

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

November 2020

This paper by the EU Civil Society Forum on Drugs (CSFD) aims to contribute to the bilateral dialogue between the EU and Russia planned for 24th November 2020, highlighting key issues of concern to feed into the discussion. This contribution follows previous papers produced at the occasion of previous bilateral dialogues held in 2018¹ and 2019.² The paper focuses on key issues that the CSFD considers as urgent, especially in the context of the COVID-19 pandemic.

1) Russia's shrinking civil society space

In our 2019 submission,³ the CSFD highlighted a number of issues related to civil society involvement in drug policy making processes in Russia, in particular its laws against 'foreign agents' and 'undesirable organisations', which have increasingly been weaponised to close down civil society organisations (CSOs) through fines and forced liquidations, and have led to a mass exodus of large international donors who had funded Russian civil society for decades. In 2015, pressure on Russian NGOs had already increased significantly with new laws adopted that led to a deterioration of working conditions of NGOs; additional restrictions were placed on their activities; and more possibilities to impose administrative liability upon NGOs were introduced. In November 2020 the Russian government submitted to the State Duma amendments to the law on non-profit organisations, further tightening the requirements for NGOs recognised as foreign agents. The document adds the beneficiaries of foreign companies to the list of funding sources for 'foreign agent NGOs', obliging them, in addition to the annual audit, to also report on the activities carried out. The document effectively gives the Ministry of Justice the right to prohibit the programmes planned by these NGOs based on a very wide range of grounds which can be easily manipulated.⁴ Such restrictions have placed a significant strain on NGOs working on drug policy and harm reduction, which are often reliant on international donors for their work.

The COVID-19 pandemic has placed an additional burden on CSOs working on drug-related issues in the country. A survey conducted by AFEW in August 2020 revealed the significant impact of the COVID-19 pandemic and related restrictions on CSOs in terms of the health of their staff members, their way of working and sustainability.

¹ Civil Society Forum on Drugs (September 2018), *Contributions from the Civil Society Forum on Drugs to the EU-Russia bilateral dialogue on drugs*, <https://drive.google.com/file/d/1qKFIl6MEgqbvcGk3SGnx1FEr6q-ZsPTO/view>

² Civil Society Forum on Drugs (November 2019), *Contributions from the Civil Society Forum on Drugs to the EU-Russia bilateral dialogue on drugs*, https://www.dropbox.com/s/zb8a710sf8wqoki/2019-11%20CSFD%20submission%20for%202019%20EU-Russian%20dialogue_FINAL.pdf?dl=0

³ Ibid

⁴ Legal support system portal of Russian Parliament; Article in Kommersant newspaper "Russian foreign agents equalized with foreigners" by Elena Rozhkova, dated 11.11.2020

Almost half of the respondents reported that staff within their organisations had tested positive for COVID-19, which shows that the pandemic had a very direct and personal impact on them. The majority of the respondents experienced many changes in their work, including the introduction of new ways of working, a reduction in face-to-face meetings, and the need to work from home. Almost half of the respondents experienced reduced cooperation with state bodies. CSOs reported that the priorities of local authorities had shifted, with the COVID response becoming the top priority, while the harm reduction and HIV/AIDS response was pushed out of the political agenda. This, as well as the fact that government officials were either sick or overwhelmed, made it more difficult for NGOs to work with state institutions, as communication was absent or extremely slow. As a result, advocacy activities were either delayed, or more difficult to execute.⁵

We hope that the EU can stress the importance of ensuring constructive and transparent engagement with civil society organisations, as well as raise concerns about shrinking civil society space in Russia.

2) Access to health services for people who use drugs

The Russian government has given significant political attention to drug policy at both national and multilateral settings, including in the *Russian State Strategy for the Implementation of the National Anti-Drug Policy of the Russian Federation in the Period Until 2020*, which is part of Russia's policy on national security and socio-economic development. One aim of the strategy is to reduce demand by improving evidence-based drug dependence treatment and rehabilitation. Nonetheless, the Russian government itself has acknowledged that the drug dependence treatment system managed by the Ministry of Health is characterised by low efficiency and restricted access.⁶ However, little effort has been made to improve the situation. Furthermore, serious concerns have been raised about the lack of evidence of available services, which fail to serve the needs of the clients and may even exacerbate harms.⁷ Many services do not have professional staff, or basic requirements for quality of treatment, and violence has also been reported, sometimes resulting in deaths.⁸ Although opioid substitution therapy benefits from a solid evidence base in reducing the risks and harms associated with opioid dependence, methadone remains a prohibited substance under Russian law.⁹ In 2015, the Committee on the Elimination of Discrimination against Women concluded that the lack of such treatment for women contributed to the spread of

⁵ AFEW International (October 2020), *Results of a regional survey - The impact of COVID-19 on civil society organisations in Eastern Europe and Central Asia*, <http://afew.org/wp-content/uploads/2020/10/COVID-impact-survey-report-AFEW-International-3.pdf>

⁶ Уточненный отчет о ходе реализации и оценке эффективности государственной программы Российской Федерации «Развитие здравоохранения» за 2016 год [An updated report on the implementation and evaluation of the effectiveness of the state program of the Russian Federation "Healthcare Development" for 2016], https://static-1.rosminzdrav.ru/system/attachments/attaches/000/037/752/original/%D0%A3%D1%82%D0%BE%D1%87%D0%BD%D0%B5%D0%BD%D0%BD%D1%8B%D0%B9_%D0%BE%D1%82%D1%87%D0%B5%D1%82_%D0%B7%D0%B0_2016_%D0%B3%D0%BE%D0%B4.pdf?1520932932

⁷ Russian Ministry of Health (March 2013), *Ответ на письмо Президента ННГ из Минздрава России* [Reply to a letter from the President of the NIS from the Ministry of Health of Russia], <http://nng.com.ru/files/otvet-na-pismo-prezidenta-nng-iz-minzdrava-rossii/>

⁸ Starkova, A. (February 2019), *Новый поворот: кто заплатит за смерть Марьянова* [A new twist: who will pay for Maryanov's death], https://www.gazeta.ru/culture/2019/02/12/a_12179611.shtml; Golichenko, M. & Chu, S.K.H (2018), 'Human rights in patient care: drug treatment and punishment in Russia', *Public Health Reviews*, 39:12, <http://health-rights.org/index.php/cop/item/human-rights-in-patient-care-drug-treatment-and-punishment-in-russia>

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

HIV/AIDS.¹⁰ Recently, some efforts have been made to develop public quality standards for drug dependence treatment and rehabilitation services and provide financial support for those seeking treatment in private centres.¹¹ Nevertheless, much remains to be done to ensure that all treatment services in the country are available, accessible, humane, person-centred and evidence based.

As highlighted in our 2019 contribution,¹² Russia's HIV epidemic is growing at an alarming rate, with new infections rising by 10 to 15% each year.¹³ About 70% of all HIV cases in Russia are associated with injecting drug use, with HIV prevalence among people who inject drugs at between 48.1% and 75.2%.¹⁴ The number of people who inject drugs in the country has been estimated at 1,881,000.¹⁵ The continued lack of access to harm reduction services in Russia was highlighted as a key issue of concern by the UN Committee on Economic Social and Cultural Rights in its concluding observations in 2017.¹⁶ In addition, punitive and stigmatising approaches towards people who use drugs continue to obstruct attempts to cope with the HIV epidemic. The recent adoption of legislative initiatives aimed at strengthening measures to combat drug-related 'propaganda', in particular on the internet, has further increased the liability for the provision of life-saving harm reduction information.¹⁷

As with shrinking civil society space, the COVID-19 pandemic has placed an additional burden on the provision of health services for people who use drugs. Some NGOs reported a disruption in access to HIV prevention services. People who inject drugs are not getting access to information related to HIV prevention and harm reduction programmes and reported more difficult access to harm reduction services. The latter is due to scaled-down activities by NGOs, especially in the beginning of the COVID-19 pandemic, when lockdown measures were introduced. In some Russian cities, drugs reportedly became less accessible, with higher prices and dealers selling larger batches at a time. This means that people who use drugs are more exposed to risks related to the consumption of cheaper, synthetic equivalents on the one hand, and tend to break the self-isolation rules to gather in bigger groups to buy drugs collectively on the other. The police are patrolling the streets for people to follow the COVID-19 measures, and with less people on the streets, people who are searching for drugs are inevitably more visible, and therefore more likely to be arrested. Increased police patrols related to enforcement of lockdown rules also played a role in reduced NGO activity and impaired access.¹⁸

¹⁰ Committee on the Elimination of Discrimination against Women (November 2015), *Concluding observations on the eighth periodic report of the Russian Federation*, CEDAW/C/RUS/CO/8, <https://undocs.org/en/CEDAW/C/RUS/CO/8>

¹¹ Ивушкина, А. & Раскин, А. (October 2015), *Наркоманы смогут лечиться в частных клиниках за госсчет с 2016 года* [People dependent on drugs will be able to be treated in private clinics for a state account from 2016], <https://iz.ru/news/592556>

¹² Civil Society Forum on Drugs (November 2019), *Contributions from the Civil Society Forum on Drugs to the EU-Russia bilateral dialogue on drugs*, <https://www.dropbox.com/s/zb8a710sf8wqoki/2019-11%20CSFD%20submission%20for%202019%20EU-Russian%20dialogue-FINAL.pdf?dl=0>

¹³ <https://www.avert.org/professionals/hiv-around-world/eastern-europe-central-asia/russia>

¹⁴ Results of 2017 IBBS conducted in seven cities of Russia; <https://harmreductioneurasia.org/hiv-situation-in-russia/>

¹⁵ Harm Reduction International (2020), *The global state of harm reduction 2020*, <https://www.hri.global/files/2020/10/26/Global-State-HRI-2020-2-2-Eurasia-FA-WEB.pdf>

¹⁶ Committee on Economic, Social and Cultural Rights (October 2017), *Concluding observations on the sixth periodic report of the Russian Federation*, E/C.12/RUS/CO/6, https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E/C.12/RUS/CO/6&Lang=En

¹⁷ Harm Reduction International (2020), *The global state of harm reduction 2020*, <https://www.hri.global/files/2020/10/26/Global-State-HRI-2020-2-2-Eurasia-FA-WEB.pdf>

¹⁸ AFEW International (5 June 2020), *Interruption and innovation: The impact of policy measures during the COVID-19 pandemic on key and vulnerable populations for HIV, tuberculosis and viral hepatitis in Eastern Europe and Central Asia*, <http://afew.org/wp-content/uploads/2020/06/AFEW-International-COVID-19-Report.pdf>

More generally, although the right to health includes the right to a safe and hygienic work environment, the government has failed to provide medical professionals with adequate PPE to enable service providers to carry out their work safely. Deaths and suffering from COVID-19 among the prison population and medical professionals – resulting from the government’s failure to take necessary steps to protect these vulnerable groups – is likely to violate the right to life and/or prohibition on inhuman treatment.¹⁹ Finally, the ‘fake news’ laws adopted in March 2020 have been used as a way of silencing critical voices during the emergency health crisis. Such measures have been used to target activists, journalists, bloggers and politicians.

We hope that the EU can use its ongoing dialogue with Russia to promote better access to evidence- and human rights-based prevention, risk and harm reduction and drug dependence treatment, care and recovery services, without fear of intimidation, stigmatisation and criminalisation, by putting forward the wide array of evidence from with the EU and UN more broadly on the effectiveness of such services in reducing drug-related harms. It is also critical that a continuum of care approach be promoted, that can address the health, social, psychological and economic conditions of people who use drugs. Dependence is a multifactorial issue, and this approach would aim to address all these aspects that may affect people’s health and well-being.

3) Ensuring access to controlled medicines

Palliative care has been part of the official health system within the Russian Federation since 2011, and an action plan has been in place to increase opioid availability for medical purposes since 2016. In July 2020 a new Action Plan was instigated to improve the quality and availability of palliative care over the coming years to 2024. Positively, there is evidence that the availability of opioids for pain management is improving – for cancer patients in 2011 only 8% of patients who needed opioids were able to obtain them whereas in 2017/8 this was 70%. Nevertheless, and as mentioned above, methadone – a substance recognised within the WHO List of Essential Medicines – remains prohibited in Russia.

Although the accessibility and availability of medication to relieve pain is improving, any help and pressure from the EU for further improvement – in particular on access to methadone for opioid substitution therapy – would be helpful.

¹⁹ International Partnership for Human Rights & Public Verdict Foundation (August 2020), *Human rights impact assessment of the COVID-19 response in Russia*, <http://afew.org/wp-content/uploads/2020/08/Covid-19-RU-upd.pdf>

4) Russia's prison overcrowding problem

In our 2019 contribution,²⁰ the CSFD reported that Russia's prison population rate is 448 per 100,000 inhabitants, which is almost four times higher than the European average.²¹ Although Russia is counted among the countries that have decriminalised drug use, the extremely low threshold quantities applied mean that large numbers of people who use drugs continue to be incarcerated.²² As a result, more than 25% of all those incarcerated in Russia were convicted for violations of article 228 of the Criminal Code on (drug-related) crimes, with heavy sentences (up to 12 years) for possession of small amounts of drugs.

The treatment of people in prison, as well as in immigration detention centres, raises grave human rights concerns - which have only increased in the context of the COVID-19 pandemic. According to official statistics from the Federal Penitentiary Service (FSIN), as of 25 June 2020 there were 766 cases of COVID-19 among detainees and convicted persons (in both pre-trial detention facilities and penal institutions) and 2,132 cases among prison staff. No deaths have been recorded to date.²³ The Russian government should make more concerted efforts to decongest prisons at greater speed and ensure people in prison have regular access to legal aid on a confidential basis. It is vitally important that the Russian authorities are transparent, accountable for their actions and subject to external scrutiny. In particular, the authorities should provide regular and open source data relating to the number of people in prison, as well as robust and accurate medical data.

With regards to access to justice, people in prison have experienced difficulties since the COVID pandemic started. Whilst lawyers may visit their clients, they are required to bring their own PPE and, in most cases, hold meetings behind a glass partition. Such measures raise confidentiality issues. Human rights NGOs also reported that lawyers were refused admission to visit their clients in some penal facilities. In addition, a number of external bodies including NGOs and the Public Supervision Commissions (PSC) have been unable to visit due to prison quarantines imposed at the early stages of the pandemic. The situation has improved to a degree and on 15 June 2020, the FSIN reported that the PSC had visited 105 penal institutions and 97 pre-trial detention facilities during the period 16 March 2020 to 9 June 2020²⁴ (that means that only 20% of FSIN institutions have been visited once by PSC members during three months). PSCs and regional ombudspersons are currently liaising with the FSIN as to the modalities of establishing communication channels with people in prison. In the meantime, FSIN offices have opened hotlines for prisoners' families as well as federal and regional ombudspersons. The PSC has an online form to submit reports about human rights abuses. It is important to mention, however, that there is no publicly available information about how these measures are working in practice and to what extent they are effective

²⁰ Civil Society Forum on Drugs (November 2019), *Contributions from the Civil Society Forum on Drugs to the EU-Russia bilateral dialogue on drugs*, <https://www.dropbox.com/s/zb8a710sf8wqoki/2019-11%20CSFD%20submission%20for%202019%20EU-Russian%20dialogue-FINAL.pdf?dl=0>

²¹ 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>

²² 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>

²³ International Partnership for Human Rights & Public Verdict Foundation (August 2020), *Human rights impact assessment of the COVID-19 response in Russia*, <http://afew.org/wp-content/uploads/2020/08/Covid-19-RU-upd.pdf>

and provide possibilities for families to obtain information about their relatives in prisons and for prisoners to be heard by PSC members and regional ombudspersons.²⁴

We recommend that the EU highlights the urgent need for alternatives to coercive sanctions, drawing from evidence from across EU member states. Considering the high number of people who use drugs in prisons, we also recommend that the EU highlights the need to establish harm reduction and evidence-based treatment, care and recovery services inside the prisons, as well as to implement all the necessary programmes that can support social reintegration after release from prison.

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:

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| 1. ABD - Associació Benestar i Desenvolupament | 24. FUNDACIÓN ATENEA |
| 2. AFEW International | 25. GAT - Grupo de Activistas em Tratamentos |
| 3. AIDES | 26. HRI - Harm Reduction International |
| 4. Ana Liffey Drug Project | 27. IDPC - International Drug Policy Consortium |
| 5. APDES - Agência Piaget para o Desenvolvimento | 28. INPUD - International Network of People who use Drugs |
| 6. APH - Asociación Proyecto Hombre | 29. IREFREA - Instituto Europeo de Estudios en Prevención |
| 7. ARAS - Romanian Association Against AIDS | 30. MAT - Magyar Addiktológiai Társaság |
| 8. Citywide Drugs Crisis Campaign | 31. Médicos del Mundo España |
| 9. De Regenboog Groep | 32. PARSEC Consortium |
| 10. Dianova International | 33. Polish Drug Policy Network |
| 11. Diogenes Drug Policy Dialogue | 34. Prekursor Foundation for Social Policy |
| 12. EAPC - European Association for Palliative Care | 35. Proslavi Oporavak |
| 13. EATG - European AIDS Treatment Group | 36. Romanian Harm Reduction Network |
| 14. ECAD - European Cities Network for Drug Free Societies | 37. Rights Reporter Foundation |
| 15. EFSU - European Forum for Urban Security | 38. San Patrignano |
| 16. ENLACE | 39. SANANIM |
| 17. EURAD | 40. SDF - Scottish Drugs Forum |
| 18. EuroTC - European Treatment Centres for Drug Addiction | 41. UNAD |
| 19. EUSPR - European Society for Prevention Research | 42. UTRIP |
| 20. FAD - Fundación de Ayuda contra la Drogadicción | 43. WFAD - World Federation Against Drugs |
| 21. Federation Addiction | 44. WOCAD |
| 22. FEDITO BXL | 45. YODA - Youth Organisations for Drug Action |
| 23. Forum Droghe | |

²⁴ International Partnership for Human Rights & Public Verdict Foundation (August 2020), *Human rights impact assessment of the COVID-19 response in Russia*, <http://afew.org/wp-content/uploads/2020/08/Covid-19-RU-upd.pdf>