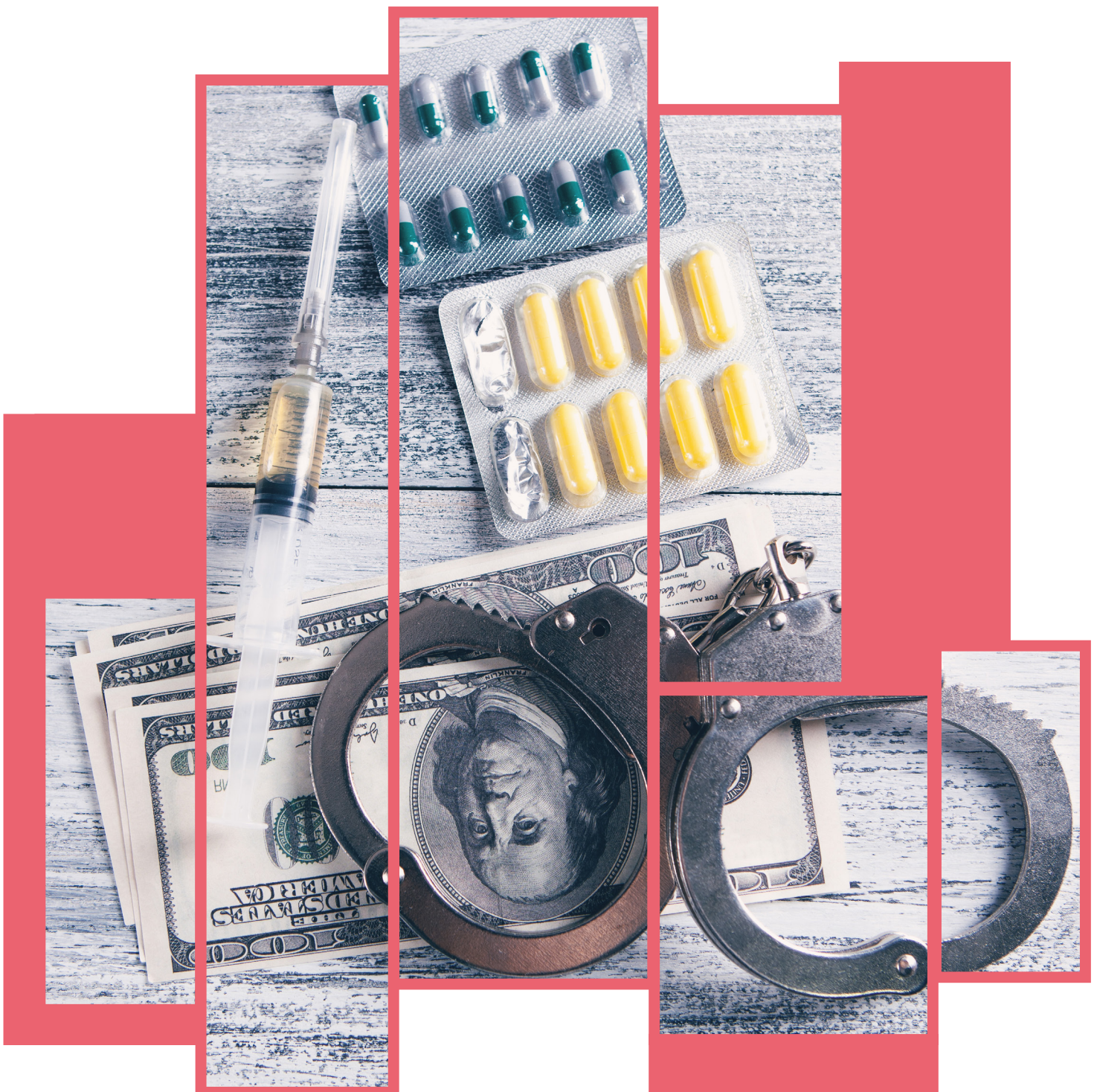


DRUG USERS AND HUMAN RIGHTS THE SITUATION IN EASTERN EUROPE AND CENTRAL ASIA REGION

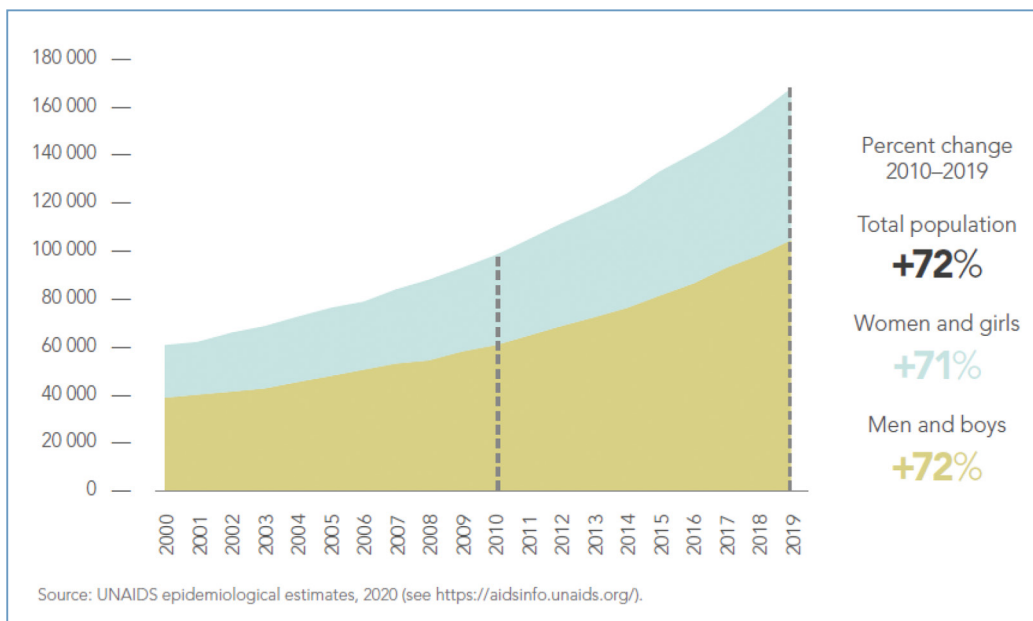
EVIDENCE, COLLECTED THROUGH **REACT** TOOL



EECA AND THE DRUG USE SITUATION

EECA is the **only** region in the world where new HIV infections among all age groups have continued to rise (**Figure 1**)¹.

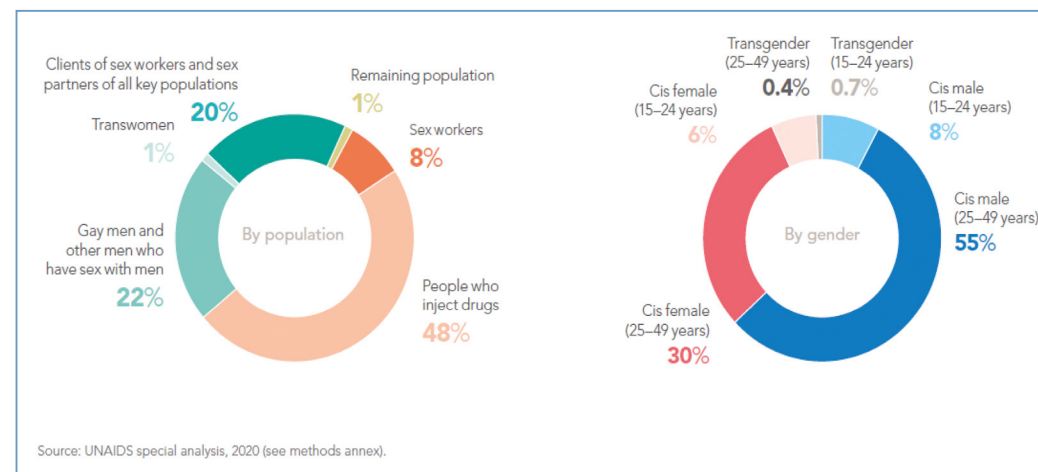
FIGURE 1: RISING NUMBER OF NEW HIV INFECTIONS BY SEX IN THE EECA REGION, 2000-19²



Both HIV prevalence and incidence continue to increase across the region, with *HIV prevalence* among those aged 15–49 years at 0.9% in 2019 (range 0.8%–1.0%), up from 0.8% (range 0.7%–0.9%) in both 2017 and 2018.

Key populations (KPs) – in particular People who Inject Drugs (PWID) and their sexual partners – account for 99% of new HIV infections in the EECA region (**Figure 2**)³.

FIGURE 2: DISTRIBUTION OF NEW HIV INFECTIONS BY POPULATION AND SEX (THOSE AGED 14-49 YEARS) IN THE EECA REGION, 2019⁴



The resultant HIV cascade shows a significant gaps on the path of reaching the 90-90-90 interim global targets for HIV testing, treatment, and viral suppression. The factors exacerbating this situation include the widespread application of the conservative legislation to criminalize KPs, and the ongoing human rights violations and the endemic stigmatization of, and discrimination against, all KPs in health care settings and more generally. Such barriers inhibit access to, and full utilization of HIV and related services throughout the region.









The policy environment in EECA is dominated by *punitive drug laws*. People who live with drug dependence are exposed to discrimination based on their chronic health condition, arbitrary arrest, and ill-treatment by the police.

1 UNAIDS. *UNAIDS Data 2020*. Geneva; UNAIDS, 2020. https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf

2 UNAIDS, *Ibid*.

3 UNAIDS. *Global HIV & AIDS statistics — 2020 fact sheet*. Geneva; UNAIDS, 1 December 2020. https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf (accessed 19 March 2021).

4 UNAIDS, *Op.cit*.

	GEORGIA 	KAZAKHSTAN 	KYRGYZSTAN 	MOLDOVA 	RUSSIA 	TAJIKISTAN 	UKRAINE 	UZBEKISTAN 
Drug consumption as such	Administrative offence, punished with the fine of 175 € or administrative detention for up to 15 days (Code of Administrative Offenses, Article 45).	Criminal offence, punished with 493 € or 80 hours of community services, or detention for up to 20 days (Art.2961 of CC)	Administrative offence punishable with the fine of 69 € (Art. 81 of the Code of Administrative Offenses of Kyrgyz Republic)	Administrative offence, punished with a fine of 12 to 30 fine units (30 to 75 €) or 72 hours of community service. (Art 6.9 of CAO)	Administrative offence, punished with a 55-70 € fine or detention for up to 15 days.	Consumption is effectively legal as there are neither administrative, nor criminal sanctions applied for drug use, per se.	Drug use is not a criminal offence or an administrative offence. However, use in public places is a criminal offence punishable with imprisonment for up to 3 years.	Consumption is effectively legal as there are neither administrative, nor criminal sanctions applied for drug use, per se.
Possession of drugs without the intention to sell	Small amounts – administrative offence. Medium to very large – a criminal offence (Art. 260-2731 of CC) punished with 0,5 to 20 years in prison or lifetime imprisonment. The allowed quantities are so low that most cases constitute criminal offences.	There are no allowed quantities set. Possession is a criminal offence punished with the fine of 859 € or a sentence of up to 7 years of imprisonment. (Art.296 of CC).	Small amounts – an administrative offence. Large to very large – a criminal offence punishable with a fine (1,508 €) or up to 7,5 year of imprisonment (Art. 123 of CAO) (Art. 268 of CC). The allowed quantities are progressive as compared to the other countries.	Small amounts – an administrative offence resulting in a fine of 30-75€ or 72 hours of community service. Large and very large – a criminal offence punishable with up to 6 year of imprisonment. (Art.85 of CAO) (Art.217 of CC) The allowed quantities are so low that most cases constitute criminal offences.	Small amounts – an administrative offence. Significant to very large – from 3 to 15 year of imprisonment with a fine of 550 to 7,000€ (Art. 228 of CC)	Small amounts – an administrative offence resulting in a fine (108 to 162 €) (Art. 128 of CAO) Large amounts – a criminal offence with a fine (540 to 2,700 €) or from 0-2 to 8-12 years of imprisonment (Art. 201 of CC). The allowed quantities are rather progressive as compared to the other countries in the region.	Small amounts – an administrative offence resulting in a fine (13 to 27 €) or detention up to 15 days (Art. 44 of CAO) Large to very large – from 2 to 8 year of imprisonment. (Art. 309 of CC)	Small amounts - an administrative offence resulting in a fine or 15 days of detention Large – a criminal offence with 3 to 5 years of imprisonment (Art. 56 CAO), (Art. 270-276 of CC)

The color scale shows severity of punishment in the countries' legislation for drug use and possession for personal use. However, the light color doesn't mean that drug users are not criminalized in the country. Rather, in the countries (such as Kyrgyzstan, Tajikistan) where laws related to drug use are quite progressive police practices on the ground remain quite discriminative against drug users.

It is important to consider that consumption is not possible without possession of a certain amount. Therefore, when analyzing severity of legislation, we should pay attention to the allowed quantities of possession without the intent to sell. For example, in Georgia even 1 gram of methadone might be considered as an

extra-large amount and may lead to lifelong imprisonment, that is why Georgia is dark-colored in the table above.

Do these regulations do much harm to key populations in EECA? There are some sporadic data collected in the course of the activities, which from time to time are reported in Human Rights Watch reviews, however regular data collection is needed to assess severity of the situation. Alliance for Public Health has adapted a special tool called REAct to enable collection of data regarding the situation on an ongoing basis, as well as to come up with an immediate and more systematic response.

ABOUT REACT

REAct (Rights – Evidence – Actions) is an online-tool implemented since January 2020 by ICF “Alliance for Public Health” in the EECA region with technical support of Frontline AIDS and financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria.



AS OF NOVEMBER 2021, REACT COVERS:

7 EECA COUNTRIES, 120± NGOS, 300± REACTORS, 7,000± CASES.

REAct makes it possible for community-based organizations to record cases of human rights violations among key populations and monitor response to human rights barriers in accessing HIV prevention and treatment, as well as health care services. The data collected are securely stored on a cloud server, reliably protected and available by authorized users for various analyses using diagrams, tables, and charts.

Collected statistics, data, and remarkable cases are available on the REAct public website.
<https://react-aph.org/en/home/>



EVIDENCE COLLECTED IN REACT

THE NUMBER OF HUMAN RIGHTS VIOLATION CASES REGISTERED, BY KEY POPULATION AS OF NOVEMBER 1, 2021








KEY POPULATION	MOLDOVA 	UKRAINE 	GEORGIA 	RUSSIA 	UZBEKISTAN 	TAJKISTAN 	KYRGYZSTAN 
Documentation period	22 months	25 months	23 months	11 months	11 months	22 months	20 months
People who inject drugs	298	764	252	986	58	80	500
People living with HIV	198	744	29	892	259	379	260
Sex workers	102	118	340	260	35	111	383
Prisoners	11	112	9	78	1	2	7
Trans* people	1	22	27	5	3	12	17
Men who have sex with men	63	253	79	6	48	107	14
Total number of clients in the country	615	2,175	680	1,487	372	576	1,151

Drug users still constitute a considerable part (from 13% in Tajikistan to 66% in Russia, in the population of REAct clients) of those at risk who are exposed to human rights violations and experience legal barriers in accessing harm reduction services, OST, and HIV prevention and treatment services. On average, 1/3 of clients belong to two and more groups, which means that 33% of clients suffer

violations of their rights two times more frequently due to their double HIV and drug addiction status or affiliation with sex workers, for example. Prevalence of one group among others doesn't not necessarily mean that this group's rights are violated more frequently. This only means that we have efficiently accessed this group to collect evidence of such violations.

MOST COMMON PERPETRATORS VS DRUG USERS

THE NUMBER OF CASES REGISTERED IN EACH COUNTRY DURING THE ENTIRE PERIOD OF DOCUMENTATION) AS OF NOVEMBER 1, 2021








	MOLDOVA 	UKRAINE 	GEORGIA 	RUSSIA 	UZBEKISTAN 	TAJIKISTAN 	KYRGYZSTAN 
Documentation period	22 months	25 months	23 months	11 months	11 months	22 months	20 months
Police and judicial system	54	321	66	221	35	28	344
Healthcare system	175	350	85	605	18	17	70
Local authorities and state social services	10	40	7	84	5	1	12
Judicial system	5	7	2	126	2	4	6
Individuals (family, sexual partner, employer etc)	19	88	49	25	4	32	45
Total number of cases related to people who inject drugs	298	764	252	986	58	80	500

The most frequent violators of PWIDs' rights are the **police (from 18% in Moldova to 68% in Kyrgyzstan) and the healthcare system (from 14% in Kyrgyzstan to 61% in Russia)**. However, the types of violations are quite different if we compare these two groups of perpetrators. In respect of the healthcare system we have recorded such cases as humiliating treatment or denial of health services, which are not so severe and violent as excessive use of force, violence, torture, arbitrary

detentions that the police practice on a regular basis against drug users. The table below shows that the range of violations committed by the police is much broader than of those committed by other perpetrators. **All in all, on average one out of every three cases registered in the EECA region is about the police and law enforcement agencies severely violating fundamental human rights such as the right to life, to freedom, to bodily integrity etc.**

MOST COMMON VIOLATIONS IN RELATION TO DRUG USERS

(THE NUMBER OF CASES REGISTERED IN EACH COUNTRY DURING ENTIRE PERIOD OF DOCUMENTATION) AS FOR 1 OF NOVEMBER, 2021

	MOLDOVA 	UKRAINE 	GEORGIA 	RUSSIA 	UZBEKISTAN 	TAJKISTAN 	KYRGYZSTAN 
Arbitrary detention, arrest	24	27	20	111	20	9	70
Other misuse of power by the police	16		7	131	19	8	81
Extortion of bribes by the police	1	n/a	7	16	8	2	94
Threats, pressure by the police	17	52	18	61	10	27	210
Unreasonable fines	10	n/a	3	24	3	1	11
Planting of drugs	1	6		12	6		21
Police violence	12	39	29	44	13	4	74
Forcing to confess crimes	9	n/a	1	15	7		15
Forcing to become an informer	6	n/a	6	23	3	2	26
Torture, cruel, inhumane treatment during detention	8	30	2	32	8	2	11
Violation of the right to a fair trial	4	8		93	1		9
Denial of health services	98	442	78	582	15	9	51
Humiliating treatment in medical facility	16	16	4	32	1	8	10
Medical negligence	19	10	1	37			
Denial of public social services	2	21	2	136	1		2
Stigma, hate speech	30	121	12	70	15	28	71

At a first glance at this table, it becomes clear that most violations take place in healthcare settings. Indeed, 43% of complaints are related to discriminative denial of health services. However, it is important to keep in mind that when a client sought for health services, he/she comes to an NGO, so that a REActor (paralegal) can easily document the case. Alternately, when a person is detained it is almost impossible to reach him/her with legal services or document such case, as police officers rarely even let detainees make phone

calls. That is why, we believe, the **percentage of cases attributable to the police that we have managed to record is just a small portion of the actual number of violations practiced by the police.**

The evidence we have collected proves that violations such as police violence, arbitrary detentions, forced confessions are deeply enrooted in day-to-day practices of police officers. Such cases should be considered as routine practices rather than rare exceptions.

LAW ENFORCEMENT AGENCIES

Depending on the country, drug consumption and possession regulations may be very strict (as in Russia or Georgia) or quite progressive (as in Tajikistan or Kyrgyzstan). However, despite the degree of severity of regulation, **discriminative practices on the ground remain unchanged** in each country to a certain degree. Generally, drug users are often subject to **arbitrary detention and ungrounded persecution** by law enforcement officers. In the countries where opioid-substitution therapy is available (for example Kyrgyzstan, Moldova, Ukraine), the treatment distribution points have become a “hunting spot” for the police. Officers **detain patients with prescribed methadone** (a multi-day dose) and arrest them despite their presenting the documents proving legality of the medication.

Moreover, patients may be **arrested before they visit OST sites** (in Tajikistan, for example). In such cases, police officers try to use the vulnerable situation of a drug user (abstinence syndrome) to **obtain confessions or make them collaborate with the police**. This category of cases is qualified as **torture and inhumane treatment during detention**. At least **93 people in the EECA region suffered torture during detention** in the period of 2020-2021. And this is just a small portion of the actual number that we have managed to record. In addition, drug users are considered as “easy prey” to improve crime detection rates of a police district. At least **47 drug users under pressure and subject to violence by the police were forced to confess a crime that they didn't commit**.

In at least **30 cases** of violations, there were signs of uncovered **abuse of power amid the restrictive measures related to the coronavirus** (lockdown, state of emergency). For example, in Kyrgyzstan, due to chaotically imposed restrictions on movement, numerous patients could not reach OST sites or the AIDS center to receive OST or ARV treatment. At the same time, in a number of cases, police officers themselves, with their actions, **created additional risks of coronavirus infection due to collective detention in overcrowded police stations**.

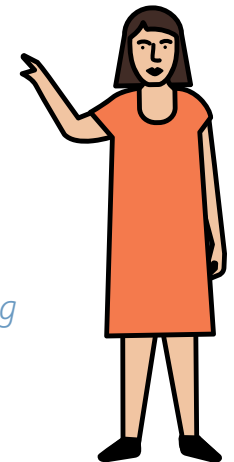
KYRGYZSTAN, MAY 2021

*After leaving an OST site, a client (PWID) was stopped by officers of the *** police department. During the search, methadone was found, which the client had received for 5 days. Despite the fact that there were all the permits available, the PWID was detained and escorted to the police department located in the *** microdistrict. The police officers started accusing the client of selling methadone, although they had no evidence. They tried to extort money or some information, held the client there for more than 6 hours. Then they battered him, he suffered serious injuries. The client doesn't want to file a complaint, as he is very traumatized and intimidated by the police.*



KYRGYZSTAN, MAY 2020

*The client was detained by the police in a shop, as he was suspected of violating quarantine restrictions (“This is a gathering of more than three people,” they said). The client and two other people were taken to **** police department. They were held there for more than 4 hours. Other detainees were also brought to the same room in the police department. Officers gathered a crowd of 10 people without providing for the required distance among them and kept them until 9 pm, when the curfew began. The police fined them all, although the clients had their masks, passports, and a route sheet on them.*



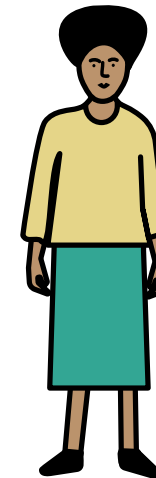
HEALTHCARE

Harm reduction programs, including opioid substitution therapy (OST) are available in most of EECA countries. However, as the cases documented by REAct show, access to OST is often difficult for people living with an addiction for reasons related to **severe restrictions on availability of take-home drugs**, as well as due to the **insufficient number of OST sites**. For example, REAct has recorded more than 40 cases of the same type violation of rights of OST patients in Orhei (Moldova) where they were forced to travel 100 km to Chisinau on a daily basis to get their medication. Launch of an OST site in Orhei was postponed multiple times due to objections from staff of the medical facility, who were against providing services to drug users.

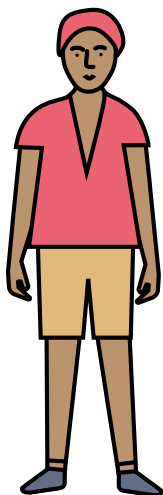
Moreover, drug users often face discriminatory and stigmatized attitude while accessing health services due to their addiction. For example, some basic medical services, such as emergency support or a visit to a general practitioner, might be denied because the doctors don't want to interact with addicted patients.

MOLDOVA, SEPTEMBER 2021

*The client is woman who injects drugs. She often suffers domestic violence from her family due to her addiction. On one of such occasions (**/09/2021) she came for urgent aid due to her injuries. She had blood running from her nose, her ribs were aching, and she couldn't flex her arm. She had to wait for several hours in a cold corridor, despite the fact that people who had come after her with less serious injuries were seen by the doctor first. When she asked the medical staff for the reason why she was not attended by the doctor, she heard rude and dismissive answers: "Wait or get out of here! Your injuries are your problem. Maybe now you will take less drugs". After 5 hours of waiting, she was finally attended, the medical services were provided hurry-scurry, and she was sent home. They didn't properly examine her ribs or her arm. No documents were issued for her further treatment at the clinic.*



RUSSIA, JUNE 2021



The client is not a drug user, he has never tried drugs. But 3 years ago he was convicted for drugs distribution (the case was falsified, police planted drugs to his pocket during search) and served 2,5 years in a prison. After his release in May 2021, he applied for a job where medical examination was required. During the medical examination he found out that after release he was registered for narcology follow-up, he had to visit narcologist on a regular basis during one year. As a result, he couldn't apply for that job, moreover, his driving license was canceled. Now he cannot earn his living.

Health care providers **may not respect adequate medical data confidentiality requirements** in relation to OST patients, which affects recruitment and retention of patients in the treatment program. OST patients also experience additional difficulties with an extremely broad system of control over their behavior, which is due to the fact that they receive narcotic drugs, as well as to an outdated system of registration of people with drug addiction. Because of such a control system, information constituting medical secrecy often becomes known to a wide range of representatives of state or municipal services, which may aggravate the risks of disclosing medical information.