**Contact Details**

Please provide your contact details in case we need to contact you in connection with this questionnaire. Note that this is optional.

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| --- | --- |
|  | [ ]  Member State [ ]  Observer State[x]  Other (please specify) |
| Name of StateName of Survey Respondent | Aleksei LakhovCoalition of Harm Reduction NGOs “Outreach” (registered in Estonia but aimed at working in Russia) |
| Email | Alexei.lahov@gmail.com  |

# How and where to submit inputs

Inputs may be sent by e-mail by 15 November 2023.

|  |  |
| --- | --- |
| **E-mail address** | ohchr-srhealth@un.org |
| **E-mail subject line** | Contribution to HRC report - SR right to health |
| **Word limit** | 500 words per question |
| **File formats** | Word and PDF |
| **Accepted languages** | English, French, Spanish |

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# Treatment of inputs/comments received

# Please note that all responses will be published on the official webpage of the mandate of the Special Rapporteur by default.

# Key Questions

1. While the concept of harm reduction has traditionally been applied to drug use, the Special Rapporteur is taking a broadened approach to harm reduction. What types of harm reduction policies, programmes, and practices are in place in your community, and what is their purpose or aim? How successful have they been at achieving that aim? Please provide data, as possible.

The main document of strategic planning in the area of state anti-drug policy in Russia is the Strategy of State Anti-Drug Policy until 2030[[1]](#footnote-1). The strategic goals of the anti-drug policy are:

- Reducing illicit trafficking and availability of drugs for illicit consumption;

- Reducing the severity of the consequences of illicit drug use;

- Forming in society an informed negative attitude towards illicit drug use and participation in drug trafficking.

The strategic objectives aimed at achieving these goals include:

- Increasing accessibility for drug users to prevention, diagnosis and treatment of infectious diseases (HIV infection, viral hepatitis, tuberculosis, sexually transmitted infections);

- Improving the legal mechanism for encouraging drug users to undergo court-ordered drug dependence treatment, medical and social rehabilitation;

- Increasing the availability of re-socialization and social rehabilitation for drug users, including persons released from prison and persons without a fixed place of residence.

Thus, the Strategy emphasizes the illegality of drug use and the importance of forming negative attitudes towards drug use. Work with people who use drugs (PWUD), including in the harm reduction approach, is possible mainly in terms of prevention of HIV infection, viral hepatitis, tuberculosis, as well as referral of PWUD to rehabilitation and re-socialization programs.

As of 2019, more than 90 nongovernmental organizations (NGOs) were registered in Russia working with key populations with regard to HIV infection, including PWUD and people who inject drugs (PWID)[[2]](#footnote-2). This work usually includes: rapid HIV testing, often with the involvement of medical specialists, information and counseling, medical and social support, and others. In rare cases, sterile needles and syringes, as well as the antidote for opioid overdoses - Naloxone - are distributed. These activities are mainly carried out by NGOs working in big cities such as Moscow, St. Petersburg, Chelyabinsk, Rostov-on-Don, etc.

In general, the government's attitude towards harm reduction programs is strongly negative, as evidenced by statements by former Health Minister Veronika Skvortsova[[3]](#footnote-3), Deputy Foreign Minister Oleg Syromolotov[[4]](#footnote-4), and the Russian delegation's vote against the adoption of the 2021 UN Political Declaration on HIV and AIDS[[5]](#footnote-5). Finally, it should be noted that while there were over 100 harm reduction projects in Russia as of 2007[[6]](#footnote-6), fewer than 10 remain nowadays.

1. How do legal frameworks affect the harm reduction policies, programmes, and practices (whether related to drug use or otherwise) that are available in your community, country, or region? Are there laws or policies that either facilitate or serve as a barrier to adopting or implementing certain harm reduction policies, programmes, and practices? Aside from legal and regulatory barriers, are there other obstacles in place? Please provide specific examples.

The possibility of distributing sterile needles and syringes in Russia - one of the key components of harm reduction programs - is regulated by the note to Article 230 of the Criminal Code "Inducement to consume narcotic drugs, psychotropic substances or their analogues"[[7]](#footnote-7). It reads as follows: "The effect of this article shall not apply to cases of propaganda of the use of appropriate instruments and equipment used for the consumption of narcotic drugs and psychotropic substances for the prevention of HIV infection and other dangerous infectious diseases, if these acts were carried out in coordination with the executive authorities in the field of health care and internal affairs". At the same time, the use of opioid substitution therapy (OST), another important component of such programs, is prohibited in Russia[[8]](#footnote-8), and this ban was actually upheld by the European Court of Human Rights.

Among the laws restricting the implementation of harm reduction programs in Russia are: the already mentioned Article 230 of the Criminal Code, especially with regard to inducement to use drugs using the Internet; Article 6.13 of the Code of Administrative Offences "Propaganda of narcotic drugs, psychotropic substances or their precursors"[[9]](#footnote-9); and laws on the so-called "foreign agents"[[10]](#footnote-10) and "undesirable organizations", which have already been used against NGOs implementing harm reduction and HIV prevention programs among PWUD. Policies that facilitate the implementation of such programs (at least in terms of HIV, TB and viral hepatitis prevention) include: The State Strategy to Counter the Spread of HIV Infection in the Russian Federation until 2030, the Hepatitis C Action Plan until 2030[[11]](#footnote-11).

1. How does the jurisdiction in place in your region/country/state approach the criminalisation (or decriminalisation) of drug use? Please provide disaggregated data, including but not limited to gender, age, race/ethnicity, status of poverty, sexual orientation and the number of persons deprived of liberty for drug possession or consumption.

Russia considers drug use an administrative offence. It prosecutes approximately 90,000 people for this offence annually, with more than 40,000 people sentenced to imprisonment for up to 15 days[[12]](#footnote-12).

1. <https://hivhub.ru/database/strategiya-gosudarstvennoj-antinarkoticheskoj-politiki-rossijskoj-federaczii-na-period-do-2030-goda/> [↑](#footnote-ref-1)
2. <https://human.org.ru/resource-center/hivngos/> [↑](#footnote-ref-2)
3. <https://tass.ru/top-officials/5920431> [↑](#footnote-ref-3)
4. <https://archive.mid.ru/foreign_policy/news/-/asset_publisher/cKNonkJE02Bw/content/id/3314696> [↑](#footnote-ref-4)
5. <https://www.washingtonpost.com/politics/2021/09/14/un-has-plan-end-aids-by-2030-russia-doesnt-like-it/> [↑](#footnote-ref-5)
6. <https://www.narcom.ru/cabinet/online/66.html> [↑](#footnote-ref-6)
7. <https://www.consultant.ru/document/cons_doc_LAW_10699/db65d251c6b6dae68ded6f1da15f68c17a0dd855/> [↑](#footnote-ref-7)
8. <https://www.advgazeta.ru/novosti/espch-ne-priznal-narusheniy-konventsii-zapretom-primeneniya-opiatnoy-zamestitelnoy-terapii-v-rossii/> [↑](#footnote-ref-8)
9. <https://www.consultant.ru/document/cons_doc_LAW_34661/a0b56735925bbd4bb79e312166a9c8d48d89c025/> [↑](#footnote-ref-9)
10. <https://www.dw.com/ru/zakon-ob-inostrannyh-agentah/t-36654750> [↑](#footnote-ref-10)
11. <http://government.ru/news/46972/> [↑](#footnote-ref-11)
12. <https://ececacd.org/wp-content/uploads/2021/11/EN_Drug-policy_full-version_%D0%93%D0%BE%D0%BB%D0%B8%D1%87%D0%B5%D0%BD%D0%BA%D0%BE_12.11.2021.pdf> [↑](#footnote-ref-12)