

# **DRUG POLICY AND HEALTH IN THE RUSSIAN FEDERATION**

*A Profile Prepared by the Drug Law and Health Policy Resource Network*

*22 January 2002*

## **Policy Indicators**

**HIV EPIDEMIC STATUS:**

**MAIN TRANSMISSION MODE:**            *INJECTION DRUG USE*

**DRUG POLICY CONDITIONS:**

**LAW ENFORCEMENT PRACTICES:**

**INTERVENTION LEVEL:**

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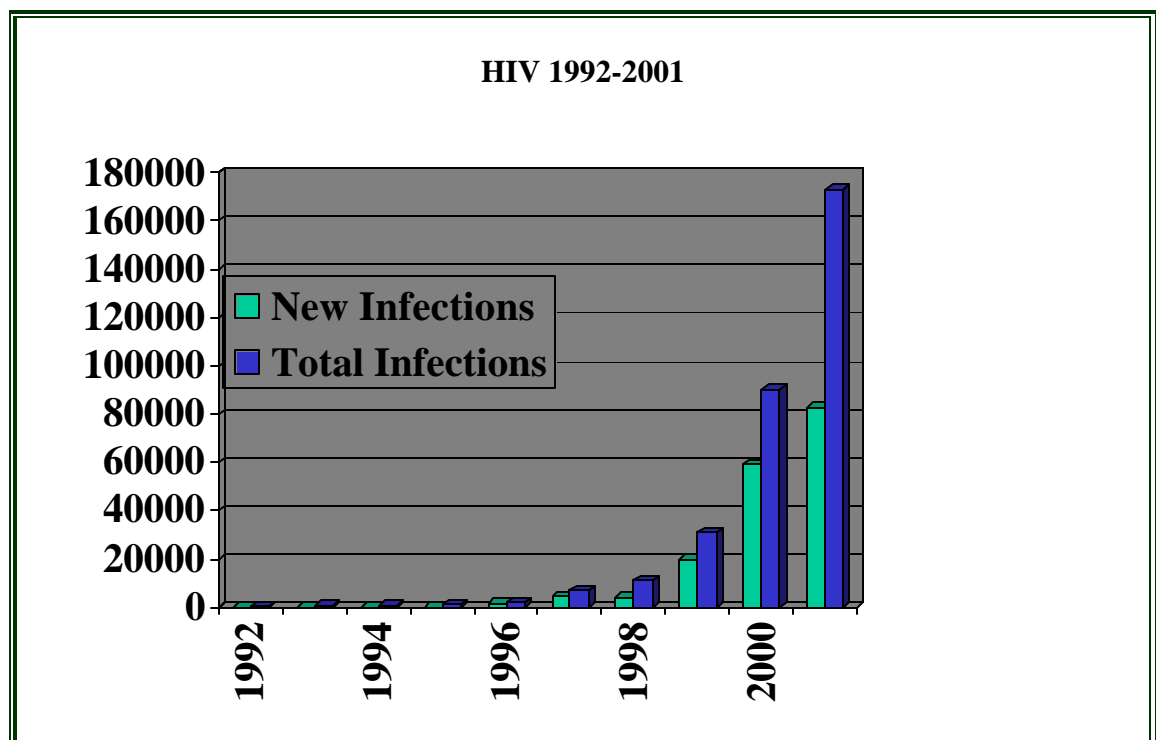
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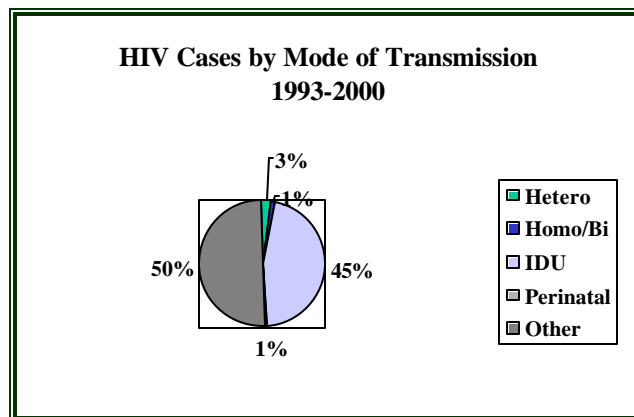
## Summary

### I. HIV/AIDS

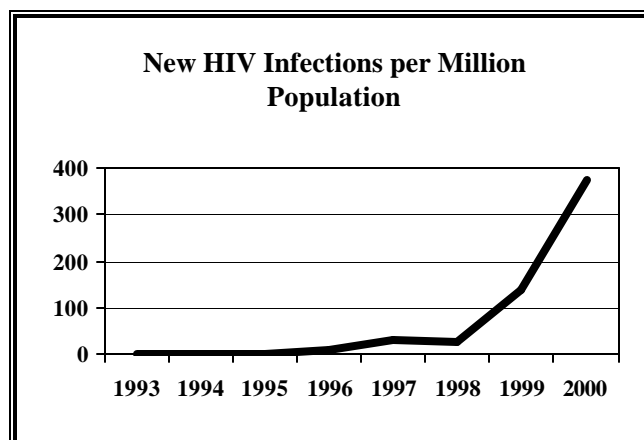
Although epidemiological data are incomplete, Russia is experiencing a dramatic increase in the reported number of HIV cases, more than doubling (2.7x) from 1999 to 2000 and doubling from 2000 to 2001. Beginning in 1996, transmission of HIV through injection drug use has increased dramatically and currently accounts for the majority of cases. A large proportion (50%) of newly diagnosed HIV infections are reported with an undetermined mode of transmission, making comparisons of trends difficult. Nevertheless, it is clear that injection drug use continues to represent an overwhelming majority of newly diagnosed HIV infections in Russia. While the number of cases attributable to heterosexual transmission also increased between 1996 and 2000, this mode of transmission remains far less frequent than transmission attributed to injection drug use. In contrast to the high numbers of HIV cases, the reported incidence of AIDS remains generally low. This is partly a reflection of the long AIDS incubation period, but may also be due to both under-diagnosis and under-reporting. (9) The known epicenters of the epidemic include the northwestern enclave of Kalingrad and the southern Russian locations of Krasnodar, Nizhnyi-Novgorod, Rostov, Saratov and the Moscow region. (11)



Source: Ministry of Health and Federal AIDS Center of the Russian Federation



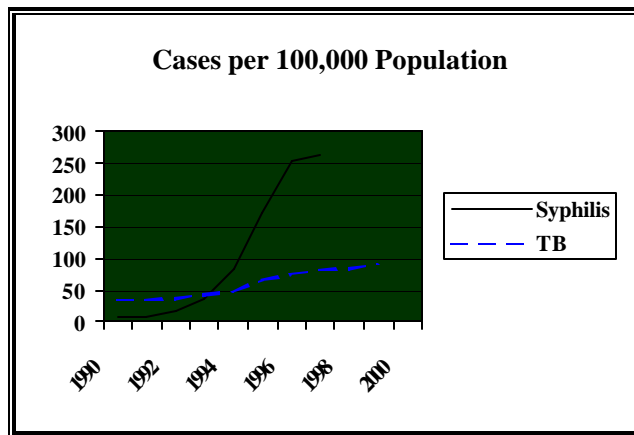
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Source: The European Centre for the Epidemiological Monitoring of AIDS (9)

## II. OTHER INFECTIOUS DISEASES

Fears that the current injection drug use driven HIV epidemic might be followed by a second wave of HIV infections spread predominantly through sexual intercourse are aggravated by the fact that Russia is experiencing an epidemic of classic STDs, especially syphilis. Higher rates of other STDs, including gonorrhea, chlamydia, herpes and trichomoniasis have also been reported. Reported Notified cases of tuberculosis (TB) increased significantly between 1995 and 1999. (11) Over 25% of TB cases are resistant to at least one drug. Trend data on hepatitis are unavailable, however, there were 49,832 cases of hepatitis A as of 1998 (10) and the national prevalence rate of Hepatitis C is estimated to be 2.0 per 100,000 population based upon published reports as of December, 1999. (15)



Sources: (9) (11)

### III. INJECTION DRUG USE

**Drug Use Trends.** Sources estimate that the number of illicit drug users in treatment in Russia increased from 91,000 in 1994 to 149,000 in 1995, 249,000 in 1996 and 350,000 in 1997, of which two-thirds use injectable drugs. At the start of 2001 there were 412,000 drug users registered with the Ministry of Health of the Russian Federation. Actual drug users are estimated to be 10 times higher (over 4 million). Official sources suggest a figure of 200,000 injection drug users (IDUs) in the city of Saint Petersburg. (11) The Public Health Minister estimates that there are over 2 million drug dependent people in Russia, and the President now considers the drug problem a "direct threat to the national security of the state". Dominating all other drug issues is the dramatic increase in the flow of heroin into the country from Afghanistan across the southern border. The UNODCCP estimates that the amount of heroin brought into Russia from Afghanistan more than doubled from 1999 to 2000. The sharp increase in the supply of heroin has correlated with a sharp decrease in price, which has in turn, stimulated demand to an unprecedented level (1). According to recent reports, the United States (US) war on Afghanistan has led the Taliban and al Qaeda to dump their stockpiles of opium on world markets. A kilogram of raw opium that cost \$700 (US) before 11 September 2001 the terrorist attacks on the U.S. sold for \$100(US) in subsequent weeks and currently trades for about \$300(US). According to the United Nations, Afghanistan produces 75% of global opiates and 90% of the heroin in Europe. (16)

**Risk Behavior.** There is anecdotal evidence that opiate users in Moscow share needles and syringes more frequently than IDU's in other regions, primarily due to a lack of money. There is also anecdotal evidence that in several cities, human blood is added to the drug solution during preparation as a cleansing agent to precipitate solid particles and to stabilize acidity levels. (11)

**Social Attitudes.** Social attitudes toward drug use and IDUs are mostly negative. Generally, the public perceives HIV-positive IDUs as "guilty" (responsible for their own infection) and as dangerous carriers of disease who should be avoided. Many drug treatment physicians, politicians and members of the general community feel the

emphasis on harm reduction over the past five years has come at the expense of drug prevention and treatment programs. (6)

#### IV. LAW AND LAW ENFORCEMENT PRACTICES

The Russian Constitution affirm a wide array of individual rights and procedural protections that are not enforced or available in practice. The 1998 Russian Law on Narcotics and Psychotropic Substances criminalized the purchase and possession of drugs. The Law also stiffened penalties for the sale and large-scale trafficking of narcotics. While the new Presidential Administration has placed a high priority on law enforcement, Russian authorities have also demonstrated a marked increase in exploring the possibilities of drug abuse prevention and treatment. (1) Possession of drug injecting equipment is not illegal and needles and syringes may be purchased at pharmacies without a prescription. Since methadone is classified as an illegal drug, methadone treatment programs are precluded. (17)

##### **Law on the Books**

Article 228 of the Russian criminal code prohibits possession, sale, manufacture, or production of illicit drugs and imposes specific penalties.

Although the criminal code does not prohibit the non-medical use of drugs or psychotropic substances, does not specify what substances are to be considered illicit drugs, nor indicate what amounts of illicit drugs are to be interpreted as “large” for criminal liability, these gaps have largely been filled by other legal provisions.

A draft law intended to change the criminal code would enable authorities to arrest & detain persons who were “high” at the time of arrest but were no longer in possession of any illicit drug.

Possession of drug injection equipment is not illegal

##### **Actual practice**

The new Russian Presidential Administration has placed a high priority on law enforcement. There were 59,000 heroin seizures over the first nine months of 2000, an increase of 134% over the same period of 1999. (1)

There were 250,000 drug-related arrests in 1998, up from 185,000 in 1997 (1)

Police feel that drug users undermine social order and often harass and arrest suspected drug users

Low pay and difficult working conditions continue to foster corruption among law enforcement officials.

Needles and syringes may be purchased legally from pharmacies without a prescription

Methadone is classified as an illegal drug  
Everyone shall be guaranteed the right to qualified legal counsel

Imprisonment as a pre-trial detention measure should be invoked only when there are reasonable grounds to believe that the suspect will hide from further investigation, put obstacles in the way of establishing justice or continue criminal activity.

Methadone treatment programs are precluded  
Most accused persons lack the resources to secure legal counsel

State advocates are provided free of charge, but the quality of representation is poor  
The bail minimum of \$500 (US) is too high for the majority of the accused, thus there is an increase in pre-trial detainment

A prosecutor has very broad powers, over which the courts exercise very little influence

A prosecutor may require pre-trial detention, a decision not automatically reviewed by a court.

Source: (17)

## V. PUBLIC HEALTH INTERVENTIONS

**Harm Reduction Programs.** Russian authorities resist needle exchange programs for fear of appearing to encourage heroin abuse. (1) Most harm reduction programs depend on funding through the international community. The Russian Federation has received approximately 37 grants for needle exchange and methadone projects from 1996 through 2000. Opposition from physicians towards harm reduction stems from the belief that it is not "real" drug treatment. Additional opposition comes from the police, clergy and politicians. General public perception often arises from negative media portrayals of harm reduction programs. (6) Since 1997, small-scale needle exchange programs have been operating in several cities, however, restrictive new drug laws hinder their operations as drug users may avoid needle exchange programs for fear of police harassment or arrest. (11)

**Drug Treatment.** The 1998 Russian Law on Narcotics and Psychotropic Substances provides for compulsory treatment of drug abusers who come to the attention of authorities. The 1998 Law restricts drug abuse treatment to government facilities. Russian counter-narcotics efforts rely heavily on law enforcement, but authorities have recently displayed an increased interest in initiating cooperation and accepting assistance in the areas of drug abuse prevention and treatment. (1)

**HIV Prevention Activities.** Russia has taken some measures to effectively prevent HIV transmission in the most affected regions. Risky drug preparation practices have been reduced following the dissemination of targeted information and education among drug users. However, other regional and national policies have further increased the risks associated with injection drug use by driving many drug users underground, effectively rendering them unreachable. The traditional approach to prevention in prisons remains testing. Small gay groups have emerged but generally only target their members. (11)

## VI. ECONOMIC AND SOCIAL INDICATORS

The Transparency Corruption Perceptions Index (CPI) ranks countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. In 2001, the Russian Federation was ranked 79 out of 91 countries, with a score of 2.3 on a scale of 10. (12)

The Human Development Index value is a composite index measuring average achievement in three basic dimensions of human development, including a long and healthy life, knowledge and a decent standard of living. In 1999, the Russian Federation ranked 71 out of 174 countries measured. (7)

The GINI Index measures the extent to which the distribution of income (or in some cases consumption expenditures) among individuals or households within an economy deviates from a perfectly equal distribution. The GINI Index of zero equals perfect equality, while an Index of 100 implies perfect inequality. The GINI Index for the most recent reported year for the Russian Federation was 48.7 in 1998. ( )

Unemployment refers to the share of the labor force without work but available for and seeking employment. Definitions of labor force and unemployment differ by country. Russia's unemployment rate saw a mild decline from 11.3% in 1997 to 10.5% in 2000. (7)(14)

The Gross Domestic Product (GDP) is the total of all economic activity in one country, regardless of who owns the productive assets. There has been a precipitous decline in the GDP in the Russian Federation during the past decade. In 1990, the GDP was \$579,068 million (US) declining to \$401,442 million (US) in 1999. The average annual growth of the economy slipped 6.1% from 1990 to 1999. (14)

# DRUG POLICY AND HEALTH IN THE RUSSIAN FEDERATION

*A Profile Prepared by the Drug Law and Health Policy Resource Network*

## **Full Report**

### **I. INTRODUCTION**

The Drug Law and Health Policy Resource Network is an international research collaboration designed to improve data collection and policy analysis on drug policy and health in the countries of Eastern Europe and the Former Soviet Union. The information in this report was gathered by the staff at Temple University's Beasley School of Law and the University of Connecticut Health Sciences Center. It will be augmented by further research in 2002 by network collaborators in the study region.

This report presents available information in six domains: HIV/AIDS, other infectious diseases, injection drug use, law and law enforcement practices, public health interventions and economic and social indicators. It concludes that the Russian Federation is in the early stages of a serious HIV epidemic driven primarily by injection drug use. With sufficient external support and dramatic internal changes in drug policy and law enforcement practice, a public health effort against HIV and other blood-borne diseases could be successful.

### **II. HIV/AIDS**

Accurate and complete data on HIV in Russia are not available. The data presented here are from a variety of sources and may not entirely agree. These data generally do not represent HIV incidence, and depend heavily upon patterns of HIV testing and reporting that remain very incomplete in the most severely affected countries. HIV infection is defined as an individual with HIV infection confirmed by a laboratory according to country definitions and requirements. AIDS cases are reported according to a uniform AIDS case definition originally published in 1982 and revised in 1985, 1987 and for adults and adolescents (>age13) in 1993. The 1993 European AIDS surveillance case definition differs from that used in the United States in that it does not include CD4 lymphocyte criteria.

**Overall Data.** The annual rate of reported newly diagnosed HIV infections more than doubled from 1999 to 2000 to 374 per million population (x2.7). The estimated prevalence of HIV/AIDS among adults and children is believed to be 130,000 (100,000-160,000) cases at the end of 1999. By November, 1999, the cumulative number of reported cases of HIV numbered 29,181, of which 18,218 were reported in 1999. (7) Of the cumulative reported cases of HIV from 1993 - 2000, 45% were transmitted through injection drug use. (9) At the end of 1999, 71% of registered cases of HIV were male. (7)

**Data from The European Centre for the Epidemiological Monitoring of AIDS (9)**

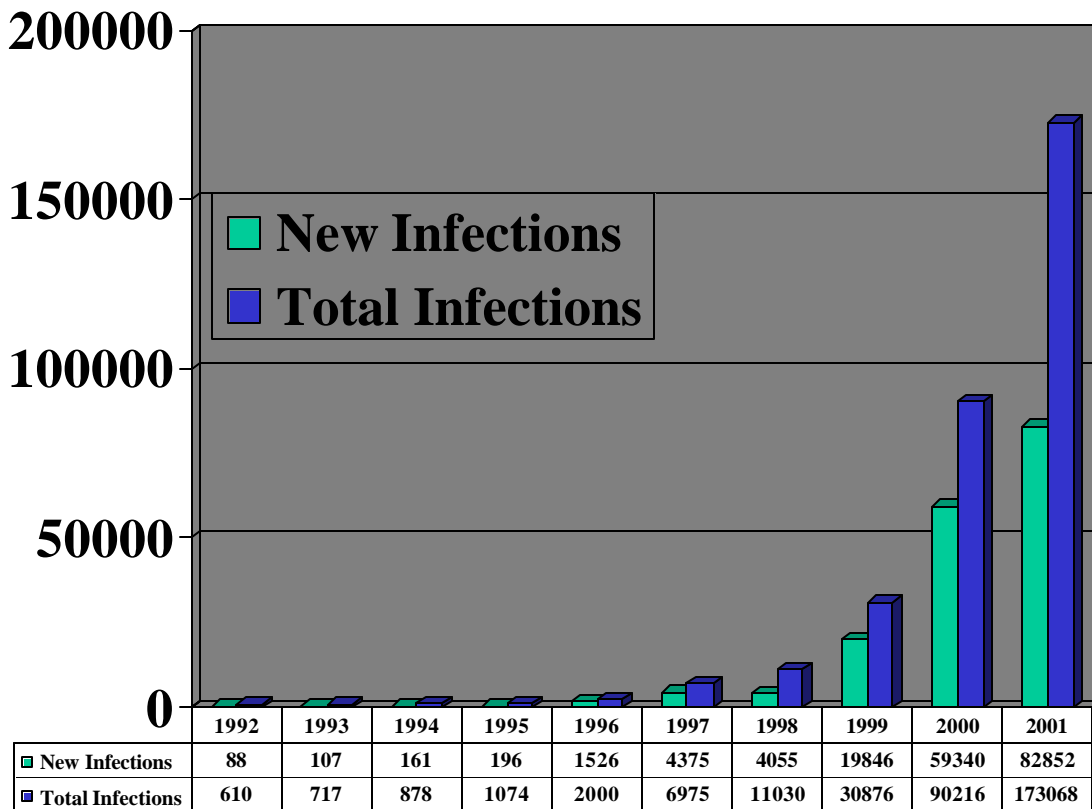
Year	Reported AIDS cases		Reported New HIV infections		Homo/bi Contact #		Injection Drug Use #		Heterosexual Contact #		Perinatal Transmission #	
	#	Rate/ Million	#	Rate/ Million	HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS
1993	14	0.1	108	0.7	-	-	-	-	-	-	-	-
1994	34	0.2	158	1.1	-	-	-	-	-	-	-	-
1995	39	0.3	196	1.3	-	-	-	-	-	-	-	-
1996	50	0.3	1546	10.5	91	17	1021	0	84	12	5	0
1997	71	0.5	4399	29.8	49	19	2474	5	199	14	38	1
1998	66	0.4	3947	26.8	66	23	1667	4	249	12	67	2
1999	40	0.3	20163	137	68	4	10678	19	630	6	178	2
2000	22	0.1	55123	374.5	48	0	23482	6	792	3	136	0
<b>Cumul Totals</b>	<b>451</b>	<b>-</b>	<b>86249</b>	<b>-</b>	<b>650</b>	<b>119</b>	<b>39329</b>	<b>29</b>	<b>2251</b>	<b>72</b>	<b>438</b>	<b>7</b>

Data from the Russian government paint an even more grim picture.

	1987	1988	1989	1990	1991	1992	1993	1994
New Infections	23	47	265	103	84	88	107	161
Total Infections	23	70	335	438	522	610	717	878
Prevalence/100,000				0.3	0.4	0.4	0.5	0.6
Incidence/Year/100,000				0.1	0.1	0.1	0.1	0.1
	1995	1996	1997	1998	1999	2000	2001	2002
New Infections	196	1526	4375	4055	19846	59340	82852	
Total Infections	1074	2000	6975	11030	30876	90216	173068	
Prevalence/100,000	0.7	1.8	4.7	7.5	21.1	62.1	199.5	
Incidence/Year/100,000	0.1	0.1	3	2.8	13.6	40.9	57.2	

Source: Ministry of Health and Federal AIDS Center of the Russian Federation

## HIV 1992-2001



Source: Ministry of Health and Federal AIDS Center of the Russian Federation

**Additional Demographics.** The adult (age 15-49) prevalence rate of HIV/AIDS was 0.18 per 100,000 population at the end of 1999. The estimated prevalence rate of HIV/AIDS in young people (age 15-24) was 0.09 - 0.15 for females and 0.19 - 0.32 for males per 100,000 population. The prevalence of HIV/AIDS in children (age <14) was 1,800 cases. The estimated prevalence of HIV/AIDS in women was 32,500 cases at the end of 1999. HIV prevalence surveys and routine diagnostic testing among pregnant women revealed a rate of 0.2 HIV positive per 10,000 population. (7) More than 300 injection drug use cases have occurred in the southern Russian locations of Krasnodar, Nizhnyi-Novgorod, Rostov, Saratov and the Moscow region. (11) The prevalence rate of HIV among injection drug users in major urban areas was 0.4 per 100,000 population at the end of 1998. (7)

The total AIDS cases diagnosed in 2000 per 1 million population, adjusted for reporting delays, as of December 31, 2000 was 0.1 cases. AIDS cases diagnosed in 2000 per 1 million population, adjusted for reporting delays as of December 31, 2000, transmitted through homo/bisexual contact (0 cases), injection drug use (0.04 cases) and heterosexual contact (0.02 cases). The total HIV infections newly diagnosed per 1 million population, cases reported in 2000, was 375 cases. HIV infections newly diagnosed per million population, cases reported in 2000, in homo/bisexual men (0.3 cases), injection drug users (160 cases) and heterosexuals (5 cases). (9)

**Regional Distribution.** The table below contains 1991 data for all regions of the Russian Federation, organized in descending order of prevalence. The list of hardest-hit areas spans the entire country, from northwestern enclave of Kaliningrad to Irkutsk in the East. was the most affected region with a total of 1,700 cases reported by the end of 1997, 79% among injection drug users.

<b>Name of Territory</b>	<b>Prevalence</b>	<b># Cases</b>
<b>Russian Federation</b>	<b>120</b>	<b>173,068</b>
<b>Irkutsk oblast</b>	<b>418</b>	<b>11,410</b>
<b>Khanty-Mansi AO</b>	<b>416</b>	<b>5837</b>
<b>Kaliningrad oblast</b>	<b>375</b>	<b>3,551</b>
<b>Samara oblast</b>	<b>368</b>	<b>12,077</b>
<b>Orenburg oblast</b>	<b>333</b>	<b>7,363</b>
<b>Sverdlovsk oblast</b>	<b>299</b>	<b>13,662</b>
<b>St Petersburg</b>	<b>297</b>	<b>13,766</b>
<b>Ulyanovsk oblast</b>	<b>285</b>	<b>4,148</b>
<b>Moscow oblast</b>	<b>246</b>	<b>15,823</b>
<b>Chelyabinsk oblast</b>	<b>225</b>	<b>8,200</b>
<i>Average prevalence</i>		
<i>in these 10 regions:</i>	<b>326</b>	
<b>Leningrad oblast</b>	<b>193</b>	<b>3,199</b>
<b>Tver oblast</b>	<b>181</b>	<b>2,845</b>
<b>Moscow</b>	<b>164</b>	<b>14,007</b>
<b>Saratov oblast</b>	<b>154</b>	<b>4155</b>
<b>Tyumen oblast</b>	<b>136</b>	<b>4,425</b>
<b>Republic Buryatia</b>	<b>134</b>	<b>1,375</b>
<b>Primorsky krai</b>	<b>129</b>	<b>2,790</b>
<b>Kemerovo oblast</b>	<b>122</b>	<b>3,606</b>
<b>Tula oblast</b>	<b>113</b>	<b>1,941</b>
<b>Ivanovo oblast</b>	<b>112</b>	<b>1,345</b>
<b>Perm oblast</b>	<b>106</b>	<b>3,128</b>
<b>Yamalo-Nenetsky AO</b>	<b>104</b>	<b>524</b>
<b>Krasnoyarsk krai</b>	<b>101</b>	<b>3,075</b>
<b>Republic Tatarstan</b>	<b>99</b>	<b>3,740</b>
<b>Ryazan oblast</b>	<b>94</b>	<b>1,199</b>
<b>Altai krai</b>	<b>82</b>	<b>2,155</b>
<b>Volgograd oblast</b>	<b>81</b>	<b>2156</b>
<b>Murmansk oblast</b>	<b>77</b>	<b>758</b>
<b>Udmurt Republic</b>	<b>77</b>	<b>1,245</b>
<b>Taimyr AO</b>	<b>69</b>	<b>30</b>
<b>Krasnodar krai</b>	<b>67</b>	<b>3,328</b>

<b>Name of Territory</b>	<b>Prevalence</b>	<b># Cases</b>
<b>Kurgan oblast</b>	<b>60</b>	<b>651</b>
<b>Kaluga oblast</b>	<b>57</b>	<b>607</b>
<b>Republic Ingushetia</b>	<b>54</b>	<b>248</b>
<b>Chita oblast</b>	<b>52</b>	<b>650</b>
<b>Rostov oblast</b>	<b>52</b>	<b>2,225</b>
<b>Orel oblast</b>	<b>49</b>	<b>439</b>
<b>Vladimir oblast</b>	<b>49</b>	<b>772</b>
<b>Republic Bashkortostan</b>	<b>47</b>	<b>1,940</b>
<b>Nizhegorodsky oblast</b>	<b>47</b>	<b>1,696</b>
<b>Tomsk oblast</b>	<b>42</b>	<b>452</b>
<b>Republic Kalmykia</b>	<b>42</b>	<b>133</b>
<b>Novgorod oblast</b>	<b>38</b>	<b>275</b>
<b>Ust Ordynsky Buryatsky AO</b>	<b>38</b>	<b>54</b>
<b>Yaroslavl oblast</b>	<b>37</b>	<b>521</b>
<b>Kostroma oblast</b>	<b>31</b>	<b>239</b>
<b>Bryansk oblast</b>	<b>29</b>	<b>410</b>
<b>Republic Sakha (Yakutia)</b>	<b>29</b>	<b>283</b>
<b>Chechnya</b>	<b>27</b>	<b>163</b>
<b>Penza oblast</b>	<b>27</b>	<b>404</b>
<b>Republic Mary El</b>	<b>26</b>	<b>199</b>
<b>Vologda oblast</b>	<b>24</b>	<b>316</b>
<b>Khabarovsk krai</b>	<b>20</b>	<b>302</b>
<b>Republic North Ossetia</b>	<b>19</b>	<b>132</b>
<b>Chuvash republic</b>	<b>18</b>	<b>238</b>
<b>Republic Komi</b>	<b>17</b>	<b>194</b>
<b>Republic Karelia</b>	<b>17</b>	<b>129</b>
<b>Republic Adygea</b>	<b>16</b>	<b>73</b>
<b>Republic Mordovia</b>	<b>16</b>	<b>150</b>
<b>Smolensk oblast</b>	<b>16</b>	<b>180</b>
<b>Pskov oblast</b>	<b>14</b>	<b>114</b>
<b>Magadan oblast</b>	<b>14</b>	<b>32</b>
<b>Tambov oblast</b>	<b>13</b>	<b>159</b>
<b>Kabardino-Balkar republic</b>	<b>12</b>	<b>92</b>
<b>Republic Khakassia</b>	<b>12</b>	<b>67</b>
<b>Astrakhan oblast</b>	<b>10</b>	<b>104</b>
<b>Novosibirsk oblast</b>	<b>10</b>	<b>279</b>
<b>Republic Dagestan</b>	<b>10</b>	<b>211</b>
<b>Belgorod oblast</b>	<b>9</b>	<b>142</b>

Name of Territory	Prevalence	# Cases
Kursk oblast	8	110
Kamchatka oblast	8	31
Republic Altai	8	16
Stavropol krai	7	187
Sakhalin oblast	7	41
Amursk oblast	6	59
Kirovsk oblast	5	86
Evenki AO	5	1
Omsk oblast	5	116
Voronezh oblast	5	123
Republic Tyva	5	14
Karachaevo-Cherkes Republic	4	18
Arkhangelsk oblast	4	58
Lipetsk oblast	4	45
Jewish AO	4	7
Koryak AO	3	1
Komi-Permyak AO	3	4
Chukotsky AO	3	2
<b>Total:</b>	<b>120</b>	<b>173,068</b>

Source: Ministry of Health and Federal AIDS Center of the Russian Federation

**Stigma and Social Attitudes Towards HIV/AIDS.** The general perception of HIV-positive injection drug users is that they are "guilty" or responsible for their own infection. Therefore, as carriers of a dangerous disease they must be avoided. (6) HIV/AIDS has however, made it possible to break the taboo on homosexuality for the first time. (11)

### III. OTHER INFECTIOUS DISEASES

The spread of HIV is related in important ways to the incidence of other infectious diseases. Use of contaminated injection equipment exposes users to the risk of HIV and hepatitis B and C. Incarceration in many countries in this region is a risk factor for tuberculosis. Sexually transmitted diseases may increase the likelihood of HIV transmission during sex.

**Summary of Situation.** Fears that the current IDU driven HIV epidemic might be followed by a second wave of HIV infections spread predominantly through sexual intercourse are aggravated by the fact that Russia is experiencing an epidemic of classic sexually transmitted diseases, especially syphilis. The prevalence rate of HIV in male STD patients in major urban areas was 0.02 in 1998. The incidence of syphilis has increased dramatically from fewer than 30 cases per 100,000 population from 1978 -

1992, to 172 cases per 100,000 in 1995. Although there has been a slight decline in the incidence of reported cases of gonorrhoea since 1995, underreporting of the disease is estimated to be substantial. The incidences of chlamydia, herpes and trichomoniasis have all been on the increase. Notified cases of tuberculosis (TB) increased significantly between 1995 and 1999. (11) Over 25% of TB cases are resistant to at least one drug. (18) Trend data on hepatitis are unavailable, however, there were 49,832 cases of hepatitis A in 1998 (10) and the prevalence of hepatitis C was 2.0 per 100,000 population as of December, 1999. (15)

Year	TB		Syphilis Rate/ 100,000	Hepatitis A	Hepatitis B	Hepatitis C
	#	Rate/ 100,000		#	#	#
1993	63,591	42.7	36	-	-	-
1994	70,822	47.6	84	-	-	-
1995	96,828	65.2	172	-	-	-
1996	111,075	75	255	-	-	-
1997	121,491	82.3	262	-	-	-
1998	121,434	82.5	-	49,832	-	-
1999	134,360	91.3	-	-	-	-
2000	-	-	-	-	-	-

Data from (10), (11)

The prevalence of overall primary resistance to tuberculosis was 29% in the Tomsk Oblast and 32.4% in the Ivanovo Oblast during 1996 – 1999. Multi-drug resistance of tuberculosis (MDRTB) was 6.5% in the Tomsk Oblast and 9.0% in the Ivanovo Oblast during the same period. The prevalence of acquired overall drug resistance of tuberculosis was 57.8% in the Tomsk Oblast and 68.5% in the Ivanovo Oblast during 1996 – 1999. Acquired Multi-drug resistance of tuberculosis for the Tomsk and Ivanovo Oblasts was 26.7% and 25.9% respectively during the same period. Currently, fewer than 5% of TB patients in Russia are being treated using “Directly Observed Treatment, Short-Course (DOTS)” (18) The DOTS regimen has been shown to prevent the emergence of drug resistant tuberculosis. However, there is little data on the effectiveness of DOTS in treating existing multi-drug resistant TB. (20) While MDRTB has been successfully treated in the United States, (21) the prolonged administration of multi-drug therapies through DOTS can cost tens of thousands of dollars (US) per patient. Unfortunately, this strategy is far too expensive for many countries, including Russia. (20) The majority of TB cases are among those aged 15 – 44. (10) Hepatitis is emerging into a full-scale epidemic. The combined hepatitis incidence rate of 26.7 cases per 100,000 adults and 5.9 cases per 100,000 children in 1996 is double the rate in 1992. In 1995, more than 52,000 Russians were hospitalized for hepatitis B or C. Oddly, the hepatitis epidemic has preceded the appearance of HIV and even hepatitis A is spreading among injection drug users. (18)

#### IV. INJECTION DRUG USE

This section reports available information about drug use levels, trends and risk behaviors, as well as social attitudes about drug use and information about the problem of

drug overdose. Drug treatment and other interventions to reduce the morbidity and mortality of drug use are discussed in Section V, below. Data about drug use come primarily from unofficial sources, including more or less rigorous rapid assessments, consultant reports and the news media.

Sources estimate that the number of illicit drug users rose from 91,000 in 1994 to 149,000 in 1995, 249,000 in 1996 and 350,000 in 1997, of which two-thirds use injectable drugs. Estimates of illegal drug use (other than alcohol and solvents) vary from 600,000 to several million. (11) At the start of 2001 there were 412,000 drug users registered with the Ministry of Health of the Russian Federation. Actual drug users are estimated to be 10 times higher (over 4 million). The Public health Minister estimates that there are 2 million drug dependent people in Russia. (1) Official sources in Saint Petersburg suggest a figure of 200,000 injection drug users in that city. (11)

**Trends in Drug Use.** Dominating all other drug issues in Russia is the dramatic increase in the flow of heroin into the country from Afghanistan across the southern border. In 2000, 80% of the heroin seized in Russia came from Afghanistan. The UNODCP estimates that the amount of heroin brought into Russia from Afghanistan more than doubled from 1999 to 2000. The sharp increase in the supply of heroin has correlated with a sharp decrease in price, which has in turn, stimulated demand to unprecedented levels. (1) According to recent reports, the United States (US) war on Afghanistan has led the Taliban and al Qaeda to dump their stockpiles of opium on world markets. A kilogram of raw opium that cost \$700 (US) before the terrorist attacks on the U.S. sold for \$100 (US) in subsequent weeks and currently trades for about \$300 (US). (16) The government now recognizes that drugs are no longer simply an illicit product in transit. Although more than half of the heroin seized in 2000 was destined for other countries, Russia is now a consumer as well and faces a serious drug abuse problem for the first time. The President of Russia now considers the drug problem a “direct threat to the national security of the state”. The President of the Security Council reports 200,000 drug-related crimes in 2000 alone.

Traditionally, the drugs of choice in Russia have been opium poppy straw extract and cannabis products. Other drugs of concern include heroin, amphetamines and ephedrine. Russia remains a depressed market for cocaine, which remains priced out of the Russian market. Demand for cocaine has fallen abruptly from its peak in the more prosperous 1990's, although the demand for cocaine never equaled that for heroin, which is much cheaper, more plentiful and more easily imported. Coinciding with the widespread availability of cheap heroin is a dramatic increase in heroin abuse and addiction and a concomitant steep increase in HIV/AIDS. (1)

**Risk Behavior.** There is anecdotal evidence that opiate users in Moscow share needles and syringes more frequently than IDU's in other regions, primarily due to a lack of money. There is also anecdotal evidence that in several cities, human blood is added to the drug solution during preparation as a cleansing agent to precipitate solid particles and stabilize acidity levels. In most cases, the person who “boils” the drug solution uses his own blood. Assessments of HIV outbreaks in several Russian regions and cities

suggest that drug “boilers”, either through negligence or ignorance of their HIV status, might have spread the virus in this way. (11)

**Drug Traffic.** Heroin trafficking is the major drug problem facing Russia today. The Afghanistan Taliban government had stepped up the production of opium and heroin for export into Tajikistan and Kazakhstan and on to Russia just as the 1998 economic crash plunged Russia into economic crisis. The crash resulted in a sharp drop in the standard of living for many Russians, which included high unemployment rates and a decrease in the technical and financial resources available to law enforcement. Given the porous nature of the border and the lack of technical and financial support for law enforcement, Russia appears ill equipped to handle the growing influx of Afghan heroin. Although the bulk of heroin finds its way into European or other markets, the proximity of the source and the large quantities available have led to a precipitous drop in heroin prices, from an average of \$70 (US) per gram in 1999 to \$10 (US) per gram in 2000. Still, the average Russian cannot support a drug habit without resorting to some form of crime.

The same Russia criminal organizations that have long conducted other criminal operations throughout various regions of Russia now handle domestic distribution of drugs. Drug trafficking into the country is often handled by groups who tend to specialize in certain categories of drugs in specific areas. Heroin is mainly supported by Afghan, Tajik and other Central Asian groups, along with West Africans across the southern border with Kazakhstan into European Russia and western Siberia. Vietnamese and Chinese groups traffic heroin, opium and ephedrine into eastern Siberia, where methamphetamines are also manufactured in kitchen labs for personal use. Ukrainian groups traffic in cannabis, while Nigerian and some other African groups traffic mostly heroin.

The port city of Astrakan and the Black sea port of Novorossiysk are major transit points for Turkish and Afghan heroin into Russia. Vast amounts of daily sea traffic, consisting of passengers, auto on ferries and bulk goods in trucks, are used to conceal heroin trafficked into Russia. All routes mentioned above are used in reverse to smuggle the precursor chemical acetic anhydride to clandestine laboratories in Afghanistan and Turkey, which produce Afghan and Turkish heroin. The lack of border controls with China and Mongolia facilitates smuggling, including drug trafficking through that region. In eastern Russian, Chinese drug producers continue to import the precursor ephedrine for the domestic production of methamphetamine in kitchen labs for personal use. Cocaine traffickers also route Columbian cocaine for transshipment to Europe and elsewhere through Russian seaports and airports. (1)

**Social Attitudes Towards Drug Users.** Social attitudes toward drug use and IDUs are mostly negative. The general perception of HIV-positive injection drug users is that they are "guilty" or responsible for their own infection. Therefore, as carriers of a dangerous disease they must be avoided. The media helps to fuel this negative public perception by referring to injection drug users as "hopeless junkies". The general attitude from politicians, clergy and the medical profession to the general public is that drug users should face criminal punishment. The police prefer to harass and arrest drug users often sending them underground. (6)

**Drug Overdoses.** There are no available data on the incidence of drug overdoses or trends over time or by region. Since the number of IDUs has grown significantly and the cost of pure heroin has gone down, it is likely that drug overdoses are a significant problem in some communities.

## V. LAWS AND LAW ENFORCEMENT PRACTICES

### A. Drug Use Related - Law

This section describes what is known about both the drug-related laws on the books and the way these laws are enforced. The section covers syringe access, drug possession, drug treatment, drug trafficking and the handling of drug arrestees and prisoners within the criminal justice system. It also lists the international drug-related instruments to which the country is signatory.

**Syringe Access /Needle Exchange - Law.** There are currently no laws prohibiting syringe purchase or possession, or the operation of syringe exchange programs. (17)

**Syringe Access/Needle Exchange - Practices.** Possession of a syringe often exposes injection drug users to police harassment or intervention by indicating illegal drug possession. (11) Syringe exchanges operate, often with local resistance from the authorities, in cities across the Federation. (23)

**Drug Possession - Law.** Article 228 of the Russian criminal code prohibits possession, sale, manufacture or production of illicit drugs and imposes specific penalties. Convictions under this code involve simple drug use as well as the sale of illicit drugs. Article 228 prohibits the possession of illicit drugs and makes the illegal acquisition or keeping without purpose to sell punishable by 3 years of imprisonment. More specific punishment is provided for (3 – 7 years) if possession is coupled with intent to sell. Repeat offenders face imprisonment for 5 –10 years. Although Article 228 does not prohibit the non-medical use of drugs or psychotropic substances, does not specify what substances are considered to be illicit drugs, nor does it indicate what amounts of illicit drugs are to be interpreted as “large” for criminal liability purposes, these gaps are filled by other sections of the criminal law. The Permanent Commission on Drug Control has established a list of substances to be considered “drugs and psychotropic substances” within Article 228. There is currently a draft law that would enable authorities to arrest and detain persons who were “high” at the time of arrest but were no longer in possession of any illicit drug. (17)

**Drug Possession - Practices.** The criminalization of the purchase and possession of illegal drugs under the 1998 Drug Law has done little to discourage the growing substance abuse problem in Russia. Court sentences continue to be light despite the stiffening of penalties under the 1998 Law. (1)

**Drug treatment - Law.** Under the Russian Constitution of 1993, Article 41, everyone shall have the right to health care and medical assistance. Medical assistance shall be made available by state and municipal health care institutions to citizens free of charge, with the money relevant to the budget, insurance payments and other revenues. (19)

**Compulsory Treatment - Law.** The 1998 Russian Law on Narcotics and Psychotropic Substances provides for compulsory treatment of drug abusers who come to the attention of the authorities. The 1998 Drug Law restricts drug abuse treatment to government facilities. (1)

#### **Compulsory Treatment – Practices.**

**Drug Trafficking - Law.** The 1998 Russian Law on Narcotics and Psychotropic Substances stiffened penalties the penalties for the distribution and large-scale trafficking of illicit drugs. (1)

**Drug Trafficking - Practices.** The 1998 Law has given law enforcement a somewhat increased ability to deal with serious drug traffickers. However, as the flow of Afghan heroin has increased three-fold over the past three years, Russian law enforcement budgets have remained static. Equipment has deteriorated and veteran officers have been lost to attrition. Little new funding is available for new equipment or procurement of new technology. Thus, inadequate budgets, low salaries and a lack of technical resources and support hamper performance and encourage corruption. Funds for training are also extremely limited. (1)

**Drug Treatment - Regulation.** The permanent Committee on Drug Control established a list of substances considered to be “drugs and psychotropic substances” within the meaning of Article 228 and other relevant legislation. Methadone has been classified as an illegal drug. (17)

**Drug Treatment Regulation - Practices.** Since methadone is classified as an illegal drug, substitution therapy is precluded. (17) Opposition to methadone maintenance and other substitution therapies on the basis that they are not “real” drug treatment comes from many drug treatment physicians. (6)

**Criminal Justice System - Law.** Under the Russian Constitution of 1993, Section One, Chapter 2, Rights and liberties of Man and Citizen, Article 17: The basic rights and liberties in conformity with the commonly recognized principles and norms of international law shall be recognized and guaranteed in the Russian Federation and under this Constitution. Under Article 22: Everyone shall have the right to freedom and personal inviolability. Arrest, detention and keeping in custody shall be allowed only by an order of a court of law. Under Article 45: State protection for human rights and liberties in the Russian Federation shall be guaranteed. Under Article 46: Everyone shall be guaranteed protection of his or her rights and liberties in a court of law. Under Article

47: No one may be denied the right to having his or her case reviewed by the court and the judge under whose jurisdiction the case falls under by law. Anyone charged with a crime has the right to have his or her case reviewed by a court of law with the participation of jurors in cases stipulated by the federal law. Under Article 49: Everyone charged with a crime shall be considered not guilty until his or her guilt has been proven in conformity with the procedures stipulated by the federal law and established by the verdict of a court of law. The defendant shall not be obligated to prove his or her own innocence. The benefit of the doubt shall be interpreted in favor of the defendant.

Under the Criminal Processing Code, Article 89: Imprisonment as a pretrial detention measure should be invoked only when there are reasonable grounds to believe that the suspect will hide from further investigation or court; or will put obstacles in the way of establishing justice in the criminal case; or will continue his involvement into criminal activity. Otherwise, the prosecutor or judge may release the accused on bail. Under Article 99: There is no amount set for bail, however, the minimum can't be less than \$500 (US), or two to three months of the average Russian salary. Under Article 97: pre-trial detainment cannot exceed two months, but a prosecutor may extend this term to three months. For crimes of a serious nature, the Deputy Prosecutor general may extend this term to 1 year.

Under Article 48: Everyone shall be guaranteed the right to qualified legal counsel. Legal counsel shall be provided free of charge in cases stipulated by the federal law. Every person who has been detained, taken into custody or charged with a crime shall have the right to legal counsel (defense attorney) from the moment of, respectively, detention or indictment. (17)

**Criminal Justice System - Practices.** Judicial reform was an early priority of post-Soviet Russia, yet in recent years reforms have stalled. The Judicial Reform Department was dissolved in 1995 followed by a judge's strike. Thus, the Russian judiciary is currently in crisis. The strengthening of drug laws has led to a sharp increase in the workload of judges, but there has been no enlargement of staff to handle the increase. The courts are currently bankrupt, thus judges and court staff do not receive their salaries. Difficult working conditions continue to foster corruption among law enforcement officials who are reluctant to investigate their own.

A prosecutor may require pre-trial detention, a decision that is not automatically reviewed by the court. The prosecutor has very broad powers, over which the courts exercise very little influence. The bail minimum of \$500 (US) is too high for the majority of the accused. Since the minimum set for bail is so high, many Russians cannot afford to post bail, thus there is an increase in pre-trial detainment.

Most accused persons lack the resources to secure legal counsel. State advocates are provided free of charge, but the quality of this representation is poor. (17)

The number of HIV-infected prisoners has increased dramatically in recent years. The prevalence rate of HIV among prisoners was 21.8 per 100,000 population in 1996,

rising to 106.5 per 100,000 population in 1997. There were 1,636 HIV-infected persons in confinement institutions in 1997. During the nine years from 1987 to 1995, 46 HIV-infected prisoners had been identified, none of them injecting drug users. In 1996, 300 HIV-infected individuals arrived at Russian prisons, almost 90% of them injecting drug users. In 1997, 1,636 prison inmates were HIV-infected, 1,516 (93%) injecting drug users. Thus, up to one-half of all HIV-infected registered drug users must have been in contact with the prison system in 1997. In early 1998, 468 HIV-infected prisoners arrived, including 434 (93%) injecting drug users. As of May, 1998, approximately 20% (1,732) of all people registered as HIV-infected were in prison.

The highest number of HIV-infected people in prison was in Kaliningrad (370), followed by Krasnodarsky krai, Rostovskays region (274), Tverskaya region (201), Nizhegorodskaya region (105) and the Moscow Departments of Interior Affairs (100). Most HIV infections are detected at the time of entry into an investigative ward. However, in 1997, the proportion of first HIV diagnosis decreased to about 60%. Although sufficient evidence of HIV transmission in prisons is lacking, there are anecdotal reports of sex between men, rape and injecting drug use. Drug distribution and consumption appears to be taking place in prisons on some level. Needle and syringe sharing appears to be common, and disposable and clean equipment is usually not available. (11)

### **Status of International Drug Conventions**

- ? 1988 UN Drug Control Convention
  - ? 1972 Protocol
  - ? 1971 UN Convention on Psychotropic Drugs
  - ? 1961 UN Single Convention
  - ? 1995 Trilateral Counter Narcotics Cooperation with Kyrgyzstan and Tajikistan
  - ? 1992 Kiev Treaty on Cooperation in Inter-regional Drug Investigations
  - ? UN Convention Against Transnational Organized Crime and its Protocols, December, 2000
  - ? Mutual Legal Assistance Treaty with the United States, Fall, 2000
- (1)

### **B. Public Health and Human Rights Law**

This section describes what is known about public health and human rights law on the books, as well as the way these laws are enforced. The section covers the right to health care and HIV treatment, reportability of HIV/AIDS, HIV testing provisions, anti-discrimination provisions, privacy and criminal penalties associated with prostitution and homosexuality. It also lists the international human rights instruments to which the country is a signatory.

**Right to Health Care/HIV Treatment - Law.** Constitution of 1993, Article 41, everyone shall have the right to health care and medical assistance. Medical assistance

shall be made available by state and municipal health care institutions to citizens free of charge, with the money relevant to the budget, insurance payments and other revenues. (19)

**Right to Health Care/HIV Treatment – Practices.** While the demand for health care including HIV treatment has increased dramatically, the capacity to deal with the demand has not. Severe financial constraints in the health care system have resulted in a deterioration in the quality of services. Unmotivated staff, obsolete, poorly maintained equipment and a severe shortage of supplies pervade the system. (11)

**Reportability of HIV, AIDS, HCV, HBV – Law and Practice.** Diagnosed HIV infections are reported by name in a national HIV case reporting system. (7)

**HIV Testing Provisions – Law and Practice.** Until 1995, HIV/AIDS surveillance was organized mostly through mandatory screening in most subgroups of the population along with contact tracing. Currently, testing remains mandatory only for blood donors, prisoners and professionals exposed to HIV. (7)

**Anti-Discrimination – Law and Practices.**

**Privacy Generally and HIV in Particular – Law and Practices.**

**Criminal Penalties for Exposing/Transmitting HIV Law and Practices.**

**Criminalization of Prostitution – Law and Practices.** There is currently no legislation dealing with sex work. (11)

**Criminalization of Homosexuality – Law and Practices.** In the wake of the social changes of 1993, the ban on homosexuality has been lifted. Police repression has relaxed to some extent but public attitudes toward homosexuality remain largely hostile. (11)

**Status of International Human Rights Conventions**

- ? International Covenant on Economic, Social & Cultural (ICESCR) – **signed October 16, 1973**
- ? International Covenant on Civil & Political Rights (ICCPR) – **signed October 16, 1973**
- ? ICCPR Optional protocol (CCPR-OP1) – **signed October 1, 1991**
- ? Convention on the Elimination of Discrimination Against Women (CEDAW) – **signed January 23, 1981**
- ? Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) – **signed March 3, 1987**
- ? Convention on the Rights of the Child (CRC) – **signed August 17, 1990**
- ? International Convention on the Elimination of all Forms of Racial Discrimination (CERD) – **signed February 4, 1969**

(2)

## VI. PUBLIC HEALTH INTERVENTIONS

This section provides information on interventions to reduce HIV transmission and other health problems among drug users, the availability of drug treatment and HIV prevention programs.

### A. Interventions to Reduce Disease and Other Injuries Associated With Drug Use

**Summary of Government Position and Activities.** Russian authorities resist needle exchange programs for fear of appearing to encourage heroin abuse. (1) Most harm reduction programs depend on funding through the international community. The Russian Federation has received approximately 37 grants for needle exchange and methadone projects from 1996 through 2000. Opposition from physicians towards harm reduction stems from the belief that it is not "real" drug treatment. Additional opposition comes from the police, clergy and politicians. General public perception often arises from negative media portrayals of harm reduction programs. (7) Since 1997, small-scale needle exchange programs have been operating in several cities, however, restrictive new drug laws hinder their operations. (11)

**Needle Exchange Programs.** There is strong opposition from city administrators and neighborhood groups (businesses, residents, etc.) to needle exchange programs. (6)

### B. Drug Treatment Programs/Availability

The 1998 Russian Law on Narcotics and Psychotropic Substances provides for compulsory treatment of drug abusers who come to the attention of authorities. The 1998 Law restricts drug abuse treatment to government facilities. Russian counter-narcotics efforts rely heavily on law enforcement, but authorities have recently displayed an increased interest in initiating cooperation and accepting assistance in the areas of drug abuse prevention and treatment. (1)

**Substitution Therapies.** Substitution therapies are generally unavailable due to the illegality of methadone and opposition to this form of therapy from physicians, politicians, clergy, police and the general public.

(6)(17)

### C. Public Health Measures to Prevent HIV and other Significant Diseases

The government has limited resources devoted to public health. The amount of funding towards health care has decreased as a percentage of GDP to approximately 4%. The result is an almost complete lack of primary prevention interventions and the absence of acceptable services targeted at vulnerable population groups. (11) While vaccines are available to prevent hepatitis A & B, they are costly and generally unavailable in Russia.

While hepatitis A is controlled mostly through careful monitoring of food and water, this is not occurring in Russia. (18)

**Government Efforts/Attitudes.** Russia has taken some measures to effectively prevent HIV transmission in the most affected regions. Risky drug preparation practices have been reduced following the dissemination of targeted information and education among drug users. However, other regional and national policies have further increased the risks associated with intravenous drug use by driving many drug users underground, effectively rendering them unreachable. The traditional approach to prevention in prisons remains testing. Small gay groups have emerged but generally only target their members. Official approaches to sex work and HIV prevention among sex workers have so far been characterized by either negligence or repression. Lacking legislation, sex workers are frequently detained with no legal basis or because they do not have the required residence documents. The police in Moscow occasionally become involved in pimping. (11)

**Programmatic Details.** HIV testing is widely available. Anyone who wants an HIV test can obtain one anonymously. As of December 31, 2000, the rate of testing per 1,000 population was 27.3. (9) The number of tests performed decreased 43% between 1994 and 1996, due in large part to the change in testing policies and decreased funding. However, the number of tests decreased 33% in blood donors and 54% in prisoners for whom testing policies remain the same. (7) The total number of HIV tests performed, excluding unlinked anonymous testing and the testing of blood donations by year (1996 – 2000) and rate of testing per 1,000 population was:

1996: **4,243,173**  
1997: **3,935,020**  
1998: **3,768,943**  
1999: **3,830,728**  
2000: **4,005,789**

Totals/1,000 population: **27.3** (9)

## VII. SOCIOPOLITICAL ENVIRONMENT

A variety of data and data indices are commonly used to characterize social, political and economic factors in a country. The following are several of these for the Russian Federation.

Perceived corruption in government is measured by the Transparency Corruption Perception Index (CPI), which ranks countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. The most recent measure was taken in 2001:

? Country Rank: **79/91**  
? 2001 CPI Score: **2.3**  
? Surveys Used: **10**

- ? Standard Deviation: **1.2**
  - ? High-Low Range: **0.3 – 4.2**
- (12)

The GINI Index measures the extent to which the distribution of income (or in some cases consumption expenditures) among individuals or households within an economy deviates from a perfectly equal distribution. A Lorenz curve plots the cumulative percentages of total income received against the cumulative number of recipients, starting with the poorest individual or household. The GINI Index measures the area between the Lorenz curve and the hypothetical line of absolute equality, expressed as a percentage of the maximum area under the line. Thus, a GINI Index of zero equals perfect equality while an index of 100 implies perfect inequality.

- ? GINI Index, 1998: **48.7**
- (22)

The Human Development Index is a composite index measuring average achievement in three basic dimensions of human development, including, a long and healthy life, knowledge and a decent standard of living.

- ? Human Development Index Rank (HDI), 1999: **71/174**
- (7)

Unemployment rates refer to the share of the labor force without work but available for and seeking employment. Definitions of labor force and unemployment differ by country.

- ? Unemployment rate (1997): **11.3%**
  - ? Unemployment rate (2000): **10.5%**
- (7)  
(14)

Standard & Poor's Insurer Financial Enhancement Rating is a current opinion of the creditworthiness of an insurer with respect to insurance policies or other financial obligations that are predominantly used as credit enhancement and/or financial guarantees. The ratings range from 'CC', which is defined as "currently highly-vulnerable" to a rating of 'AAA', which is defined as an "extremely strong" capacity to meet its financial commitments.

Russia's long and short-term currency rating of B means that the government faces "adverse business, financial, or economic conditions which will likely impair the insurer's capacity or willingness to meet its financial commitments". The long and short-term foreign currency ratings are comparable.

- ? Local Currency:
- ? Long-Term rating: **B**
- ? Outlook: **Stable**
- ? Short-Term Rating: **B**
- ? Foreign Currency:
- ? Long-Term rating: **B**

- ? Outlook: **Stable**
- ? Short-Term Rating: **B** (13)

The Social Indicators of Poverty represent the health status of individuals in different socioeconomic groups within countries for the last survey year:

- ? Infant Mortality Rate:
  - Poorest Quintile: N/A
  - Richest Quintile: N/A
- ? Child Immunization Rate:
  - Poorest Quintile: N/A
  - Richest Quintile: N/A
- ? Prevalence of Child Malnutrition:
  - Poorest Quintile: N/A
  - Richest Quintile: N/A
- ? Low Mother's Body Mass Index:
  - Poorest Quintile: N/A
  - Richest Quintile: N/A
- ? Total Fertility Rate:
  - Poorest Quintile: N/A
  - Richest Quintile: N/A
 (22)

The National Poverty Line is the measurement of the percentage of the population below the defined income level of poverty. In Russia, 30.9% of the population has an income below the poverty line.

- ? Population Below the Poverty Line (BPL), 1994: **30.9%**
- ? Population Below the Poverty Line (BPL), 1999 (est.): **40%** (14)

The Gross Domestic Product (GDP) is the total of all economic activity in one country, regardless of who owns the productive assets. The GPD per capita is the total output divided by the population. This value is then adjusted to convert to a common currency, which adjusts for national variations in the process paid for goods and services. There had been a precipitous decline in GDP in Russia during the last decade with an average annual growth rate in the economy of – 6.1%.

Gross Domestic Product per Capita (PPP US\$): **\$7,700** (2000 est.) (14)

Gross Domestic Product - Average Annual Growth:

1980-1990: unavailable  
 1990-1999: **- 6.1%**  
 2000 (est.): **6.3%**

Gross Domestic Product in millions (US\$):

1990: \$ 579,068  
1999: \$ 401,442

(13)

## VIII. RESOURCES

## IX. REFERENCES

- 1) International Narcotics Control Report, 2001,  
<http://www.state.gov/g/inl/rls/nrcrpt/2000/index.cfm?docid=892>
- 2) Office of the United Nations High Commissioner for Human Rights, Status of Ratifications of the Principal International Human Rights Treaties, 26 Jun 2001, <http://www.unhchr.ch/pdf/report.pdf>
- 3) AIDS Epidemic Update, The Body: An AIDS and HIV Information Resource, Dec 2000, <http://www.thebody.com/unaidupdate/overview.html>
- 4) Stephenson, Joan, "HIV/AIDS Surging in eastern Europe", JAMA, vol284: 24, Dec 27,2000, <http://jama.ama-assn.org/issues/v284n24/ffull/jmn1227-1.html>
- 5) Vincent, Cheri, "[Health-1] article on the HIV/AIDS CAI Conference", 23 May 2001, <http://health.freenet.uz/pipermail/health-1/2001-May/000069.html>
- 6) Executive Summary of Needle Exchange Programs, OSI International Harm Reduction Development, 1999.
- 7) Epidemiological fact Sheet on HIV/AIDS and Sexually Transmitted Infections, 2000 Update, <http://www.unaids.org>
- 8) Curtis, Matthew, "Experts Mull Measures to Prevent HIV/AIDS Explosion In Central Asia", Eurasianet.org, February 2, 2001, <http://eurasianet.org/departments/recaps/articles/eav030201.shtml>
- 9) European Centre for the Epidemiological Monitoring of AIDS, HIV/AIDS Surveillance in Europe, End-year report 2000. 2001; N<sup>o</sup> 64. [www.eurohiv.org](http://www.eurohiv.org)
- 10) WHO Europe Communicable Disease, WHO Regional Office for Europe, 1999 - 2001, <http://cisid.who.dk/>
- 11) The determinants of the HIV/AIDS Epidemic in Eastern Europe, Monitoring the AIDS Pandemic, 1999

- 12) Corruption Perceptions Index 2001, Transparency International, June 27, 2001, <http://www.transparency.org/documents/cpi/2001/cpi2001.html>
- 13) Sovereign ratings List, Standard & Poor's, August 3, 2001, <http://www.standardandpoors.com/RatingsActions/RatingsLists/So.../SoverignsRatingsList.htm>
- 14) CIA -- The World Factbook 2000 -- Kazakhstan, <http://www.cia.gov/cia/publications/factbook/geos/pl.html>
- 15) Web-Based Surveillance Data System (CISID), World Health Organization (WHO) European Region, December 3 – 9, 1999, [www.who.int/wer/pdf/1999/wer7449.pdf](http://www.who.int/wer/pdf/1999/wer7449.pdf)
- 16) Walker, M., Migliaccio, A. and Jervis, R., “Flood of Afghan Opium Hits World Markets”, Wall Street Journal, November 14, 2001.
- 17) Criminal Code of the Russian Federation, adopted by the State Duma, May 24, 1996, translated by William E. Butler, London, Simmonds & Hill Publishing Ltd., 1997, 134
- 18) Garrett, Laurie, “Crumbled Empire, Shattered Health/Virus Spreading Like Wildfire”, Newsday, November 2, 1997, <http://www.aegis.com/news/newsday/1997/ND971104.html>
- 19) Russian Constitution, 1993.
- 20) Leslie, Mitch, “Drug-resistant TB not cured by current tactics in developing countries”, Stanford Online Report, March 15, 2000, <http://www.stanford.edu/dept/news/report/news/march15/tb-315.html>
- 21) Bishai, William, “Rising Tide of Multidrug Resistant Tuberculosis in Developing Countries: Can Anything Be Done?”, Community Based Approaches to the Treatment and Control of Multi-Drug Resistant Tuberculosis, April 4-5, 1998, Johns Hopkins School of Public Health, <http://hopkins-id.edu/diseases/tb/tb-bishai.html>
- 22) 2001 World Development Report, The World Bank.
- 23) International Harm Reduction Development Program, Directory: Harm Reduction Programs in Eastern Europe and the Former Soviet Union, <http://www.soros.org/harm-reduction/resourceguide/text/IHRD7.html>