A Social Welfare Policy Analysis of Substance Abuse in the Russian Federation

by

Holly D. Regan

A Thesis Presented in Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

Approved April 2017 by the
Graduate Supervisory Committee:

David Androff, Chair
Kristin Ferguson-Colvin
Barbara Klimek

ARIZONA STATE UNIVERSITY

May 2017
ABSTRACT

The implementation of substance abuse treatment policy is ambiguous in the Russian Federation. Though policies are in place, financial responsibility and best practice procedures are largely overlooked by the Russian government. The purpose of this thesis is to conduct a policy analysis of the Russian Federation Federal Law, *On Narcotic Drugs and Psychotropic Substances*, adopted December 10, 1997. Amendments and additions to this law are integrated. Utilizing Gilbert and Terrell’s (2005) elements of an analytic social policy, including allocation, provision, delivery, and finance, the extent of substance abuse treatment provision is analyzed in the Russian context. Result indicate limited Russian government provision of detoxification for drug and alcohol users, with a nearly absent continuum required for true rehabilitation. The Russian government must provide harm reduction measurements to protect the population from HIV/AIDS. Involving the Russian Orthodox Church in advocacy for the implementation of harm reduction measures is recommended.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF FIGURES</td>
<td>iv</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Social Indicators</td>
<td>2</td>
</tr>
<tr>
<td>Economy</td>
<td>2</td>
</tr>
<tr>
<td>Health</td>
<td>3</td>
</tr>
<tr>
<td>Rates of Substance Use</td>
<td>3</td>
</tr>
<tr>
<td>Rates of Injection Drug Use</td>
<td>3</td>
</tr>
<tr>
<td>Problematic Alcohol Use</td>
<td>4</td>
</tr>
<tr>
<td>Episodic Drinking</td>
<td>4</td>
</tr>
<tr>
<td>Cultural, Historical, and Geographic Factors</td>
<td>5</td>
</tr>
<tr>
<td>A History of Government Prohibition and Endorsement</td>
<td>5</td>
</tr>
<tr>
<td>Cultural Significance of Vodka</td>
<td>7</td>
</tr>
<tr>
<td>Afghanistan Drug Route</td>
<td>7</td>
</tr>
<tr>
<td>Consequences of Substance Misuse</td>
<td>8</td>
</tr>
<tr>
<td>Alcohol Attributed Mortality</td>
<td>9</td>
</tr>
<tr>
<td>Alcohol Consumption</td>
<td>9</td>
</tr>
<tr>
<td>Alcohol Poisoning</td>
<td>9</td>
</tr>
<tr>
<td>Heroin Attributed Mortality</td>
<td>10</td>
</tr>
<tr>
<td>THEORETICAL FRAMEWORK</td>
<td>11</td>
</tr>
<tr>
<td>Societal Construction of Drug Users</td>
<td>12</td>
</tr>
<tr>
<td>METHODS</td>
<td>13</td>
</tr>
</tbody>
</table>
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANALYSIS</td>
<td>14</td>
</tr>
<tr>
<td>Introduction</td>
<td>14</td>
</tr>
<tr>
<td>Provisions</td>
<td>15</td>
</tr>
<tr>
<td>Allocation</td>
<td>19</td>
</tr>
<tr>
<td>Delivery</td>
<td>21</td>
</tr>
<tr>
<td>Finance</td>
<td>22</td>
</tr>
<tr>
<td>DISCUSSION</td>
<td>24</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>27</td>
</tr>
<tr>
<td>APPENDIX</td>
<td></td>
</tr>
<tr>
<td>I NORTHERN DRUG ROUTE (UNODC 2016)</td>
<td>35</td>
</tr>
<tr>
<td>II CONSTRUCT BIBLIOGRAPHY EXAMPLE</td>
<td>37</td>
</tr>
<tr>
<td>Figure</td>
<td>Page</td>
</tr>
<tr>
<td>--------</td>
<td>------</td>
</tr>
<tr>
<td>1 Opium Seizures in Russia</td>
<td>7</td>
</tr>
</tbody>
</table>
Introduction

The implementation of substance abuse treatment policy is ambiguous in the Russian Federation. Though policies are in place, financial responsibility and best practice procedures are overlooked by the Russian government. The purpose of this thesis is to conduct a policy analysis of the Russian Federation Federal Law, *On Narcotic Drugs and Psychotropic Substances*, adopted December 10, 1997 (N 3-FZ, 1998). Amendments and additions to this law are included (N 313-FZ, 2013). Utilizing Gilbert and Terrell’s (2005) elements of an analytic social policy framework, including allocation, provision, delivery, and finance, the extent of substance abuse treatment provision is analyzed in the Russian context. No previous study has focused on drug and alcohol treatment specified by Russian law.

This study illuminates the Russian government’s intention to provide substance abuse treatment and inability to change the trajectory of substance misuse in Russia. Considering the significant number of alcohol attributable mortalities, excessive injection drug use, and one of the fastest growing HIV rates in the world, implementation of best practice procedures is a life or death matter in the Russian Federation. Before examining the central analysis of the social welfare policy, it is necessary to understand the contextual background for drug and alcohol users in the Russian Federation. Social indicators, including an overview of the Russian economy and population health, provide an overall snapshot of economic and social welfare.
Social Indicators

Economy

International sanctions, low oil prices, and military intervention in Ukraine have recently contracted the Russian economy. This contraction is due to the collapse of the Russian ruble and subsequent financial crisis from 2014 to 2016. Relative wealth of the 144,096,812 Russian citizens is in decline (World Bank, 2015). According to the World Bank, the 2015 GDP per capita (PPP) in current dollars for the Russian Federation amounted to $24,451.4, compared to $25,094 the previous year (World Bank, 2015). GDP per capita in terms of purchasing power parity (PPP) is a more accurate reflection of wealth and quality of life. PPP accounts for the relative cost of living and inflation rates within each country. World Bank 2012 data indicated that the Russian Federation scored a 41.59 on the GINI index (World Bank, 2012). GINI Coefficients measure inequality levels regarding income disparity. Russia’s score is similar to that in the United States.

A major challenge for the Russian economy is illicit money outflows. According to a report by Global Financial Integrity (GFI), a non-profit research agency, the Russian Federation is second to China in terms of illicit money outflows. These outflows amounted to nearly $900,000 between 2002 and 2011 (Kar & LeBlanc, 2013). Additionally, the Organisation for Economic Co-operation and Development (OECD) reports that the unemployment rate remains relatively average, in comparison with world data, at 5.4% of the total labor force (OECD, 2017). About 13.3% of the population lived below the poverty line in 2015 (World Bank, 2015).
Health

Scholars have critiqued the Russian Federation for insufficient availability and quality of healthcare (Danilova, 2007; Jargin, 2016). Russia allocates significantly less monies toward healthcare compared to their regional counterparts. According to the World Health Organizations’ (WHO) Global Health Expenditures Database, Russia ranks second to last among European nations, on government spending allocated to health and government expenditure on health, as a percentage of GDP. Russian Federation government expenditure on health is low, with only 4% of GDP spent toward healthcare in 2014 (WHO, 2014). Consequentially, the health of Russian citizens suffers. Russia ranks low compared to other European nations in regards to life expectancy, with an average of 70.5 years (WHO, 2016). This is over 10 years less than other developed European nations, many of which have life expectancies above 80 years of age. Furthermore, Russia has one of the highest rates of suicide mortality in the world currently at 22.3% (WHO, 2016).

Rates of Substance Use

Rate of Injection Drug Use (IDU)

According to available data, there are incredibly high rates of heroin injection drug use (IDU) in the Russian Federation. The United Nations Office on Drugs and Crime (UNODC) World Drug Report 2016 indicated the Eastern and South-Eastern Europe sub-region has the highest prevalence of IDU at 1.27% of the population (UNODC, 2016). Nearly all people who inject drugs (PWID) in Eastern and South Eastern Europe reside in the Russian Federation and Ukraine. The estimated number of opioid users in Russia remains high at 2.37 million (UNODC, 2015). These high rates of
IDU have also led to high prevalence of HIV, estimated to affect 24.6% of the Russian population. Approximately one in three PWID living with HIV worldwide are projected to live in the Russian Federation (UNODC, 2015).

**Problematic Alcohol Use**

Both encouraged and suppressed by regulatory bodies, alcohol use is embedded in the fabric of Russian society. According to the WHO Global Status Report on Alcohol and Health (2014), Russia has the highest pattern of drinking and the riskiest patterns of drinking in the world. On average, the Russian Federation consumes 22.3 liters of pure alcohol per person annually. Prevalence of alcohol use disorders among both sexes is estimated to affect 17.4% of the population in 2014. Thirty-one percent for males, compared to an average of 7.5% for the European Region (WHO, 2014). Additionally, Russia has one of the highest alcohol-attributable death rates in the world. In 2012 Russia had the highest possible score, which is a five, on the years of life lost (YLL) score. For liver cirrhosis, the alcohol attributable death rate in males amounted to 48%, with females at 74.2%. Examining road traffic accidents, the alcohol attributable death rate for males was 49.2%, with females at 45.3% (WHO, 2014).

**Episodic Drinking**

Drinking patterns in the Russian Federation are considered episodic in nature. Even among the highest level of drinking for men, reporting consumption of five half-liter bottles of vodka per week, three days of abstinence were still recorded (Zaridze et al., 2014). Drinking in binges and preference towards distilled spirits, especially vodka, is common within the Russian Federation (Chenet, McKee, Leon, Schkolnikov, & Vassin, 1998; Jukkala et al., 2008; Ryan, 1995). Heavy episodic drinkers, consuming more than
2.1 ounces or more of pure alcohol per week, represent 22% of the drinking population in Russia, compared to 13% in the United States (Brown, 2011).

**Cultural, Historical, and Geographical Factors**

Three cultural, historic, and geographic factors contribute to the problematic use of substances in the Russian Federation. These include a history of government prohibition and endorsement, the cultural and historic significance of vodka, and direct access to high purity heroin through the Afghanistan drug route. A historic lens illuminates the origins of problematic alcohol use.

**A History of Government Prohibition and Endorsement of Alcohol**

Historically, the Kremlin has encouraged the consumption of alcohol. Having a monopoly on the production of legal alcoholic beverage, consumption of alcohol monetarily benefitted the Soviet government. Some scholars argue the Soviet government kept the working class inebriated to avoid public dissent (Levintova, 2007; Schrad, 2014). Schrad argues, “Societal intoxication [was used as a] means of financial enrichment and social control” (Schrad 2014, p. 292). This policy of societal drunkenness was eventually acknowledged and reformed.

Through Mikhail Gorbachev’s anti-alcohol reform (1985-1987), came the first attempt at ‘sobering’ the Soviet population (Kravets, 2012). Despite massive alcohol price increases, restrictions on alcohol sales, closing of breweries and distilleries, destruction of vineyards, and heavy punishment for alcohol related crime, Soviet peoples remained undeterred from consuming alcohol (Levintova, 2007; Radev, 2015). ‘Samogon’ consumption, a homemade moonshine concoction, significantly increased during this time, accounting for 64% of total alcohol consumption in 1987 (Levintova,
According to Levintova (2007) “…excessive reliance on force and attempting to undo the populace’s long-standing relationship with alcohol failed dramatically” (p. 501). Though official alcohol consumption levels decreased and some sobering-up did occur, the policy of severely changing drinking behavior was discontinued.

Post-1991, after the collapse of the Soviet Union, alcohol consumption increased and governmental monopoly of the alcohol industry was abolished (Kravets, 2012; Levintova, 2007). After the abolition of state alcohol control in 1992, “…the country was flooded by legally sold alcohol of poor quality” (Jargin, 2016, p. 1). Poisoning from bad vodka became common (Kravets, 2012; Radev, 2015). Concern over the immature monitoring system of alcohol production and distribution in Russia led to the implementation of a major regulatory policy, *The Law on the Regulation of Ethyl Alcohol* (2006). This policy introduced excise stamps and a monitoring system to gather data on raw materials (Levintova, 2007). The most active phase of alcohol market reform from 2010-2012 brought additional changes including bans on advertising, off-premise alcohol sales, and public consumption of alcohol (Radev, 2015; Neufeld & Rehm, 2013). Prices on vodka were raised in regions with higher per capita income (Radev, 2015). In 2014 however, the Russian government perceived the decrease in vodka sales as a negative effect of the new policy, and decreased the unit price (Radev, 2015). Most attempts to curb the dangerous use of alcohol in Russia are withdrawn. Alcohol sales’ benefit to the economy has not been relinquished easily, coupled with Russian preference for vodka.
Cultural Significance of Vodka

Embedded in the Russian psyche, vodka has long been a symbol of warmth and hospitality in Russian culture. Kravets explains,

“For centuries, it has been an integral part of sociality in work and leisure, signifying goodwill and friendliness, and promoting candid interaction and a sense of togetherness… Vodka is frequently referred to as a trustworthy companion. [Considering] Russia’s tumultuous history, vodka was often the only refuge against natural and political storms” (Kravets, 2012, p.36).

Vodka is much more than an alcoholic beverage. It is a representation of national pride and shame. It embodies both good, including both hospitality and generosity, and evil, examples being death, dysfunctional drunkenness, and inability to provide for family (Kravets, 2012). This dichotomous construction of vodka lends to its’ inherent power as a storyteller and effectual cultural icon (Phillips, 1997). Vodka branding has contributed to this construction, effectively bonding the alcoholic drink to every celebrated cultural icon from great writers to Putin himself (Kravets, 2012). Considering this national importance, vodka drinking will endure. Vodka is not the only trouble-making substance in the Russian Federation; heroin is effortlessly acquirable through the Afghanistan drug route.

Afghanistan Drug Route

Heroin is transported to the Russian Federation via the ‘Northern Drug Route’, according to the UNODC (See Appendix I). The Northern Route traffics heroin from Northern Afghanistan to neighboring countries including: Turkmenistan, Uzbekistan, Kyrgyzstan, Tajikistan, Kazakhstan, and Russia. Afghanistan accounts for nearly two-
thirds of illicit opium poppy production in the world (UNODC, 2016). Approximately one-third of Afghan heroin travels into Russia (Galeotti, 2016). Additionally, “Seizures involving Afghan opiates accounts for some 80 percent of global seizures of opiates” (UNODC, 2016, p. 29) In 2014, most of these confiscations occurred in the Russian Federation (See Figure 1, UNODC 2016). Trafficking from Afghanistan to the Russian Federation on the Northern Route has seen a resurgence after the previous decline, lasting from 2008-2012 (UNODC, 2016). The Northern Route represents the main route for heroin transportation for Russia, the ‘Balkan Route’ via South-Eastern Europe provides additional supply (UNODC, 2016).

Consequences of Substance Misuse

Substance misuse often manifests in mortality for both alcohol and heroin users in Russia. Of the alcohol attributed mortality, users may die of consumption patterns or alcohol poisoning. Of heroin attributed mortality, users are most likely to die of overdose or HIV contraction. The persistent heavy consumption of alcohol leads to health crises.
Alcohol Attributed Mortality

Alcohol consumption. Based upon extensive research, including prospective studies, retrospective studies, autopsy studies, and national mortality trends, vodka can be considered a major cause of death in Russia (Leon et al., 1997; Leon et al., 2007; Malyutina et al., 2002; McKee et al., 2001; Nemtsov, 2002; Zaridze et al., 2009; Zaridze et al., 2014). However, full responsibility cannot be placed on the populations struggling with addiction. Jargin writes that the large difference in alcohol attributed death rates between Western Europe and Russia is not exclusively due problematic drinking patterns (Jargin, 2016). Availability of treatment and care varies. Perhaps the major difference between alcohol-attributable deaths represents healthcare disparities between Western Europe and Russia. Though specified by law, preventative treatment measures are largely unavailable in the Russian context (N 313-FZ, 2013).

Alcohol poisoning: Surrogates and regulation. Alcohol surrogates emerged throughout the Gorbachev period, while the collapse of the Soviet Union saw the rise in poor quality alcohol products. Both historic periods saw the same result: alcohol poisoning. As a continuation of these frameworks, alcohol poisoning remains a concern in the Russian Federation. Twenty years ago, it was estimated that 40,000 people die every year from alcohol poisoning in Russia, compared to a couple hundred in the United States (Bobrova et al., 2009; Nemtsov, 2002; Levintova, 2007). This number has reportedly decreased. The Russian government currently reports that 23,000 Russians die of alcohol poisoning every year. Comparatively, fewer than 1,500 people die this way in the United States (Brown 2011). A 2007 study estimated that nearly 43% of deaths among young Russian men may be the result of drinking surrogate alcohols including industrials sprites, antifreeze,
cologne, aftershave, and ethanol based products (Bobrova et al., 2009; Leon et al., 2007). “The [2006 Law on Ethyl Alcohol] reform backfired spectacularly…liquor store shelves stood empty. As a result, … [the government saw a] spike in fatal alcohol poisonings from a surge in the consumption of illicit vodka and alcohol” (Schrad 2014, p. 296). Since the implementation of the 2006 policy, 11,000 cases of alcohol poisoning due to surrogate substances occurred (Nemtsov, 2007).

**Heroin Attributed Mortality**

Opioid overdose and HIV contraction, resulting from injection drug use (IDU), are the two main causes of death for heroin users. According to the UNODC (2015), opioid overdose deaths are reported at 80 deaths per million people in the Russian Federation. Overdose is the lead cause of death for people who inject drugs (PWID) (Uusküla, 2015; Green, McGowan, Yokell, Pouget, Rich, 2012). In 2013, the Russian Federal Drug Control Service (FSKN) reported 28.7 people per 100,000 died from overdose (Uusküla, 2015). This steep death rate can be attributed to several reasons, including lack of harm reduction procedures in Russia where needle sharing is common.

In addition to the risk of overdose, PWID in Russia are at extremely high risk for contracting HIV. An estimated 40 percent of the world’s PWID living with HIV reside in the Russian Federation (UNODC, 2015). Over 50 percent of people living with HIV contracted the disease through drug injection (UNAIDS, 2016). In 2016, the number of people living with HIV in Russia topped 1 million, rendering it one of the fastest growing HIV epidemics in the world (UNAIDS, 2016). The UNAIDS 2013 Global Report lists Russia as a country where 90% of people living with HIV have an unmet need for antiretroviral treatment (UNAIDS, 2013). Approximately 76,000 AIDS-related deaths
occurred in Eastern Europe, compared to 8,500 in Western Europe in 2010 (UNAIDS, 2010). Although current estimated numbers of AIDS-related deaths in Russia are unknown, high rates of HIV infection suggest a high risk of mortality.

**Theoretical Framework**

Social constructivism, developed by Berger and Luckmann (1966), serves as the theoretical perspective for analyzing substance abuse policy in the Russian Federation. This theory was chosen for its’ ability to consider the constructions of drug and alcohol users in a cultural, historic, and geographic context. Social Constructivism emerged from the field of sociology, specifically from Peter Berger and Thomas Luckmann’s (1966) *Social Construction of Reality* (Berger & Luckmann, 1966). As people interact through language and symbolism, reality is constructed and subsequently internalized. Effectively, reality is constructed when people collectively attach meaning to places or objects (Meeaghan, Gibbons, & McNutt, 2005). Therefore, social reality and meaning making is ever changing.

This theory illuminates the multiple and contradictory constructions of substance users in the Russian context. On the one hand, drug users are considered criminal, on the other, heavy drinkers are considered patriotic. Alcohol misusers are only viewed in a negative light when their addiction interferes with their ability to fulfill expected societal roles. If man cannot provide for his family or a woman cannot care for her children for example, only then their drinking habits are perceived negatively. These constructions are deeply embedded within Russian history and consequent societal norms.

This theory additionally assists in identifying the differing approaches to substance treatment in the Russian Federation. For example, drug abuse treatment was
constructed separately from psychiatry and mental health care in Russia (Green et al., 2000). Consequently, substance abuse treatment in Russia has less focus on psychosocial approaches. Unfortunately, this medical model does not protect or empower drug and alcohol misusers in the Russian Federation.

**Societal Construction of Drug Users**

Construction of drug users as criminal, undeserving persons is commonplace in Russian society. Not unique to Russia, many countries harbor distasteful beliefs about people who use drugs. Russian society does not view substance use as a mental health challenge and epidemic disease. Indeed, Mendelevich (2011) asserts, “Drug addicts still have even fewer patient rights than the mentally ill” (p. 15). The Russian Federal Law, *Concerning Psychiatric Care and Guaranteeing Patient Rights* (1992), protects clients of mental health services and does not apply to clients of substance misuse treatment (Kotova, 1993).

Elovich and Drucker (2008) outline four core beliefs about people who use drugs in the Russian Federation: “(1) The patient does not realize his social and health danger, (2) the patient does not completely understand the character of his own activity, (3) the patient cannot control it, and (4) the patient brings harm to himself and his surroundings” (p. 23). This lack of control to which drug users are perceivably inclined disrupts the locus of individual responsibility for those who likely already feel unmanageable. The construction of a ‘patient’ versus ‘person’ and the dehumanization of social struggle does not lend to favorable or effective treatment methodology. Due to demonization of the drug user, especially PWID, public spending to assist these populations remains
unacceptable in the eyes of many Russians (Tkatchenko-Schmidt, Renton, Gevorgyan, Davydenko, Atun, 2008).

**Methods**

The research methodology utilized a combination of literature review and social policy analysis. A broad academic search of literature regarding substance abuse and problematic alcohol use in the Russian Federation was conducted. Over thirty published, peer-reviewed works were identified as critical to this analysis. Numerous other publications, including WHO and UNODC data sets and reports, were additionally identified. These publications were read and reviewed for applicable context. A construct bibliography, based on emerging themes in the literature review, was created and continually updated with each new publication throughout the review. Sixty-three constructs were documented. The construct bibliography was divided into four columns (See Appendix II). The construct title was added in the first column. The second column contained quotes related to the construct. The source was written in the third column. Finally, the fourth column documented other relevant sources to that construct. Examples of constructs include: The state of healthcare in Russia, treatment methodologies, Afghanistan drug route, and narcology. A framework for this social policy analysis is critical for its structure.

Gilbert and Terrell, in *Dimensions of Social Welfare Policy* (2005), describe the elements of an analytic social policy. A ‘benefit-allocation mechanism’, separate from the economic sphere, shapes choices for social services (Gilbert & Terrell, 2005). Provision, allocation, delivery, and finance represent the four dimensions of choice in a social welfare policy analysis. Provision asks the question: What benefits are being
offered and in what form? Allocation asks the question: To whom the provisions are offered and by what criteria this is determined? Delivery asks how the benefits are provided to the recipients. Finance seeks to determine in what way the provisions are funded. This framework was chosen because it most clearly defined the categories for social policy analysis.

The Russian Federation Federal Law, *On Narcotic Drugs and Psychotropic Substances*, adopted December 10, 1997 serves as the policy for analysis. The specific focus is on chapter twelve entitled, *Substance Abuse Treatment of Drug Addicts and Their Social Rehabilitation* and accompanying articles, including articles 54, 55, and 57, will be focused on. This chapter was selected in order to narrow down the scope of the law. This chapter describes an amendment implemented on November 25, 2013 entitled, N. 317 FZ. Article 54 describes provisions for drug treatment for addicts and their social rehabilitation. Article 55 establishes the treatment of drug addictions through medical facilities. Article 57 further details the entities responsible for drug addiction treatment.

Other policies supporting the delivery of intended services include: The State Counternarcotic Strategy until 2020 and the Law on the Regulation of Ethyl Alcohol of January 2006.

**Analysis**

The analysis portion of this thesis follows the methodological framework previously described including: Provisions, allocation, delivery, and finance. Provisions, otherwise understood as the benefits being offered, are described first.
Provisions

According to Russian Federation law, one major in-kind benefit is offered to those struggling with drug or alcohol addiction. In *Substance Abuse Treatment of Drug Addicts and Their Social Rehabilitation*, Article 54 states:


Russian law ensures the availability of services to treat addiction. Under the provisions of this 2013 amendment, services include: Prevention, diagnosis, treatment, and medical rehabilitation (N 317 FZ, 2013). In this same article, the law states that persons ‘in need of drug addiction treatment’ can be relieved of certain positions or activities and may be forced into mandatory treatment. President Vladimir Putin signed this November 2013 amendment, allowing courts the right to send drug addicts for mandatory treatment, without considering whether there is anywhere to send them. State and municipal health care systems, including hospitals, are often at full capacity, with few resources to provide even drug detoxification, let alone rehabilitation. Currently, only four state-run and 70 non-governmental organization (NGO) centers exist for rehabilitation of drug addicts in all of Russia (U.S. Department of State Bureau for International Narcotics and Law Enforcement Affairs, 2013). Rehabilitative services include specialized treatments such as Coding and placebo therapies, typically received outside state-funded services.

* Translation provided by the author
Only governmental entities can provide medical treatment to individuals with drug and alcohol use challenges. Detoxification services are the main, and often times only, service provided in state-run narcological facilities (Bobrova, 2008). Additional services include: acupuncture, especially auricular, and psychiatric therapy (Fleming, 1996; Green et al., 2000; Bobrova, 2008). Providing detox services outside state facilities is illegal. Article 55 clearly states:

The prevention, diagnosis, and treatment of drug addicts is carried out only in medical organizations of state and municipal health care systems (Federal Law of 25 on November 2013 city of N 317 FZ - Collection The Russian Federation, 2013, N 48, Art. 6165)

After detoxification, abstinence is expected of recipients. Abstinence constitutes the only functioning continued care by the Russian state (Bobrova, 2008). Fee for service treatment methodologies in the narcological field usually involve some kind of patient hypnosis or suggestion. These methods include: Coding and Placebo therapies.

‘Coding’ - Kodirovanie in Russian- is a method of drug and alcohol treatment intervention developed during the Soviet period. This method, also referred to as the Dovzhenko method, was developed by Alexander Dovzhenko, a former psychiatrist in the Soviet Union (Fleming et al., 1994). The Dovzhenko method involves intimidating the patient into believing they will be physically harmed or perish if they consume alcohol or drugs. Alexander Yermoshin, a private psychotherapist who no longer implements this method, explains that is a form of hypnosis creating the illusion that if a patient drinks or uses, they will die (Finn, 2005; Elovich & Druker, 2008). Therapists who utilize this method pretend to insert a ‘code’ into the brain of the client that will
create a reaction if exposed to substances. A code lasts for a certain period of time, typically one year (Fleming et al., 1994).

Placebo therapies - ‘Khimzaschita’ or chemical protection in Russian- involves implantation of a substance, commonly referred to as a ‘torpedo’ or ‘capsule’ in Russia, to prevent relapse after detoxification. Narcologists implant either a harmful substance, such as disulfiram, that creates negative reactions when in contact with alcohol, or a placebo, depending on the personality of the patient (Raikhel, 2010). Patient are then told the substance will stay in their body for one year. Usually referred to as Antabuse, disulfiram disrupts the body’s ability to process alcohol (Raikhel, 2010). Negative effects upon consumption include vomiting, headaches, and high blood pressure (Brown, 2011; Raikhel, 2010).

Drug substitution treatment, including methadone and buprenorphine, and harm reduction measures are banned under Russian law (N 313-FZ, 2013). The State Counternarcotic Strategy until 2020, implemented in June 2012, restricts all advocacy efforts related to harm reduction methodologies, Opioid Substitution Treatment (OST), and Needle and Syringe Exchange Programs (NSPs), as these are seen as unethical and promoting drug use (U.S. Department of State Bureau for International Narcotics and Law Enforcement Affairs, 2013). Deputy chief of the Russian State Drug Control Committee (SDCC), Alexander Mikhailov stated that, “[An] exchange of disposable syringes for drug users constituted open promotion of illegal drugs” (Human Rights Watch 2004, p. 20). This viewpoint underscores the lack of sufficient medical treatment and rehabilitation methodologies (U.S. Department of State Bureau for International Narcotics and Law Enforcement Affairs, 2013).
Apprehensions toward OST and NSPs are of an ethical and xenophobic standpoint. Morally, treating drug addicts with drugs seems counterintuitive. The Russian Orthodox Church has condemned methadone treatment as the, “… First step to legalization of drugs in Russia” (Elovich & Drucker 2008, p. 23). Within this moral framework, OST is additionally construed as a ‘foreign’ concept. According to one memorandum written by prominent Russian narcologists, methadone programs for treatment of patients with heroin drug addictions is brought in by ‘foreign emissaries’, framed as a, “…xenophobic edifice that makes methadone appear as a plot against Russia” (Elovich & Drucker 2008, p. 23). “This policy rests on the rationale that treating addicts as patients would challenge policy discourse that labels drug users first and foremost as ‘criminals’” (Sarang, Rhodes, Sheon, Page, 2010, p. 816). Harm reduction procedures are also seen as a ‘Western’ tradition, imported and “…imposed on Russia from outside” (Tkatchenko-Schmidt et al. 2008, p. 166). This conceptualization is not untrue as most of harm reduction initiatives in Russia are supported through international funds (Tkatchenko-Schmidt et al., 2008). These initiatives operate as NGOs as outreach services, not necessarily NSPs. Some psychosocial methods of care are provided outside the state system, albeit utilized as referrals by state healthcare providers.

Psychosocial rehabilitation approaches and alternative treatment methodologies, such as 12-Step programs, are not officially supported by the Russian government. Instead, NGOs and church-based programs are the only source of pro-psychosocial treatment. The Russian Orthodox Church plays a major role in the overall political landscape of Russia, including treatment of drug users. Private clinics or centers connected to the Russian Orthodox Church offer a laborious and pious pathway to
recovery (Elliot, 2014). Although, there are usually no licensing mechanisms in place to regulate these centers (Quinn, 2014). Moreover, one private clinic run by Andrei Charushnikov, founder of Transformation of Russia religious-based rehabilitation, was recently closed by the Justice Ministry due to alleged abuse of patients (Quinn, 2014).

Twelve-Step programs, including Alcoholics Anonymous (AA), have been implemented in some major Russian cities with increasing popularity. However, resistance to this type of program is apparent. Considering the history of communism and deceitful tattle-telling in the Soviet Union, few people in Russia believe in true confidentiality and anonymity (Brown, 2011). According to one AA member, “It is much harder for a Russian person to talk about himself than it is for an American… the generation of my parents—and my own—couldn’t speak the truth at all, because it was possible to get arrested for it” (Neyfakh, 2013, p. 9). There is a historic lack of confidentiality in both in and outpatient treatment settings.

Allocation

Numbers of beneficiaries and access to services are ambiguously documented in the Russian Federation. Allocation is selective, as clients opt in to treatment. According to some sources, “…in 2010, 2.5 million Russians applied for alcoholism treatment, with another 28 million claiming to be alcohol abusers” (Kirzhanova, 2011; Krainova, 2011; Schrad, 2014, p. 299). The Russian MHSD reported 2.7 million alcoholics in 2010, while the WHO reported 7 million with alcohol use disorder and 10 million men specifically with heavy episodic drinking patterns (Brown, 2011). According to the FSKN in 2013, there were an estimated 8.5 million drug users in Russia (Quinn, 2014). These high numbers are male dominated. Dr. Alexander Nemtsov explains there are three important
statistics when examining alcohol-attributable effects on Russian male populations (Nemtsov, 2011). Fifty-eight years is the average Russian male life expectancy. Thirteen and a half years is the gap between Russian male life expectancy and Russian female life expectancy. Nemtsov emphasizes this gap as the largest in the world, mostly due to vodka consumption. This number has since contracted to 11.2 years, in 2014 (Goskomstat, 2014b). Sixteen and a half years is the gap between Russian male life expectancy and other European male life expectancies (Nemtsov, 2011). Though the exact count of drug and alcohol misusers who receive treatment in Russia is unknown, all figures indicate high levels of substance misuse.

Access to drug and alcohol rehabilitation services is limited in Russia. To qualify and receive drug and alcohol treatment services through the State, recipients must officially register as an addict. Official ‘addict’ status places limitations on those registered. A diagnosis is usually required. For example, there are no legal protections against loss of employment especially in certain fields including the military and police (N 313-FZ, 2013). Registration as an addict contributes to a perceived and actual loss of confidentiality (Bobrova et al., 2006, 2008). According to drug and alcohol treatment providers, law enforcement pressures them to release patient records (Bobrova, 2008). Often, users will be registered with the police department after receiving service. This further undermines confidentiality of treatment. Vladimir Mendelevich (2011), a critic of current Russian drug and alcohol treatment, additionally affirms that, “…Infringement on confidentiality in Russian narcology is more the rule than the exception” (p. 15). Historically, confidentiality of treatment for drug and alcohol problems was also inadequate. If a government official was diagnosed with alcoholism, their career would
Both government and alternative facilities for drug and alcohol treatment services are located in large, metropolitan areas. Not all cities are administratively equipped to deliver comprehensive substance abuse treatment. In addition, as mentioned previously, the few state run centers in existence are often at full capacity. According to the Human Rights Watch (2007), while narcological clinics providing detoxification services are available, only 26 out of 85 regions in Russia have state run rehabilitation centers. Private and faith-based treatment options are located in major cities. As mentioned, these clinics are usually not properly licensed. Wealthy individuals are likely the only clients able to afford private drug or alcohol treatment (Raikhel, 2009).

**Delivery**

State run alcohol and drug treatment are provided through centers specialized in narcology. Narcology is a field of study in Russia focused on drug and alcohol dependence (Green et al., 2010). Narcological treatment mostly consists of in-patient detoxification, with the aid of tranquilizers and anti-psychotic drugs. Vladimir Mendelevich, the prominent critic and psychiatrist mentioned previously, critiques the current narcological model in two points. First, most patients who receive narcological treatments relapse in six months. Second, most narcologists see nothing wrong with the field (Elovich & Druker, 2008). Despite poor training, only two years in medical school, and low social status, narcologists have had a significant impact on drug policy (Green et al. 2010; Lilja 2013). A highly medicalized model has paved the way for drug and alcohol treatment in Russia (Lilja, 2013).
Government organizations responsible for the development and delivery of drug and alcohol treatment services include: The Ministry of Health and Social Development (MHSD) and the Federal Drug Control Service (FSKN). Drug and alcohol treatment services are centralized under the MHSD. The MHSD approves treatment protocol and develops treatment policies (Bobrova et al., 2008). This ministry oversees the network of state narcological facilities. The FSKN, although formally disbanded in April 2016, greatly contributed to the formulation and implementation of drug and alcohol treatment services. This agency was not only tasked with halting drug trafficking and investigating drug crime but, “…was put in charge of creating rehabilitation facilities, despite the expression of concerns… that it lacked the expertise for this role…” (Gaelotti, 2016, p. 5). After publically embarrassing President Putin by protecting one of his colleagues involved in the Russian mafia, the director Victor Ivanov was offered to retire and the agency eliminated (Fishman, 2016). Responsibilities of this group were transferred to the Ministry of Interior, which advocates hope will result in positive change.

**Finance**

Financial support for drug and alcohol treatment comes from both the State and international donors. Drug and alcohol detoxification services are provided free by state, assuming availability and access. Most harm reduction (HR) measurements for people who inject drugs (PWID) heavily depend on international supports, which provide 70% of funding (Tkatchenko-Schmidt et al., 2008). Some financial support has been provided by local governments; however, it is often insufficient to sustain HR practices. The United Nations AIDS Prevention Gap Report reported that 30 projects serving 27,000 PWID in Russia ran out of funding after a Global Fund grant ended in 2014. Sixteen
projects remained in operation in 2015 (UNAIDS, 2016). However, these projects are not enough to reverse the increasing numbers of HIV in Russia. The $338 million annual federal budget for HIV is spent on medicine, while preventative education is neglected (MacFarquhar, 2016). Evgeny Alekseyev, director of healthcare development foundation Focus Media, reports that the Russian government has allocated only 200 million rubles or $2.9 million for HIV/AIDS education, amounting to 1.5 rubles or $.02 per person (Rozhdestvensky, 2015). HIV/AIDS education is especially important for PWID and preventing further health crisis.

For specialized services outside state-provided detoxification, persons struggling with addiction pay out of pocket. For example, one night of detoxification in a private Moscow clinic, costs an upwards of 7,800 rubles or $230. Longer term treatment, which can include psychotherapy, may cost anywhere from 35,000 ($620) to 600,000 ($10,600) rubles per month (Quinn, 2014).

According to the WHO, there are no budget lines in the annual budget for SUD treatment services or for the prevention of SUDs (WHO, 2010). In reference to one study, the direct medical costs of alcohol and drug abuse amounted to nearly 200 billion rubles or 30 billion U.S. dollars. Direct medical costs included public expenditures on medical care for users, people injured by their actions, and diseases of substance abuse etiology (Potapchik & Popovich, 2014). These costs do not reflect government allocated expenditures toward substance misuse treatment alone. However, true costs and allocation are unknown in Russia.
Discussion

Determining an exact policy of focus, in relation to provision, allocation, delivery, and finance of substance abuse treatment, proved a challenge. Available literature suggested an inordinate lack of substance abuse treatment in the Russian Federation. However, according to Russian Federation Federal Law, *On Narcotic Drugs and Psychotropic Substances*, adopted December 10, 1997, all peoples seeking treatment are guaranteed access to treatment (N 313-FZ, 2013). This paradox in provision is explained through the theoretical framework. Alcohol abuse is considered a moral failing. Men should be able to handle their drink and still provide for their families in Russia. Drug users are framed as criminals. Rehabilitative treatment for alcohol misusers, instead of detoxification services only, is rendered unnecessary from this perspective. The state does not condone moral failings through extensive rehabilitative treatment. After detoxification, it is the responsibility of the person to remain sober. Drug users are considered an undeserving population. Through this lens, scarce government resources should not be used to assist them.

Despite this framework and considering the Russian governmental intention to provide for citizens with alcohol or drug abuse problems, changes must take place. High rates of HIV threaten the existence of vulnerable Russian persons. Heavy reliance on international funds for harm reduction interventions must be reassessed. Though some Russian ideology, expressly framed by the Russian Orthodox Church, views providing harm reduction intervention as ‘supporting drug use’ the Russian government must consider supporting their drug addicts (Elovich & Druker, 2008). According to Memoona Hasnain, a scholar who recommended a cultural approach to HIV/AIDS harm reduction
in Muslim countries, “…a clear distinction needs to be made that this approach does not advocate illicit drug and sex related practices” (p. 23). Hasnain additionally advocated for the close involvement with religious leaders to implement harm reduction. This has been effective in several countries (Hasnain 2005). Though Russia is not a Muslim country, both view harm reduction as a ‘Western’ intervention. Involving the Russian Orthodox Church in advocacy for the implementation of harm reduction measures is recommended. The Russian government must provide harm reduction measurements to protect the population from HIV/AIDS. A reconstruction of drug and alcohol addiction as a disease with high morbidity, instead of focusing on the criminality of the drug or alcohol misuser, must occur through cultural edifices especially the Russian Orthodox Church.

Recognizing the falling birth rate and low male life expectancy in the Russian Federation, President Vladimir Putin and the State Duma are obligated to redirect their efforts toward protection of Russian youths from drug and alcohol addiction. This protection may come through HIV education, harm reduction measures, and a reclassification of drug and alcohol misuse as a societal problem and individual responsibility. Widely accepted ‘Western’ interventions are not necessarily the only answer in the Russian context. However, The Russian government must begin with some harm reduction procedures to address the HIV epidemic. Harm reduction has been successful in nearby countries with arguably similar values. For example, in Ukraine harm reduction measurements, including OST and NSPs, have seen a decrease in HIV prevalence among young PWID from 66.7% (2007) to 6.4% in 2013 (Vitek et al., 2014). Measures taken to decrease contraction rates of HIV support Russians, not the Western world. With the dismissal of the FSKN, President Putin has shown promise to begin
making radical changes that positively impact drug and alcohol users in Russia. The dissolution of the FSKN is also a risk, as the organization played a critical role in reducing the amount of heroin in Russia (Fishman, 2016). Development of rehabilitative structures, focused on permanently saving lives, would ensure a healthy population and productive economy.
REFERENCES


Shek, O., & Pietila, I. (2016). The limits for deinstitutionalization of psychiatry in Russia: Perspectives of professionals working in outpatient mental health services. *International Journal of Mental Health* 45(2): 118-134


APPENDIX I

NORTHERN DRUG ROUTE (UNODC 2016)
APPENDIX II

CONSTRUCT BIBLIOGRAPHY EXAMPLE
<table>
<thead>
<tr>
<th>Construct</th>
<th>Quote(s)</th>
<th>Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cites</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>