

Dialogue

Policing Drug Users in Russia: Risk, Fear, and Structural Violence

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We undertook qualitative interviews with 209 injecting drug users (IDUs) (primarily heroin) in three Russian cities: Moscow, Barnaul, and Volgograd. We explored IDU's accounts of HIV and health risk. Policing practices and how these violate health and self, emerged as a primary theme. Findings show that policing practices violate health and rights directly, but also indirectly, through the reproduction of social suffering. Extrajudicial policing practices produce fear and terror in the day-to-day lives of drug injectors, and ranged from the mundane (arrest without legal justification; the planting

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of evidence to expedite arrest or detainment; and the extortion of money or drugs for police gain) to the extreme (physical violence as a means of facilitating “confession” and as an act of “moral” punishment without legal cause or rationale; the use of methods of “torture”; and rape). We identify the concept of police bespredel—living with the sense that there are “no limits” to police power—as a key to perpetuating fear and terror, internalized stigma, and a sense of fatalist risk acceptance. Police bespredel is analyzed as a form of structural violence, contributing to “oppression illness.” Yet, we also identify cases of resistance to such oppression, characterized by strategies to preserve dignity and hope. We identify hope for change as a resource of risk reduction as well as escape, if only temporarily, from the pervasiveness of social suffering. Future drug use(r)-related policies, and the state responses they sponsor, should set out to promote public health while protecting human rights, hope, and dignity.

Keywords injecting drug use; human rights; HIV/AIDS; risk; fear; police; Russia; structural violence, oppression illness

GULAG is alive, you understand? The system is designed in such a way that any person can be grabbed and annihilated in prison. As long as the society tolerates the massacre it can happen to any of you.

Vasiliy Alexanyan, a political prisoner, dying of AIDS, before his trial, on February 1, 2008

A protest against the police beating people took place in Moscow. The protesters were beaten up by the police.

Newsru.com, April 11, 2008.

Introduction

In March 2009, the governments that had met eleven years earlier at the Twentieth Special Session of the United Nations General Assembly (UNGASS) to endorse a Political Declaration on drugs, reviewed achievements regarding their stated goal of “eliminating or significantly reducing the illicit manufacture, marketing and trafficking of psychotropic substances” by the year 2008 (UN General Assembly, 1998). The strategies adopted by the signatory countries to achieve this ambitious goal have, in turn, been framed by three major international drug treaties: the 1961 Single Convention on Narcotic Drugs (as amended by a 1972 protocol); the 1971 Convention on Psychotropic Substances; and the 1988 Convention Against Illicit Traffic in Narcotic Drugs. These conventions emphasize an approach to tackling drug use-related problems that focuses predominantly on law enforcement measures, giving priority to reducing the supply and use of drugs by means of their legal prohibition and punishments for people involved in the illicit drug trade, including those who possess drugs for personal use (Elliot, Csete, Wood, and Kerr, 2005; Levine, 2003). The Political Declaration on drugs endorsed by UNGASS in 2009 for the next 10 years reaffirms the emphasis of the Declaration of 1998.

The effectiveness of global drug user-related policies, which place priority on drug control through law enforcement, has long been questioned (Seccombe, 1995; Westermeyer, 1976; Wolfe and Malinowska-Sempruch, 2004). Quite apart from prohibition policies failing to reach their primary goal in the face of the globalization of drug use, there is

growing concern of their iatrogenic effects regarding the violation of human rights and the promotion of otherwise preventable health risk among affected populations (Csete, 2007; Csete and Wolfe, 2008). This brings into focus the need for research which explores how economic and political institutions, whether globally, nationally, or locally, reproduce social and economic conditions, which shape health harm and inequalities (Krieger, 2005, 2008; Rhodes, 2009).

The criminal justice system is one of the most visible, and best documented, structural mechanisms perpetuating social suffering and health risk related to drug use (Rhodes, 2009). There is a large literature linking policing practices and fear of the criminal justice system to iatrogenic drug use effects, including HIV, overdose, tuberculosis, bacterial infections, and violence (Friedman et al., 2006; Kerr, Small, and Wood, 2005; Miller et al., 2008; Rhodes, Simić, Baros, Žikić, and Platt, 2008; Rhodes et al., 2003, Shannon et al., 2008a, 2008b; Werb et al., 2008). Prisons constitute physical expressions of risk environment, including regarding the transmission of HIV and tuberculosis, and like other forms of criminal justice intervention, disproportionately affect minority populations (Bourgois, 2003; Galea and Vlahov, 2002; Lemelle, 2002).

Importantly, the iatrogenic effects of drug user-related policies are indirect and direct. Policing practices targeting the vulnerable, for example, are institutionalized expressions of social and moral regulations, made manifest through everyday techniques of policing and community surveillance up to and including the use of excessive force (Cooper, Moore, Gruskin, and Krieger, 2005; Rhodes et al., 2008). Policing policies can reproduce, indeed reinforce, underlying social injustices, fears, and inequalities. As such they can combine with other forces of structural violence to sustain environments of risk and social suffering (Rhodes, 2009). Structural violence is distinct from personal or direct violence as it is embedded in *social structures*, whereby “unequal power” shapes “unequal life chances” (Galtung, 1990, p. 291). Poverty, racism, and gender inequalities provide examples. Each of these perpetuates constraints in agency, leading to unequal opportunity and disproportionate social suffering for the marginalized (Farmer, 2005). Crucially, the institutionalization and everyday internalization of structural violence can render it invisible (Farmer, Connors, and Simmons, 1996; Scheper-Hughes, 1996). Singer (2004) links structural violence to “oppression illness,” which he defines as the “product of the impact of suffering from social mistreatment,” a type of “stress disorder,” resulting from an oppressive social environment, whereby the everyday effects of structural violence are internalized. Structural violence is thus embodied through oppression illness (Krieger, 2008), perpetuating health risk and inequality indirectly, through diminished self-efficacy, self-blame, fear and anxiety, tempered expectations, fatalism, and “risk behavior” (Singer, 2004; Rhodes et al., 2007). Drug use, itself, can be seen as a form of “self-medication” for oppression illness, providing “pain intolerance,” “chemical intervention,” and a “solution” (Singer, 2001). A growing body of epidemiological evidence corroborates the use of drugs, including risky drug use, as a response to social discrimination and social stress in high-risk environments, including those linked to terror (Gee, Delva, and Takeuchi, 2007; Peretti-Watel, Seror, Constance, and Beck, 2009; Richman, Cloninger, and Rospenda, 2008; Vlahov, Galea, Ahern, Resnick, and Kilpatrick, 2004).

While nation states have some autonomy in their interpretation and execution of drug policy as framed by the international conventions, in Russia there is a history of state-sponsored repression of individual rights, as well as a strong emphasis on law enforcement as a mechanism of social control, and a strong undercurrent of state surveillance (Applebaum, 2003; Lipman, 2005). The science and practice of drug user treatment in Russia—*narcology*—is developed out of psychiatry in close collaboration with other state

mechanisms of social control, including police agencies (Elovich and Drucker, 2008), and there remain close links between narcology and police agencies (Bobrova et al., 2006). Access to drug user treatment automatically requires official registration as an addict, which involves the removal of various citizenship rights, such as the right to employment, as well as exposure to social stigma (Bobrova et al., 2006). The effectiveness of drug user-treatment approaches (which are modelled on alcohol detoxification methods) remains questionable, are linked to high rates of relapse, and are framed by a policy response at Federal level, which prohibits the use of (internationally accepted) methadone and buprenorphine as a substitution pharmacotherapy treatment (Elovich and Drucker, 2008; Human Rights Watch, 2007; Mendelevich, 2004). This policy rests on the rationale that treating addicts as patients would challenge policy discourse that labels drug users first and foremost as “criminals” (Elovich and Drucker, 2008).

Street-level policing practices in Russia have been found to fuel a pervasive sense of risk and fear of arrest, fine, or detainment, among injecting drug user (IDUs), which in turn is linked to their reluctance to carry needles and syringes, thereby increasing the chances of high-risk syringe sharing at the point of drug sale (Rhodes et al., 2003). Police agencies themselves emphasize a rationale of intense surveillance of drug users, enforced through a combination of criminal articles on possession and the use of administrative codes unrelated to drug use (Rhodes et al., 2003, 2006). Moreover, civil society’s responses to HIV prevention, treatment, and care for IDUs remain weak, as does public health policy and infrastructure, which depend heavily upon international donation (Sarang, Stuikyte, and Bykov, 2007; Wolfe, 2007). Officials and health professionals give very weak endorsement to concepts, such as “harm reduction,” which are still characterized by some as a corrupting influence of the West, and instead defer to normative social constructions of drug users as unproductive, dangerous, and criminal (Elovich and Drucker, 2008; Tkatchenko-Schmidt, Reton, Gevorgyan, Davydenko, Aturn, 2008; Wolfe, 2007).

Taken together, an overarching emphasis on law enforcement at the expense of public health approaches may promote a risk environment enabling HIV risk while violating human rights to health. This anti-drug legal environment combines with the relative autonomy of law enforcement agencies to practice “law off the books” (Burriss et al., 2004) and the lax enforcement of anticorruption legislation. Human rights organizations have characterized drug policy in Russia primarily in terms of its criminalization, stigmatization, and dehumanization of people who use drugs (Human Rights Watch, 2004, 2007). This is in context of one of the largest epidemics of HIV associated with drug injecting, continued HIV transmission among IDUs, and large population estimates of IDUs (Dolzhanskaya, Bouzina, Kozlov, and Sarang, 2006; Laetitia, Crael, Brunet, Frasca, and Chaika, 2000; Platt et al., 2004; Rhodes et al., 1999).

Methods

We conducted a large mixed-methods study of IDUs in three Russian cities, Moscow, Barnaul (Western Siberia), and Volgograd (South) between May and October 2003 (Rhodes et al., 2006). Details of the qualitative research methods have been described elsewhere (Sarang, Rhodes, and Platt, 2008; Sarang et al., 2006). In brief, for the qualitative component, IDUs were recruited through snowball methods by outreach workers trained as fieldworkers from local harm-reduction services. The involvement of peer researchers and outreach workers in combination with recruitment introductions made via social networks of IDUs likely facilitated trust and engagement in the research. People who reported injecting in the last 4 weeks were eligible.

Data collection was via semistructured interviews using a topic guide focusing on patterns of drug use, risk practices, and access to health services. All interviews were conducted by outreach workers trained as fieldworkers, and were tape recorded and transcribed verbatim. The analysis was inductive and thematic, with thematic data coding working primarily at the level of participant description, and taking place during and post-data collection. During data collection, it quickly became apparent that policing practices dominated participants' accounts of risk and its management. Related themes of fear, stigma, and violence were also prominent. The coding of interviews was performed by the first author using Qualitative Data Analysis software MaxQDA 2M.

Ethics

Written informed consent was obtained from all respondents. No personal data were obtained or recorded. All names used in interviews were omitted or changed during transcription and all tapes were destroyed after transcription. The study received ethical approval from the Riverside Ethics Committee (Imperial College, London, UK) and was approved locally by the National Research Centre of Addiction of the Russian Ministry of Health and the administrations of Altai Krai and Volgograd Oblast. This research sought to benefit its participants indirectly through the development of service provision in each of the localities via close collaboration with HIV-prevention and outreach service providers.

Sample Characteristics

In total, 209 IDUs participated: 56 in Moscow, 83 in Volgograd, and 70 in Barnaul. The mean age of participants was 26 years (15–56 years), and most were males (67%). Heroin was the main drug used by the majority of IDUs (66%). Additionally, 18% used homemade liquid methamphetamine (“vint”) and 7% used homemade opiate (“hanka”). The average length of drug-injecting career was 7.2 years (0–39 years), and about one-third of the participants (32%) reported daily use. About 22% reported that they injected with a needle or syringe after it had been used by someone else in the last 4 weeks. About three-quarters (76%) reported that they experienced arrest related to their drug use. Over a third (35%), and almost every second man (46%), had experienced prison. More than half (55%) reported ever-attempted drug treatment. About 18% in Moscow, 10% in Barnaul, and 4% in Volgograd reported themselves as HIV positive, and 67%, 54%, and 70% as having hepatitis C, respectively.

Findings

While interviews were broadly focused on HIV risk perception, the theme of law enforcement dominated the accounts. We focus here on this theme. Our findings illustrate how law enforcement practices, and particularly extrajudicial practices, generate *fear* and *terror* in the everyday lives of IDUs, shaping their responses to risk avoidance and survival. Moreover, we see how policing practices contribute to *stigma*, a sense of powerlessness, and *fatalistic acceptance of risk*. Yet, we also identify nonconforming cases of *resistance* to such oppression, which appear characterized by strategies to preserve *hope* and *dignity*. This leads us to consider *hope for change* as an important resource of risk reduction and escape, if only temporarily, from the pervasiveness of social suffering.

Fear and Terror

Access to sterile needles and syringes through pharmacies, and to a lesser extent, via needle and syringe programs (NSPs), in all three cities was perceived as unproblematic (Sarang et al., 2008). Despite this, around a quarter of IDUs reported that they had injected with a needle or syringe previously used by someone else in the last 4 weeks. When asked why, the fear of coming in contact with the police was often cited:

Fear. Fear. This is the very main reason. And not only fear of being caught, but fear that you will be caught, and you won't be able to get a fix. So on top of being pressured and robbed [by police], there's the risk you'll also end up being sick. And that's why you'll use whatever syringe is available right then and there. (Female, 22, Moscow)

The fear of police was rooted in a sense of being under constant surveillance, the force and reach of which was inescapable. There is no claim to privacy. There is nothing secret from the police:

You cannot hide from them, all these "secret places" are not secret. You cannot hide anything from them, they know everything about us, they know every junky by sight. You cannot hide from them. (Female, 22, Volgograd)

Fear and terror are made manifest via a variety of policing practices, many of which are extrajudicial. These practices are experienced in the form of violence, both physical and symbolic, and shape everyday life and survival. We describe these practices below.

Unjustified Arrest

Accounts draw frequent attention to unjustified arrest as a taken-for-granted activity. Police were described as not requiring any formal justification to stop or arrest any person of their choice. This was captured in interviews by the word "bespredel," which directly translated from Russian means "no limits." There was a basic acceptance that policing practices were not subject to any legal or moral restriction, and that the police have unlimited power. Being young, looking like a drug user, and being in the wrong place, all are suffice as reasons for being stopped and searched. Although drug use per se is not a criminal offence under Russian law, needle track-marks alone are sufficient as evidence for police detention:

I had one tiny needle prick mark, and my friend had the same. And right beside the metro they, immediately: "Young people, present your veins." So without checking documents or anything, just "present your veins." And then "Let's walk behind the kiosk for personal search." (Male, 21, Moscow)

If they find needle marks, then you get the full of it. They can just lock you up for two weeks, just, like for examination. It's the same as prison, but just called something else. (Male, 24, Volgograd)

The "law on the books" has little bearing on how policing is performed in practice:

They cannot lock you up for using [drugs], they can lock you up for possession, transportation, but not for use. The paper [law] says that they don't lock you

up, but if the police officer sees that you injected, if he sees that you are ripped [stoned], that's all it takes. You either give away your money or you give away your freedom. He just walks to you and says, "Listen to me, give me money." You say, "How, why should I give you money?" "Cause you're high. You think we can't lock you up for this? We'll see about that." "How can you lock me up? I don't have anything!" "You don't have anything? We can fix that." And he pulls [drugs] out of his pocket and puts into yours, and that's it. (Male, 32, Moscow)

Arresting drug users enables police to generate income through bribes and fulfill their formal arrest quotas. As noted in other Russian cities, drug users provide easy targets (Rhodes et al., 2006). Police attention was focused on drug users rather than dealers: "Police usually don't arrest dealers, because dealers pay them money, but they arrest users." Arresting drug users is what police do:

Usually police hang around the [drug selling] spots. They know where drugs are sold. A junky comes in, gets the drug, gets out and they arrest him right there. That's most common thing. [So why do they arrest junkies?] It's their job! Their job. They report with it, as far as I know. It's their job. That's what they do, they arrest junkies. (Female, 23, Volgograd)

Planting Evidence

The most efficient means by which police were said to create opportunities for arrest for possession of drugs was to plant the evidence:

[Police] are ordered to bring in junkies, at least one per day. And where will they get them? So they plant drugs so that . . . you didn't even buy it yet, didn't even walk into the house, he [police officer] already takes your money, puts heroin into your pocket, handcuffs you and takes you. Obviously, he will say that you bought it, and he just got you. You can deny it, but guess who'll be trusted? (Female, 26, Barnaul)

Planting of drugs by police was a routine. These practices, while beyond the law, were borne out of structural pressures and had become an accepted feature of police work:

Well at the Ditch [drug-selling village] they plant drugs on someone every day. . . . Well, they have to justify their salaries, and therefore they arrest. Drugs planted—a new star on the shoulder-straps. [So they do that to get their stars so to say? Plant drugs to get rewards?] Well, not to get rewards, but, I told you already, it's their job. Everybody has a job to do. (Male, 23, Barnaul)

With planting evidence considered as a mundane feature of police work, the standard arrest "procedure" was described as follows:

They met me on the street, put on handcuffs, brought me to the [police] department, put hanka [liquid opiate] in my pocket, called witnesses, and started the case. They just saw that I had needle marks. So what's the difference, you are

a junky. That's it. They just pushed their own [drugs on me], just to get their collar quota for the day. (Male, 29, Barnaul)

The acceptability of drug-planting among arresting police officers makes searching for "real" evidence an unnecessary and impractical burden, but for individual drug users it has serious consequences, including imprisonment:

I served [in prison] on a zone for the under-aged [minors]. [What for?] They just saw me, caught me. And that's it. "You took?" [bought drugs] they asked. "No, I just came to return money." "Come with us." They took me to the [police] department, shoved it [drugs] into my [cigarette] pack. Then I spent two days in a cell, and then they let me out. But two months later I walked and came across cops again. And they planted again, tied me up so I would not pull it [the planted drug] out, took me to the department and found [drugs] again, and that's it. (Male, 21, Barnaul)

Extortion

Extortion was also a routine. This was taken-for-granted as a means of avoiding the threat of arrest or detainment: "If I encounter them, I just pay my 50 rubles [2USD], and keep walking"; "Police are for sale these days, you just give them a hundred and they let you go, even if they found something." For drug users, having money made the difference between "freedom" and "problems." For the police, drug-selling areas "are like pastures," on which "they graze":

They stop you all the time. Some people they call them "moochers." They come there [to drug selling sites], catch junkies and rip them off. So just give them a hundred [rubles] and then go fix in peace. They won't touch you. So they just come to the Ditch [drug selling area] to get some beer money. (Male, 29, Barnaul)

Extortion practices were "institutionalized" through informal arrangements with drug dealers, enabling the police to charge a "tax" or "entrance fees" to drug-selling zones:

There were maybe 10, 20, 25 houses which sold [drugs]. They were all concentrated in one place. And everyone made profit from these houses. Everyone: guards, the patrols, the narcs, the city [police departments], the kray [police departments], they all shook down the gypsies [who sold drugs]. They all were fed there. And right in the same spot that they busted junkies, and sold [drugs] and traded. [You mean cops themselves sold drugs?] Yes. All of them. [To gypsies?] No, to junkies! Or they would just sit there and hustle cash. Like you come there, you want to buy drugs, come to the house. There is a [police] car, you just give them 20–30 rubles and they won't touch you. But if you didn't give the entry money, on leaving the house, they will bust you. (Male, 31, Barnaul)

Well, you see, right there is a [police] car waiting for some junky to come by to the spot. The entry fee is 100 rubles; you pay 100 rubles and you are welcome. (Female, 22, Volgograd)

Paying a “police tax” was a routine among female drug users involved in street-based sex work: “They drive by, you give them 100 rubles, and no problems.” “Practically, every day, they come here like to get a salary.” Routine extortion usually involved small amounts (between 30 and 100 rubles), sufficient to avoid conflict, arrest, or detainment, but larger amounts would be extorted whenever possible:

I was coming back from the University, and I dropped by a pharmacy to buy syringes. When I walked out to the street I was surrounded by a crowd, maybe six people, police. They checked my documents, they checked my purse, put a gram of heroin into it. And consequently, I gave them almost a thousand dollars, just not to get it [the case] on paper. (Female, 22, Moscow)

I went there and bought [drugs]. And as soon as I entered the doorway I was busted. That boy [who sold drugs] ratted on me. So they took me to the department straight away and I spent four days there. My mother had to buy me out for three thousand dollars. [But they still prosecuted?] Yes, they still did. She gave money to the judge too, so not to have a court trial. But the trial happened anyway, and I got two and a half years. (Female, 22, Moscow)

While payment does not guarantee protection (as the above extract illustrates), being unable to pay risks serious consequences, including imprisonment:

She spent a year in prison and a month in detention. She wasn't guilty, they just told her, “Here's a bag of pot, heroin,” a little bit, like a gram and some other drug, they just put it on her. “Here,” they say, “choose, which drug do you want to be prosecuted for?” They just told her, “Pay money.” And she says, “I don't have the money.” And then they just planted it on her. They never release anyone for free. So they put her in prison. (Female, 25, Volgograd)

Drug users may wittingly or unwittingly act as police informants, and some may be persuaded to do so for the promise of protection. This enhances an atmosphere of distrust and suspicion among drug users, though like police taxes, there is no guarantee of protection (“So I bought [drugs] for them and for myself, and they just turned out to be police officers making this controlled purchase thing.”) With the police actively and directly involved in the drug trade in some locations, largely as a means of extorting money or drugs, trust among users and dealers is extremely fragile, with individual users open to risk:

Dealers have agreements with police and they turn in those who buy from them. Like, for example, we were buying hanka from a gypsy, we knew her well, we bought this hanka and it was bad, really bad, so we come to her: “Give us our money back, and we will take heroin.” But when we came back, we started to have this argument in the hallway, the police came right out of her bedroom and they just took us. And they explained to us that all sales are final. (Female, 27, Barnaul)

There were cases, of course, when they had to buy their own heroin back from police. Like, he's leaving [the drug selling spot] with heroin, he gets busted,

and they find this heroin, and immediately, they say, “You’ll have to buy for double-price.” (Male, 21, Barnaul)

Physical Violence and Torture

While planting drugs and extortion of small amounts of money were normalized as mundane features of police work and appeared to have at least some basis in reciprocal functionality, even if the terms of such exchange clearly favored police interests, other practices of fear or violation were less mundane and appeared borne out of extreme acts of moral indignation, aggression, or subordination. This was the case regarding police acts of physical violence and torture. Physical violence was not uncommon, and when not extreme, accepted as normative: “Yes, it was normal. They just gave me a punch in the liver, kicked my ass and let me go.” “Well they rolled me around a little bit, and then threw me out.” But physical violence, even if perceived as a “natural” expectation of police behavior, was used as a means of extorting “confession”:

So, naturally they pulled me out of the car. They broke all windows. Put us on the ground. For 20 minutes we were laying spread-eagled on the snow. Then they took us to a police station. They naturally beat him a little bit, they beat me a little bit too, just punched me in the stomach a couple times. You should’ve seen his fist, oh, my lord, after the first punch I was. . . [But what for??] Because I was . . . Well he asks me: “What’s your dosage?” And I say, “I don’t know.” Why should I tell him that I had been clean and just started up again? “Tell me what’s your dose is!” And I said, “I don’t know, I don’t know!” He said: “Look at your arms, you must be shooting a gram!” I say: “No!” “Yes!” “No.” He says: “If you won’t admit it I’ll just kick shit out of you.” I say, “Well, what can I do if I don’t shoot a gram?!” And he just hit me so strongly! And I just go: “Sure, it’s a gram, what are we talking about!” Well, I remembered this meeting for a long time. His fist was like three of mine. (Female, 19, Moscow)

And I didn’t sign [the confession]. They didn’t hit me at first. I was even surprised. And they say, “Go, have a smoke.” And led me to some gloomy room. I smoke. And then the door opens. The bright light hits my eye, I inhale, and straight into the [cigarette] coal they just hit me on the face. And then it starts: bang, bang, bang, bang. And you just go: “Yes, yes, I admit to everything,” and off you go to the prosecutor’s office. (Male, 23, Moscow)

Police brutality produced a sense of fear: “I’m very afraid. Really. They beat me so strongly! One time they beat me so badly, planted [drugs], so that I was so shit scared that for 2 weeks I was afraid to even think about it” (female, 23, Moscow). Police violence could be brutal, acting as severe punishment in the absence of obvious legal cause or rationale. This is the story of an occasional injector from Moscow:

We were just standing [on a street] talking with my girlfriend. So a policeman comes by and asks to show my passport, as they always do. I didn’t have my passport and I didn’t carry the ganja too, it was all with my girl. So he takes me

out into his booth to question me about my background. Then in this booth after they searched me and couldn't find anything they just started to call someone, peek into my eyes and say something like I'm high or something. And they just start to get to me. Then my girl comes in. And they searched her too and found the pack of Russian cigarettes [in which the ganja was kept], and that was it. Now we're 100 percent junkies, and so things are off and rolling. He locked us both into these bars, there were maybe five other people in there. And he just starts to bully my girl. He says: "Your girl is a bitch, she's a toad, a turd, I can see it in her eyes," and he starts to wind me up. And when I start reacting he just tears me out of there and starts to beat me, methodically on my belly, legs, and other parts so not to bruise me too much. Then when he got tired he just stretched me out on the floor, put handcuffs behind my back, pulled my legs through my arms and just left me there. I don't know how long I just laid there and why they bullied me, even though I didn't even have anything. No reason. I don't know what to call that. This is just scary. Some kind of real fascism. This kind of scorning. They burnt my arms with cigarettes, to feel if they are already went numb or not. I don't know, I'm still in a trance from all this horror. (Male, 27, Volgograd)

According to some accounts, the police may explicitly refer to their actions as "torture," justifying such actions as a means of creating a sense of fear and terror sufficient to elicit operative information. Some officers crafted their own instruments or methods of torture. Here are three examples:

It was a winter. It was late and dark. So they meet us with open arms and pull us into the bus. And so they start. One asks, "Tell me where you got it [bought drugs]." I say, "I know nothing." So, he says, "We will torture you then." And he pulls out these wooden blocks, and there are two holes in each of them and they are inserted on a rope through a ring. And so he'd put it between my fingers and he said, "I'm starting to break your bones. Tell me where did you get hanka." And he starts to pull and twist the rope. (Male, 28, Barnaul)

He [police Major] has the distinction of being particularly pitiless with junkies. He considered them animals . . . He just disliked them so much, he liked to, like, put a gas-helmet with an ash tray, you know this joke? So they put the gas-mask on you, pinch the tube so that you can't breathe and then they smack the ashtray right into your face so all your face turns black. Then he also liked to play with the telephone, you know this old-fashion telephone with a disk, so he just takes out two bald cables, puts a wet cloth on your belly, puts the two cables there and starts to twist the disk. This is of course, not deadly, but it's quite painful and you get these red burns all over. (Male, 29, Volgograd)

And we used to use hanka back then. So they put you up, search you. Ops! They found a syringe loaded with anhydrite [acid]. So they just pull your pants back, and, oops, splash this anhydrite. Kick your butt with their baton and off you go. [Splash it where? On your genitals?]. Yes, yes, just splashed it there. They did it, motherfuckers. (Male, 27, Volgograd)

Rape

The accounts of drug users being involved in sex work not only emphasized the regular extortion of money but also sex. The coerced provision of sexual services without payment to police was described as “subbotniks.” This was the term used in the Soviet Union to refer to semi-volunteer work without payment on nonworking days for the benefit of the State, as described here:

Subbotnik is this kind of thing, they can just pull a girl out from the car by her hair, and not only one girl, but how ever many sit there, put her in their car and take away, fuck her for free in whatever way they like. They can even beat her, in this or that way, and also do their raid on prostitutes. (Female, 17, Barnaul)

Sometimes they take you to the [police] department and force you to work with the whole department. . . You start to resist, they just break your arms, they hit you or. . . Of course, a girl will not report on them. I’m a prostitute, I was taken to a subbotnik. (Female, 18, Barnaul)

HIV Risk Consequences

As has been reported (Cooper et al., 2005; Davis et al., 2005; Rhodes et al., 2003, 2007; Shannon et al., 2008b; Small, Kerr, Charette, Schechter, and Spittal, 2006), fear of coming into contact with the police can compromise safety related to injecting drug use through increased urgency and reduced hygiene. Fear of police interruption led to the rapid preparation of injections and shortcuts in needle hygiene:

Naturally, one tries to do everything as quickly as possible. Naturally, you wouldn’t want to waste time on boiling the solution [to dissolve the heroin], or start all this hassle with cottons shottons [to filter out impurities in the drug solute]. You just try to go quick, quick, quick, and you don’t give a damn whether it’s clean. You have to be quick, before the neighbors show up, or the police show up, or somebody calls someone. (Female, 22, Moscow)

Fear of police confrontation encourages drug injectors to inject at hidden places, often not conducive to maintaining hygienic injecting practices:

I’m afraid [of the police] and so I hide. And so everything takes place in filth. I would surely prefer to buy my stuff and just walk home in peace! And there I could do everything in a nice civilized manner: with a tourniquet, an alcohol-swab, with the ambulance number dialed on my phone just in case I pass out. All these niceties. But, I’m afraid to walk all the way across town with the stuff [drugs] in my pocket. And so I have to do everything in the entryway of some building, crouching and squeezing my arm with my knee, searching for this little vein. (Male, 31, Moscow)

As we have observed in other Russian cities (Rhodes et al., 2003), the fear of police confrontation may indirectly increase the chances of needle and syringe sharing at the point of drug sale, usually at dealer’s house, given the reluctance to travel in the city with drugs, needles, or syringes:

Most junkies inject in a dealer's house, because beat cops or detectives are hanging just outside the house. And so to avoid that, they usually shoot up at the dealer's house. That's why this place is often so crowded. And it's mostly a bunch of locals, the regulars from the neighborhood. But it happens that people come there from other towns or other districts. Sometimes they just leave their syringes, hide them somewhere. You can never be sure that nobody has used your syringe. You never know. (Female, 24, Volgograd)

Stigma, Resistance, and Hope

Our findings suggest a fatalism of risk acceptance among IDUs, which we believe is in part borne out of the pervasive fear and terror generated by the policing practices described above, and experienced as both relentless and without limits. On the one hand, extrajudicial policing practices are described as normal, natural, and expected and have become routine features of how police work is done. On the other hand, extrajudicial police practices are by definition beyond legal boundaries or rationality, and physical violence, torture, and rape provide extreme examples. Such risks are experienced as beyond individual control. Extrajudicial policing practices have to be *lived through*. Risk acceptance may thus be accompanied by a sense of tempered expectations, even hopelessness. The following extract is from the account of an HIV positive drug-using sex worker from Volgograd, who is reflecting upon her route to prison:

The detectives, they caught me and then . . . You know, if you want them to let you free you have to do something for them. So I promised that I would help them, like I will surrender [inform on] someone. And I didn't do it. And so, next time they met me, they just took me to the department, kept there for two days in a cell, until I signed a paper, that I had drugs on me. And then they just took me straight to the prosecutor, and the prosecutor just arrested me. They framed it up as 228 Part 1 [possession of large amounts without intention to sell]—pot, but during the investigation they changed it to Part 3 [possession of especially large amount with intention to sell and organized crime]. They just offered to me: choose, here is a line of heroin, a bag of pot, or a syringe. I say, what is easier? They say pot. I agreed. I just didn't have a choice, they kept me in the cell for three days, two, but I was going cold turkey, and also all their moral pressure, so like it or not, I had to sign it. So, that was it. So, I served my term just for nothing. But try saying a word to them! (Female, 22, Volgograd)

Moreover, extrajudicial policing practices can be stigmatizing, as forces of prejudice upheld through unjustified use of law and its representatives may for some be ultimately internalized as self-blame or shame:

For all I care, let them [junkies] all die. It is my opinion, that we should [treat them] like dirty pigs. You know, there is this pit under Orlovka [a city nearby], and they should all be taken there and killed. (Male, 24, Volgograd)

People, as you know, don't like junkies. Let's take and shoot them all, for example, or hang them. (Female, 37, Volgograd)

Despite a sense of powerlessness in the face of police *bespredel*, we identified, in some accounts, instances of resistance. The following extract from the story told by a young girl from Moscow is one example. Here, police demands were successfully renegotiated:

I was detained near a pharmacy where Tramal [an analgesic] was sold. And they [police] immediately put [their] hands into my pockets [to plant drugs] and wouldn't let me pull them out. In the police [station] I was undressed by men, they pulled out [tramal] from my panties and told me that I'm facing the Part 4 of Article 228 [trafficking of drugs in large amounts and organized crime]. And to my arguments that tramal is in principle not a narcotic drug, they told me, "We just called Petrovka [main police station where drugs are sent for expertise], and they told us that it was heroin. So you will go for Part 4 because your friend testified that you bought him this heroin." But then I just was so angry that they undressed me, and I decided that I didn't care, that I will not go to jail for this tramal and I will not pay them anything. And they designated a sum of about 300 dollars, which I had to pay them. But I didn't start calling anyone [to get the money] I had about 100 or 200 rubles with me [USD4–8], and they didn't get any more than that. And the guy whom they brought with me paid 300 dollars. (Female, 22, Moscow)

This story contrasts with the majority of accounts presenting police demands as essentially unavoidable and limitless. A second example illustrates a more "planned" strategy of resistance, suggesting that even a basic literacy in human rights and legal procedures may assist in challenging the "law-enforcement" machine of bureaucracy:

I was preparing the medicine [an illegal drug] at home, they just flew in. I already had a syringe in my hands. I just quickly hid it [the drug]. I dropped it under my bed. So they just tied my hands. Took me to the police department, and there they showed me the [arrest] order. And I found out that I'm already convicted and almost imprisoned. They just sentenced me without my presence. They didn't send me any notifications, nothing, it's like totally illegal. And I looked up the last name [on the order], and it turns out that this judge already judged me for three times. And this, again, is not allowed by the law, that same judge does three cases of one person. So, they took me to prison. The same very day they brought me to prison. But then I decided to write an appeal and after one and a half months I went to the Oblast [regional] court and they threw out my case completely. (Male, 27, Volgograd)

More common, however, were internal strategies of resistance which sought to preserve a sense of self-dignity in the face of violations to identity (Simić and Rhodes, 2009). They may also seek to resist a descent into fatalism and hopelessness. While these accounts depict low expectations and severe constraints on individual agency, they do so without total loss of hope for change. Such interviewees held on to the hope that the "drugs problem" "should be fought in another way," and "not by fighting junkies" or by "destroying them physically and morally" (male, 33, Volgograd). While under little doubt that "corruption is flourishing in the top echelons of power," they did not necessarily give up hope for a reciprocal relationship between the state and its citizens: "I want to help the state, and I wish it helped me too" (male, 25, Volgograd). Here, hope emerges as a resource of self-protection and a change for the better. The following extract captures one interviewee reflecting on

the symbolic work done by harm-reduction workers. The syringe received is not merely a material resource for harm reduction but a symbol of hope and care in the face of pervasive social suffering:

I never shared this [his personal story] with anyone. Even to my parents I never told that much. And here, with you, I talk, right? I see, that this is not fake, like, it's not just some kind of brochures, surveys, or whatever they talk about on TV. The guy, who, the guy [another IDU] I know, we just talked with him. I was surprised how he was telling me about this [the study]. "I talked to a person, right? I explained my problems, opened my soul, right? They gave me", he says, "syringes. They gave me normal new syringes. For free. I took these syringes, and I walked and, like," he says. "I couldn't understand, how did I deserve these syringes? How did I deserve these cigarettes?!" We talked later. We were sitting and reasoning, and I came to a conclusion that somebody is trying to, yes trying to take junkies, not under control but, lets say give them more attention, understand them somehow. Trying to get in their shoes. And not as a pay off. Just normally they gave him syringes, cigarettes. . . . My first thought was that he was lying. I said, "This is crazy." I had this, you know, shadow of doubt. But then I analyzed the situation and thought that if they go around and ask people, it means that some work here will be done. They gave me the address of this center [needle and syringe exchange]. I will even try to go there. So a person, let us say, believed, right? He's got some, lets say, hope, right? That he is not all abandoned like in the middle of [a] human crowd. That he has some kind of way out, right? Where he could head for. . . . (Male, 19, Barnaul)

Discussion

In the three Russian cities that participated in this study, we found policing practices targeting IDUs to violate health as well as individual rights. The brutality of police practices violate health directly, but also indirectly through the reproduction of day-to-day social suffering, which in turn can be internalized as self-blame, lack of self-worth, and fatalism regarding risk. These findings illustrate how law enforcement practices, particularly extrajudicial practices, generate an atmosphere of fear and terror, which shapes everyday practices of risk avoidance and survival among IDUs. Policing practices contribute to the reproduction and experience of *stigma*, and linked to this, a sense of fatalistic acceptance of risk, which may become crucial in shaping health behavior, including HIV prevention. Yet, we also identified nonconforming cases of *resistance* to such oppression, characterized by strategies to preserve dignity and hope. This leads us to consider how hope for change provides an important resource of risk reduction as well as escape, if only temporarily, from the pervasiveness of social suffering.

Fear in Oppression Illness

Following Singer (2004), and others on structural violence (Farmer, 1997; Farmer et al., 1996), our findings identify policing practices as a force of violence in the day-to-day lives of Russian drug injectors. Assaults by police on the health and well-being of IDUs appear relentless, and importantly, limitless as captured in the concept of *police bespredel*, the overwhelming sense that there are no limits or restrictions on police power. Our data

present a wide variety of extrajudicial policing practices that produce an atmosphere of *fear* and *terror* in the lives of IDUs. These include: arrest without just cause or legal rationale; the planting of evidence to expedite arrest or detainment; the extortion of money or drugs for police profit, leverage, or gain; the perpetration of physical violence and torture as a means of facilitating “confession” and as an act of “moral” punishment without legal cause or rationale; and rape. Our findings suggest that fear and terror brought about by such practices are important contributing factors to the experience of “oppression illness.” A culture of fear—regarding exposure, surveillance, detection, and harm—surrounds everyday street life connected to drug use, and the state-sponsored terror becomes a key stratagem of structural violence. Unlike global terror linked to macro-level social stress, which is linked to drug use as a form of chemical coping (Vlahov et al., 2004), our case study specifically concerns everyday terror of the local and the marginalized, which is embedded in the mundane and not only the extreme.

Importantly, policing practices targeting drug users may feature as part of a wider social relation of inequality. Structural violence affecting the vulnerable is normalized and internalized (Bourdieu, 2001; Farmer et al., 1996). It is perceived as a natural part of daily life (Scheper-Hughes, 1996). The internalization of social suffering and the acceptance of its mechanism as normative, entail that those marginalized can become complicit in their subordination, even unwittingly (Kleinman, Das, and Lock, 1997). Resistance against such pervasive violence is difficult. Attempts to escape oppression illness even if only temporarily—for example, by self-medicating with drug use—may only reproduce structural position or invite further repression (Singer, 2004). Structural violence is reproduced not only between drug users and law enforcement agencies—for example, by drug users entering into tie-ups of extortion to prevent arrest or detainment—but also between and among drug users. As normative processes, the mechanisms of structural violence, such as shame, stigma and self-blame, render themselves mundane, even invisible.

Challenging of policing practices that reproduce structural violence becomes harder when such practices are framed, even if tangentially, by law, including the international law. The international drug conventions of the United Nations offer a framework in which law enforcement and the reduction of drug supply and use at the level of nation-state takes precedence over public health and the protection of individual rights (Barrett, Lines, Schiefler, Elliott, and Bewly-Taylor, 2008; Elliot et al., 2005). That the conventions, which were articulated before HIV/AIDS appeared, provide political leverage for nation-states to violate human rights to health is a major concern (Csete and Wolfe, 2008; Wolfe and Malinowska-Sempruch, 2004). Additionally, they fail on their own terms, as set out by the UNGASS Declaration on Drugs, to bring about significant decrease in the use of illicit drugs globally by 2008. The history of unrestrained oppression by state structures in Russia, such as the police, the courts, the prison, and psychiatric institutions, create a cultural context that frames state responses to drug control and other social problems. Drug policy reforms may require fundamental structural change toward establishing legal protection of citizenship and human rights. The exposure and documentation of police assaults on health and human rights represents an important step in this regard, as well as an important means toward preventing the further spread of HIV (Human Rights Watch, 2007).

Hope and Dignity

We have argued that oppression illness is the embodiment of the “inhuman” conditions of everyday life, which dehumanize, depersonalize, and discredit (Goffman, 1990). Therefore, it is important to note that we identified evidence of nonconforming cases in drug

users' accounts, which sought to resist the iatrogenic effects of police *bespredel*. The extent to which this is practically possible may be questioned, especially given the indirect involvement of marginalized in reproducing their own subordination, but our findings suggest that even while expectations are tempered in the face of relentless assaults on health and self, a sense of self-dignity and hope for the better future may be preserved. Similar observations regarding the preservation of hope and dignity have been made in the context of impoverished communities of crack users (Bourgois, 1995), violence toward sex workers (Sanders, 2004; Simić and Rhodes, 2009), and structural obstacles to realizing HIV prevention and treatment (Barnett, 2008; Bernays, Rhodes, and Barnett, 2007; Rhodes, Bernays, and Janković, 2009). The preservation of hope may provide an important resource of self-protection in the face of risk as well as for building social network responses enabling changes for the better. As illustrated by one account of resistance in our study, there is a need for interventions to help affected communities to increase their awareness and preparedness to protect their rights and to feed advocacy efforts at local, national, and international levels. Peer education in human rights and advocacy for change should become core components in harm reduction and HIV-prevention work. More generally, future drug user-related policies should be reoriented toward protecting human rights, the destigmatization of drug users, and the protection of their health, hope, and dignity.

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RÉSUMÉ

Maintenir l'ordre parmi les consommateurs de drogues en Russie: Risques, crainte, et violence structurales

Nous avons effectué des entrevues qualitatives auprès de 209 utilisateurs de drogues injectables (UDI) (principalement d'héroïne) dans trois villes de Russie: Moscou, Barnaoul et Volgograd. Le point de vue des UDI sur le VIH et la prise de risques pour la santé ont été exploré. Les pratiques policières ainsi que la façon dont celles-ci violent l'individu ainsi que sa santé ont émergé comme un thème principal. Les résultats montrent que les pratiques policières violent *directement* la santé et les droits des individus, mais aussi *indirectement* par la production de souffrances sociales. Les pratiques policières extrajudiciaires produisent de la peur et de la terreur dans le quotidien des UDI, allant de pratiques plus communes (arrestation sans justification; installation de preuves afin de faciliter l'arrestation et la détention; extorsion d'argent et de drogues au profit de la police) à des pratiques extrêmes (violence physique comme moyen de faciliter la «confession» et acte de punition «morale» sans raison légale ou rationnelle; utilisation de méthodes de «torture»; et viol). Nous avons identifié le concept de *police bespredel*—vivre avec le sentiment qu'il n'y a pas de limite au pouvoir de la police—comme un facteur clé dans la perpétuation de la peur et la terreur, ainsi que du *stigma* intériorisé et du sentiment *fataliste d'acceptation du risque*. La «*police bespredel*» est considérée comme une forme de violence structurelle contribuant à la «maladie de l'oppression». De plus, nous avons aussi constaté des cas de résistance à cette oppression caractérisée par des stratégies de préservation de la *dignité* et de *l'espoir*.

Nous avons identifié *l'espoir de changement* comme une ressource de réduction du risque et une échappatoire, quelque fois temporaire, à

RESUMEN

Controlando a drogadictos en Rusia: riesgo, miedo y violencia estructural

Emprendimos entrevistas cualitativas con 209 usuarios de drogas (principalmente heroína) en tres ciudades Rusas: Mosco, Barnaul, y Volgograd. Exploramos cuentos de los inyectores sobre VIH y de riesgos de salud. Las prácticas de la policía y como estos violan la salud y el 'personal' emergieron como temas principales. Resultados demuestran que las prácticas de policía violan derechos de salud y derechos humanos no solo directamente pero también indirectamente, por la reproducción de sufrimiento social. Las prácticas de la policía extrajudicial producen *temor y terror* en la vida diaria de inyectores, y oscilan entre el mundano (detención sin justificación legal; la plantación de evidencia para expedir el arresto o detención; extorsión de dinero o drogas para ganancia policial) hasta el extremo (violencia física como un método de 'tortura'; y violación sexual). Identificamos el concepto de *bespredel policial* – viviendo con el sentido que no hay "límites" al poder policial – como una llave de perpetuar temor y terror, estigma internalizado, y un sentido fatalista de *aceptación de riesgo*. 'Bespredel policial' es analizado como una forma de violencia estructural, contribuyendo a la 'enfermedad de opresión'. Pero también, identificamos casos de resistencia a esa opresión, caracterizado por estrategias de preservar *dignidad y esperanza*. Identificamos *esperanza para el cambio* como un recurso de reducción de riesgo y también la fuga, aun temporario, de la omnipresencia de sufrimiento social. Políticas de drogas en el futuro, y las respuestas que fomenta el 'estado', deben promover salud publica y al mismo tiempo proteger derechos humanos, la esperanza y la dignidad humana.

Резюме

Мы провели качественные интервью с 209 потребителями инъекционных наркотиков (в основном, героина) в 3 городах России: Москве, Барнауле и Волгограде. Нас интересовал взгляд потребителей на вопросы ВИЧ и риска, связанного со здоровьем. Основной темой рассказа потребителей стало то, как действия правоохранительных органов препятствуют сохранению здоровья и личности. Анализ интервью показывает что правоохранительные практики попирают права и здоровье людей как напрямую, так и косвенно, через репродукцию социальных страданий.

В обыденной жизни потребителей наркотиков, незаконные полицейские практики порождают *страх и террор*. Они варьируются от рутинных (арест без юридического обоснования; подбрасывание улик с целью проведения ареста или задержания; вымогательство денег или наркотиков для полицейских; изнасилование секс-работниц) до экстремальных (физическое насилие с целью получения «признаний» или как акт «нравственного» наказания; использование пыток). Концепция полицейского *беспредела* – то есть представления о том, что власть полиции не имеет ограничений, стала ключом к пониманию механизма самоподдерживающегося страха и террора, интернализированной *стигмы* и ощущения *фаталистического принятия риска*. «Милицейский беспредел» рассматривается нами как форма структурного насилия,

способствующего развитию «болезни угнетения». Однако мы также идентифицировали случаи *сопротивления* этому гнету, основанные на стратегиях сохранении *достоинства* и *надежды*. Мы обнаружили, что *надежда на изменение* является личностным ресурсом снижения риска, и ухода, хотя бы ненадолго, от социальных страданий. Будущие наркополитики, а также поддерживаемые ими действия государств, должны строиться на продвижении ценностей общественного здравоохранения, прав человека, надежды и человеческого достоинства.

THE AUTHORS



Anya Sarang has focused on developing and supporting emerging harm-reduction activities in Russia since 1998 through various training and networking activities. Anya has been closely involved with harm-reduction development in the region of Eastern Europe/Central Asia as a member and expert of the Eurasian Harm Reduction Network. She has also been involved in various researches on drug use and HIV. This has included epidemiological and behavioral studies, and qualitative research on barriers to accessing harm reduction and HIV-treatment services, police and human rights, prison health, and the management of drug use. Presently, she is a president of the newly founded *Andrey Rylkov Foundation for Health and Social*

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A Contribution to a Dialogue: Treatment and Control

ALLAMAN ALLAMANI

This paper, that describes “the world” from the perspective of injection drug users (IDUs), in Russia is both hard, but also quite stimulating. It generated a number of reflections in me, and I shall try to summarise them as follows.

Treatment as a Practice of Control, that is inherited from Psychiatry

Treatment as strict control of problems, implying a process of marginalizing “protection” that can and does result in socially abnormal practices, has been a specific approach provided by psychiatric treatment since the late 1700s. At that time the institution of Asylums, first created by Philippe Pinel, was especially dedicated to give support to people otherwise driven out from society. Later on Asylum became a place of involuntary treatment and cruel control. This approach generated a reaction especially among the English and Italian anti-psychiatry movement people, starting from the 1960s (Laing, Cooper, Basaglia, Pirella and their followers; among them I would include the mutual help groups).

The anti-psychiatry movement greatly struggled against the idea that psychiatric illness was something more than a mere cultural attitude towards mental problems, to be diagnosed, contained, controlled and repressed. According to anti-psychiatrists, mental illness is a social construction of people reacting against the “diverse” other.

To say it briefly, the outcome of the anti- psychiatric movement was:

- the closure of the Asylums in the Western countries, and the beginning of community-based psychiatric care,
- while “mental problems” are (1) more accepted within the society, (2) the relationships between psychosis and creativity, and madness and psychoanalysis, are acknowledged, and (3) the boundaries between “normal” and “anomic” are attenuated.

Notwithstanding these (ongoing) changes, control—in a range of institutionalized and non-institutionalized, formal and informal “garb” (i.e. medicaments, and stigma)—are an integral part of contemporary psychiatry in its community or short-term residential care facilities.

Treatment of Addicts as a Practice of Control

This is a time honoured issue in the field of addiction, as documented, among others, by the book *Cure, care, or control, alcoholism treatment in sixteen countries* by Klingemann, Takala and Hunt (1992).

The issue of control with its instruments such as methadone, disulfiram, home or therapeutic community isolation, befits Addiction treatment programs, often providing temporary outcomes that are considered to be successful, particularly by the “normal” side of the therapeutic interaction (professionals and “non addict” family members). However, it is acknowledged that control, whatever its dimensions and conditions which are necessary for it to operate, easily becomes, again, a therapeutic myth in and through which control devours controllers, and consequent failure(s) of treatment—as, at a macro level, was shown by the prohibitionistic era concerning alcoholic beverages, which was neither able to stop the development of alcoholism in USA nor to cut down the unanticipated and unpredicted criminal organization—and which gave rise to today’s organized crime—that developed around the sale of illicit alcoholic beverages.

The idea of control stands on the concept that there must be a strong and healthy ego on the one hand, and a needy or ill object on the other. The interaction is here perceived as a one-way interaction, going from the subject to the object to be treated through medicaments and urine/blood/breath checks.

A paradoxical phenomenon of what was noted above could be described as occurring during the 1960s-1970s. A sort of legacy of the myth of control was transferred from Psychiatry to Addiction. In the western societies, during the same years that psychiatric patients were freed from the involuntary treatment facilities, and several individual, family or system approaches were created and experimented in order to support people manifesting various mental impairments, a number of involuntary treatment facilities and community mandatory programs were created for the newly categorized and stigmatized “addicts”.

Dependency as Immoral

There are many historical examples of how societies perceive selected substances as being immoral objects of use, displacing them out of the light of conscience into the dark areas we do not like to overtly talk or think about.

The history of Bill W. and of Alcoholic Anonymous also describes how during the 1930s modern, scientifically-based western Medicine considered alcoholism as an immoral behaviour, contributing to making it – diagnosing it to being- more and more chronic. The

unexpected lightning bolt of the white light, coming to Bill from another dimension (the spiritual one) to his hospital bed, after a desperate search for help, made the change.

Since then *dependency* can be thought of as of an experience linked to acceptance, love and sharing, in order to undergo transformation and healing.

Alcohol Dependence and Alcohol Use Disorder as Illegal or Criminal

The recent European restrictive approach to drinking and driving towards lowering legal blood alcohol concentration allowed for motor car drivers, and towards increased road checks by police, has the obvious consequence of criminalizing drinking *before* driving, or at least to make it illegal. Such cultural changes are especially relevant for “light” or “moderate drinkers”- “recreational-social drinkers”- who are at -risk of becoming “criminalized” if they happen to drink over the ‘set’ legal limits. . . .which may or may not be representative of social or cultural ones.

It would be appropriate to remind ourselves, at this point in time, of the claim made by the philosopher Ivan Illich, who years ago said that “*struggling for de-criminalizing all types of drugs*” is “*the only way-out*”.

Projecting the Fear into the Other

Fear is born within the individual and its society, and at first it may show up among those people who feel that “the other” need to be punished, as if “the other” can mirror their own emotions. . . in a socially constructed “WE” “THEM” reality in which “US” does not or is not permitted to exist.

On the one hand a ‘hunted’, sought after, marginalized “addict”—who in the real word represents a heterogeneous population of peoples—is and can certainly be a scared person. While, on the other hand, society in its various dimensions, levels, and qualities, including its health workers, deliverers of care, policemen and a range of other actual as well as potential control agents who are involved with any sort of intervention with the tagged, visible and visualized substance user may have a fear of him/her and of their empowered and demonized “addiction”.

An inner psychological shadowy content is projected onto the external reality.

A Possible Dialogue

Is there any dialogue possible within the area of addiction interventions and of the networks of people involved in the consumption of selected substances?

I suppose that there are options for a dialogue.

For example, a dialogue is possible among a range of tradition-based as well as professional-based deliverers of care and health services who have different opinions and practices about addiction treatment. Also, some of the answers reported in the paper we are commenting, appear to indicate that sometimes not just a one-way interaction is possible between policemen and drug user, and this may happen when the individual consumer can give his/her reason to the policemen so that a hope for the future is preserved.

Particularly, a dialogue should start among our conflicting inner structures.

A sort of further potential imaginary dialogue, is that one between the reader of the paper and policemen represented in the study, who are so vividly described there. In fact what we mainly get from the paper is the viewpoint of quoted drug consumers, their terror, oppression, and struggle *against* policemen – who are ‘documented’ and described as being corrupted and wicked people.

This reminds me the writings of a left-wing well-known Italian writer, Pier Paolo Pasolini (killed in 1975), who suddenly started to write in newspapers about his compassion for policemen, who in the 1970s were attacking students and blue collar workers making their protest in the streets. Their families, he claimed, were as poor and needy as those of the workers protesting in streets, and both had a common destiny. In other words, he was also looking to the other side of the problem, the needs of policemen.

In fact at the end this very good paper the authors raise the issue of policemen.

What are their needs?

How they can change their perspective?

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Allaman Allamani, Florence Italy, MD; Psychiatrist; Family Therapist, Researcher; Coordinator of Centro Alcológico, Florence Health Agency (1993–2009). Author or co-author of more than 150 articles, co-editor of 15 books. From 1973 to 1993 he worked as a gastroenterologist clinician in the Gastroenterology Unit of Careggi Hospital in Florence. In the 1970s he co-founded the Tuscany section of the Italian Psychosomatic Society and the Centre of Interactional and Family Therapy in Prato, Italy. In the 1980s also co-founded the Tuscan section of the Italian Society of Alcoholology. Later on he started a comprehensive Alcohol Problem Treatment and Prevention program in Florence, also focused on eating problems,

based on a low access threshold, family and motivational approach, and co-operation with self-help groups. He developed the first community action alcohol consumption-related projects in Italy in the Florence area. Well known to the Italian 12 step movements, he was the first non-alcoholic trustee of Italian Alcoholic Anonymous from 1997 to 2003. He is trustee of the Psychosomatics Training Institute, Florence, and member of the Kettil Bruun Society. Member of the editorial board of *Substance Use and Misuse* and a faculty member of The Middle Eastern-Mediterranean Summer Institute on Drug Use (MEMSIDU) in Italy, Spain and Israel. In the 2000s he was coordinating or was part of some European projects on alcohol prevention and alcohol policies.

He lives in Florence, Italy.

Gardens of Forking Paths: On Risk and Enabling Environments in Russia and Brazil

FRANCISCO I. BASTOS, MD

As soon as I read the gloomy description of the daily lives of drug users in Russia printed in this issue of *Substance Use and Misuse*, one tale – at a first glance, totally unrelated to the paper under analysis – came to my mind: “*The garden of forking paths*” (“*El jardín de senderos que se bifurcan*”), written by the Argentine writer J.L. Borges (1974). Those who are close to me could say that everything in life can be associated in my mind with the self-defined labyrinthic works of Borges, the inventive weaver of logic and dream which I have been reading and re-reading for three decades. They are probably right, but a complementary perspective shows that the unusual combination of poetry, prose fiction and deeply reasoned essays created by Borges has inspired the most different thinkers, from the French post-structuralist Michel Foucault (1990) to the American Darwinist Daniel Dennett (1995). It has inspired also the work of physicists. In the context of the present commentary, I explore his influence on the renowned physicist Murray Gell-Mann (1994) in his reflections about why history (of either mankind or the whole universe) followed a given path instead of a myriad of other paths which remain hypothetically open. Let’s use Gell-Mann own words in the section entitled by him: “*Decoherent histories from a branching tree*”.

As Gell-Mann says (with regard to the beginning of the universe): “the structure first branches into alternatives right at, or just after the beginning of the expansion of the universe. Each branch then splits again a short time later into further alternatives, and so on for all time” (p. 149). And in the next page: “The tree-like structure of alternative decohering coarse-grained histories of the universe is different from evolutionary trees like those for human languages or for biological species. In the case of evolutionary trees, all the branches are present in the same historical record” (one must remark here that Dennett used another tale from Borges – “*The library of Babel*” (1974) – to introduce his discussion about what he called himself “The library of Mendel” (a section of Dennett’s book from 1995)). But returning to Gell-Mann: “*By contrast, the branches of the tree of alternative decohering histories are mutually exclusive, and only one branch is accessible to the observer*” (p. 150). In this sense, Borges’ two tales illustrate/inspire both alternatives discussed by Gell-Mann in the above mentioned paragraphs.

Taking a big leap from the history of the universe to contemporary history and from them to risky or enabling environments where drug users live their daily lives in both countries, one could ask two fundamental questions:

- Why did Russia and Brazil adopt contrasting policies respecting the intertwined epidemics of substance abuse and AIDS?
- And the second and most fundamental one: Are such contrasting policies mutually exclusive such as “*the branches of the tree of alternative decohering histories*” or rather coexist “*in the same historical record*”, and then could policies be substantially altered in the case of Russia towards being more humane?

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The pessimist will most probably answer that the history and culture of the two countries is so different that they look like “*the branches of the tree of alternative decohering histories*”, and that Russia cannot benefit from Brazil’s lessons about the adoption of more humane (and pragmatic) policies. I include myself among the optimists; those who believe deep changes can be made by the Russian society and Russian policy-makers. Besides the faith in a vague “share of goodwill” among my fellow human beings, I think the whole world is facing a big crisis and any big crisis means, at the same time, a destruction of the old structures and the emergence of new alternatives. In this sense, I rather think that Russia and Brazil share not only the popular acronym of the so-called “emergent BRICS” (Brazil, Russia, India, China, and South Africa) economies, but the chance to challenge entrenched prejudices, to end the violation of human rights, and to minimize their deep social inequalities.

In a recent comprehensive and critical book on the so-called “post-American century”, the Brazilian economist Carlos Medeiros (2008) recounts the contemporary history of the Soviet Union and Russia. He analyzes the complex trajectory of the agonizing Soviet superpower into political and economic chaos, and then into the emerging Russian regional power, a power with an enduring influence on the former Soviet Republics, now renamed as the CIS (The Commonwealth of Independent States), upon which Russia exerts a deep influence on the most different aspects (Utyasheva & Elliott, 2009). One of the key aspects of such influence defines in a large extent the way such countries formulate their drug policies and operate the apparatuses that enforce them (from the courts to the behaviour of policemen to the attitudes of health professionals, especially of those professionals Russians call “narcologists” [Green et al., 2009], a concept with no clear parallel in Brazil).

Brazil and Russia have a long tradition, in common, of authoritarian regimes, as well as a shared history of sheer violation of human rights and a prominent role of organized crime. In the case of Brazil, organized crime has been active in fields as diverse as drug dealing, gambling, and child prostitution and other forms of exploitation of vulnerable human beings. In Russia, in addition to such activities, organized crime became and continues to be a pervasive force in the void that followed the debunking of the Soviet empire (2008). One could trace a historical parallel of the role of prisons and the broad repressive apparatus in the humiliation, violation, torture and murdering of political dissents (in the Soviet/Russian case, to an extent which Brazil never knew) in the works of leading writers from both countries. The poignant “*Memories of Jail*”, written by the Brazilian writer Graciliano Ramos (2008) echoes Fyodor Dostoyevsky’s (2006) reflections on the abuse and humiliations suffered by him and other dissidents in the Russian prisons.

But unlike Russia, Brazil, over the dark years of its last dictatorship (1964–1985), forged a deep democratic renewal. As the authoritarian regimen gradually collapsed, human rights, including the fundamental right to health, became an umbrella under which Brazilian leaders from many sides of the political spectrum mustered their efforts. Despite some resistance, litigations and conflict, Brazil established a set of progressive policies in the field of AIDS treatment and prevention, becoming a leader among middle-income countries, with its policy of universal access to anti-retrovirals and its comprehensive preventive policies, implemented by an enduring partnership of different levels of government and the civil society (Nunn, 2009). The issuing of a new (democratic) Constitution, in 1988, the subsequent deep reform of public health and some changes made upon a still contradictory and outdated legislation paved the path of a comprehensive (although plagued by many deficiencies) public health system, the reform of drug policies, and last but not least the full adoption of harm reduction as a state policy. Many different projects all over the country helped to curb the AIDS epidemic among injecting drug users, nowadays reduced to a

minor fraction of a stable epidemic, en route to “endemicization” under a low prevalence (<0.7 among the general population; Bastos et al., 2008).

The successes of Brazil, in a context of flagrant social and economic injustice, very violent drug scenes, and a judicial apparatus facing many contradictions, such as a perverse combination of privileges of all sorts for a happy few and a harsh treatment for the vast majority, documents that reform can and must take place, and that the current policies adopted by Russia, policies that humiliate and abuse its nationals everyday, can be repelled and changed. In contemporary Russia, methadone remains a forbidden medicine and anti-retrovirals are seldom or not available at all for marginalized populations (Utyasheva & Elliott, 2009). My main point here is to state this is not an inevitable unfolding of a deeply entrenched authoritarian tradition. Contemporary Russia currently faces and is challenged by deep dilemmas, at the crossroad of one moment of deep transition of its tormented history. To understand the current state of things as an inevitable consequence of the forking paths of its history means, to me, to view our fellow human beings as inevitably being cynical and hypocritical. I still believe that a grain of humanity may survive dark times. Brazil’s contemporary history demonstrates that this is not just utopian and idle talk.

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Commentary

JIMMY DORABJEE

This paper introduces the concept of police *bespredel*, identified as a form of structural violence that contributes to ‘oppression illness’ among drug users in Russia.

The paper further identifies the concept of police *bespredel* as living with the sense that there are ‘no limits’ to police power and suggests that it perpetuates fear and terror, internalized stigma, and a sense of fatalist risk acceptance.

It informs us of the extrajudicial policing practices that produce fear and terror in the day-to-day lives of drug injectors by the planting of evidence to expedite arrest, extortion of money or drugs for police gain, extreme violence to extract ‘confessions’ and the use of ‘torture’ and rape as a means to an end, the end being the brutal suppression of illicit drug use by law enforcement agents.

So what does this paper tell me?

That Policing Practices Violate Both Health and Individual Rights of Drug Users, Directly as Well as Indirectly

- Now why doesn’t this surprise me?
- How long will the global community allow this to continue?
- How does one react to these situations?

Of course my first reactions are anger and frustration, and reading the article leaves me with feelings of despair and sadness not un-similar to the hopelessness felt by the passive recipients of police *bespredel*.

My reactions are not only to the predictability of the policing practices in Russia, but at the commonality of law enforcement/policing practices mentioned in the paper such as the extortion of money (from drug users and families), drugs or sexual favors, or the use

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of intimidation and physical violence to extract confessions with similar practices in many countries across the Asian region. In spite of global recognition that drug use (and treatment for drug dependency) is a health issue and are therefore the responsibility of health services, drug users in many countries are routinely caught up in the cross fire of ambiguity about whether drug use is a law enforcement or health mandate and consequently become soft targets in the so called 'war on drugs', which always was and continues to be a "war on drug users".

In fact, the well intended promotion and celebration of June 26 as the International Day against Drug Abuse and Illicit Trafficking by UN agencies contributes to human rights violations against drug users as we routinely witness the execution of convicted drug traffickers (and drug users) in countries such as China, Indonesia, Malaysia, Singapore and Thailand.¹ It was no surprise when I read that Thailand and Iran had executed some more drug 'traffickers'.^{2,3} while I was writing this commentary.

One of the mandates of law enforcement agencies across the globe is that of 'supply reduction' – to eradicate/eliminate the cultivation, manufacture and transportation of illicit drugs, and to reduce or suppress drug trafficking and dealing, while assisting its citizens to access assistance for drug use related problems. But we regularly see the consequences of drug suppression play out against drug users, a case in point being the 2000+ arbitrary extra judicial killings and forced detention of thousands of suspected drug users in military boot camps in Thailand during its war on drugs policy initiated in 2003.^{4,5} The irony is that this occurred with impunity while the 14th International Conference on the Reduction of Drug Related Harm was held in Chiang Mai, Thailand in 2003.

How successful are the police in reducing or eliminating drugs in this billion dollar industry is an entirely different matter and is the zillion dollar question. Political declarations and slogans such as '*A drug free world, we can do it!*', '*A drug free ASEAN by 2015*' or '*Just say No!*' are naïve, immature, unrealistic and utopian concepts – dreams that further play into the dynamics of unwarranted and often unnecessary police violence against drug users in many countries. After all, it is so much easier to intimidate 'soft targets', the unresisting drug users (who dare not retaliate or fight back due to the illegality of their drug use) and make sensational newspaper headlines instead of the automatic gun wielding 'hard targets', the drug dealing mafia. I would go even further and say that these slogans constitute glib marketing concepts that are brought about and sustained as a result of the 'pipe dreams' created by the millions of dollars invested by some countries hell bent on 'protecting' their citizens from the 'satanic' lure of drugs.

As early as 1976, Joseph Westermeyer's prophetic paper titled 'Pro heroin effects of anti opium laws' alerted us to the unintended negative consequences of the introduction of anti opium laws in Hong Kong, Laos and Thailand.⁶ Since then, many Asian countries

¹The Death Penalty for Drug Offences: A Violation of International Human Rights Law (2007). Rick Lines, HR2-Harm Reduction and Human Rights. International Harm Reduction Association.

²Thailand executes two for drug offences Drug dealers put to death, 27/08/2009 by Bangkok Post <http://www.ihrablog.net/2009/08/thailand-executes-two-for-drug-offences.html>

³Iran hangs 24 drug traffickers 'in mass execution' 05/08/09 by TEHRAN (AFP) <http://www.ihrablog.net/2009/08/iran-hangs-24-drug-traffickers-in-mass.html>.

⁴At What Cost? HIV and Human Rights Consequences of the Global "War on Drugs". Open Society Institute Public Health Program, March 2009.

⁵Nowak N, Grover A (2009) A Misguided 'War on Drugs' Op Ed Contributor, the New York Times web http://www.nytimes.com/2009/06/26/opinion/26iht-ednowak.html?_r=2&scp=1&sq=anand%20grover&st=cse.

⁶Westermeyer, J. (1976) The pro-heroin effects of anti-opium laws, *Arch Gen Psychiatry*, 33:1135–1139.

including Pakistan, Thailand,⁷ India,⁸ Nepal, China and Indonesia have introduced tough anti narcotic laws under intense pressure from the West, resulting in more potent drugs such as heroin being used to replace the lower availability of traditional drugs such as opium.

Since time immemorial, countries in the Asian region (including Cambodia, Vietnam, Thailand, Laos, China, Nepal, Bangladesh and Pakistan) have been traditional consumers of cannabis and opium with cultural norms restricting the use of cannabis and opium to the adult male population.^{9–11} In India and Nepal the use of cannabis has been linked to religious festivals (like Shiv Ratri, Krishna Ashtami – the birth of Lord Krishna) and participation in bhajan (religious chanting) sessions. Indeed, occasions like Holi, ‘the festival of colours,’ are not complete without the sharing of bhang – a drink made with crushed cannabis leaves.¹² Opium is also offered at the harvest festival (in a ceremony called *akha teej*), intended to strengthen family marital clan bonds and put aside old feuds.¹³ In rural Myanmar, opium use was an integral part of the culture; used in religious festivals and for medicinal purposes.¹⁴

Historically, both opium and cannabis were culturally accepted and we didn’t hear about a ‘drug problem’ or read newspaper articles on the ‘drug menace’. However, with the passage of time and under external pressure from the West and UN, the introduction of tough new Narcotic Drugs laws in many Asian countries led to strict control measures over traditional drug use and set the stage for the emergence of widespread heroin use and injecting. For example, India introduced the Narcotic Drugs & Psychotropic Substances (NDPS) Act in 1985. Soon after, opium dens and local cannabis outlets disappeared and within a few years, reports of the widespread ‘abuse’ of heroin, followed by a switch from inhaling to injecting of heroin, and the injecting of licit pharmaceutical drugs such as buprenorphine, diazepam, chlorpheniramine maleate, promethazine, pethidine and dextropropoxyphene began to appear across the country.^{15–19} The evidence suggests that the new legislation exacerbated the problems arising from such structural changes and far from reaching its goal of eradicating drug use, enforcement of the NDPS Act (1985) appears to have

⁷McCoy AW. *The Politics of Heroin: CIA Complicity in the Global Drug Trade*. Brooklyn, NY, Lawrence Hill Books, 1991.

⁸Molly Charles, Dave Bewley-Taylor and Amanda Neidpath (2005). Briefing paper Ten, October 2005. *Drug Policy in India: Compounding the Harm? The Beckley Foundation Drug Policy Programme*.

⁹Ibid.

¹⁰Legal and Policy Concerns related to IDU Harm Reduction in SAARC Countries. (2007). A Review commissioned by UNODC Regional Office for South Asia. Lawyers Collective HIV/AIDS Unit.

¹¹WHO 2001. *Regional Health Forum. WHO South East Asia Region. Volume 5, Number 1, 2001*

¹²Ibid.

¹³Ibid.

¹⁴Drug Use and HIV Vulnerability – Policy Research Study in Asia (2000). Task Force on Drug Use and HIV Vulnerability. UNAIDS, UNODCCP.

¹⁵Kumar MS and Daniels, D. (1994). *HIV Risk Reduction Strategies among IDUs in Madras, CARITAS India, New Dehli*.

¹⁶Dorabjee J and Samson L (1998) Self and community based opioid substitution among opioid dependent populations in the Indian sub-continent. *International Journal of Drug Policy* 9 (1998) 411–416.

¹⁷Bharadwaj, A. Self injecting of drugs gains popularity in Punjab, *Times of India*, 1 July, 1995.

¹⁸Biswas S, et al. Hooked to a new high, *India Today*, April, 1994.

¹⁹M. Suresh Kumar, Shakuntala Mudaliar, S.P. Thyagarajan, Senthil Kumar, Arun Selvanayagam, Desmond Daniels (2000) Rapid assessment and response to injecting drug use in Madras, South India. *International Journal of Drug Policy* 11 (2000) 83–98.

inadvertently facilitated a shift to harder forms of drugs and riskier modes of consumption.^{20,21} In Pakistan and Thailand, the western promotion of tougher enforcement policies against opium in the 1970s led to the substitution of opium with injected heroin^{22,23}

The paper identifies ‘hope for change’ as a resource for risk reduction as well as escape, if only temporarily, from the pervasiveness of social suffering. While I agree that one needs to have optimism in such situations, the concept of ‘hope for change through resistance’ fails to acknowledge the absolute sense of despair and hopelessness faced by drug users in Russia and other totalitarian countries/regimes. Is it realistic to expect severely oppressed, tortured, defiled and raped drug users who are denied even their most basic human rights to muster hope and optimism in such bleak circumstances? Remember these are marginalized populations and face severe stigmatization, not only from the police and law enforcement agencies, but also by the health sector and their communities in many places. And as the paper indicates, many of them live in the shadow of ‘oppression illness’. The question is, what would it take to change their perspectives from helpless victims of ‘police besprediel’ to ‘resources of risk reduction’ in an entrenched system where “GULAG is alive”? I can only pay my deepest respect and tribute to those who do so. Remember, this is where ‘a protest against police beating people took place... The protesters were beaten up by the police’!

In Russia, the attitude of Narcologists is more depressing and frustrating than the almost expected police brutality. The Narcologists in Russia have consistently opposed the introduction of evidence informed drug use treatments such as MMT and OST with buprenorphine.²⁴ Elovich and Drucker’s article on the state of Narcology in Russia is an excellent, if depressing review of treatment for drug dependency in that country. Despite the increasing incidence of HIV amongst IDUs and the addition of Methadone and Buprenorphine to WHO’s essential medicine list, Russia’s Narcologists still fail to adopt evidence informed and effective HIV interventions such as MMT.

But, what can Russian or other law enforcement officials and health services and care learn from other countries?

How have Countries in SE Asia where IDU is the Prime Driver of HIV Responded to the Issue? Are there Alternatives that the Police in Russia can See and Learn from?

Some National Governments in Asia have focused their response to drugs solely or largely on the criminalization of drug related activities and have adopted particularly harsh policies in response to drug use and trafficking.²⁵ Dependent drug users are considered to be

²⁰Molly Charles, Dave Bewley-Taylor and Amanda Neidpath (2005). Briefing paper Ten, October 2005. Drug Policy in India: Compounding the Harm? The Beckley Foundation Drug Policy Programme.

²¹Dorabjee JD, Samson LJ (2000). A multi-centre rapid assessment of injecting drug use in India. *International Journal of Drug Policy* 2000;11:99–112.

²²McCoy AW. *The Politics of Heroin: CIA Complicity in the Global Drug Trade*. Brooklyn, NY. Lawrence Hill Books, 1991.

²³Westermeyer, J. (1976) The pro-heroin effects of anti-opium laws, *Arch Gen Psychiatry*, 33:1135–1139.

²⁴Elovich, R and Drucker, E (2008). On drug treatment and social control: Russian narcology’s great leap backwards. *Harm Reduction Journal*.

²⁵Assessment of Compulsory Treatment of people who use drugs in Cambodia, China, Malaysia and Viet Nam: an application of selected human rights principles. WHO WPRO 2009.

criminals. Cambodia, China, Indonesia, the Lao People's Democratic Republic, Malaysia, Myanmar, Thailand and Viet Nam are some of the Asian countries which operate large compulsory drug treatment centres (CDTC's) and re-education through labour centres for drug users²⁶ that are akin to prison settings. In Vietnam, as of 2007, about 50000 drug users were residents in the 06 centers (compulsory rehabilitation centres) nation-wide (about 25% of all drug users in the country), with about 30000 of these in Ho Chi Minh City. Terms of commitment in the 06 centers have been increased to 5 years in Ho Chi Minh City and generally 2 years elsewhere. China and Vietnam continues to treat drug use as a 'social evil' and responses such as crackdowns, mass arrest, forced detoxification and incarceration of drug users are common. Enforcement strategies include arrest quotas for beat police, use of paid informants and bounties for turning in dealers and users, besides the further expansion of compulsory detoxification centers and re-education through labor camps.²⁷

However, recognizing the rapid increase of HIV prevalence among injecting drug users, countries such as Malaysia, Myanmar and Indonesia have introduced NSP and MMT in recent years. Similarly, in response to the emergence and rapid escalation of HIV among IDUs as well as the high relapse rates from abstinence based treatment, China introduced NSP and MMT in 2004²⁸ and has since dramatically scaled up MMT treatment clinics across the country, in addition to the compulsory drug treatment centres. China is now a shining example in South East Asia of adopting harm reduction policies and the scaling up MMT as a pragmatic approach to manage the spread of HIV among drug users.²⁹ The vigorous scaling up of the MMT program in China is numerically stunning; from 34 MMT clinics at the end of 2004³⁰ to 500 MMT clinics by early 2008, and a total of 1500 MMT clinics planned by the end of 2008.³¹ Studies on the effects of MMT by the Chinese methadone maintenance working group have shown a reduction in the drug trade, with an estimated reduction of 16.5 tons in the amount of heroin consumed.³² As a consequence, MMT is considered a crime reduction strategy that is strongly supported by Public Security Bureau in China, and MMT has been incorporated into the AIDS Regulations as a treatment for heroin addiction.³³ A Training Module for Law Enforcement on Harm Reduction was introduced by the AusAID funded Asia Regional HIV/AIDS Project in 2005–06, and is now an integral component of the training curriculum for police officers at the Yunnan and Guangxi Police Academies.³⁴ In Vietnam as in China, policy is now being guided by pragmatism and evidence to support harm reduction for HIV prevention among drug users, despite maintaining otherwise severe policies towards drug users.³⁵ But all these changes did not materialize overnight, and were the result of a combination of efforts by different

²⁶Ibid.

²⁷Theodore M. Hammett, Zunyou Wu, Tran Tien Duc, David Stephens, Sheena Sullivan, Wei Liu, Yi Chen, Doan Ngu & Don C. Des Jarlais. (2007) 'Social evils' and harm reduction: the evolving policy environment for human immunodeficiency virus prevention among injection drug users in China and Vietnam. *Addiction*, 103, 137–145.

²⁸Zou K. The "Re-education Through Labour" system in China's legal reform. *Criminal Law Forum* 2002; 12: 459–85.

²⁹Zunyou Wu, Sheena G Sullivan, Yu Wang, Mary Jane Rotheram-Borus, Roger Detels (2007). Evolution of Chinas response to HIV/AIDS. *The Lancet*, Vol 369. www.thelancet.com.

³⁰Zou K.

³¹Zunyou Wu, et al. 2007.

³²Zonyou Wu (2009). Presentation at the UN Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific Meeting. July 2009.

³³Zunyou Wu, et al. 2007.

³⁴Asia Regional HIV/AIDS Project. Law Enforcement Manual 2005.

³⁵Theodore M. Hammett, Zunyou Wu, Tran Tien Duc, David Stephens, Sheena Sullivan, Wei Liu, Yi Chen, Doan Ngu & Don C. Des Jarlais. (2007) 'Social evils' and harm reduction: the evolving

parties to showcase, sensitize and convince politicians, public health and law enforcement agencies of the benefits of alternative approaches through workshops, study tours to other countries and initiation of pilot projects.

Can these examples offer some hope for change in the Russian approach? Yes, I think it can. Exchange visits and study tours to these countries by Russian Politicians and Law Enforcement Agencies may have the potential to inform and influence changes in Russia's strictly regimented approach to drug use and high HIV prevalence among drug users. What is needed is a concerted effort by the UN and other influential parties to intercede and take serious cognizance of the documented and "hidden" human rights violations beyond a traditional issuing of statements against the violations of drug users and producing best practice guidelines/documents on the treatment of drug dependence or HIV prevention among injecting drug users.

In the greater scheme of things, we are all accountable and in some way responsible for the situation facing drug users in Russia, Because by our profound and deafening silence, we allow these sadistic practices to continue.

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and Vietnam.

Jimmy Dorabjee is the Principal Fellow Harm Reduction at the Centre for International Health at the Burnet Institute for Medical Research and Public Health and currently lives in Australia. He is an Executive Committee Member of the UN Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific, Member of the Interagency Reference Group, UNAIDS Technical Support Facility for South Asia and a Board Member of INPUD, the International Network of People who Use Drugs. Since the mid 1990's, Jimmy has been engaged in a range of international harm reduction development activities in Bangladesh, Cambodia, PR China, India, Indonesia, PDR Laos, Malaysia, Myanmar, Nepal, Thailand

Jimmy earlier worked in India as the Program Manager, Drug Treatment & Harm Reduction at SHARAN, Society for Service to Urban Poverty, a pioneering community development NGO in New Delhi where he coordinated India's first large scale harm reduction program, a Comprehensive HIV/AIDS Treatment and Care Program for Injecting Drug Users and their sexual partners in five Indian Cities.

Jimmy has worked extensively on social justice issues, promoting human rights and harm reduction across Asia. In 1993 he began Asia's first buprenorphine substitution program for injecting drug users in India. Jimmy was a founding member of the Asian Harm Reduction Network and its Chair till 2002, and is currently driving the formalization of ANPUD, the Asian Network of People who Use Drugs.

With over 20 years hands on experience in community development, drug user treatment, training and capacity development and harm reduction program development, Jimmy policy environment for human immunodeficiency virus prevention among injection drug users in China and Vietnam. *Addiction*, 103, 137-145.

has gained Regional and International recognition. In 2001 Jimmy was awarded the National Rolleston Award by the International Harm Reduction Association, in recognition of his commitment and pioneering work with drug users, progressive approaches to drug user treatment and harm reduction.

Jimmy current work involves providing technical assistance and support to Funding Agencies, Government Ministries, UN organizations, Public Health, Law Enforcement and Public Security Bureaus, international and local NGOs, community groups and drug users in the areas of training and capacity building, and in the design, implementation, review and evaluation of HIV prevention programs for drug users across Asia. In his past life, Jimmy was a popular musician and a journalist in Bombay. He is the author of several book chapters and papers in International Journals.

Commentary to “Policing Drug Users in Russia: Risk, Fear and Structural Violence”

MAG. MAXIMILIAN EDELBACHER

“Policing Drug Users in Russia, Risk, Fear and Structural Violence” is a paper that confronts you with all dramatic weaknesses of policing, human incompetence and the violation of ideals of human rights and human dignity. These stories about police violating human beings and human rights describe examples which happened in three Russian cities that even for an old experienced police officer are nearly unbelievable.

Fighting the problem of drug trafficking and drug abuse always was a challenging issue for policing. Long ago many professionals in this business strongly were convinced that the “War on Drugs” already was lost. The outcome of police strategies and actions in this field really can appear to be very ruff. As a former police chief I had experienced and was confronted with police violence and police corruption in this field of police work. Why does it happen much more often that police officers are violating human rights and human dignity in fighting the drug problems? Is it because of the touch of hopelessness and the atmosphere of depression? Police officers fighting drug problems are out in a terrible world of disgusting experiences. It seems to be very difficult for each of them to stand these surrounding conditions of indignity, morbidity and disgusting living experiences. Police leadership is confronted on the one side with the need of experienced police officers, knowing the “underworld of drug dealers and drug consumers” and on the other side has to watch carefully tendencies of officers to overkill their actions and operations. Each police officer is driven by the fact to act successfully and to clarify many cases. Nobody cares how these successes are produced. On the one hand there exists so much pressure to overcome the problem of drug dealing and drug abuse and on the other hand nobody has found the efficient strategy, the golden key, to find final solutions. Politicians, society, justice systems and police want to get rid of the problems with drugs, but organized criminals make so much money that there cannot be seen an end of this steady polarization.

Human beings have a tendency to be addicted and that attitude is difficult to change. Police officers who have to fight this unsolvable problems are shortly frustrated and react in different ways, sometimes in inhuman activities, corruption and violation of human rights and dignity.

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Max Edelbacher, after studying law at the Vienna University, I worked in a Vienna court and in a financial institution. I served in the Austrian Federal Police, 1972 to 2006; my last position being the Chief of the Major Crime Bureau. I have specialized in fighting white collar crime, insurance fraud, organized crime, financial crime, corruption and have used these experiences as an international expert for the United Nations, Council of Europe, Organization for Security and Co-operation in Europe (OSCE) and as senior advisor of the Academic Council on the United Nations (ACUNS). I lecture at the University of Economics and Business Administration, Department of Finances, Vienna University, Department of Sociology, Danube University, Krems, Department for Security and Safety management, Kent State University, Department of Criminology, Turku University, Law Faculty as well as working as consultant for the AVUS GROUP as special investigator on white collar crime cases. I have published several books and articles on special topics.

Fighting for Our Lives

ANDRIA EFTHIMIOU-MORDAUNT, MSc

Two things are most poignantly tragic about the current Russian situation for drugs users of heroin and other injectable drugs:

- (a) Methadone, an internationally recognized pharmaceutical, is still illegal there so that if you are chemically dependent on opiates you have little choice but to depend on the criminal markets. And if you have emigrated from Russia and are in an authorized MMT program in your new country—having begun your drug use and addiction either in Russia or subsequent to leaving it—visiting family ‘in the old country’ entails, as an option, attempting to “smuggle” your daily medicine into Russia for the number of days that you will be visiting. Your MMT program doctor is unable to engage a Russian physician-colleague, narcologist or not, in the Hippocratic tradition of treating those in need of treatment.
- (b) This lack of a KEY harm reduction tool and refusal to accommodate an internationally recognized treatment ideology has led to the HIV infections of many thousands of injection drug users (IDU’s) as well as to the contraction of a range of other opportunistic infections and diseases. The incidence and prevalence, for example, of TB among imprisoned drug users in Russia is high.

As far as we are concerned as activists from an IDU and People Living with AIDS (PLWA) background this is simply tantamount to murder, albeit somewhat indirect.[1] [morally tan-

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tamount to manslaughter, no less criminal for its being indirect]The evidence for the efficacy of Needle Exchange Programs and methadone maintenance and, or reducing prescriptions of methadone in reducing AIDS amongst IDUs has been out there for decades, ever since the pioneering work by Drs. Vincent Dole and Marie Nyswander during the mid-1960's. The concept of a pharmacotherapeutic treatment with a titrated dose of a medicine by a licensed health professional to a drug *misuser* – whatever the legal status of “the drug” and its user – has been adequately documented for more than 90 years in the USA, with its 44 clinics, in the UK with its misnomered “British System” and in Palestine during the British Mandate –all post WW1 – are just three examples. This is not rocket science for many experienced addiction clinicians, whatever their training, professional discipline and treatment experience as well as their treatment ideology (abstinence-based, harm-reduction based and/or quality-of-life based) and of course particularly for those of us living with personal losses and the collateral damage of our past or present IDU.

ABOUT THE AUTHOR



Andria Efthimiou-Mordaunt M.Sc. is founder and co-founder of several self-help organizations for people living with HIV and AIDS in the UK. Andria has been a trainer, writer, counselor and activist in our field since 1987. She is most proud of arranging for the first PLWA to address the UNGASS on drugs in NYC/June 8th 1998, about the failure of the so called ‘war on drugs;’ really as millions have come to realize since then, a war on drug-users and peasant farmers, to name but two of the most vulnerable communities.

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Thoughts on Policing Drug Users

SAMUEL R. FRIEDMAN

This is a very useful and well-written article. It describes the particular Russian specificities of a problem that drug users face in a number of countries around the world, including my own: That police repression of drug users is relatively unrestrained in terms of procedural safeguards, often involves corruption, and in many instances involves physical assaults upon the drug user. This creates a climate of fear among drug users that leads to difficulties accessing harm reduction services; difficulty in avoiding blood-borne viruses such as hepatitis C, hepatitis B and HIV; and creates many forms of psychological and other distress among drug users. Our own research suggests, furthermore, that arrests for drug use are not associated with lower levels of injection drug use and are associated with higher HIV prevalence among IDUs (Friedman et al., 2006; 2008).

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This paper reinforces my view that studies of drug users and drug policies could benefit from consideration of much broader sets of social relations. Thus, this paper raises the questions of: 1. Why are such police practices towards drug users allowed to continue? I have argued in the past (Friedman, 1998; Friedman et al., 2001) that the scapegoating and repressing of drug users helps political and economic elites to solve the problem of preventing social unrest, rebellion or even revolution by dividing the ability of workers and marginalized or oppressed groups to unite and/or to take action as well as by distracting attention from some ills people face by blaming them on drug use and “immorality.” This paper raises these same questions in my mind, but also raises the related question of police power and irresponsibility. Is this pattern of police abuse specific to drug users, or do other populations also suffer similar mistreatment? If so, which populations? What determines the extent and targets of abuse? Who benefits from these patterns? And why are they allowed to continue?

Their use of the concept of “oppression illness” helps to illuminate what they are seeing. It is reminiscent of Sennett & Cobb’s classic *Hidden Injuries of Class* (1972) and many other studies of the impact of oppression, exploitation, and dignity-denial on individuals (Friedman 1991). But I do wonder whether naming this as oppression *illness* might medicalize these insights in ways that later need correction.

This paper gratifyingly discusses the issue of resistance to such policing and structural violence. They describe “internal strategies of resistance” that maintain dignity and hope in the individual drug user. They also describe a case of resistance through defending oneself in a court case. In their Discussion, they suggest training drug users in human rights and advocacy as a strategy to address this (without saying what “advocacy” means to them.) They also propose that policies should provide legal protection of human rights. I wish that they had included a discussion of efforts by Russian drug users’ organizations to do this, but understand that this topic might be better covered in a separate paper.

When we consider issues of police repression, drug policy, and denials of human rights, to me this raises questions of whether large-scale activist social movements might be needed to change them. In my youth, we found this to be true in terms of battling Jim Crow and other forms of racism in the USA, and also found that our movement did succeed in reducing though not eliminating police and other terrorism aimed at Blacks and Latinos. Mass movements also helped end dictatorial control and repression in Eastern Europe, Spain, the Philippines, Indonesia, Latin America and many other locations in the last 25 years. Thus, this paper raises anew many classic questions of social change, mass movements, and social transformation in this reader’s eyes, as well as providing an excellent study of the effects of police repression on drug users in Russia.

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Response to Policing Drug Users in Russia: Risk, Fear, and Structural Violence

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The authors of this article present a clear and vivid picture of the dehumanization and exploitation of intravenous drug users in Russia by the criminal justice system. Although it might be comforting to believe that this is an isolated and idiosyncratic response, born out of the lack of concern for human rights that characterized the former Soviet Union it would be an extremely naive illusion. Similar dehumanizing and exploiting conditions for addicted individuals exist in all developed countries including the United States. Although bribery and torture by law enforcement personnel are probably not common practices in the United States, a form of discrimination of drug users has been codified into federal law in the U.S. in the form of mandatory sentencing. These laws requiring unreasonably severe sentencing for non-violent drug offenses have been disproportionately directed toward minority populations in the urban centers of the United States with disastrous consequences for these communities. Drug courts have arisen as a presumed rational response to an irrational and harmful law. However, it should be pointed out that these drug court programs provide a range of services that are barely clinical and they generally operate outside the normal treatment system. That is, their “clinicians” are usually unlicensed and non-certified treatment providers.

The emergence of such harmful practices is not simply a result of greed, corruption, or any number of human failings. It is the consequence of policy maker’s seemingly invincible ignorance in failing to make an essential distinction. This distinction was first brought to light by Horst Rittel and Melvin Webber, professors of urban planning and design at the University of California at Berkeley, in an address to the American Association for the Advancement of Science in 1969 and later expanded in an article in *Policy Science*.³⁶ The distinction is between tame problems and wicked problems. Tame problems are those that are open to linear, logical, and rational analysis, have one best solution, and a clear point at which solution of the problem is achieved. They are problems like those in mathematics, classical science, and engineering. Wicked problems are a very different matter: They are often the result of other problems which are not well understood and unresolved, they have

³⁶Rittel, H.W.J., and Webber, M.M. (1973). Dilemmas in a general theory of planning. *Policy Science*, 4: 155–169.

no one best solution but many possible resolutions, they do not have a clear point at which the problem can be said to be solved, and attempted solutions often give rise to other – sometimes worse – problems. They are problems like those addressed in social science, and public policy. When policy makers attempt to apply a tame solution to a wicked problem the result is most often disastrous. Such is the case in the “War on Drugs” or the War in Iraq.

It is not that wicked problems are incapable of solution; it is that they must be approached differently. For one thing, all stakeholders must be involved in developing solutions. This includes those who have the “problem” or, some might say, who “are the problem”. Once a tentative solution is arrived at by a consensus of all involved, the consequences of the implementation of that solution must be carefully monitored. If unforeseen problems occur, they must be addressed or the solution must be abandoned in favor of some other alternative. What we generally seem to do when we become aware that a solution to the “drug problem” is not working and/or has terrible consequences instead of abandoning it, we do more of it in the hope that more of a bad solution will somehow become a good solution. Additionally, we sometimes simply turn a blind eye to the problems generated by our inadequate solutions (like the effect that incarceration of such large numbers of African-American males has on rates of intimate violence in African-American communities especially in urban areas and the tendency of women in these communities to tolerate higher levels of abuse and more often return to their battering partners³⁷) or we simply change the measures of success to be more congenial to our failing solutions (like using the number of drug arrests or the quantity of drugs seized as a measure of the effectiveness of our drug policies on the “drug problem”).

Of course the ones who suffer most at the hands of myopic policy makers and the dehumanizing and demoralizing results of their solutions are the drug users themselves. The authors of the article indicate that the oppression of drug users in Russia is systemic, leading to “oppression illness”. This systemic oppression of drug users is not confined to Russia. Long prison sentences, long periods of court control, and the economic and social consequences of the stigma of felony conviction may well create “oppression illness”. And, oppression illness may be even more difficult to treat than the original drug use illness.

We also must recognize that oppression has many forms and many cultural contributors, including individuals and institutions that benefit from exploiting those who are marginalized. It is likely that the oppression of IV/IDU drug users in Russia has a different motivational origin than the kind of moralistic motivations behind U.S. law. Thus, as policy makers diagnose their own society’s responses to problems like illicit drug use, it is critical to also introspect on the cultural and power-driven values, needs and interests that are playing a role in the social “interventions”. The structural violence that has emerged in Russia may have a different motivating rationale than does mandatory sentencing in the U.S. However, the net effect is, in one sense, the same; drug users end up as social outcasts, prisoners, and “patients.” Clearly, those of us who study and diagnose illicit drug use must also study and diagnose the cultures and societies within which the problems arise and are dealt with. Our metric must include even the lens through which we examine ourselves in the act of examining the problem.

³⁷This issues is discussed with appropriate citations in Logan, TK; Walker, R; Jordan C.E. and Leukefeld, C.G. (2006) Women and victimization: Contributing factors, interventions, and implications. Washing, DC: American psychological Association, p. 78.

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Just War or Just War?

JOHN KLEINIG, PhD

Americans who viewed the images from Abu Ghraib, Iraq, recoiled in horror. No matter what they thought of the victims, the conduct displayed by U.S. soldiers was, almost without exception, perceived as beyond the pale. Those who could be identified in the images were charged and convicted. Small fry, but their pillorying served a public purpose.

Some, however, wondered how such egregious behavior could come about. Was it rooted in the personalities of the perpetrators? Was it the inevitable result of war? Was it encouraged or condoned by immediate superiors? Was it a trickle-down from a more remote Executive, the by-product of policies designed to display U.S. power and impose its “freedom” on a benighted culture? As the long aftermath to Iraq’s “liberation” has made it abundantly clear, especially as White House memos and other documentation have increasingly been made public, all these questions must be answered in the affirmative.

“Policing Drug Users in Russia” reveals much the same layering of responsibility. The central focus of the article – its Abu Ghraib dimension – is police *bespredel*, the impunity

with which Russian police intimidate, exploit, persecute, and dehumanize injecting drug users (IDUs). But the article shows that, however unseemly the individual encounters between law enforcement officers and IDUs, responsibility for what goes on at the individual level also reflects larger elements within the criminal justice system itself, within the national political culture and its traditions, and ultimately finds its “legitimation” in the international conventions that characterize narcotic use in particular ways and sanction responses that create space for and subtly encourage the kinds of abuses on which the article graphically focuses. Police are under pressure to fulfil quotas and meet other institutional goals, the policing system itself perpetuates many of the abuses of a pre-perestroika order, and these are enabled by international covenants that view the problems of drug use as problems of law enforcement and then pressure governments to meet certain enforcement goals.

We should not of course excuse the actions of the police – their deceptions, exploitations, brutality, corruption, and contempt for drug users. Nor should we exempt the organizations that either encourage or turn a blind eye to abuses of authority or leave uncriticized a culture of authoritative violence. But we should also see the deleterious effects of international policies that view narcotics use and dependence, and the infrastructure that enables them (drug cultivation, manufacture, marketing, and trafficking), largely as issues of law enforcement that have been divorced from a deeper analysis of social problems, and more effective and less harmful responses. What those more enlightened responses might be the authors do not say, though they are clear that whatever responses to problematic drug use are initiated they need to be framed by a concern for the human rights of drug users. They hint that we should treat drug use as a public health concern, though their ironic reference to the “iatrogenic” effects of the law enforcement approach suggests that a simple medical approach is also to be avoided.

But even if we accept the thrust of the various international conventions concerning drug use, the situation depicted by the article reveals chronic ethical failure. The terrible option that is war – whether it is war on a threatening enemy or a “war on drugs”, is not an option in which anything goes, in which “winning” is everything and only loss is to be avoided. Warfare of any kind is bound by the so-called laws of war and within the western tradition their ethical expression is largely encapsulated in “just war” theory. There are certain ethical requirements that govern the decision to treat an issue as one that warrants “war” (*jus ad bellum*) and then, once that determination has been made, ethical requirements concerning the conduct of that war (*jus in bello*). The constraints on going to war are usually articulated as follows:

1. The cause must be just.
2. It must be initiated by a competent authority.
3. It must be engaged in with the right intentions (the aim must be just).
4. The use of force must be proportionate to the overall situation.
5. It must be engaged in as a matter of last resort.
6. There must be some reasonable hope of success.
7. The ultimate aim should be a just peace.

As far as the conduct of war is concerned, some writers distinguish external from internal conditions.

Externally:

1. Observance of international treaties on prohibited weapons.
2. Immunity of non-combatants and arbitrarily selected groups.
3. Uses of force by combatants must be proportionate to the end sought.

4. Prisoners of war – captured or surrendered – are entitled to certain basic rights.
5. Some means are impermissible in themselves.
6. No reprisals.

Internally, issues concerning:

1. conscription,
2. freedom of expression,
3. freedom of association, and
4. other civil liberties and due process protections.

It takes very little reflection to see how the law enforcement (“war on drugs”) approach adopted by the Russian authorities falls drastically short when measured against such ethical constraints. Even if we suppose that social policies designed to prevent the trafficking and use of narcotics are just, it is doubtful whether declaring “war on drugs” via the processes of law enforcement constitute a last resort. Even more problematic, given the authors’ catalogue of iatrogenic effects – both intentional (such as police *bespredel*) and unintentional (such as acquired illnesses), there is no proportionality between the measures adopted (criminalization of possession, if not of use) and the precipitating problem, and no significant signs of success. Decades of criminalization have done little more than advance the careers of aspiring and ambitious politicians, a less noble aim for law enforcement than the just peace of classical theory.

Those who support the “war on drugs” might also consider some of the other byproducts of their strategy – the easy lapse into prohibited activities such as torture and cruel and unusual punishment, the costs for innocents (non-combatants) – uprooted families and decimated communities – as well as violated offenders. Hardly any just war constraint is observed, except, sadly, for the requirement that such activity be officially sanctioned – though even here one might wonder whether the competent authority is competent in a relevant sense. Although the authors note evidence of dignity and hope in the terrified IDU-community, their evidence struck me as evidence of human resilience more than as than a source of hope. As the authors briefly indicate, it is high time that drug use – not only in Russia but also in the United States – be treated as a human and public health problem and not as a political expedient.

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Policing Drug Users in Russia: A Comment

STEPHEN MAGURA

This paper employs drug users' testimonies to document in detail the appalling extrajudicial behavior of the Russian police towards users of illicit drugs. Of course, it is difficult to determine from this kind of qualitative information the pervasiveness of the behavior, but it is pretty clear from their testimony that the respondents believe they are reporting common occurrences. These egregious behaviors of course are illegal under numerous provisions of Chapter 2 of the Constitution of the Russian Federation, yet violations of these provisions by the police and other authorities appear commonplace in a variety of contexts, not just illicit drug use (Wikipedia, 2009). Moreover, the police response to drug misuse is part of an excessively law enforcement-driven national policy of drug prohibition. One conclusion of the paper is that "drug policy reform may require fundamental structural reform towards establishing legal protection of citizenship and human rights" (on a society-wide basis). This is not an edifying conclusion, but reflects the experience of other countries that, as professed human rights are slowly taken more seriously and extended to various groups over time, among the last beneficiaries are the highly stigmatized and powerless groups, which include socio-economically marginal misusers of psychoactive substances.

What then is the purpose of this paper, other than to reiterate the awful? The stated rationale for publishing this paper (which should be made more prominent) appears to be that "the exposure and documentation of police assaults on health and human rights represents an important step in this regard," i.e., towards moving the system to actual defense (not just abstract recognition) of human rights. Silence on the issue is not ethically justifiable unless exposure would lead to even worse consequences, but that does not seem likely in this instance. Russia is on a slow but hopefully irreversible path toward democratization and there are many in authority even among the elite who do not subscribe to uncontrolled police tactics, even against the most stigmatized, and will attend to these findings. Thus the paper performs an important service by sounding an essential alarm and calling for simple human decency.

The paper also gives a few examples of drug users' "resistance to police oppression," which the paper seems to endorse as sometimes feasible and a means of preserving self-dignity and hope. A caution is in order here, as the best current thought by social psychologists does not recommended resistance as a response to overwhelming power. For instance,

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kidnapping victims apparently have the best chance of survival by non-confrontational methods. The fact that so few examples of active resistance were documented by the research implies that the respondents understand this quite well. Once powerless substance users are in the clutches of the Russian police, it may often be a stark choice between survival, albeit undignified, or martyrdom. It is preferable for advocacy organizations to work for change. Organizational auspices, with both a national and international presence, make it less likely that peer advocates will be brutalized or even “disappeared,” to coin a phrase.

Let us hope that this paper will contribute to a cumulative impetus for change.

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Less than Human: Drug Users Dehumanized

MICHAEL MONTAGNE

As the article by Sarang et al. (2010) on *Policing Drug Users in Russia* clearly depicts, drug users in repressive social settings are viewed as being sub-human. This study focuses on violence perpetrated on drug users by police who represent the state or government, the same “risks, fears, and structural violence” haunt and distress drug users in other social systems, such as prisons, treatment facilities, workplaces, public welfare agencies, and even the communities in which they live. Domesticated animals such as livestock and pets are treated better and in many ways more respected.

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What does the phrase, *less than human*, mean? Perhaps images of vampires, cyborgs, monsters, or any animal other than a human being (though again some people view their pets as human). In reality, Nazis, serial killers, pedophiles, homosexuals, atheists, homeless people, migrant workers, organ transplant recipients and patients with certain diseases (AIDS), people with disabilities, people of different ethnicities, and yes drug users, “abusers,” and “addicts” all have been regarded as *less than human*. And this list is only the beginning. How have tobacco smokers been regarded in recent years?

Italian philosopher Giorgio Agamben has studied how prisoners have been treated, tortured, in captivity. As reported by Horton (2008),

“at their core, he [Agamben] writes, was the introduction of the pernicious view that the prisoners were beyond the protection of the law. He traces this idea back to the doctrine of the *homo sacer*, a term evolved in Roman jurisprudence by the second century of the common era. It provided that a person a[d]judged and condemned of certain heinous crimes was beyond the reach and help of the law. He could be victimized, abused and even killed without legal consequence for the perpetrator.”

Horton uses Agamben’s conclusions in an attempt to explain the treatment of the detainees at the “American GULAG known as Guantánamo.” A report on the horrors of mass torture and killing in Cambodian prisons furthers these conclusions (Barber, 2000). Any form of dehumanization can be seen as socialized obedience to a perception or authorized acceptance to denigrate the *other*, those members of groups who do not share, or worse threaten, cherished values.

Viewing, portraying, treating other human beings as *less than human* is simply a way of demonizing the *Other*. We are human; they are not us; thus they are not human. There is even a slang word for these *other* human beings, *luman*, meaning less than human or of some lower animal descent (Urban Dictionary).

A recent study by Harris and Fiske (2006) found that people’s perception of extreme out-groups as being *less than human* has a neurobiological basis. Their research showed that one particular area of the brain, the medial prefrontal cortex, is active when people engage in social cognition; when they are thinking about different types of people, including people they might not like. It is not active when people are stimulated to think about objects. When people were stimulated to think about extreme out-groups, such as people with addiction or homeless people, areas of the brain associated with disgust (the insula) and fear (the amygdala) became activated. This suggests that rather than thinking of individuals described as addicts as people, the brain registers them neurochemically as objects of fear and disgust.

LaPlante (2007) commented on the Harris and Fiske study in the context of how society views people with addictions. She notes how patients with addiction take the blame for their condition and any lack of improvement. Society believes that people cannot recover from their addictions, and this presumption “minimizes individuals’ unique abilities, power, and autonomy.” Attempts have been made (a primary goal of this journal) to eliminate the negative language and implications of certain words such as “abuser” and “addict,” but then the research by Harris and Fiske may suggest that changing society’s mindset will be very difficult if an individual’s ability to dehumanize others is neurologically based.

Another study by Fiske (reported by Dell’Amore, 2009) sheds more light on how humans dehumanize other humans. In that study, men were shown pictures of women in bikinis. A memory test at the end showed that many men best remembered the photos of

the scantily-clad women whose heads had been digitally removed. Brain scans revealed that when the men were shown the photos, the same part of the brain was activated as when men think about the use of objects such as tools. These men viewed attractive women as objects. Among men who displayed sexist tendencies, photos of sexy women seemed to inactivate the part of the brain responsible for social cognition and interaction. These men showed no activity in the brain region that interprets human intentions and emotions. For them the women did not register as human beings. When Fiske reported these findings at the annual meeting of the American Association for the Advancement of Science, she said “the lack of activation in this social cognition area is really odd, because it hardly ever happens” (Dell’Amore, 2009).

Loughnan and Haslam (2007) found that stereotyping certain groups of people, such as children, the elderly, criminals, and those in certain occupational groups as being like a robot or animal is a subtle form of dehumanization. In their research, they found that certain traits are associated with being uniquely human: civility, moral sensibility, intelligence, and rationality. Stereotyping others tends to label them as stupid, amoral, essentially lacking those uniquely human traits. The *other* is classified more like an animal, perhaps a non-threatening or passive animal, but nonetheless like an animal and not like a human being. A second set of traits they found associated with being human includes emotions, warmth, vitality, flexibility and imagination. These characteristics are deeply ensconced as part of human nature. If a human, like a drug user, is viewed as lacking these traits, they become *less than human*.

Dehumanizing drug users is not new (Szasz, 1976). That ordinary people engage in harmful, hateful behavior towards fellow human beings should not be a surprise to anyone who knows the famous studies performed by Stanley Milgram (1974). That people can view children or the elderly as being *less than human* may seem shocking, but research has confirmed this as well (Goldson, 2001). The report on Russian police and their treatment of drug users only confirms what we know happens and related research is beginning to explain why it happens. But of course that does not condone any such behavior; it only stresses that it needs to be changed. If society continues to view people with addiction as being *less than human*, change and hope for something better will continue to be out of reach.

As Vann Nath, a survivor of the Khmer Rouge’s S-21 torture center remarked (quoted in Barber, 2000):

**“Our children must learn never to treat human beings like animals,
or lower than animals.”**

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Advice, for Whom, by Whom?

THEO VAN DAM

The situation described in the article is, for drug users in the Netherlands, unbelievable. Before I could give my own reaction about this article I handed it out to twelve drug users in the Netherlands and asked them to react on it. Later on we discussed the situation in Russia and the Netherlands.

All the users said that nothing would happen to them with the Dutch police if they behaved, what they call “normal”. They have to be polite to policemen when they stop them. The police treat them with some kind of “respect”. Some users even told about instances when after the police stopped them, and found a small amount of drugs (heroin or cocaine), that they get it back after being sent away from the police station. This mostly happened in

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bigger cities all over our country and mostly with older policemen. At the same time police are still willing to kick you out of some regions or give you a penalty for being a user and hanging around, drinking beer on the street or whatever. Finally you have to go to the court and to prison. The main reason is to get drug users out of the streets. It's based on political issues. Our government promised to reduce the violence and problems on the streets. Users are not regularly beaten up by police. In the Netherlands we have a special law for – related crime. This law states that if you are caught by police as a user four times, you can be sent to prison for two years. This prison sentence involves a special service; it's not only prison, you can have some care there as well.

The Dutch drug law is based on a Harm Reduction ideology; needle exchange programs and methadone prescriptions are well organized and available for (most) users. The drug culture in the Netherlands is that we have less injectors and more users who smoke their heroin or cocaine. In most of our bigger cities we have drug consumption rooms available where users can take their drugs in a safe and relaxed way. Many users are really happy with these drug consumption rooms. It's more relaxed, you meet up with friends, have a social talk and can take your drugs in a safe and proper way, and most of all you can better enjoy what you are feeling.

Harm Reductionists has to find a balance in working for the wishes and needs of users and the law's national goals. Harm Reductionists and drug users need to cooperate in order to put some necessary pressures on decision makers and police officers and supplying them with relevant street information so as to create a safe life standard for users and society-at-large.

Harm Reduction and Human Rights are based on the same values and ethics; to respect the individuals in society. Every society with a high standard of Human Rights should have a Harm Reduction policy as well.

Back to the article. The stories and the quotes, from the article show that there is a lot of corruption and disrespect. Users are pushed to betray their friends. Policemen do have the possibility and power to do what they like. This doesn't solve any problem, it just creates more problems. The situation will be more dangerous, for users, dealers, policemen and society. Users are not able to take their drugs in a safe way because they have lack of time. They can't keep their syringe because of repression. HCV and HIV necessary prevention techniques do not work and street information when a user shoots up in the streets; while corrupt policemen are hunting users. When users can take their drugs in a safe, proper, relaxed and supportive location, you can teach users how to take drugs in a safer way. This will help users to get back some more self-respect. This self-respect will be the basis to work with peer support and Harm Reduction with other users. This will be a practical approach in which we all need to deal with the police as well.

The war on drugs is not a war on drugs at all. It's a war on drug users! For the last 35 years, all over the world, we have been continuing to solve the drug use- related problems by repression. Without any success! It's time to change this strategy. Talking and listening to users, and taking them seriously could make a big change. When we are really willing to create and to maintain a better life for *all* human beings, *we* –all of us- need to start to debate. . .to dialogue.



Theo van Dam, has been working in the field of drug use (rs) since 1975. He initiated several training programs for users and for low threshold workers as founder and coordinator of the Dutch National Interest Group of Drug Users. His work entails health promotion for users and advice to and consultations with decision makers. In 2008 he won the Travis Jenkins Award during the Harm Reduction Conference in Barcelona. He creates translations from street voices to policy makers and the other way around all over Europe. He loves to bridge the gap.

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