**Shadow Report to the Committee Against Torture in relation to the review of the Sixth Periodic Report of the Russian Federation (CAT/C/RUS/6).**

This report is drafted on behalf of the Russian Public Mechanism for Monitoring of Drug Policy Reform by the Andrey Rylkov Foundation for Social Justice and Health with technical assistance of the Canadian HIV/AIDS Legal Network.[[1]](#footnote-1)

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**Section I**

**Introduction and Summary**

1. This report considers the torture and other forms of ill-treatment of people who use drugs (PUD) in the Russian Federation, including the infliction of pain and suffering on drug-dependent people by police to extract evidence, torture in drug treatment and rehabilitation facilities, and the denial of essential medical services for drug-dependent people in prisons. In this report, PUD refers to those who inject drugs, have a certain degree of drug dependency and are at high risk of the consequences of illegal drug use (i.e., overdose, HIV infection and other viral and bacterial infections).
2. From the outset, we would like to express our concern that during the previous review of Russia’s report, this Committee did not address systematic violations of the *Convention Against Torture* (“Convention”) committed by the Russian authorities based on Russian drug laws and policies. The 2012 civil society report informed this Committee that

*Russian State authorities, officials or other persons acting with the consent, at the direction or with the acquiescence of the State, are intentionally causing a large group of people (about 1.7 million) severe physical pain, suffering and humiliation with the purpose of punishing them for using drugs, and to intimidate and coerce them into withdrawal. This is in complete disregard of the chronic nature of dependency and of the scientific evidence pointing to the total ineffectiveness of punitive measures in achieving the purposes for which such measures are officially used (i.e., protection of public safety and public health). Concurrently, at the legislative level and at the highest political levels, the State impedes the implementation of those measures that would eliminate the pain and suffering of drug dependent people, help to prevent the spread of dangerous infectious diseases and reduce mortality, and significantly reduce Government spending and ensure compliance with their international obligations to protect the rights and freedoms*.

1. This 2012 civil society report was noted in 2013 by the UN Special Rapporteur on Torture,[[2]](#footnote-2) and in peer-reviewed journals.[[3]](#footnote-3),[[4]](#footnote-4) We urge the Committee, during this review cycle, to pay attention to these serious and systematic violations of the Convention, driven by Russian drug policy.

**Section II**

**Proposed Recommendations of the Committee Against Torture to the Russian Federation**

1. We urge the Committee against Torture to make the following recommendations to the Russian Federation to ensure its compliance with the Convention:

“The Committee is concerned that the State party enforces a blanket legal ban on the World Health Organization (WHO)-recommended opioid substitution therapy and harm reduction services for people with opioid dependence, including women who are pregnant and in places of detention. Noting a large number of convictions of people who use drugs for crimes related to drug use rather than drug trafficking, and the overly punitive approach of the State party to solving the problem of illegal drugs, the Committee is also concerned by reports of police infliction of pain and suffering due to drug withdrawal syndrome to obtain evidence and that courts accept such evidence to convict people. The Committee is further concerned that the State party does not provide legal and policy safeguards to protect people who use drugs and drug-dependent people, including women, from torture and other forms of ill-treatment in state and private drug treatment and rehabilitation facilities.

**The Committee urges the State party to recognize the vulnerability of people with drug dependence to torture and other forms of ill-treatment and to address it by adopting laws, policies and practices that give effect to drug policy recommendations made to Russia by the Committee on Economic, Social and Cultural Rights (E/C.12/RUS/CO/5, May 2011, para 29; E/C.12/RUS/CO/6. October 2017, paras. 51-52), the Committee on the Rights of Persons with Disabilities (CRPD/C/RUS/CO/1. February 2018, paras. 50-51), the Committee on the Elimination of Discrimination against Women (CEDAW/C/RUS/CO/8. November 2015, paras. 35-36), and the Human Rights Committee (CCPR/C/RUS/CO/7, April 2015, para. 16).**

**In particular, the State party must provide access for people with opioid dependence to opioid substitution therapy as recommended by the WHO, including in places of detention, and ensure that all courts, law enforcement officers, medical practitioners, state and private actors who provide social and medical services for people who use drugs are aware of human rights standards, including the above recommendations of human rights treaty bodies, and that they apply them in their daily work with people who use drugs**.”

**Section III**

**Cases of torture that fall under the definition of Article 1[[5]](#footnote-5)**

**Police misuse of withdrawal syndrome in order to force people into confession or to extract evidence**

1. Testimonial evidence demonstrates that people who use drugs, in particular drug-dependent people, are especially vulnerable to torture and other forms of ill-treatment while in the custody of law enforcement.[[6]](#footnote-6)
2. A common form of such treatment is the intentional, discriminatory denial of drug-dependence treatment for drug-dependent people who are in police custody. These strategic denials are devised as a means of coercing drug-dependent people into self-incrimination or confession as a result of severe physical and mental pain due to opioid withdrawal.[[7]](#footnote-7)
3. According to the UN Special Rapporteur on Torture, “[t]here is no doubt that withdrawal symptoms can cause severe pain and suffering if not alleviated by appropriate medical treatment, and the potential for abuse of withdrawal symptoms, in particular in custody situations, is evident.”[[8]](#footnote-8) The WHO indicates that the symptoms of opioid withdrawal syndrome include, among other things, severe diarrhea, vomiting and anxiety.[[9]](#footnote-9)
4. Police officers use these symptoms to humiliate and torture drug-dependent people by preventing them from accessing toilets or other facilities and shaming them into confessions.[[10]](#footnote-10) Such abusive treatment of persons in need of medical treatment amounts to torture. The Special Rapporteur on Torture has also indicated that, “if withdrawal symptoms are used for any of the purposes cited in [the] definition of torture enshrined in article 1 of [CAT], this might amount to torture.”[[11]](#footnote-11)

***Case of Galina Kazankova (GK), HIV+, drug-dependent woman from Moscow***

*On April 4, 2014, at 6:00 p.m., G.K. was arrested by police. She was intoxicated with heroin during the arrest. She was held in a police station for eight hours until she started showing obvious signs of withdrawal syndrome, such as vomiting, sweating, shivering and diarrhea. After this, police offered her a pre-drafted self-incriminating statement to sign, which she did without reading. Then, in exchange, police brought her to a medical clinic, where her withdrawal syndrome was documented by medical doctors (documents are available in a case file). During the court hearing, the defence argued the inadmissibility of the self-incriminatory statement, which was signed under the duress of torture. However, a trial court and a court of appeal rejected this argument and accepted the statement. G.K. was sentenced to four years’ imprisonment. In September 2017, her case was communicated by the European Court of Human Rights (ECHR) to the Russian Government*.[[12]](#footnote-12)

***Case of Ivan Anoshkin (I.A.), HIV+, drug-dependent man from Togliatti***

*I.A. was arrested and arbitrarily detained by the police for a total of 34 hours on April 12, 2012, for possession of drugs. During this time, I.A. was tortured, suffered cruel, inhuman and degrading treatment, and his right to health was violated. While in detention, I.A. suffered clear and visible opioid withdrawal symptoms. I.A. claims that the arresting officers were aware of his suffering since he and a doctor had told them that he was “in a state of intoxication caused by the narcotic substance.” While I.A. was suffering from withdrawal syndrome, the arresting officers intentionally exacerbated his symptoms: they failed to provide I.A. with food or water, denied him access to a toilet on multiple occasions when he was suffering from diarrhea, denied him essential medications, refused to put him in contact with his family members, and ignored his requests to know when he would be released. The degrading treatment inflicted upon I.A. caused him extreme humiliation and anxiety. The officers took advantage of I.A.’s diminished physical and mental state as a means of extracting a confession from him. I.A.’s further complaints to the Investigative Committee and courts did not bring any results. I.A. filed applications to the ECHR and the UN Special Rapporteur on Torture.**[[13]](#footnote-13) In response to the UN Special Rapporteur, on February 19, 2014, the Russian Federation admitted the facts of the case, but completely rejected allegations of torture.[[14]](#footnote-14)*

***Case of Larisa Solovyova (L.S.), HIV+, drug-dependent woman from Kaliningrad***

*On January 16, 2016, at 11:30 a.m., L.S. was arrested by police for non-medical use of drugs. Police acted on a tip from their informant, who had used opioids with L.S. about 21 hours before her arrest, on the afternoon of January 15, 2016. Police knew about L.S.’s drug dependency. At the time of her arrest, and later in the police station, police officers saw that she was suffering from acute withdrawal syndrome; she was sweating heavily, shivering and experiencing nausea and diarrhea. The investigator told her that they could charge her either with the crime of attempting to sell drugs or a less serious crime of drug possession. According to an investigator, this would depend on whether or not she confessed. At that point, she just wanted to leave the police station because she was about to start vomiting and soiling her pants. She also knew that no medical help would be offered to her in a police station. Under such duress, L.S. signed a confession statement, which had been pre-drafted by an investigator. Without reading the statement carefully, she thought that she had confessed to aiding drug purchase for personal use. The investigator later categorized her statement as aiding drug trafficking.[[15]](#footnote-15)*

**Lack of access to drug dependence treatment for persons with drug dependence in detention**

1. In 2015, the Federal Penitentiary Service reported that 49,600 of 671,700 prisoners suffered from drug dependence.[[16]](#footnote-16) Despite the obvious demand for drug dependence treatment in prisons, Russia does not acknowledge the legitimacy of internationally recognized forms of medical and pharmacological treatments such as opioid substitution therapy (OST) and has banned such treatment.[[17]](#footnote-17) As a result, no evidence-based drug treatment services are available in pre-trial detention or in any custodial facilities. There are nine medical penitentiary facilities in Russia that provide abstinence-based drug dependence treatment. The Penitentiary Service also arranges some social events, such as meetings of inmates with representatives of “Drug Addicts Anonymous.” However such measures cannot replace evidence- based, WHO-recommended drug dependence treatment — OST.

***Evidence from A.F., a drug-dependent woman from Orenburg***

*“When I arrived at the penitentiary facility, I was stupid enough to inform the prison administration that I am a drug-dependent person. I thought they would provide me with some medications, because at that moment I felt severe depression due to opioid withdrawal and my chronic psychiatric disease. However, the only help from the prison administration was that they registered me as a suicidal person, meaning that I required more supervision and would have much less chance for early conditional release. Later I learned from other female inmates that the best option for a person with drug dependence or psychiatric disease is to conceal these health conditions from prison administration because no medical help would be offered — only the toughening of prison conditions with no chance for early release.”[[18]](#footnote-18)*

1. In 2013–2014, the Code of Administrative Offences was amended to establish compulsory drug treatment purportedly to motivate PUD to undergo medical treatment and rehabilitation.[[19]](#footnote-19) These amendments empower law enforcement agencies to coerce PUD to undergo sub standard drug dependence treatment, and introduce administrative punishment of up to 30 days of imprisonment for not staying abstinent which is categorized as violation of the court order. We believe that coercing people to ineffective drug dependence treatment amounts to ill-treatment. Subjecting drug dependent people to up to 30 days of imprisonment for failing to stay abstinent amounts to torture because by doing this the state authorities completely ignor the fact that drug dependence is a chronic relapsing health condition.
2. The UN Special Rapporteur on Torture refers to the denial of OST in places of detention as a violation of the right to be free from torture and ill-treatment in certain circumstances.[[20]](#footnote-20) We submit that by enforcing the blanket legal ban on OST for opioid-dependent persons in detention facilities, the State creates insurmountable obstacles to relieve the pain and suffering of people with chronic health conditions on discriminatory grounds. This State inaction falls under the definition of torture.
3. The denial of medical treatment for drug-dependent people is not limited to those health conditions resulting from drug use; as long as the individual suffering is a person who uses drugs, often any kind of health care is denied. For example, while in pre-trial detention, some people who use drugs have been denied necessary medical services for pre-existing conditions, such as congenital physical disabilities, resulting in otherwise easily avoidable severe pain and suffering.[[21]](#footnote-21)

**Torture in private drug rehabilitation centers[[22]](#footnote-22)**

1. The Russian drug treatment system has a very low rate of effectiveness: over 90% of drug treatment patients relapse to illegal drug use within one year of treatment.[[23]](#footnote-23)
2. The ineffectiveness of the government drug treatment system and the high demand for treatment in Russia have resulted in a large number of doubtful private practices, including flogging;[[24]](#footnote-24) beatings, punishment by starvation and long-term handcuffing to the bed frame,[[25]](#footnote-25) “coding” (i.e., hypnotherapy aimed at persuading the patient that drug use leads to death), brain surgery,[[26]](#footnote-26) electric shock causing seizures, burying the patient in the ground for 15 minutes, putting electrodes into patients’ ears to cause electric shock, implantation of guinea pig brains, and other unproven methods.[[27]](#footnote-27)
3. Russian authorities publicly support large networks of private drug rehabilitation centers such as the “National Anti-drug Union.”[[28]](#footnote-28) Many of these centers practice torture under the guise of drug dependence treatment. Below are extracts from allegation letters submitted to police by victims of torture from 2014 to 2018, as well as from journalists’ investigative reports. In some cases, police responded but the majority of the allegation letters remain unanswered.

***Evidence from Mr. B.V.U., a man from Balashikha city, Moscow Oblast***

*Mr. B.V.U. was forcibly held in a private rehabilitation center “Step Forward”, Moscow Oblast, township Zabolotye from 7 March 2017 to 15 April 2017. When he tried to escape, he was severely beaten. He was repeatedly threatened with retaliation if he escaped and went to the police*.[[29]](#footnote-29)

***Evidence from Ms. E.E.V., a woman from Uspenskoye township, Krasnodarsky kray***

*Ermolayeva’s daughter was forcibly confined in a rehabilitation center, Open Door, from January 11, 2017, to March 21, 2017. No science-based drug dependence treatment or other medical assistance was offered at the center, only prayer. Patients of the rehabilitation center suffered from malnutrition. When her daughter complained to a staff member about severe stomach pain, he offered her a prayer. Other patients of the center suffered similar treatment.[[30]](#footnote-30) Ermolyaeva E.V. sent statements of complaint to the Investigative Committee, Prosecutor’s Service and Federal Security Service between April and June 2017. By the end of 2017, the center closed voluntarily*.

1. On March 15, 2016, a journalist, Anastasia Kuzina, published a detailed report based on video interviews with six victims of torture in drug rehabilitation centers in different provinces of the Russian Federation.[[31]](#footnote-31) According to the video statements, they suffered prolonged immersion in ice-cold water, endured beating, were forced to carry heavy objects for several days on end (supposedly for educational purposes), experienced malnutrition, faced public disgrace, were coerced to perform prolonged physical labour, and were denied access to medical treatment. Staff members of the rehabilitation centers used these methods of torture to “motivate” people to stop using drugs.
2. On August 29, 2016, journalist Ilnur Sharafiev published a similar report with numerous statements of victims of torture, their relatives, lawyers and social workers who had experience working with or investigating the activities of drug rehabilitation centers in Russia.[[32]](#footnote-32)
3. On March 31, 2016, an online newspaper, *Realnoe Vremya*, published a report with the results of an investigation into the activities of what journalists called “private prisons for drug addicts.”[[33]](#footnote-33) The report describes torturous practices similar to those in Kuzina’s and Sharafiev’s reports. In addition, the report describes how private rehabilitation centers in the Republic of Tatarstan are connected with each other and with Russia-wide networks, such as the National Anti-drug Union, which is openly supported by high Russian officials, including Sergey Lavrov, the Minister of Foreign Affairs of the Russian Federation. In March 2017, representatives of the National Anti-drug Union were members of the official delegation of the Russian Federation to the UN Commission on Narcotic Drugs.[[34]](#footnote-34)

**Section IV**

**Violations of Article 2[[35]](#footnote-35)**

1. The Russian Federation failed to take legislative measures to prevent cases of torture (as reported above) and other forms of ill-treatment (as reported below) as violations of article 16. In particular, the Russian Federation failed to enact laws to ensure the access of people with drug dependence to WHO-recommended methods of drug dependence treatment (such as OST) and HIV prevention (such as needle and syringe programs and overdose prevention programs), including in police custody and places of detention. Moreover, the Russian Federation maintains laws and policies that discriminate against people who use drugs, especially people with drug dependence, such as the State Anti-Drug Strategy (approved by the Decree of the President No 690 of June 9. 2010), the Federal Law No 3-FZ of January 8, 1998 “On narcotic drugs and psychotropic substances,” the *Criminal Code of the Russian Federation*, 1996, and the *Code of Administrative Offences*, 2001. These laws criminalize drug use and possession of drugs for personal use, prohibit WHO-recommended drug dependence treatment and harm reduction services for people who use drugs, and encourage police and private actors to inflict pain, suffering and humiliation on people who use drugs under the guise of promoting public intolerance to drug use.
2. Penitentiary statistics demonstrate that every fifth adult inmate in Russian prisons is imprisoned for drug crimes.[[36]](#footnote-36) Up to 65% of people who use drugs have experienced imprisonment.[[37]](#footnote-37) In 2017 alone, more than 75% of drug-related convictions were directed against people who use drugs rather than those who supply illegal drugs.[[38]](#footnote-38) Eight percent of prisoners are people with drug dependence.[[39]](#footnote-39) Considering the significant number of people who use drugs and drug-dependent people who are incarcerated, the lack of effective drug treatment in penitentiary facilities renders such facilities incubators for HIV, hepatitis C and TB, since drugs are accessible in prisons while sterile syringes are not.
3. According to the General Comment No. 2 of the Committee against Torture,
   * *The obligations to prevent torture and other cruel, inhuman or degrading treatment or punishment (hereinafter “ill-treatment”) under article 16, paragraph 1, are indivisible, interdependent and interrelated. The obligation to prevent ill-treatment in practice overlaps with and is largely congruent with the obligation to prevent torture.*
   * *States parties are obligated to eliminate any legal or other obstacles that impede the eradication of torture and ill-treatment; and to take positive effective measures to ensure that such conduct and any recurrences thereof are effectively prevented.*
   * *The protection of certain minority or marginalized individuals or populations especially at risk of torture is a part of the obligation to prevent torture or ill-treatment.*[[40]](#footnote-40)
4. People who use drugs and especially drug-dependent people are highly marginalized and vulnerable groups. (For facts and legal arguments on this point, please see information related to Article 16 below.)
5. We submit that with respect to groups whose marginalization and vulnerability is strongly related to discrimination based on their health status, the authorities’ positive obligations to prevent torture and ill-treatment significantly overlaps with positive obligations to ensure minimum standards of health care, including pursuant to Article 12 of the *International Covenant on Economic, Social and Cultural Rights* (ICESCR) to which Russia is a party. According to the UN Committee on Economic, Social and Cultural Rights (CESCR), the monitoring body for the ICESCR, every State party to the Covenant has core obligations that the authorities must satisfy regardless of their possible financial constraints. Ensuring access to essential medicines, as defined by the WHO, is one such core obligation. This includes methadone and buprenorphine for opioid dependence treatment.[[41]](#footnote-41) Consequently, in 2011 and 2017, after reviewing the country’s situation with regard to human rights of people who inject drugs the Committee strongly recommended that Russia

* *Consider decriminalizing drug possession for personal consumption;*
* *Address discrimination against drug-dependent persons, including with regard to their access to health-care services;*
* *Provide appropriate health care, psychological support services and rehabilitation to such persons, in particular by legalizing effective drug dependence treatment, such as opioid substitution therapy;*
* *Adopt harm reduction programs, such as needle and syringe exchanges, while ensuring their coverage, particularly in prisons with a view to combating the spread of tuberculosis, and support non-governmental organizations that provide such services, as indicated during the dialogue;*
* *More effectively address the underlying causes of the rapid increase in HIV/AIDS and the prevalence of tuberculosis and hepatitis C, including by legalizing measures, as recommended by the World Health Organization, the Joint United Nations Programme on HIV/AIDS and the United Nations Office on Drugs and Crime, for HIV prevention among injection-drug users, and by increasing the coverage and availability of medication and medical treatment, such as anti-retroviral therapy.*[[42]](#footnote-42)*,*[[43]](#footnote-43)

1. In 2018, the Committee on the Rights of Persons with Disabilities (CRPD) explicitly referred to the above CESCR recommendations and urged the Russian Federation to

* *Take measures to ensure that persons with disabilities in all regions have access to quality health-care and rehabilitation services;*
* *Revise its current legislation and practices regarding drug policy and preventive measures by taking into account the recommendations made by the Committee on Economic, Social and Cultural Rights for the Russian Federation (see E/C.12/RUS/CO/6, paras. 50–51 in particular)*.[[44]](#footnote-44)

1. In 2015, the Committee on the Elimination of Discrimination against Women (CEDAW) expressed concerns about the absence of substitution therapy for women who use drugs, which also contributes to the spread of HIV, and recommended the Russian Federation

*To develop programmes of substitution therapy, in line with the recommendations of the World Health Organization, for women drug users, and intensify the implementation of strategies to combat HIV/AIDS, in particular preventive strategies, including by increasing efforts to prevent sexual and mother-to-child transmission.[[45]](#footnote-45)*

1. In 2015, with respect to Russia, Human Rights Committee (HRC) noted that

*physical and mental pain and suffering associated with withdrawal symptoms may amount to torture or ill-treatment and is concerned that the State party’s approach to the treatment of drug-dependent individuals deprived of their liberty does not seem to adequately protect them against such suffering (arts. 7, 9, 10 and 14)*.

Thus, the HRC recommended the Russian Federation to take all the measures necessary to ensure that:

* *its policies vis-à-vis drug users deprived of their liberty fully conform to its obligation to effectively protect them against the pain and suffering associated with the withdrawal syndrome and that timely, adequate and scientifically based medical assistance to counter withdrawal symptoms is available in practice;*
* *adequate legal safeguards are in place to prevent interrogations or any other procedural actions being conducted while the person is suffering from the withdrawal syndrome;*
* *due process rights of drug users deprived of their liberty, including not to be compelled to testify against themselves, are effectively respected in practice*.[[46]](#footnote-46)

1. We submit that in order to fulfill its obligations under Articles 1, 2 and 16 of the *Convention against Torture*, the Government of the Russian Federation must take legislative and policy measures to fulfill the above mentioned CESCR, CRPD, CEDAW and HRC recommendations.

**Section V**

**Violations of Article 10[[47]](#footnote-47)**

1. The Russian Federation does not ensure that training programs for law enforcement officials include modules related to drug dependence or the vulnerability of drug-dependent people to torture, ill treatment and discrimination. The main policy document related to drug control is the Strategy of the State Drug Policy until 2020, approved by Decree of the President.[[48]](#footnote-48) The document focuses on fostering a “zero tolerance” approach to drug use, and does not mention human rights. Police do not refer people who use drugs to health services. While some provinces of the Russian Federation successfully piloted drug referral schemes between 2007 and 2012 with the support of the United Nations on Drugs and Crime, the pilot initiative did not take root. As of 2018, no drug referral schemes exist in Russia.
2. In her 2017 annual report, the Federal Ombudsperson included for the first time a chapter about human rights violations against people who use drugs. Some police departments inform officers about judgments of the European Court of Human Rights concerning drug policy, such as those related to police entrapment. However, these practices are not widespread. Police training focuses on how to enforce a “zero tolerance” approach with no regard to human rights standards.
3. Drug treatment training for doctors also reflects this “zero tolerance” approach. A recent publication in a peer-reviewed journal describes how this approach, combined with the dominant role of law enforcement agencies in all drug policy issues, led to the current situation in which the majority of Russia’s drug treatment practitioners have voluntarily or under pressure stripped themselves of their professional independence from law enforcement and effectively extinguished any notion of human rights in patient care. Dual loyalty is distorted to such a degree that the doctors’ allegiance to the state objective of a “drug-free world” nullifies their legal and professional obligations to their patients. [[49]](#footnote-49)

**Section VI**

**Violations of Article 11[[50]](#footnote-50)**

1. Police interrogation rules and practices, as well as the rules for evaluating people subjected to police custody, do not stipulate any special protection measures to ensure that no person suffers from withdrawal syndrome. This is despite the fact that statistics show that police arrest tens of thousands of people with chronic drug dependence every year. Moreover, in 2013 and 2014, several federal laws and regulations were amended to establish compulsory drug treatment, purportedly to motivate drug-dependent people and people who use illegal drugs to undergo medical treatment and rehabilitation. For example, these amendments allowed law enforcement agencies to coerce people to undergo drug treatment and rehabilitation, empowered courts to issue drug treatment orders to people who had committed drug-related administrative offences (such as non-medical use of narcotic drugs or possession of insignificant amounts of narcotic drugs) or to drug-dependent people who had committed minor crimes (such as theft or the possession of significant amounts of drugs for personal use), introduced administrative punishment of up to 30 days imprisonment for evasion of court-imposed drug treatment or rehabilitation, and required drug treatment and rehabilitation organizations to report those patients who do not fulfill court-imposed treatment or rehabilitation orders to police.[[51]](#footnote-51)

**Section VII**

**Article 12 and Article 15[[52]](#footnote-52)**

1. The State Investigative Committee is responsible for investigating cases concerning the use of coercion, including torture, to extract evidence (Article 302(2) of the *Criminal Code of the Russian Federation*). However, the Committee’s officers are ill-equipped to deal with cases when police use the withdrawal syndrome to extract inculpatory evidence from drug-dependent people. There are no guidelines on how to investigate such cases. In the case of I. Anoshkin, described above, the victim filed a complaint to the Investigative Committee’s city department regarding the police’s misuse of the withdrawal syndrome, but the Committee rejected the application despite medical certificates showing that the victim was held in a police station for an extended period after his last use of opioids.
2. Courts accept confessions obtained by police from a drug-dependent accused when they suffered acute withdrawal syndrome. There are no cases on record where the court rejected this type of evidence.

**Section VIII**

**Violations of Article 16[[53]](#footnote-53)**

1. Ensuring special protection of minority and marginalized groups and individuals is a critical component of the obligation to prevent torture and ill-treatment. The Committee Against Torture, the Inter-American Court of Human Rights, UN Special Rapporteur against Torture and the European Court of Human Rights have confirmed that States have a heightened obligation to protect vulnerable and/or marginalized individuals from torture, as such individuals are generally at greater risk of experiencing torture and ill-treatment.[[54]](#footnote-54)
2. We submit that people who use drugs, and especially people with opioid and other drug dependence, are a highly marginalized and vulnerable group. However, despite the positive obligation to protect marginalized and vulnerable groups from ill-treatment, the Russian Federation continues to enforce punitive drug policies, which contributes to the severe pain and suffering caused by authorities’ deliberate decisions or by private actors with the authorities’ acquiescence. The systematic and widespread violations of articles 2 and 16 of the Convention are the cumulative result of the following factors:
3. Drug dependence, especially opioid dependence, is a multifactorial health disorder that often follows the course of a relapsing and remitting chronic disease. Key elements include the compulsion to take narcotic drugs and to persist with drug use despite clear evidence of overtly harmful consequences.[[55]](#footnote-55) It is a chronic relapsing brain disease.[[56]](#footnote-56) Russia accepts that dependence syndrome persists even in long-term remission and often manifests itself as the irresistible desire to use a psychoactive substance.[[57]](#footnote-57) It is not because of a lack of willpower that many people with strong opioid dependence continue using drugs despite the risk of harsh criminal penalties, potentially fatal overdose or other serious harms to health such as contracting blood-borne illnesses (e.g., HIV, viral hepatitis) through the use of non-sterile injecting equipment. Opioid dependence is a health condition that can result in significant harm to a person’s individual, family and community life.
4. Under Russian drug law, virtually all aspects of the life of an opioid-dependent person, especially in periods of relapses, are *de facto* and *de jure* affected by law enforcement and other punitive measures. Among other things, the non-medical use of drugs is an offence that can result in 15 days’ administrative arrest (Article 6.9 of the *Code of Administrative Offences of the Russian Federation*), while the acquisition and possession of drugs is a crime (Article 228 of the *Criminal Code of the Russian Federation*). Meanwhile, drug treatment may only include those methods approved by the State and drug treatment (especially detoxification) is only allowed in state and municipal clinics (Article 55 of the Federal Law No. 3-FZ of 8 January 1998).
5. Because of its nature and this legal framework surrounding it, drug dependence makes people vulnerable to health, economic and legal risks, as well as institutional violence by police, health care providers, and other actors who are in a position of power over those with drug dependence. Russia’s official state policy of “zero tolerance” for drug use, and hence *de facto* zero tolerance for people who use drugs, drives this vulnerability further as it amounts to State approval for the humiliation, abuse and debasement of people with opioid dependence, deeming them unfit for society unless and until they stop using drugs.[[58]](#footnote-58)
6. Denying people with opioid dependence access to OST is *per se* an intentional infliction of severe pain and suffering by the State, with an evident punitive and discriminatory purpose and effect, on a massive and widespread scale. However, in the alternative, we also submit that, in the context of such an environment as described above, Russia’s prohibition of OST, one of the most effective types of opioid dependence treatment, puts people with opioid dependence into a multi-faceted situation of pain and suffering.
7. The available abstinence-based treatment in Russia is highly ineffective, as indicated by the official data. People with drug dependence, especially people with opioid dependence, cannot avail themselves of their rights to minimal health care standards. The treatment ostensibly available in Russia does not meet their essential needs; as a result, they relapse soon after treatment (with some experiencing five or six attempts at drug treatment per year[[59]](#footnote-59)), and continue using illegal drugs and facing all the associated adverse consequences, including fear of arrest, prosecution and imprisonment, and a very high risk of contracting HIV, hepatitis C, tuberculosis, etc.
8. Because of a lack of access to effective drug treatment, arising in part from Russia’s ban on OST, many opioid-dependent people spend many years in extreme poverty, unable to address their most basic needs such as food, hygiene and housing. Often their life is a cycle of purchasing drugs, seeking funds to finance their dependence, withdrawal, police arrests and abuse, multiple bouts of incarceration, and multiple attempts at ineffective treatment. For many, there is little or no likelihood of their situation improving, particularly as long as effective evidence-based treatment, in the form of OST, is withheld by the Russian government.
9. Facing a lack of effective drug treatment, people with drug dependence experience physical pain and mental suffering, combined with an often irresistible compulsion to take drugs. This is especially true for people with opioid dependence. These factors push opioid-dependent people to commit crimes of drug purchase, possession and use; they will often also commit acquisitive crimes to finance their dependence. The malfunctioning system of drug treatment with no access to OST significantly exacerbates the suffering of people with opioid dependence and reinforces their uncertainty with respect to their health and even life.

**Pain and suffering due to the blanket legal ban on OST.**

1. According to the UN Special Rapporteur on Torture, a “particular form of ill-treatment and possibly torture of drug users is the denial of opiate substitution treatment, including as a way of eliciting criminal confessions through inducing painful withdrawal symptoms [.] The denial of methadone treatment in custodial settings has been declared to be a violation of the right to be free from torture and ill-treatment in certain circumstances [.] Similar reasoning should apply to the non-custodial context, particularly in instances where Governments impose a complete ban on substitution treatment and harm reduction measures.”[[60]](#footnote-60)
2. The Special Rapporteur further asserts that, “[b]y denying effective drug treatment, State drug policies intentionally subject a large group of people to severe physical pain, suffering and humiliation, effectively punishing them for using drugs and trying to coerce them into abstinence, in complete disregard of the chronic nature of dependency and of the scientific evidence pointing to the ineffectiveness of punitive measures.”[[61]](#footnote-61)

**Abrupt withdrawal of OST from more than 800 patients in Crimea.**

1. In March and April 2014, Russian authorities intentionally blocked the supply of opioid substitution medications to Crimea after the Russian Federation took control of the region on March 20, 2014. As a result, 803 patients of OST (which was legal in Crimea when it was part of Ukraine) were forced into sudden withdrawal and subject to further risk of using illegal drugs and all the attendant adverse health consequences.[[62]](#footnote-62) Some of these patients have already been prosecuted for using narcotic drugs.[[63]](#footnote-63)

**Lack of access for pregnant women to WHO-recommended drug treatment**

1. Pregnancy makes marginalized women, including women with drug dependence, particularly vulnerable to structural violence. In *R.R. v. Poland,* the European Court of Human Rights found that a violation of Article 3 (prohibition of torture) had been committed against a pregnant woman who faced obstacles in accessing medical help related to pregnancy.[[64]](#footnote-64) With reference to its case law, the Court noted that “it cannot be excluded that the acts and omissions of the authorities in the field of health care policy may in certain circumstances engage their responsibility under Article 3 by reason of their failure to provide appropriate medical treatment.”[[65]](#footnote-65) The unique vulnerability of pregnant women, women living with HIV and people who use drugs has been the focus of the reports of the UN Special Rapporteur on the right to health. Among the examples of violations of the right to health, the Special Rapporteur has described non-consensual abortions, including cases resulting from a lack of information from health care providers due to stigma and discrimination against women from marginalized communities such as Indigenous women living with HIV and AIDS.[[66]](#footnote-66)
2. There is not a single public or municipal rehabilitation center in Russia offering programs that meet the needs of drug-using women with children. For example, no such center allows women to attend a drug rehabilitation program with their children. Moreover, drug addiction is considered legitimate ground for termination of parental rights.[[67]](#footnote-67) Thus, women’s access to drug treatment and rehabilitation is greatly hindered by providers’ failure to meet women’s special needs. The WHO recommends that “pregnant patients with opioid dependence should be advised to continue or commence opioid maintenance therapy with either methadone or buprenorphine.”[[68]](#footnote-68) However, this type of therapy is included under the blanket legal ban in the Russian Federation.[[69]](#footnote-69)

***Case of O.S.***

*In July 2013, the UN Special Rapporteur on Violence against Women communicated to the Russian Federation the case of O.S., a woman living with HIV, HCV and opioid dependence.[[70]](#footnote-70) During her pregnancy in 2011, O.S. experienced significant physical and psychological pain and suffering because municipal doctors failed to provide her with appropriate medical care for her pregnancy and drug dependence, and tried to press her to have an unwanted abortion. The main reason for the doctors’ behaviour was the blanket criminal ban on OST in Russia. On October 24, 2013, the Russian Federation accepted the facts but denied allegations of human rights violations*. [[71]](#footnote-71)

**Discriminatory denial of medical assistance to persons with drug dependence in life-threatening health conditions**

1. People who use drugs are a highly stigmatized and criminalized population whose experience of health care is often one of humiliation, punishment and cruelty. People with drug dependence are often denied emergency medical treatment. Below we present information on two ongoing cases, which exemplify the pain and suffering that can occur because of the discriminatory denial of medical help.

***Case of Kristina, HIV+, drug-dependent woman, Moscow***[[72]](#footnote-72)

*On May 25, 2016, Kristina’s leg was swollen and she had a fever. Kristina did not have any identity documents. An ambulance arrived but refused to accept her; a doctor said: “What do you want from us, junkie? We would not install new veins into your leg. Go ahead and continue taking drugs!” Several days later, a social worker managed to negotiate with the ambulance service to transport Kristina to the hospital. She had surgery. In the hospital, Kristina started experiencing acute withdrawal syndrome, but she was not given any pain relief. Instead she was transferred to intensive care and tethered to a bed for one day*.

**Pain and suffering of HIV+, TB+, drug-dependent patients due to lack of access to OST**

1. Drug-dependent patients suffer extreme physical pain and death from tuberculosis. Without OST, patients with drug dependence, TB and HIV cannot remain in TB treatment for the required period of time.[[73]](#footnote-73) This often leads to multidrug-resistant TB (MDR-TB) and rifampicin-resistant (RR-TB). Treatment for multidrug-resistant TB (MDR-TB) and rifampicin-resistant (RR-TB) is longer, and requires more expensive and more toxic drugs.[[74]](#footnote-74) For people with drug dependence, the lengthy treatment period with no access to OST is often a barrier that is impossible to overcome. The WHO estimates that Russia had up to 60,000 incidences of MDR/RR-TB in 2015 (out of a total population of 143 million people).[[75]](#footnote-75) In comparison, the estimated incidence for China, a country with a population of 1.357 billion people, is 70,000 cases.[[76]](#footnote-76)
2. There are two major sources of TB in Russia:

* Prisons, in part because of high rates of imprisonment of people whose immune system is weakened by drug dependence and HIV.[[77]](#footnote-77)
* Lack of evidence-based services for patients with drug and alcohol dependence. These patients demonstrate high rates of failure and default of treatment. Lack of access to OST significantly contributes to the inability of drug-dependent patients to adhere to a treatment regimen.

1. In 2013, the Special Rapporteur on the right to health issued urgent appeals to the Government of the Russian Federation regarding TB treatment for people living with HIV and drug dependence. To date, the Government has not acted on the appeals. Instead, health authorities have retaliated against the whistle-blower, a TB clinic patient who brought a complaint to the UN Special Rapporteur on the right to health.[[78]](#footnote-78)

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**Conclusions**

1. The Russian Federation enforces overly punitive drug laws and policies, dominated by repressive law enforcement rather than medical and social support to people who use drugs or drug-dependent people. These laws and policies encourage torture and other forms of ill treatment by police and other state and private actors, and run afoul of international human rights standards. Many UN Human Rights Treaty Bodies have already issued drug policy–related recommendations to the Russian Federation. The implementation of these recommendations in law, policy, practice and education will help Russia to prevent and address cases of torture and other forms of ill treatment against people who use drugs and drug-dependent people.

**Annex I**



Since 2009, the Andrey Rylkov Foundation for Health and Social Justice (“the Foundation”) has served as the Secretariat for the Russian Public Mechanism for Monitoring of Drug Policy Reform. The Foundation is a grassroots organization based in Moscow, Russia, with the mission to promote and develop humane drug policy based on tolerance, protection of health, dignity and human rights. The Foundation engages in four key strategies to advance its mission: advocacy, watchdog services, direct service provision and capacity building of affected communities and individuals. Since 2016, the Foundation has been on Russia’s list of “foreign agents,” according to Article 2(6) of the Federal Law No 7-FZ of December 8, 1995 (“On Non-profit Organizations”).

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In preparing this report, the Foundation was assisted by the Canadian HIV/AIDS Legal Network, an organization which promotes the human rights of people living with, at risk of or affected by HIV or AIDS, in Canada and internationally, through research and analysis, litigation and other advocacy, public education and community mobilization. The Legal Network is Canada’s leading advocacy organization working on the legal and human rights issues raised by HIV and AIDS, and a non-governmental organization with Special Consultative Status with the Economic and Social Council of the United Nations.



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1. Information about these organizations is in Annex I [↑](#footnote-ref-1)
2. Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez. A/HRC/22/53. February 1, 2013. Para 74. [↑](#footnote-ref-2)
3. Golichenko M., Sarang A., (2013) *Atmospheric pressure: Russian drug policy as a driver for violations of the UN Convention against Torture and the International Covenant on Economic, Social and Cultural Rights*. Health Hum Rights. 2013;15(1):E135-43 [↑](#footnote-ref-3)
4. Golichenko and Chu Public Health Reviews (2018) *Human rights in patient care: drug treatment and punishment in Russia.* 39:12 https://doi.org/10.1186/s40985-018-0088-5 [↑](#footnote-ref-4)
5. Article 1(1) of the Convention provides, “For the purposes of this Convention, the term ‘torture’ means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.” [↑](#footnote-ref-5)
6. A. Sarang et al., “Policing Drug Users in Russia: Risk, Fear, and Structural Violence,” *Substance Use & Misuse* 2010, 45:813-864. [↑](#footnote-ref-6)
7. Application of Ivan Ahoshkin to the European Court of Human Rights, June 8, 2013. http://rylkov-fond.org/blog/advocacy/strat-cases/echr/ [↑](#footnote-ref-7)
8. Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Manfred Nowak, 14 January 2009, A/HRC/10/44, para. 57. [↑](#footnote-ref-8)
9. World Health Organization, *Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence* (2009). [↑](#footnote-ref-9)
10. Application of Ivan Ahoshkin. Supra note 7 . [↑](#footnote-ref-10)
11. Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, *Promotion and Protection of All Human Rights, Civil, Political, Economic, Social and Cultural Rights, Including the Right to Development,* U.N. Doc, A/HRC/10/44 (Jan. 14, 2009) (by Manfred Nowak). [↑](#footnote-ref-11)
12. *Kazankova v Russia*. Application No 56098/17. [↑](#footnote-ref-12)
13. The case is communicated to the Russian Federation by the UN Special Rapporteur on torture on December 10, 2013. <https://spdb.ohchr.org/hrdb/24th/Public_-_AL_Russia_10.12.13_(11.2013)_Pro.pdf> [↑](#footnote-ref-13)
14. A letter of the Permanent Mission of the Russian Federation of February 19, 2014. <https://spdb.ohchr.org/hrdb/25th/Russie_19.02.14_(11.2013)_Trans_Pro.pdf> [↑](#footnote-ref-14)
15. The case is pending with a district court of Kaliningrad. Larisa Solovyova was granted an asylum in Germany. Information is obtained from the case file of Larisa Solovyova, as well as interview with Larisa Solovyova recorded by Mikhail Golichenko on June 15, 2018 [↑](#footnote-ref-15)
16. Federal Penitentiary Service. Brief information. 2015-2017. Online: http://fsin.su/structure/inspector/iao/Doklad/DROND%202015-2017.pdf [↑](#footnote-ref-16)
17. Narcotics Drugs and Psychotropic Substances Act [N 3-FZ] art. 31 (Russ.). [↑](#footnote-ref-17)
18. Interview with A.F. was video-recorded by Mikhail Golichenko on February 21, 2018. [↑](#footnote-ref-18)
19. Russian Federation. Note regarding Bill No. 254761-6.  <http://asozd2.duma.gov.ru/main.nsf/%28SpravkaNew%29?OpenAgent&RN=254761-6&02>. Accessed 30 Aug 2017. [↑](#footnote-ref-19)
20. Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Applying the torture and ill-treatment protection framework in health-care settings, A/HRC/22/53. Feb 1, 2013, para 73 [↑](#footnote-ref-20)
21. Human Rights Watch, “Russia: Woman in Dire Health is Freed,” April 5, 2013. Available at http://www.hrw.org/news/2013/04/05/russia-woman-dire-health-freed [↑](#footnote-ref-21)
22. Information for this section of the report was prepared in cooperation with Vitaly Tuminsky, a coordinator of All-Russia Movement “Rehab control”. From 2014 this movement documents evidence of torture in drug rehabilitation centers in all provinces of Russia. All https://vk.com/czmpravda [↑](#footnote-ref-22)
23. # V. Ivanov, Interview for RIA Novosti, September 16, 2009, [www.ria.ru](http://www.ria.ru); T. V. Klimenko (2009) “On the Russian Drug Control Strategy,” 2009. Available in Russian at: <http://stratgap.ru/includes/periodics/comments/2009/1124/3841/detail.shtml>.

    [↑](#footnote-ref-23)
24. S. V. Speransky, MG. Huchrova, NK Zhukov (2005) “Method of pain impact in the treatment of addictions and other manifestations of avital activity,” (С.В. Сперанский, *М.Г. Чухрова, Н.К.Жуков* (2005) Метод болевого воздействия при лечении аддиктивного поведения и других проявлений авитальной активности). Availalble in Russian at: <http://rozgamed.narod.ru/caust3.html>. [↑](#footnote-ref-24)
25. A. Sarang (2010) “*Spas-on-Blood, or the chronicles of anti-drug terror in Ekaterinburg*,” 2010 (Саранг А. (2010) Спас-на-крови, или хроники антинаркотического террора в Екатеринбурге). Availalble in Russian at: <http://rylkov-fond.ru/blog/2010/03/15/gbnrus/>. [↑](#footnote-ref-25)
26. No to Drugs, an Informative-publishing resource (2010) 335 experimental operations on humans (Нет наркотикам (2010) 335 Экспериментальных операций на людях). Available in Russian at: <http://www.narkotiki.ru/internet_5242.html>. [↑](#footnote-ref-26)
27. S. Soshnikov (2011) “*Patent-related activity in addiction treatment in Russia,”* a presentation at the conference “Medical Science and Right in the 21st Century,” St. Petersburg, 2010 (С. Сошников (2011). «Патентная активность в области лечения аддитивных расстройств в России»). Available in Russian at: <http://www.youtube.com/watch?v=BqsM7-XHYLk>. [↑](#footnote-ref-27)
28. According to information on the official website of the Union, the organization is supported by Sergey Lavrov, the Minister of Foreign Affairs of the Russian Federation. Online: <https://nasrf.ru/> [↑](#footnote-ref-28)
29. Information about this and other cases related to the center “Step Forward” was reported on the Federal TV channel Vesti 1, on 25 March 2018. [↑](#footnote-ref-29)
30. The statement of claim on this case was sent by [↑](#footnote-ref-30)
31. Kuzina A., (2016) “Ice Bathhouse: How drug dependent patients get motivated for rehabilitation”. Radio Freedom. Online: <https://www.svoboda.org/a/27604656.html> [↑](#footnote-ref-31)
32. Sharafiev A., (2016). “How “motivation centers” earn money by way of forced treatment of drug dependent people”. <https://meduza.io/feature/2016/08/29/dom-s-normalnymi-yavleniyami> [↑](#footnote-ref-32)
33. “Slave trade of XXI century: A network of “private prisons” is created in Tatarstan?”. (2016) Realnoe Vremya. <https://realnoevremya.ru/articles/27420> [↑](#footnote-ref-33)
34. United Nations (UN). 60th Session of the Commission on Narcotic Drugs. News. <https://nasrf.ru/news/nas/organizatsiya-obedinennyh-natsij-oon-60-ya-sessiya-komissii-po-narkoticheskim-sredstvam/> [↑](#footnote-ref-34)
35. Article 2 of the Convention provides:

    “1. Each State Party shall take effective legislative, administrative, judicial or other measures to prevent acts of torture in any territory under its jurisdiction.

    2. No exceptional circumstances whatsoever, whether a state of war or a threat of war, internal political instability or any other public emergency, may be invoked as a justification of torture.

    3. An order from a superior officer or a public authority may not be invoked as a justification of torture.” [↑](#footnote-ref-35)
36. Characteristics of Prisoners in Adult Penitentiary Institutions. Federal Penitentiary Service, 2014. [www.fsin.su](http://www.fsin.su). [↑](#footnote-ref-36)
37. A. Sarang, T. Rhodes, L. Platt, V. Kirzhanova, O. Shelkovnikova, V. Volnov, D. Blagovo, A. Rylkov (2006) *“Drug injecting and syringe use in the HIV risk environment of Russian penitentiary institutions,”* in Addiction2006, 101:1787–1796. [↑](#footnote-ref-37)
38. Information of Statistical data for 2017, “Trafficking in drugs, psychotropic substances and virulent substances” ([www.mvd.ru](http://www.hhrjournal.org/2013/10/24/atmospheric-pressure-russian-drug-policy-as-a-driver-for-violations-of-the-un-convention-against-torture-and-the-international-covenant-on-economic-social-and-cultural-rights/www.mvd.ru)) and Statistics on the website of the Department of Courts ([www.cdep.ru](http://www.hhrjournal.org/2013/10/24/atmospheric-pressure-russian-drug-policy-as-a-driver-for-violations-of-the-un-convention-against-torture-and-the-international-covenant-on-economic-social-and-cultural-rights/www.cdep.ru)). [↑](#footnote-ref-38)
39. Federal Penitentiary Service. Brief information. 2015-2017. Online: <http://fsin.su/structure/inspector/iao/Doklad/DROND%202015-2017.pdf> [↑](#footnote-ref-39)
40. Committee against Torture. General Comment No. 2. CAT/C/GC/2. 24 January 2008. Paras 2, 4, 21, 22. [↑](#footnote-ref-40)
41. WHO Model List of Essential Medicines, 14th edition. Available at: <http://whqlibdoc.who.int/hq/2005/a87017_eng.pdf?ua=1>. [↑](#footnote-ref-41)
42. Concluding Observations of the Committee on Economic, Social and Cultural Rights on Russia. E/C.12/RUS/CO/5, May 2011, para 29. [↑](#footnote-ref-42)
43. Concluding Observations of the Committee on Economic, Social and Cultural Rights on Russia. E/C.12/RUS/CO/6. October 2017. Paras 51-52 [↑](#footnote-ref-43)
44. Concluding observations on the initial report of the Russian Federation. CRPD/C/RUS/CO/1. February 2018. [↑](#footnote-ref-44)
45. Concluding observations on the eighth periodic report of the Russian Federation. CEDAW/C/RUS/CO/8. November 2015. Paras 35-36 [↑](#footnote-ref-45)
46. Human Rights Committee. Concluding observations on the seventh periodic report of the Russian Federation. CCPR/C/RUS/CO/7. 28 April 2015. Para. 16 [↑](#footnote-ref-46)
47. Article 10 of the Convention provides:

    “1. Each State Party shall ensure that education and information regarding the prohibition against torture are fully included in the training of law enforcement personnel, civil or military, medical personnel, public officials and other persons who may be involved in the custody, interrogation or treatment of any individual subjected to any form of arrest, detention or imprisonment.

    2. Each State Party shall include this prohibition in the rules or instructions issued in regard to the duties and functions of any such person.” [↑](#footnote-ref-47)
48. Strategy for the Implementation of the National Anti-Drug Policy of the Russian Federation in the Period Until 2020, adopted by Presidential Order N 690 of 9 June 2010. («Стратегия государственной антинаркотической политики Российской Федерации до 2020 года». Утверждена Указом Президента № 690 от 9 июня 2010 года.) [↑](#footnote-ref-48)
49. Golichenko M. and Chu S. (2018) Human rights in patient care: drug treatment and punishment in Russia. Public Health Reviews 39:12 <https://doi.org/10.1186/s40985-018-0088-5>. Page 12. [↑](#footnote-ref-49)
50. Article 11 of the Convention provides:

    “Each State Party shall keep under systematic review interrogation rules, instructions, methods and practices as well as arrangements for the custody and treatment of persons subjected to any form of arrest, detention or imprisonment in any territory under its jurisdiction, with a view to preventing any cases of torture.” [↑](#footnote-ref-50)
51. Golichenko M. and Chu S. (2018) Human rights in patient care: drug treatment and punishment in Russia. Public Health Reviews 39:12 https://doi.org/10.1186/s40985-018-0088-5. Page 13. [↑](#footnote-ref-51)
52. Article 12 of the Convention requires Russia to “ensure that its competent authorities proceed to a prompt and impartial investigation, wherever there is reasonable ground to believe that an act of torture has been committed in any territory under its jurisdiction” and Article 15 of the Convention requires Russia to “ensure that any statement which is established to have been made as a result of torture shall not be invoked as evidence in any proceedings, except against a person accused of torture as evidence that the statement was made.” [↑](#footnote-ref-52)
53. Article 16 of the Convention provides:

    “1. Each State Party shall undertake to prevent in any territory under its jurisdiction other acts of cruel, inhuman or degrading treatment or punishment which do not amount to torture as defined in article I, when such acts are committed by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. In particular, the obligations contained in articles 10, 11, 12 and 13 shall apply with the substitution for references to torture of references to other forms of cruel, inhuman or degrading treatment or punishment.

    2. The provisions of this Convention are without prejudice to the provisions of any other international instrument or national law which prohibits cruel, inhuman or degrading treatment or punishment or which relates to extradition or expulsion.” [↑](#footnote-ref-53)
54. Committee against Torture, general comment No. 2, para. 21; Ximenes Lopes v. Brazil, para. 103; M.S.S. v. Belgium and Greece. ECHR. Application no. 30696/09. Judgment 21 January 2011. [↑](#footnote-ref-54)
55. UNODC/WHO/UNAIDS (2004) Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention : position paper. World Health Organization, United Nations Office on Drugs and Crime, Joint United Nations Program on HIV/AIDS. [↑](#footnote-ref-55)
56. N.D. Volkow, L. Chang, GJ. Wang, JS. Fowler, D. Franceschi, M. Sedler, SJ. Gatley, E. Miller, R. Hitzemann, Yu-Shin Ding, J. Logan (2001) “*Loss of Dopamine Transporters in Methamphetamine Abusers Recovers with Protracted Abstinence*” in Journal of Neuroscience 21 (2001), 9414–9418. [↑](#footnote-ref-56)
57. # Order of the Ministry of Health of the Russian Federation, October 22, 2003 Nr. 500, “On approval of the protocol of managing rehabilitation of people with drug dependence” (Z50.3)

    [↑](#footnote-ref-57)
58. A. Sarang, M. Golichenko (2013) “*Atmospheric Pressure: Russian drug policy as a driver for violations of the UN Convention against Torture and the International Covenant on Economic, Social and Cultural Rights”* in Health and Human Rights Journal. 2013 Jun 14;15(1):E135-43. [↑](#footnote-ref-58)
59. V. Ivanov, Interview for RIA Novosti, September 16, 2009, [www.ria.ru](http://www.ria.ru); T. V. Klimenko (2009) “On the Russian Drug Control Strategy,” 2009. A comment of the expert on the official website of the [State Anti-Drug Committee of the Russian Federation](http://www.google.com/url?q=http://fskn.gov.ru/gak_eng.shtml&sa=U&ei=fX8lVOe5GYPjO7LmgJgB&ved=0CBQQFjAA&sig2=NYVPjcgzXs5EqbmC_g-3Ew&usg=AFQjCNGnVrsOVjGWslpU0jUltiJg0dT-pw). Availalble in Russian at: <http://stratgap.ru/includes/periodics/comments/2009/1124/3841/detail.shtml>. [↑](#footnote-ref-59)
60. Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, *Applying the torture and ill-treatment protection framework in health-care settings*, A/HRC/22/53. Feb 1, 2013, para 73. [↑](#footnote-ref-60)
61. Ibid, para 74. [↑](#footnote-ref-61)
62. During his first official statement on Crimea on April 2, 2014 the Director of the Russian Federal Drug Control Service insisted that opioid substitution therapy shall be closed. <http://fskn.gov.ru/includes/periodics/speeches_fskn/2014/0402/104829810/detail.shtml> [↑](#footnote-ref-62)
63. Communication of Mikhail Golichenko, Canadian HIV/AIDS Legal Network with Igor Kouzmenko, a paitient of opioid substitution therapy in the city of Simpheropol, Crimea. [↑](#footnote-ref-63)
64. Case of R.R. v. Poland, ECHR, Fourth Section, Judgment of May 26, 2011. [↑](#footnote-ref-64)
65. Ibid. Para 152 [↑](#footnote-ref-65)
66. Report of the UN Special Rapporteur on the Right to the Highest Attainable Standards of Physical and Mental Health to the UN General Assembly, 2009. A/64/272. Paras. 55, 59, 75,76. [↑](#footnote-ref-66)
67. Article 69 of the Family Code of the Russian Federation. [↑](#footnote-ref-67)
68. WHO. “Guidelines for the identification and management of substance use and substance use disorders in pregnancy”. 2014. P. xii [↑](#footnote-ref-68)
69. Article 31 (6) of the Federal Law No 3-FZ of January 8, 1998 “On narcotic drugs and psychotropic substances”. [↑](#footnote-ref-69)
70. Special Rapporteur on the right of everyone to the enjoyment of the highest

    attainable standard of physical and mental health and the Special Rapporteur on violence against women, its causes and consequences. A Letter to the Russian Federation. REFERENCE: AL Health (2002-7) G/SO 214 (89-15) RUS 5/2013. July 15, 2013. Online:

    <https://spdb.ohchr.org/hrdb/24th/Public_-_AL_Russia_15.07.13_(5.2013)_Pro.pdf> [↑](#footnote-ref-70)
71. Information of the Russian Federation in relation to the communication of the Special Procedures of the Human Rights Council concerning the alleged denial of medical services to O.S. October 24, 2013. [↑](#footnote-ref-71)
72. Kuzina A., Kristina has died. Radio Freedom. September 23, 2017. <https://www.svoboda.org/a/28728305.html> [↑](#footnote-ref-72)
73. The New Profile of Drug-Resistant Tuberculosis in Russia. A Global and Local Perspective Summary of a Joint Workshop. Institute of Medicine (US) Forum on Drug Discovery, Development, and Translation; Russian Academy of Medical Science. Washington (DC): National Academies Press (US); 2011. Figure 7-1. Online: <https://www.ncbi.nlm.nih.gov/books/NBK62461/> [↑](#footnote-ref-73)
74. Ibid. [↑](#footnote-ref-74)
75. Global tuberculosis report 2016. Fig 3.20 http://apps.who.int/iris/bitstream/10665/250441/1/9789241565394-eng.pdf?ua=1 [↑](#footnote-ref-75)
76. Ibid. [↑](#footnote-ref-76)
77. Sarang, Anya et al. "Prisons As A Source Of Tuberculosis In Russia". International Journal of Prisoner Health 12.1 (2016): 45-56. Web. <http://www.ncbi.nlm.nih.gov/pubmed/26933992> [↑](#footnote-ref-77)
78. TB, Stigma, and Drug Control: A case from Russia. February 2016. Online: <http://en.rylkov-fond.org/blog/tbr/tb-stigma-and-drug-control/> [↑](#footnote-ref-78)