justice system and look at reducing health-related harms and minimising social risks. Alternative measures can include: education; suspension of investigation or prosecution; suspension of sentence with treatment; rehabilitation and recovery, aftercare and social reintegration. Alternatives to coercive sanctions are also recognised in the 1988 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.¹⁵

Alternatives to prison or punishment for drug-using offenders can be provided in contexts where drug use remains criminalised or whether it has been decriminalised. They cover a range of sanctions that may delay, avoid, replace or complement prison sentences for those drug users who have committed an offence normally sanctioned with imprisonment by national law. Evidence suggests that drug dependence treatment is a better and more cost-effective option for offenders with drug dependence than imprisonment.¹⁶ Reduction of crime, improved health and social well-being are success indicators that benefit not only the individual drug user but also society as a whole.¹⁷

EU countries can provide examples of good practice in the provision of alternatives to coercive sanctions to drug offences. This includes, for instance, the decriminalisation of drug use and drug possession for personal use, as well as the provision of treatment as an alternative to imprisonment for people found to be drug dependent – as documented in the ‘Study on alternatives to coercive sanctions as response to drug law offences and drug related crimes’.¹⁸ For instance, in 2001 the UK the National Treatment Agency for Substance Misuse to ‘improve the availability, capacity and effectiveness of drug treatment in England’; one of the key objectives was to reduce drug-related crime. There was a large increase in the number of people in treatment, from around 100.000 in 2001 to 201.000 in 2009. The new system was more efficient, reducing the waiting time for an appointment from 9 weeks to 5 days. A study showed that users referred to treatment by the criminal justice system were as likely to complete treatment successfully as users referred by other sources, reducing reoffending consistently. It was estimated that drug treatment prevented approximately 4,9 million crimes in 2010-2011.¹⁹ Another example is that of Portugal, which decriminalised the possession of drug use in 2001, leading to a significant reduction in prison overcrowding, improved health outcomes, and enabling law enforcement efforts to focus on high-level, violent offenders.²⁰

We recommend that the EU initiates a discussion with Russia on alternatives to coercive sanctions, drawing from evidence from across EU member states.

3) Russia’s position at the UN Commission on Narcotic Drugs.

Russia has long been one of the most vocal countries within the more conservative front at the UN Commission on Narcotic Drugs (CND). In the lead up to the 2019 Ministerial Segment, the country has strongly opposed a focus on UNGASS implementation, preferring instead that discussions should revert back to the drug-free world targets included in Article 36 of the 2009 Political Declaration and Plan of Action. As the Ministerial Segment is fast approaching, the next six months – and in particular the series of intersessional meetings of September, October and November 2018 – it is important that a viable solution is found between Russia and supporting countries on the one side, and the EU on the other to inform the post-2019 global drug strategy.

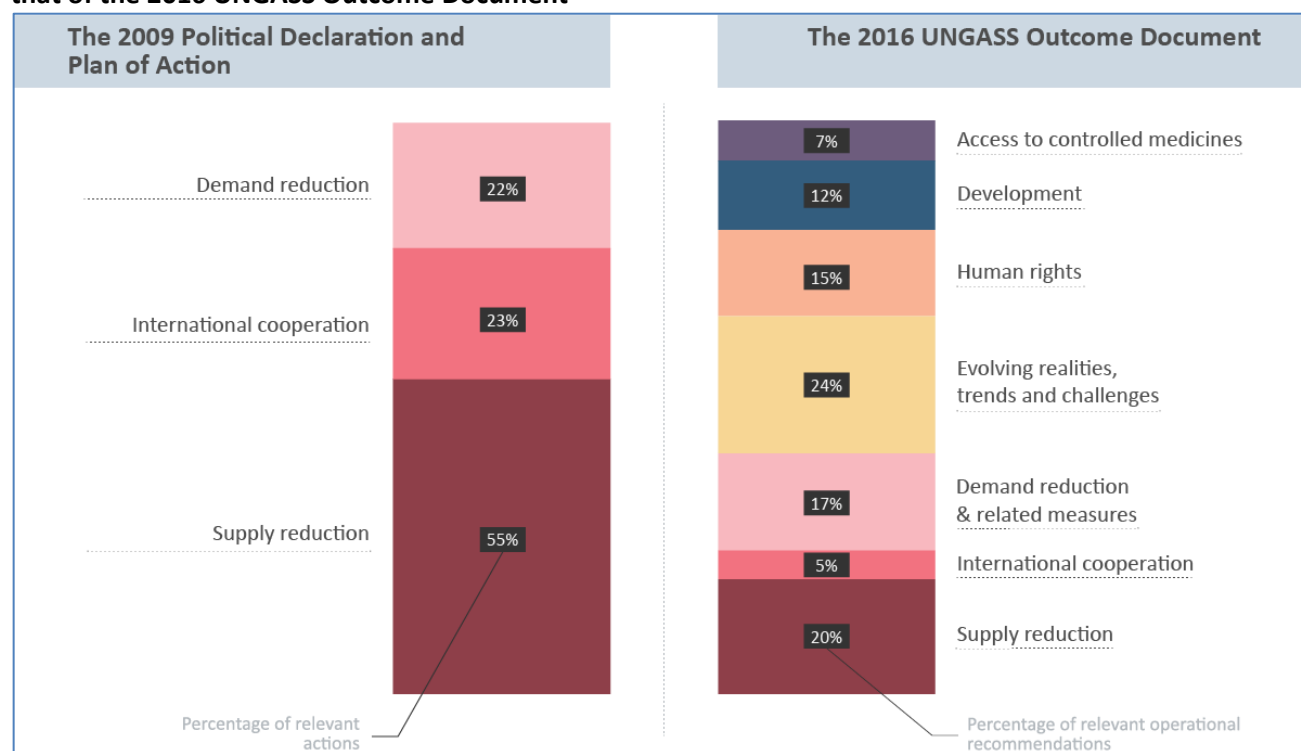
There is a clear lack of appetite in Vienna for negotiating a new consensus-based political declaration, meaning that the outcome of the Ministerial Segment will likely be a short procedural resolution. However, there remains a risk that the targets set out in the 2009 Political Declaration will be extended. Going forward, the UNGASS Outcome Document should be prioritised, and if included, new targets should be aligned with each of the seven thematic chapters of the 2016 document.²¹ There are a number of reasons why the UNGASS Outcome Document should be the basis for discussions going forward:

- The UNGASS Outcome Document is the most recent global consensus on global drug control.²²
- Every single theme included in the 2009 Political Declaration and Plan of Action is reflected and incorporated in the 2016 UNGASS Outcome Document, except for one: witness protection, mentioned in Paragraphs 61 and 62 of the Plan of Action. The UNGASS Outcome Document therefore reflects the spirit and contents of the 2009 Political Declaration.
- The UNGASS outcome Document offers a more balanced document compared to the 2009 Political Declaration and Plan of Action which was overly focused on supply reduction issues (see Figure 2 below), and offers a broader, more comprehensive approach to global drug control, focusing on key

aspects not adequately covered in the 2009 Political Declaration, including on human rights, youth and women, development, and access to essential medicines.

We hope that these arguments will be useful as the EU continues its discussions with the Russian Federation – and other UN member states – in the lead up to the 2019 Ministerial Segment.

Figure 2. Comparing the structure and number of actions/recommendations of the 2009 Plan of Action with that of the 2016 UNGASS Outcome Document²³



Source: International Drug Policy Consortium, 2018

The Civil Society Forum on Drugs (CSFD) is an [expert group of the European Commission](#) that was created in 2007 on the basis of the [Commission Green Paper](#) on the role of civil society in drugs policy in the EU. Its purpose is to provide a broad platform for a structured dialogue between the Commission and the European civil society which supports drug policy formulation and implementation through practical advice. The CSFD is consistent with the [EU Strategy on Drugs 2013-2020](#) and the new [Action Plan on Drugs 2017-2020](#) both of which require the active and meaningful participation and involvement of civil society organisations (CSOs) in the development and implementation of drug policies, at national, EU and international level. Its membership comprises 45 CSOs from across Europe and representing a variety of fields of drug policy, and a variety of stances within those fields. Membership is renewed every three years, and the last call was in March 2018. List of CSFD members:

1. ABD - Associació Benestar i Desenvolupament
2. AFEW International
3. AIDES
4. Ana Liffey Drug Project
5. APDES - Agência Piaget para o Desenvolvimento
6. APH - Association Proyecto Hombre
7. ARAS - Romanian Association Against AIDS
8. Citywide Drugs Crisis Campaign
9. De Regenboog Groep
10. Dianova International
11. Diogenes Drug Policy Dialogue

12. EAPC - European Association for Palliative Care
13. EATG - European AIDS Treatment Group
14. ECAD - European Cities Network for Drug Free Societies
15. EFSU - European Forum for Urban Security
16. ENLACE
17. EURAD
18. EuroTC - European Treatment Centres for Drug Addiction
19. EUSPR - European Society for Prevention Research
20. FAD - Fundación de Ayuda contra la Drogadicción
21. Federation Addiction
22. FEDITO BXL
23. Forum Droghe
24. FUNDACIÓN ATENEA
25. GAT - Grupo de Ativistas em Tratamentos
26. HRI - Harm Reduction International
27. IDPC - International Drug Policy Consortium
28. INPUD - International Network of People who use Drugs
29. IREFREA - Instituto Europeo de Estudios en Prevención
30. MAT - Magyar Addiktológiai Társaság
31. Médicos del Mundo España
32. PARSEC Consortium
33. Polish Drug Policy Network
34. Prekursor Foundation for Social Policy
35. Proslavi Oporavak
36. Romanian Harm Reduction Network
37. Rights Reporter Foundation
38. San Patrignano
39. SANANIM
40. SDF - Scottish Drugs Forum
41. UNAD
42. UTRIP
43. WFAD - World Federation Against Drugs
44. WOCAD
45. YODA - Youth Organisations for Drug Action

Endnotes

¹ Ministry of Healthcare of the Russian Federation (2016), *Approving the State Strategy to Combat the Spread of HIV in Russia through 2020 and beyond*, <http://government.ru/en/docs/24983/>; In 2017, 100,000 people in Russia became infected with HIV, 26,000 more than in 2010, a 35% rise. See: UNAIDS (2018), *UNAIDS Data Book*, <http://www.unaids.org/en/resources/documents/2018/unaids-data-2018>

² Beyrer C, Wirtz AL, O'Hara G, Léon N, Kazatchkine M (2017), 'The expanding epidemic of HIV-1 in the Russian Federation' *PLoS Med* 14(11): e1002462. <https://doi.org/10.1371/journal.pmed.1002462>

³ Harm Reduction International, *What is harm reduction?*, <https://www.hri.global/what-is-harm-reduction>

⁴ WHO, UNODC, UNAIDS (2012), *WHO, UNODC, UNAIDS Technical guide for HIV prevention among injecting drug users*

⁵ UNAIDS (2016), *Do no harm - Health, human rights and people who use drugs*, http://www.unaids.org/sites/default/files/media_asset/donoharm_en.pdf

⁶ Sarang, A., Rhodes, T., Sheon, N. & Page, K. (2010), 'Policing drug users in Russia: Risk, fear, and structural violence', *Substance Use Misuse*, 45(6): 813–864, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2946846/>

⁷ https://www.hri.global/files/2016/11/15/Western_Europe.pdf

⁸ World Health Organization (March 2017), *WHO Model List of Essential Medicines, 20th list*, <http://apps.who.int/iris/bitstream/handle/10665/273826/EML-20-eng.pdf?ua=1>

⁹ Igor Kuzmenko (12 February 2015), *Mass Deaths in Crimea as Russia Bans Methadone*, <https://www.opensocietyfoundations.org/voices/mass-deaths-crimea-russia-bans-methadone>

¹⁰ Torrens, Marta et al. "Methadone Maintenance Treatment in Spain: The Success of a Harm Reduction Approach. *Bulletin of the World Health Organization* 91.2 (2013): 136–141.PMC, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3605010/>

-
- ¹¹ The Council of Europe Annual Penal Statistics, better known as SPACE (Statistiques Pénales Annuelles du Conseil de l'Europe), <http://wp.unil.ch/space/files/2018/03/SPACE-I-2016-Final-Report-180315.pdf>
- ¹² Eastwood, N., Fox, E. & Rosmarin, A. (2016), *A quiet revolution: Drug decriminalisation across the globe* (Release), <https://www.release.org.uk/publications/drug-decriminalisation-2016>
- ¹³ Official statistics of the Federal Penitentiary Service of the Russian Federation. See also: Sarang, Anya & Platt, Lucy & Vyshemirskaya, Inna & Rhodes, Tim. (2016). Prisons as a source of tuberculosis in Russia. *International Journal of Prisoner Health*. 12. 45-56. 10.1108/IJPH-07-2014-0022
- ¹⁴ http://www.emcdda.europa.eu/document-library/council-conclusions-promoting-use-alternatives-coercive-sanctions-drug-using-offenders_en
- ¹⁵ See article 4 of the Convention, available here: https://www.unodc.org/pdf/convention_1988_en.pdf
- ¹⁶ See: https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
- ¹⁷ See: http://www.emcdda.europa.eu/system/files/publications/363/sel2005_2-en_69709.pdf
- ¹⁸ Available here: https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/organized-crime-and-human-trafficking/drug-control/eu-response-to-drugs/docs/acs_final_report_new_ec_template_en.pdf
- ¹⁹ Public health alternatives to incarceration for drug offenders. *Eastern Mediterranean Health Journal*. Nicholas Clark, Kate Dolan and David Farabee, <http://www.emro.who.int/emhj-volume-23-2017/volume-23-issue-3/public-health-alternatives-to-incarceration-for-drug-offenders.html>
- ²⁰ European Monitoring Centre for Drugs and Drug Addiction (2018) *Portugal drug report 2018*, <http://www.emcdda.europa.eu/system/files/publications/8890/portugal-cdr-2018.pdf>
- ²¹ A detailed analysis of possible new targets and indicators, aligned with the UNGASS Outcome Document, the Sustainable Development Goals and the EU Drug Strategy and Plan of Action, was conducted by the CSFD in January 2018 and is available here: <https://www.dropbox.com/s/2rku0pwyinjck0x/2018-01%20CSFD%20recommendations%20on%202019%20evaluation%20and%20indicators.pdf?dl=0>
- ²² See CND Resolutions 60/1 and 61/10
- ²³ Note that the 2009 Political Declaration and Plan of Action includes a total of 224 actions, while the UNGASS Outcome Document includes 103 operational recommendations. Drawn from: International Drug Policy Consortium (2018), *10-year review of successes and failures of global drug policy: A civil society shadow report* (in preparation)