Russia's drugs problem: blame the West

Susan Richards [1] 5 November 2009

Why is Russia resisting international help with its spiralling drugs problem, asks Susan Richards? While the Kremlin's rhetoric reveals a profound insecurity, its policies are failing to deal effectively with the situation.

President Medvedev is so alarmed by Russia's spiralling drug problem that he recently called [2] it 'a threat to Russia's national security'. For the head of state to adopt the language of the defence of the realm in this context, rather than social protection, may seem odd. But the words were chosen carefully. The message Russia's government is conveying is that the country is up against sinister forces in its fight against drugs.

Russia's drugs crisis is real enough: between 2000-05 the number of drug users grew by 400%. Even official figures [3] reckon the number of addicts as between 2-2.5 million, some 2% of the population, while independent estimates put the figure at closer to 3-5 million. Unlike the rest of the world, in Russia, the HIV epidemic shows [4] no signs of slowing down.

Drug addiction has become a significant factor in Russia's demographic crisis. According to [5] the head of the Federal Drug Control Agency (FDCS), Viktor Ivanov, the average life expectancy of addicts is 5-7 years, and two thirds of addicts are under 30. A report [6] last month by the United Nations Office on Drugs and Crime (UNDOC) estimates that 30,000 people a year are dying from drugs, more than the overall number of soldiers killed in the Soviet campaign in Afghanistan. If present trends continue the country's population will shrink by 18 million by 2025.

The very fact that Viktor Ivanov heads Russia's fight against drugs is an indicator of the government's concern, and also of its approach. Kremlin-watchers regard Ivanov as one of the four most powerful figures around Vladimir Putin. An ex-KGB man from St.Petersburg, like Putin, he is ideologically at the heart of 'sovereign democracy', the attempt to build a lasting alternative to the West's liberal democracy in Russia.

The government's drugs strategy indeed marks an alternative to the West's approach. In his recent announcement, President Medvedev announced that he was considering [7] various measures, like testing all school children and students in higher education, and banning addicts from occupations which involve the safety of others eg miners and transport-related jobs.

But when it comes to treatment, this has changed little since Soviet times. In theory, this should be an area where Russia feels free to draw on the research and experience of other countries which have been studying the problem for much longer. But the professionals have proved wary of learning from outsiders, and under the leadership of Viktor Ivanov, Russia appears to have taken the line that international bodies like the UN are pursuing a hostile Western agenda in

[1] Susan Richards
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[7] considering
[8] Human Rights Watch
[9] criminals
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their approach to Russia's drugs problem.

The harm reduction ‘trap’

Russia's HIV epidemic is largely fuelled by injecting drugs, heroin above all. However, official opposition is concentrated on measures to promote the harm reduction approach, which international research [12] has deemed the most effective way of reducing injecting drug use, and in turn HIV and hepatitis.

Offering addicts sterile needles and other injecting paraphernalia through needle syringe programmes (NSPs) is one such approach and UNDOC and international donors are funding NSPs in a number [13] of Russian cities. But despite research evidence to the contrary, Russian officials continue to maintain that NSPs play no part in reducing HIV and only serve to encourage injecting drug use. In September the Minister of Health Tatiana Golikova told Russia's Security Council that 'HIV/AIDS (has) increased threefold by comparison with regions where such programmes have not been implemented. I must say that sterile needles and syringes distribution stimulate social tolerance of drug addicts.'

The reason for this resistance to NSPs is not entirely clear, since President Putin's administration took the controversial step of making the approach legal in 2003 following an amendment to the 1996 Criminal Code. However, they still operate in a climate of legal uncertainty because senior bureaucrats in the FDCS and the Ministry of Health and Social Development continue to drag their feet over producing a set of instructions which would remove the current anomalies and uncertainties.

The other key tool, opioid substitution therapy (OST), involves encouraging addicts to substitute methadone and buprenorphine for injected drugs like heroin. Although the World Health Organisation added [14] these to their list of essential drugs in 2005, the Russian government is totally opposed to OST, on the grounds that the substitution drugs are addictive too. They remain illegal [15] in Russia.

Last month Professor Tatiana Dmitryeva, Vice President of the International Narcotics Control Board (INCB), agreed with the statement made by the Minister of Health to Russia's Security Council that she was ‘against substitution therapy.’ She added that ‘this is a very difficult topic because we are facing a very powerful pressure which undoubtedly has political implications...It's really a case of drug legalisation by stealth.' Western professionals are incredulous: ‘In the 21st century it is difficult to understand that there is a group of countries that doesn't want to introduce substitution treatment,' declared [15] Peter Plot, former executive director of the UN's joint programme on HIV/AIDS.

Even scholarly consideration of substitution therapy is considered to be propaganda for drug taking, according [15] to Prof. Vladimir Mendelevich of Kazan State Medical University. ‘Any academic debates about it are prohibited. Scientific journals refuse to publish evidence-based articles about OST.'

This leaves those Westerners trying to work with Russia on their drugs problem deeply frustrated: 'In order to effectively tackle opiate addiction, we need to use all the tools at our disposal,' says Geoffrey Monaghan, UNDOC's Regional Drug and HIV/AIDS expert in Russia. ‘Russia's position vis-à-vis OST, and for that matter, NSPs, is rather like asking a carpenter to build you a wooden dacha but insisting that he mustn't use a saw, or a hammer, or plane. It's do-able - but bloody difficult. And such an approach makes for shoddy workmanship.'

‘In contrast, I'm saying to the Russians: "You can get some results using a rusty hand saw with broken teeth, but why not try this new high-powered motorised saw - it gives better, faster results". I'm sure you could understand my frustration (and bewilderment) if I received the reply: "No thank you, Russian trees react differently to motorised saws." Or, "No thank you, there is no evidence to show that motorised saws work." Or even, "As for motorised saws, we have had only negative results." Substitute the word ‘trees' for 'addicts' and 'motorised saws' for 'methadone' and ‘NSPs', and you get a good idea of what we are up against.'
Prof Vladimir Mendelevich of Kazan State Medical University maintains [15] that ‘the most serious barrier to tackling the problem is the incompetence of officials.' Monaghan agrees. ‘I'm mesmerised by the lack of knowledge in this field. They keep telling us "we've conducted our own research." But no research exists that has been internationally peer reviewed!' "Russian addicts are different," they say. But how can they be? To some extent, I can stomach their indifference and their lack of knowledge, but the crass stupidity is much harder to digest.

‘What I don't understand is how Russia can still be in the dark. We've been asked to show them all this research on methadone. And we've translated much of the research and given it to them. But in the majority of cases, they haven't even bothered to read it. In addition, on the back of generous funding from the UK, American and Dutch governments, I've taken senior Russian officials to eight countries operating OST programmes but it doesn't appear to have made any difference - they simply ignore the evidence. More worrying is the fact that although a number of senior officials accept that OST and NSPs have proved to be very effective in terms of reducing HIV, they are scared of saying so for fear of censure.'

Privately, many Russian professionals concede that since pay is so poor, they would prefer to hang onto a system that may not work, but at least brings their patients back through the revolving door, paying each time, than sign up for OST.

However, the official view, articulated earlier this year by Russia's Chief Sanitary Doctor Gennady Onishchenko is that ‘substitution therapy is a first step towards the legalisation of drugs.'

Top officials are even prepared to falsify the facts to back up their government's position: 'The Russian Federation is not alone in its resistance towards methadone,' Onishchenko claimed, erroneously, in Rossiskaya Gazeta in March of this year. 'In the USA, where methadone is produced, the laws of the country prohibit its free circulation in society and don't allow it to be used in substitution treatment.'

Professor Nikolai Ivanets, former Chief Narcologist of the Russian Federation, claimed equally fancifully at an inter-agency meeting in March 2007 that: 'European countries have stopped using methadone to treat addicts because it has failed - that's why they are now turning to prescribing heroin.'

A Western plot?

Afghanistan is the source of Russian heroin. Indeed, according to the latest UN report [3], Russia is its largest market: the country consumes three times more than the United States and Canada put together, or 21% of the world heroin market.

So perhaps it is hardly surprising that Russian officials are reverting to a favourite refrain to deflect blame from the government for its failure to tackle the drugs problem: it is all the fault of the West. The Western allies could be doing more to stop the heroin trade: ‘It is being brought to Russia across the unprotected, transparent, and I would call them virtual borders, which were established after the collapse of the Soviet Union,' says [3] Viktor Ivanov. 180 Afghan drug cartels are busy trafficking opiates to the Russian Federation, he goes on to point out, and most of these are operating in Afghan provinces that are under the control of coalition forces in Afghanistan.

Speaking in the course of a debate on OST at the recent Eastern European and Central Asia AIDS Conference (30 October), General Nikolai Tsvetkov of the FDCS, went as far as to liken the attempts by UN agencies and donor countries to introduce OST programmes into Russia to Britain's foisting of opium on the Chinese in the nineteenth century.

Western officials regard this as a familiar exercise in blame-shifting. Russia's rate of interdiction, at an estimated 4%, is regarded as extremely low by international standards. While a number of experts agree that Russia's drug units/squads staffed by police are capable of holding their own against their Western counterparts, they claim that they are hampered in their pursuit of heroin traffickers by the inefficiency and corruption of the FDCS. This body was cobbled together in 2003
from the ranks of former tax inspectors and FSB officers and has little operational expertise or experience of running covert operations against organized criminal networks. Indeed, a number of senior officers in the FDCS have been arrested [16] for fraud in relation to drug prevention activities, drug trafficking, and extortion. According to newspaper reports [17], in July this year, two of its senior officers were found dead in one of the Moscow district FDCS offices. Apparently, the cause of their death was heroin overdose.

_Battling for control of the post-Soviet space_

Recent Russian pronouncements suggest that it regards attempts by the UN's Office on Drugs and Crime to set up harm reduction programmes in the CIS countries as a part of the larger battle for control by the West of the post-Soviet space. 'All CIS countries are today actively introducing harm reduction and substitution programs,' Minister of Health Tatiana Golikova reported to Russia's Security Council last month. 'This is of course accompanied by programmes for the legalization of drugs prohibited on the territory of the Russian Federation.' Having lost its battle to persuade Belarus, Ukraine and Georgia to drop such programmes, Russia is now putting pressure on Kazakhstan. Earlier this year Uzbekistan did pull the plug [18] on its OST programme having 'conducted research' - research which Uzbek officials have refused to make public.

It is this kind of politicisation of the issue, which is condemning young addicts in Russia to death and exacerbating the HIV epidemic that makes Geoffrey Monaghan despair: 'I say to them 'Look, if we really wanted to damage Russia we would be saying "Don't set up OST programmes, stop NSPs and whatever you, don't promote harm reduction..!"'

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