



Russian president Vladimir Putin and Tajik president Imomali Rakhmonov discuss a proposal to create an antidrug coalition to fight drug smuggling. Tajikistan has adopted many of Russia's stringent drug policies. Reuters POOL/New

Effects of UN and Russian Influence on Drug Policy in Central Asia

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Introduction

The UN drug control conventions and the 1998 UNGASS commitments are often used to justify prohibitionist and punitive drug policies employed by national governments in Eurasia.¹⁰¹ In the Russian Federation and the Central Asian countries, efforts to reduce drug demand have been conceived largely through the lens of enforcing criminal prohibitions on drugs, and have also led to coercive drug dependence treatment, raising serious human rights concerns.¹⁰² Drug user registries and limitations of the rights of those who are registered as drug users are in place in each of these countries. Studies done in some

countries in the region have reported that drug dependence treatment options in place are often ineffective.¹⁰³ Meanwhile, as of this writing, an evidence-based intervention, the use of opioid substitution treatment (e.g., methadone and buprenorphine), is not yet implemented in some countries (e.g., Tajikistan and Kazakhstan), exists only as small-scale pilot projects in others (e.g., Uzbekistan), and in the case of Russia, remains criminally prohibited.¹⁰⁴ There are numerous reports of widespread human rights violations against people who use drugs in countries that are members of the Commonwealth of Independent States (CIS), comprising 12 former Soviet republics. These abuses include police harassment and targeting of people who use drugs in order to meet arrest quotas.¹⁰⁵

The Conventions have often been misinterpreted, whether deliberately or inadvertently, as prohibiting various evidence-based measures to reduce the harms associated with drug use—such as opioid substitution treatment, needle and syringe exchange and supervised drug consumption sites—*notwithstanding* the clear conclusions reached by the legal advisers of the UN drug control program that such interventions are permissible under the Conventions.¹⁰⁶ As a number of commentators have highlighted:

The ideal of a “drug free world” (to quote from the declaration adopted by the UN General Assembly in 1998), and its required prohibitionist, punitive approach, may be based on an overarching concern for the “health and welfare of mankind.” But in practice, the health and welfare of those in need of special care and assistance—people who use drugs, those most at risk from drug-related harm, and the most marginalized communities—have not been a priority. They have instead been overshadowed, and often badly damaged, by the pursuit of that drug-free ideal.¹⁰⁷

Against this backdrop of global and regional concern, in this essay we analyze the role of the predominantly prohibitionist approach embodied in the UN drug control conventions and the 1998 Political Declaration in shaping Russian drug legislation and policy, and its influence on drug policy in the Central Asian countries of Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan. Our analysis proceeds in a number of stages following this introduction.

The first part of this essay provides context by outlining the epidemiological shifts in injection drug use and the HIV epidemic in Russia and Central Asia over the last decade since the 1998 UNGASS on the World Drug Problem, which reveals that these intertwined epidemics have worsened, with injection drug use functioning as a major driver of the HIV epidemic.

The second part analyzes the role played by the UN drug control framework, as reaffirmed by the 1998 UNGASS Political Declaration, in Russia’s “war on drugs.” However, given Russia’s dominance in the region, its influence is felt well beyond its borders.

The third part therefore analyzes regional cooperation on drug control, with a focus on the two model laws on drugs adopted by the Inter-Parliamentary Assembly of the Commonwealth of Independent States (CIS), which largely replicate Russian policy.

In the fourth part, a brief analysis of national drug laws in the Central Asian countries (Kazakhstan, Kyrgyzstan, Uzbekistan, and Tajikistan) suggests that, despite Russia's apparent intention, the CIS model laws have not had a major influence on national legislation in at least these CIS member states. Rather, the CIS and other regional bodies serve primarily as fora for regular rhetorical reinforcement of the "war on drugs." However, Russian law has clearly been exported as a model and has had some impact. We consider the national approach to drugs in the four Central Asian countries that are members of the CIS, and trace similarities between their approaches to drug control. For many political and historical reasons—such as their common Soviet past, the economic and political influence of Russia, and limited independent national expertise and access to independent information accessible in Russian or local languages—the Central Asian countries have adopted drug laws very similar to those of Russia. Yet this is only part of the story. Despite certain legislative similarities to Russia, and the Central Asian countries' rhetorical support for the "war on drugs" promoted by Russia (with frequent reference to the UN drug control documents), including through regional bodies and cooperation agreements, several of the countries have in recent years shown, in at least some areas, growing willingness to pursue independent policies shaped by the local situation and circumstances.

Finally, the fifth part concludes by identifying a number of reforms that could and should be implemented by the governments of Russia and the Central Asian countries to use the flexibilities afforded by the UN drug control conventions so as to adopt a more sophisticated and balanced approach to drug use. This approach should take into account concerns about the human rights and public health consequences of an overly strict adherence to prohibition, including the spread of HIV and hepatitis C virus (HCV), and expand evidence-based, human rights-based measures to prevent and reduce harms associated with problematic drug use.

Injection drug use and HIV in Russia and Central Asia

The Russian Federation and the Central Asian countries formerly part of the Soviet Union currently maintain repressive laws and policies on illicit drugs, in line with the dominant orientation and (perceived) requirements of the UN treaties on drug control. At the same time, these countries report fast-growing epidemics of both HIV and drug use, with all evidence indicating the former is fuelled to a considerable degree by the latter, prompting some Central Asian states to begin the introduction of programs aimed at reducing HIV infection and otherwise protecting the health of people who use drugs. Member States of the Commonwealth of Independent States have recently estimated that the numbers of

people in the region who use illegal drugs and who are dependent on drugs increase by up to 10 percent every year.¹⁰⁸ The UN Office on Drugs and Crime (UNODC), the lead agency of the UN system tasked with combating illicit drugs, crime, and terrorism, also reports that the Central Asian countries are experiencing consistently rising levels of drug use.¹⁰⁹ As shown on Table 2 below, official data from both Russia¹¹⁰ and four Central Asian countries¹¹¹ show that, over the decade since the 1998 UNGASS on the World Drug Problem, there has been a significant increase in the number of drug users listed in those States' registries. Recent reports estimate the real figure of people who inject drugs is many times higher.¹¹²

Table 2. Injection drug use in Russia and Central Asia

	Number of registered drug users ¹¹³		Estimates of drug use (2008) (among people age 15-64) ¹¹⁴	
	2000	2007	No. of people injecting drugs	Prevalence of injection drug use
Russia	441,927	537,774	1,825,000	1.78%
Kazakhstan	38,320	55,286	100,000	0.96%
Kyrgyzstan	4,479	8,464	25,000	0.74%
Tajikistan	4,200	8,607	17,000	0.45%
Uzbekistan	14,627	21,465	80,000	0.47%

The region's epidemic of injection drug use is paralleled by some of the fastest-growing HIV epidemics in the world.¹¹⁵ According to UNODC, the number of officially recorded HIV infections in four Central Asia countries (Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan) increased 15-fold from 2000 to 2007.¹¹⁶ Table 3 below shows the development of the HIV epidemic in Russia and these countries over the last decade (corresponding almost exactly to the decade since the 1998 UNGASS on Drugs), based on estimates by UNAIDS and the World Health Organization (WHO).

Indeed, the epidemics of injection drug use and HIV are closely intertwined in these countries of the former Soviet Union. While injection drug use accounts for approximately 10 percent of HIV infections globally, in Central Asia and Russia it is associated with a much higher percentage of HIV infections.¹¹⁷ According to UNAIDS, injection drug use is the main mode of HIV transmission in the Russian Federation,¹¹⁸ and of the new HIV

Table 3. HIV prevalence in Russia and Central Asia

	1997 ¹¹⁹		2007 ¹²⁰	
	Adults living with HIV (age 15-49)	Adult HIV prevalence (percent)	Adults living with HIV (age 15+)	Adult HIV prevalence (percent)
Russia	40,000	0.05	940,000	1.1
Kazakhstan	2,500	0.03	12,000	0.1
Kyrgyzstan	<100	<0.005	4,200	0.1
Tajikistan	<100	<0.005	10,000	0.3
Uzbekistan	<100	<0.005	16,000	0.1

cases reported in the region of Eastern Europe and Central Asia in 2006 for which information on the mode of transmission is available, an estimated 62 percent are attributed to injection drug use.¹²¹ The figure is slightly higher in both Russia and Kazakhstan, where injection drug use accounted for approximately two-thirds (66 percent) of HIV infections newly reported in 2006.¹²² UNODC has estimated that, in 2007, 73 percent of new HIV infections in Kazakhstan were connected with injection drug use (somewhat higher than the UNAIDS estimate), with corresponding figures of 72 percent in Kyrgyzstan, 58 percent in Tajikistan, and 47 percent in Uzbekistan.¹²³

In Russia and Central Asia, HIV prevalence is dramatically higher among people who inject drugs than among the population as a whole, and has been estimated as follows: 37.15 percent in Russia; 9.2 percent in Kazakhstan; 8.0 percent in Kyrgyzstan; 14.7 percent in Tajikistan, and 15.6 percent in Uzbekistan.¹²⁴ In Uzbekistan, which now has the largest epidemic in Central Asia, the number of newly reported HIV diagnoses rose exponentially between 1999 and 2003 (from 28 to 1,836 cases); the number of registered HIV infections in injection drug users more than doubled between 2002 and 2006 (from 631 to 1,454); and almost one in three (30 percent) injection drug users tested HIV positive in a study in Tashkent between 2003 and 2004.¹²⁵ Other Central Asian countries have also seen similar dramatic increases: for example, in a single year, HIV prevalence among injection drug users increased from 16 percent (2005) to 24 percent (2006) in the cities of Dushanbe and Khujand in the Republic of Tajikistan.¹²⁶



A man suffers through unmedicated withdrawal in a narcological clinic in Dushanbe, Tajikistan.
Alessandro Scotti/Panos

The UN drug control framework and Russian drug policy

The three UN drug control conventions establish strict measures (prohibition, criminalization, and punishment) in relation to drug possession and the drug trade. The 1961 Single Convention on Narcotic Drugs requires states to limit in their domestic law the production and possession of, and the trade in, scheduled drugs exclusively to medical and scientific purposes.¹²⁷ The 1971 Convention on Psychotropic Substances expanded the list of prohibited drugs.¹²⁸ The 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances added precursors to the list of controlled substances, and expanded the scope of the conventions to include restrictions on demand as well as supply.¹²⁹ States parties to the 1988 convention are required to make it a criminal offense to intentionally “possess, purchase or cultivate narcotic drugs or psychotropic substances for personal consumption contrary to the provisions of the 1961 convention, the 1961 convention as amended or the 1971 convention.”¹³⁰ In addition, under the 1988 convention, each state party must, subject to its “constitutional principles and the basic concepts of its legal system,” make it a crime for someone to publicly incite or induce others to use illicit drugs.

As analysts point out, however, the language of the conventions is flexible enough to accommodate a range of responses to illicit drugs and to allow countries to tailor their responses to national realities.¹³¹ While both the 1961 and 1971 conventions require that parties act to discourage drug use, they also oblige states parties to take all practicable measures “for the early identification, treatment, education, aftercare, rehabilitation, and social integration” of those who use illicit drugs.¹³² The 1988 convention underlines the primacy of efforts to minimize human suffering related to drug use, and further reiterates

that treatment, education, aftercare, and rehabilitation are acceptable alternatives to criminal conviction and punishment in the case of possession, purchase, or cultivation for personal consumption that is contrary to the provisions of the 1961 and 1971 conventions.¹³³ At the 1998 UNGASS on Drugs, UN member states unanimously declared that demand reduction policies should aim not only at “preventing the use of drugs” but also at “reducing the adverse consequences of drug abuse.”¹³⁴

It is because of such provisions in the conventions that states parties are well within their rights to introduce more sophisticated, evidence-informed approaches to addressing drugs than simply relying on criminal prohibition and punishment. For example, with regard to the matter of ensuring treatment for drug dependence, although the conventions

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“seem to allow very few exemptions for Schedule 1 drugs, methadone is widely available for substitution treatment in many signatory countries.”¹³⁵ Indeed, methadone has been shown to be cost-effective,¹³⁶ the WHO considers methadone and buprenorphine to be among the “essential medicines” that countries should make widely available,¹³⁷ and WHO, UNODC, and UNAIDS have urged increased access to substitution therapy for the management of opioid dependence and as a key HIV prevention measure.¹³⁸ Unfortunately,

not all states parties have taken advantage of the conventions’ flexibility to implement such proven health services. Notwithstanding a strong evidence base and extensive international experience demonstrating the benefit of opioid substitution treatment for individual and public health, and numerous policy recommendations from specialized UN agencies, several states, including Russia, have not ensured access to methadone.¹³⁹

The Russian Federation is a party to all three UN drug conventions, and the three conventions have played a significant role in Russian drug policy.¹⁴⁰ According to the national constitution, international treaties of the Russian Federation are an integral part of its legal system, and rules established by an international treaty supersede national legislation.¹⁴¹ The prohibitionist approach that is the focus of the UN drug control conventions is reflected in Russia’s own domestic law, which even exceeds the conventions’ requirements in some cases, including in ways that are damaging to public health, such as the criminal prohibition of methadone.¹⁴² Drug legislation and policy documents cite the UN drug conventions as the source of their guidance in national lawmaking and as an inspiration for Russia’s firm prohibitionist approach at the domestic level. For example, the federal *Law on Narcotic Drugs and Psychotropic Substances*, adopted in 1997, opens with an express reference to the UN drug control conventions.¹⁴³

Despite the fact that, as described above, even the UN conventions do not themselves go so far, modern Russia pursues a “zero tolerance” drug policy, under which the government aims at a “drug-free world” primarily through a heavy emphasis on the law enforcement activities supposed to curb both the consumption and trafficking of illegal drugs. Government officials regularly claim that Russia has adopted such an approach in order to meet the UN conventions’ drug-eradication goals.¹⁴⁴ For example, in 2001 then-Minister of Interior Affairs Boris Gryshov emphasized that:

Russia needs to toughen its laws on drugs and totally ban illicit drug use in the Russian Federation. Total prohibition of illicit drug use is not the government’s own initiative... but rather a strict adherence to the UN drug conventions... Only criminal law in our opinion can prevent people from committing drug related crimes and force drug dependent individuals to undergo a treatment.¹⁴⁵

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Prominent narcologist and Russian government advisor Edouard Babayan has acknowledged the flexibility inherent in the drug control conventions. He stresses that “neither of the UN conventions requires states parties to follow fully the structural or terminological patterns of the international schedules. This logically follows from the right of states parties to adopt “stricter measures of control or, on the contrary, exclude some of them.”¹⁴⁶ According to Babayan, this justifies the USSR, and later Russia, adopting stricter measures of control nationally, as compared to the UN drug control conventions.¹⁴⁷ He has noted with pride that Russia is practically the only country that fully fulfils the requirements of the 1971 convention and has adopted even stricter measures than required.¹⁴⁸

This heavy emphasis on criminal prohibitions on drugs is accompanied by an extensive enforcement apparatus. Since 1991, counter-narcotics operations have become one of the most important and prestigious activities for all Russian law enforcement agencies.¹⁴⁹ Russian politicians and representatives of the Federal Service of the Russian Federation on Control over Drugs Circulation—one of the largest in the world, employing some 40,000 people¹⁵⁰—often use the rhetoric of the “war on drugs,” justifying the reason for the agency’s existence with the necessity of fighting “narcoaggression against Russia” and the “narcothreat” to the nation.¹⁵¹ In 2007, the system of antidrug bodies in Russia expanded with the creation of yet another agency—the State Antidrug Committee,

which complements the work of the Federal Service on Control over Drugs Circulation, and is chaired by the same person.¹⁵² There are plans to establish antidrug commissions in the regions of Russia, in order to coordinate district-level antidrug bodies. According to the current director of the Federal Service, Viktor Ivanov: “We have a strong enemy; the fight with it should be conducted as in a war—tough and without mercy.”¹⁵³

After the 1998 UNGASS on Drugs, Russia reinforced its commitment to prohibition as its dominant policy approach to drugs by adopting in the following year its own “*Guiding principles and directions of counteraction of illegal narcotics and psychotropic substances and abuse of them for the period until 2008*” (the Guiding Principles).¹⁵⁴ The specific aim of the

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Guiding Principles, which do not have the force of the law and are non-binding declarations of governmental policy, is to achieve the goals adopted at the UNGASS, namely significant and measurable results in reducing illegal drug consumption by 2008. The preamble of the Guiding Principles repeats verbatim the preamble of the UNGASS Political Declaration. The Guiding Principles reaffirm Russia’s intent to “fulfill its obligations

in the sphere of drug control in accordance with international treaties and the decisions of the XX UN Special Session of the General Assembly on Drugs.”¹⁵⁵ It calls on civil society, political, religious, sports, business, and other leaders to take an active part in “forming a society free from drug abuse.” The Guiding Principles stress Russia’s solidarity and support for the international community with regard to overcoming the problem of drug use and drug trafficking, and lay down governmental strategy to combat illicit drugs in a number of areas—a strategy that is almost entirely focused on the enforcement of criminal prohibitions as the means to the end of a “drug-free world,” and that further declares Russia’s objective of ensuring that this approach is adopted or intensified regionally.

The Guiding Principles identify efforts in the area of *demand reduction* that include, among other things, measures that should be taken in order to implement provisions of Article 10 of the 1971 UN convention (prohibiting the advertisement of controlled substances to the general public) and Article 3 of the 1988 convention (which includes the prohibition on publicly inciting or inducing others to commit illegal activity in relation to narcotic drugs). In particular, the Russian government pledges to: “prohibit any forms of propaganda of drug use (interception of dissemination of books, leaflets, brochures, newspapers, etc.) with materials relating to the philosophy and practice of drug use; ... strictly oppose mass media discussions in relation to legalization of the use of drugs and psychotropic substances; create and strengthen specialized subdivisions operating within the framework of law enforcement agencies.”¹⁵⁶

In relation to *supply reduction*, the Guiding Principles state Russia's goal of strengthening regional cooperation by the CIS countries in enforcing prohibition, especially in the area of amending national laws in relation to illicit drugs, consolidating the efforts of the international community in the struggle against narcotics trafficking, and facilitating multilateral intergovernmental anti-narcotics agreements with the CIS countries.¹⁵⁷

Finally, the *international cooperation section* of the Guiding Principles further makes clear Russia's intent to project its prohibitionist approach regionally, including its opposition to evidence-based treatment options for those with opioid dependence. The Guiding Principles explicitly state Russia's policy to engage in the following efforts:

- ▶ “[c]arry out activities with regard to consolidation of the international community's efforts in the struggle against illegal trafficking of narcotics and abuse thereof under the auspices of the United Nations”;
- ▶ “oppose legalization of the non-medical consumption of narcotics and psychotropic substances and the decriminalization of offenses connected with it”;
- ▶ “counteract attempts to develop and apply methadone programs and opium and heroin treatment programs”; and
- ▶ “endeavors shall be made to bring legislation of participant countries of the CIS into conformity with... the CIS model *Law on the Prevention of Illegal Traffic in Drugs, Psychotropic Substances and Precursors*.”¹⁵⁸

As seen from the Guiding Principles, the Russian “war on drugs” approach does not end within the extensive Russian territory. In order to achieve drug demand reduction goals stipulated by the UNGASS 1998, Russia adopts a strategy that totally condemns any attempts to develop and apply methadone programs, to initiate media discussion on the subject of drugs (including methadone and other harm reduction measures), and to legalize any kind of drugs, not only in Russia, but in the entire region.

Former President and now Prime Minister Vladimir Putin acknowledges that Russia has extremely strict criminal responsibility for offenses related to drugs, with criminal sanctions of up to 20 years' imprisonment possible for trafficking.¹⁵⁹ According to Putin,

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“the question is not in making the law stricter, but to ensure the unavoidability of punishment, as for any other crime. And this is the road we are going to take further on.”¹⁶⁰ It is, therefore, not surprising that some modest moves toward tempering the harshness of Russian drug law have subsequently been revised.

In 2003, the federal Duma took an important step toward revisiting federal criminal law in relation to drug offenses by significantly increasing the minimal quantity of drugs that could lead to criminal liability for the offense of possession. Legislative amendments introduced the notion of an “average dose” of an illegal substance, and defined a “large amount” of drugs as 10 or more average doses and an “extra large amount” as 50 or more average doses.¹⁶¹ Purchasing, possessing, manufacturing, importing, and exporting illegal drugs in a quantity less than 10 average doses would lead to administrative, rather than criminal, liability.¹⁶² Compulsory treatment of drug dependent offenders in prisons was abolished, alternatives to imprisonment were introduced, and manufacturing narcotic drugs for personal use was differentiated from manufacturing with the intent to sell.^{163,164}

Yet that move has since been partly repealed: the concept of an “average dose” has been revoked and the definitions of “large” and “extra large” amounts of drugs have been revisited once again.^{165,166} The deputy director of the Federal Service on Control over Drugs Circulation called the Duma’s 2003 amendments “a mistake, which now has been learned and corrected.”¹⁶⁷ According to him, one of the strategic directions of Russia’s drug policy is full implementation of provisions of the UN drug control conventions, in particular strict compliance with the drug schedules.¹⁶⁸ As of this writing, the Federal Service of the Russian Federation on Control over Drugs Circulation proposes to repeal the remaining amendments from 2003, increase criminal sanctions for the sale of drugs in small amounts, and re-establish compulsory drug dependence treatment.¹⁶⁹ The agency’s proposals include adoption of “extraordinary strict measures of control in relation to drugs for medical and scientific purposes,” and the expansion of forced drug testing, particularly in schools and other educational institutions.¹⁷⁰

Regional cooperation in the area of drug control

Having reviewed the basic orientation of the three UN drug control conventions, and the role they play in the Russian Federation’s legislative and rhetorical approach to drugs, this section provides an overview of how both the UN norms and Russia’s approach have influenced other countries within the region and within Russia’s historical sphere of influence. The focus is primarily on Russia’s efforts via the processes of the Commonwealth of Independent States, including developing model legislation and promoting its adoption by member states. More briefly, some reference is made to other regional bodies for addressing drug control, which also are overwhelmingly oriented toward the use of law enforcement mechanisms to address drugs. Just as Russia maintains an extensive appa-

ratus for drug law enforcement domestically, at the regional level there is also a proliferation of bodies, agreements, recommendations, and declarations aimed at reifying prohibition as the dominant response to drugs.

Commonwealth of Independent States

Founded in 1991 and headquartered in Minsk, Belarus, the Commonwealth of Independent States is an international organization consisting of 12 former republics of the Soviet Union,¹⁷¹ with the purpose of promoting integration and cooperation on economic, defense, and foreign policy matters.¹⁷² Created in 1992, the Inter-Parliamentary Assembly (IPA) of the CIS is an advisory body for the preparation of “draft legislative documents of mutual interest,” based in St. Petersburg, Russia.¹⁷³

One of the main goals of the CIS, and one of the major reasons for the existence of the IPA, is the “harmonization and unification” of legislation of the CIS Member States. This work is implemented through the adoption of model legislative acts and recommendations. Since its inception, the IPA has adopted over 200 model legislative acts, including model Civil, Criminal, Criminal Procedure, and Tax Codes.¹⁷⁴ In 1996 and again in 2006, at the initiative of its Permanent Commission on Defense and Security Issues, the IPA adopted two model laws on drugs¹⁷⁵ and recommended that parliaments of CIS Member States use these in preparing their own national legislation.¹⁷⁶

Apart from adopting the two model laws on drugs, the “fight against narcoaggression” and the “narcothreat” that faces the region in the 21st century represent a major focus of the lawmaking efforts of the CIS, which has convened several conferences, consultations and roundtables on the subject of the fight against drugs. In 2002, the Heads of State of the CIS countries adopted the “Concept for cooperation between the Member States of the CIS in activities to combat illicit trafficking in narcotic drugs, psychotropic substances and precursors.”¹⁷⁷ Resulting from this were two cooperation programs between CIS Member States for activities to combat illicit trafficking in narcotic drugs, psychotropic substances, and their precursors, covering the periods of 2002-2004 and 2005-2007 respectively.¹⁷⁸ Complementing the first of these cooperation programs, in order to intensify further the legislative activity in this area, in October 2004 the IPA established a Joint Commission on Harmonization of Legislation in the Sphere of Combating Terrorism, Crime and Drug Business.¹⁷⁹ As part of the latter cooperation program, Russia’s

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Key Elements of the CIS Model Law on Drugs

1996 MODEL LAW “ON THE PREVENTION OF ILLEGAL TRAFFIC IN DRUGS, PSYCHOTROPIC SUBSTANCES AND PRECURSORS”

Drug use in a group or in public spaces is prohibited. Illegal purchase, possession, import, and export of narcotic and psychotropic substances in small quantities for personal use leads to administrative penalty for a first offense. A second or subsequent offense within the same year leads to criminal prosecution. Private and public bodies, and individuals in their personal capacity, have a legal obligation to report all instances of use, possession, cultivation, trafficking and other activities with illegal drugs.

Anyone suspected of using or being under the influence of illicit drugs may be subjected by police to involuntary drug testing. Witness statements alone suffice as evidence in a prosecution to “prove” drug use.

Compulsory drug dependence treatment may be imposed. The law provides for administrative liability for avoiding drug testing and treatment or not following a physician’s orders. Police may enforce testing or treatment, including through involuntary detention, in the event that a person seeks to evade it. There is criminal liability for escaping a medical institution following involuntary detention.

A court decision ordering drug dependence treatment is a basis for dismissal from work and termination of enrolment in an educational institution. The law provides for mandatory registration of people who use drugs. Those registered may be deemed temporarily unfit to perform certain functions (although these are not specified in the model law).

There is no mention of the rights of people who use drugs, even those who are drug-dependent, nor of any possibility of appeal of police or court decisions to order a person to undergo compulsory drug testing and treatment.

2006 MODEL LAW “ON NARCOTIC AND PSYCHOTROPIC SUBSTANCES AND PRECURSORS”

Drug use *per se* is prohibited and punished with a fine or administrative detention. Purchase or possession

of drugs for personal use, even in small amounts, and avoiding or refusing to undergo drug testing, leads to administrative arrest.

For purposes of detecting those who use drugs, the state organizes preventive drug testing, including during annual check-ups of students at all levels of education. If there are reasonable grounds to believe that a person uses illicit drugs or psychotropic substances, or is under the influence of narcotic drugs, s/he is ordered to undergo drug testing by a court, prosecutor, or investigating officer. Sanctions may be imposed for avoiding drug testing or treatment, or for not following doctors’ orders. Escape from or en route to a specialized medical facility is punishable by imprisonment and fine.

The model law provides for registration of people with drug dependence; those registered may temporarily be deemed unfit to perform certain functions (although these are not specified). A court decision ordering a person to undergo addiction treatment is a basis for dismissal from work or termination of enrolment in an educational institution.

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The 1996 model law focuses on criminal and administrative sanctions for illegal activities related to narcotic drugs (which are placed in national criminal and administrative codes) and the treatment of drug dependence; it is primarily a set of provisions aimed at prohibitions and their enforcement. The 2006 model law similarly has a strong prohibitionist orientation, yet is also a more comprehensive document. It regulates in detail the mandate of the drug control agency and regulates the legal use and distribution of narcotic drugs. The 2006 CIS model law refers to the UN drug control conventions in defining precursors, adopting international quotas of narcotic substances, and in licensing criteria.



Patients are handcuffed to their beds at a rehabilitation program in Yekaterinburg, Russia. Up to 50 people at a time are crammed into a room and fed a diet of only bread and water to ensure they take the treatment seriously. Brendan Hoffman

Federal Service on Control over Drugs Circulation participated in drafting the model law on drugs subsequently adopted by the CIS' IPA in 2006.

There is evident overlap between Russian drug law and the legislative drafting work of the CIS. This is not surprising, given that the Russian federal drug control agency took an active part in drafting at least the 2006 CIS model law, consistent with its declared objective of strengthening, on a regional level, the enforcement of criminal prohibitions on drugs.¹⁸⁰ There are evident similarities between Russia's 1997 "Law on narcotic drugs and psychotropic substances" and the 2006 CIS model law. Consider the following examples:

- ▶ The 1997 Russian law on drugs prohibits drug use *per se*.¹⁸¹ (The drug law does not define the penalty for breaching the prohibition; rather, this is left to the *criminal or administrative codes*.¹⁸²) The 2006 CIS model law similarly recommends prohibiting drug use.
- ▶ The 1997 Russian law prohibits treatment using methadone and buprenorphine: "the use of narcotic drugs and psychotropic substances included in List II for the treatment of drug dependence shall be prohibited."¹⁸³ The 2006 CIS model law incorporates this provision word for word¹⁸⁴—although as discussed below, fortunately this approach has not been reflected in the practice of various CIS member states, a number of which have moved ahead with implementing opioid substitution treatment.

- ▶ Similarly, the Russian 1997 law and the CIS 2006 model law are identical in their prohibition of so-called propaganda: “Propaganda of narcotic drugs and psychotropic substances (e.g., individuals’ and organizations’ activities disseminating information about ways, methods of development, manufacture and use, places to find drugs, and also printing and dissemination of books, and other printed and media information, dissemination of information on TV and other means of communication, and other activities aimed at it), is prohibited. Propaganda of advantages of use of some drugs over another, and propaganda of drug use for medical purposes, which affects a person’s will or having a negative impact on one’s psychological or physical health, is prohibited.”¹⁸⁵

The UN drug control conventions and the 1998 UNGASS on Drugs serve as the constant backdrop to the work of the CIS in this area, with the CIS serving as an echo chamber in which the conventions are constantly invoked, affirmed and urged upon member states.

It is difficult to gauge the degree to which the CIS model laws themselves, as distinct instruments, have influenced the development of national legislation or policy in CIS member states, including the Central Asian countries. A number of states have moved to implement opioid substitution treatment programs despite the explicit opposition to such measures expressed in the 2006 CIS model law (which itself is drawn verbatim from Russia’s 1997 law). However, in other respects, legislation in member states is broadly consistent with the other elements reflected in the CIS model laws, such as provisions for compulsory drug testing and treatment, drug user

registration, and legislatively mandating restrictions on those registered as drug users. Timing may be one of the reasons explaining the seemingly limited incorporation of at least the 1996 CIS model law’s provisions. The Central Asian countries adopted their national drug laws in 1998 and 1999, by which time Russia had adopted its own, more fully developed drug law in 1997. Given the evident similarities between the Russian law and the legislation of the Central Asian republics, it seems that Russia’s law has been more of a direct influence on countries in the region than the earlier CIS model law. Later, by the time the CIS IPA adopted its second model law on drugs in 2006, each country’s own legislation was already in place—it remains to be seen whether this second model law will gain much traction with the region’s national governments, but to date there is little evidence of this.

What is clear is that the UN drug control conventions and the 1998 UNGASS on Drugs serve as the constant backdrop to the work of the CIS in this area, with the CIS serving as an echo chamber in which the conventions are constantly invoked, affirmed

and urged upon member states. At a 2003 international CIS conference in St. Petersburg, the participants adopted recommendations “On implementation of the UN Drug Control Conventions in the National Legislation of the CIS countries,” calling on member states to speed up the harmonization of legislation in fighting against the “narcothreat.”¹⁸⁶ The resolution’s preamble notes that the recommendations are “guided by the provisions and principles of the UN drug control conventions and the Political Declaration and decisions adopted at the XX Special Session of the UN General Assembly in 1998.” It continues by “underlining that all member states of the CIS ratified these international drug control conventions” and “remembering that at the XX Special Session of the General Assembly of the UN, dedicated to the joint fight against the global drug problem, the States recognized that drug demand reduction is an important element of comprehensive approach to solving the drug problem.”¹⁸⁷

In 2004, the Council of the Heads of States of the CIS countries adopted a “Program of Cooperation of the CIS Member States in the Fight against Illegal Trafficking in Drugs, Psychotropic Substances and Precursors for 2005-2007.”¹⁸⁸ Among the main goals of the program are: improvement and harmonization of national legislation, and development and strengthening of international legal basis for the cooperation in the area of drug control. The program activities include adoption of legislation aimed at: (a) toughening criminal law sanctions for trafficking, importation, and transit of illegal drugs; (b) strengthening criminal sanctions for the sale of drugs to minors; (c) introducing liability for drug use; (d) prohibiting propaganda of drugs and drug use; and (e) preventing drug dependence, identifying, treating, and rehabilitating people with drug dependence, and preventing HIV/AIDS, and hepatitis A, B, and C among drug users.¹⁸⁹ Accordingly, the Russian Federation’s Federal Service on Control over Drugs Circulation took a lead in drafting for the CIS Inter-Parliamentary Assembly the model law on drugs eventually adopted in 2006.

In November 2005, the CIS held yet another conference in St. Petersburg, at which member countries adopted a “Declaration of the International Conference on Problems of International Cooperation in the Sphere of the Fight against Drug Dependence and Illegal Drug Trafficking” in the CIS countries. The declaration urged states to:

- ▶ regularly conduct antidrug and anti-trafficking activities;
- ▶ organize international projects on drug control and joint actions to reduce drug demand, prevent drug dependence, and enhance treatment and rehabilitation;
- ▶ further develop and strengthen the treaty basis for international cooperation on the fight against drugs; and
- ▶ take action to harmonize national legislation in the sphere of drug abuse and trafficking.¹⁹⁰

The declaration recognizes the leading role of the UN in organizing the fight against illegal drugs and drug use, and supports the existing international treaties, and the UN

General Assembly's 1998 Political Declaration and related decisions. The declaration underlines the role of the parliamentarians in forming a "barrier" to illegal drug trafficking and drug use and stresses the importance of the CIS model laws and the IPA's 2003 recommendations on the unification of drug legislation.

Most recently, the IPA adopted in November 2006 a further resolution aimed at harmonizing legislation and implementing intergovernmental plans for fighting against drugs and crime, through the "Recommendations on unification and harmonization of legislation in the area of combating trafficking of narcotic drugs, psychotropic substances and precursors."¹⁹¹ The resolution reaffirmed the CIS' commitment to creating and improving international standards in combating current threats and challenges to security on the territory of the CIS, including drugs. This resolution endorsed the 2006 CIS model law on drugs and the IPA's earlier 2003 recommendations on the unification and harmonization of legislation on drugs. These new 2006 recommendations again reference the UN drug conventions, as well as provisions of the 1996 CIS model law on drugs. In these 2006 recommendations, CIS member countries state that, despite the fact that all national laws are based on the same international treaties, there is an absence of unified terminology in the area of combating illegal drug trafficking. Furthermore, concern is expressed about differences in how member states address the scheduling of controlled drugs and terms of amending such schedules, as well as variation in provisions for criminal prosecution and liability for large and extra-large amounts of drugs. The unification of the above provisions is the current goal of the IPA.

In the political rhetoric of the CIS countries, "narcoaggression" is characterized as a threat to national security.¹⁹² The Russian Federation's representatives are joined by the CIS IPA members in their repeated calls for the harmonization and unification of national legislation in the area of drug control.¹⁹³ In his speech to the IPA, the chair of the Committee on Defense and Security of the Federation Council of the Federal Assembly of Russia (the upper house of the parliament) has underlined that it is not only the IPA, but also the parliament of the Russian Federation that undertakes efforts aimed at the harmonization and unification of the legislation in the area of counteraction to narcoaggression in the CIS countries and internationally.¹⁹⁴ According to the chair of the Federation Council of the Federal Assembly, S. M. Mironov, joint efforts in combating narcoaggression in the CIS and the entire international community are necessary, and are priorities of the IPA since its inception.

Other regional cooperation on drug law enforcement

Beyond the larger forum of the CIS, Russia and most of the Central Asian countries are also engaged in at least two other regional bodies that devote considerable attention to reinforcing the dominance of a criminal prohibition approach to addressing drugs.



A prisoner with tuberculosis in Tomsk, Russia waits to receive medication at a local prison hospital. HIV and TB are common infections among drug users in Russia's prisons. Gary Calton/Panos

The **Collective Security Treaty Organization (CSTO)** is a political and military organization of seven former Soviet Union countries, established in 2002 on the basis of the 1992 CIS Collective Security Treaty, with counteracting drug trafficking as one of its goals.¹⁹⁵ In 2003, the CSTO adopted a decision “On strengthening measures to combat drug dependence and drug trafficking as financial basis of transnational organized crime.”¹⁹⁶ According to a Kazakh parliamentarian, recommendations on unifying and harmonizing the legislation of CSTO member states in combating international terrorism and drug trafficking have been used to toughen the drug law of Kazakhstan.¹⁹⁷ More recently, in March 2008, there was a meeting of the coordination council of the heads of the national drug control agencies (within the framework of the CSTO)¹⁹⁸, with the main goal of pursuing unification of legislation in the area of drug control.¹⁹⁹ The coordination council was created in 2004 to fight “narco-expansion” in the region, and has since coordinated a number of high-profile border control anti-trafficking operations in the region. The coordination council is currently chaired by the former Director of the Russian Federal Service on Control over Drugs Circulation.²⁰⁰

The **Shanghai Cooperation Organization (SCO)** is an intergovernmental international organization created in 2001 in Shanghai, China.²⁰¹ According to the president of Kazakhstan, Nursultan Nazarbaev, one of the SCO's priorities is the fight against drugs.²⁰² In 2004, the six member states of the SCO signed an agreement to cooperate in combat-

Table 4. Drug statutes in Russia and Central Asia: key elements

	Prohibition of nonmedical use of drugs ²⁰⁴	Compulsory treatment of drug dependence ²⁰⁵	Compulsory drug testing if suspected of drug use	Registration of drug users	Prohibition of “propaganda” ²⁰⁶
Russia	■	■	■	■	■
Kazakhstan		■	■	■	■
Kyrgyzstan		■	■	■	■
Tajikistan	■	■	■	■	■
Uzbekistan		■	■	■	■

ing illegal drug trafficking.²⁰³ The preamble of the agreement recognizes the importance of the UN drug control conventions and the Political Declaration and decisions adopted in 1998 at the XX Special Session of the UN General Assembly on Drugs, and other recommendations of the United Nations. Member states agreed to cooperate and coordinate their efforts in the struggle against drugs, and to present a unified position at international fora on drugs.²⁰⁷ Rooted firmly in a prohibitionist framework, the agreement acknowledges that the member states, according to their national legislation, may criminalize non-medical drug use in order to prevent drug demand and drug dependence.²⁰⁸ During their August 2007 meeting in Bishkek, Kyrgyzstan, the SCO member states reaffirmed their previous plans and decided to actively implement the 2004 agreement.²⁰⁹ Finally, beyond these regional organizations, the UN drug control treaties provide a touchstone for drug law enforcement efforts via several bilateral agreements between drug control agencies of the CIS countries.

As illustrated by the overview above, the fight against “narcoaggression” is one of the main priorities of several intergovernmental organizations within Eurasia. Every agreement and recommendation adopted by those bodies uses the language of a “war on drugs” and cites the UN drug control conventions as well as the declaration and decisions of the 1998 UNGASS on Drugs. Unfortunately, with the proposed activities mainly focused on law enforcement, there is little mention by such regional bodies of the importance of protecting human rights, efforts to prevent the spread of HIV, or the development of effective drug dependence treatment. The absence of these considerations is unhelpful, given the ever-growing body of evidence as to the negative human rights and public health consequences of a strict and lopsided emphasis on prohibition, prosecution, and punishment

as the primary means of addressing drugs and related harms. It is worth noting that the UN General Assembly has affirmed the importance of ensuring that drug control must be carried out in conformity with States' human rights obligations,²¹⁰ and the UN Commission on Narcotic Drugs itself has recognized their importance.²¹¹

National drug law and policy in Central Asia

For the purposes of this paper, we review the situation in the four Central Asian countries that are CIS members: Kazakhstan, Kyrgyzstan, Uzbekistan, and Tajikistan. The UN drug control conventions are cited directly in the drug statutes of three: Kazakhstan,²¹² Tajikistan,²¹³ and Kyrgyzstan.²¹⁴ Typically, national legislation in each country either proclaims the priority of international treaties ratified by the country over national laws²¹⁵ or proclaims the treaties as part of national legislation.²¹⁶ All four countries adopted their national drug laws in the period of 1998-1999.²¹⁷ In some

Unfortunately, with the proposed activities mainly focused on law enforcement, there is little mention by such regional bodies of the importance of protecting human rights, efforts to prevent the spread of HIV, or the development of effective drug dependence treatment.

respects, they reflect elements found in the 1996 CIS model “Law on the prevention of illegal traffic in drugs, psychotropic substances and precursors.” They resemble closely the 1997 Russian “Law on narcotic drugs and psychotropic substances.”²¹⁸

The Kazakh, Kyrgyz, Uzbek, Tajik, and Russian laws on drugs vary in length but follow the same basic structure. Some articles of the Central Asian countries' national statutes on drugs are identical in wording or in essence to the 1997 Russian law on narcotics.²¹⁹ Common characteristics between Russian and Central Asian statutes specifically on drugs are shown on the table below. (Note that Table 4 summarizes only countries' specific statutes on narcotic drugs. In each country on the table, these statutes are supplemented by criminal and administrative codes and various resolutions that may introduce additional regulatory elements or interpret drug laws.²²⁰)

Yet despite their support on paper for the CIS project of harmonizing and unifying legislation in the field of drug control, and very similar wording of their drug laws, in reality the drug policies of the Central Asian countries are somewhat different. All four Central Asian countries that are member states of the CIS implement harm reduction strategies to varying degrees. For example, as of this writing, Kyrgyzstan and Uzbekistan had implemented opioid substitution treatment (OST) on a limited level, but proclaimed their commitment to its expansion; as of October 2008, Tajikistan was expecting to establish

two pilot sites for providing OST in the near future;²²¹ and Kazakhstan had yet to implement OST. In 2008, Kyrgyzstan became the first country in the region to introduce OST in prisons. All four countries have needle exchange programs; in 2002, Kyrgyzstan became the first country in the region to introduce such programs in prisons.²²² (In contrast, Russia continues to prohibit criminally the use of methadone or buprenorphine for OST, and, while needle exchange programs are operating, none yet exist in any Russian prison setting.)

Furthermore, in fora other than the CIS, politicians from various Central Asian countries show some openness to harm reduction interventions, and acknowledgement of the negative consequences of an approach to drug use that relies exclusively on enforcing criminal prohibitions and penalties.

In 2007, addressing the United Nations in a letter, the government of **Uzbekistan**, while underlining its adherence to the international drug control conventions, also recognized that primary prevention of drug dependence is important, and that access to effective, humane drug dependence treatment and rehabilitation is essential.²²³

In **Tajikistan**, the national coordination committee responding to HIV/AIDS, tuberculosis and malaria established a working group to study prospects for introducing OST in the country and lead the establishment of pilot programs.²²⁴ Following amendments to the criminal code in 2004, which significantly increased the minimum quantities of drugs required to trigger criminal liability for possession, Tajikistan has one of the most liberal drug amount tables in the former Soviet Union.²²⁵

Kyrgyzstan, the first country to introduce comprehensive interventions to reduce harms from drug use,²²⁶ and which recently increased the minimal amounts of narcotic drugs prohibited for circulation,²²⁷ continues to implement drug policy that does not follow either Russia's strict model or the official prescriptions of the CIS. According to Timur Isakov, advisor to the director of the drug control agency of Kyrgyzstan:

The IPA of the CIS developed a model law on counteraction to drugs. Very good, excellent, great. But when our parliamentarians took part in this work, they did take into account the way Kyrgyzstan is moving, what direction it has chosen in this sphere. This is important...We are trying to move forward and develop our drug policy taking into account our local situation...China (with 2 billion people), Russia (with 150 million), U.S. (with 300 million)—all of them have very tough drug policies...If we copy their style, create big structures, apparatus, methods, we will not have enough financial resources and people. Additionally, who will benefit? After having worked in this area a long time, Kyrgyz experts came to the conclusion that we need to take into account the experience of countries which are similar to Kyrgyzstan...Russia refused to implement programs that reduce the harms of drug use (needle exchange, methadone



A prison officer in Dushanbe, Tajikistan checks a cell in the special detention center run by Tajikistan's Drug Control Agency. Alessandro Scotti/Panos

programs, etc.), prohibited their existence...On the other hand Kyrgyzstan does not have a right to experiment...as I joke, we do not have enough population for those experiments...We must take the paths that are proven to work.²²⁸

Indeed, government officials at the highest level in Kyrgyzstan have challenged the strict prohibitionist approach adopted by Russia and reflected in the CIS model laws. At a June 2005 conference, “Kyrgyzstan: A Future without Drugs,” Kyrgyz President Kurmanbek Bakiyev declared:

It is time to stop incarcerating people who use drugs... From our point of view, the system where people who use drugs are criminally charged with possession of small amounts of drugs is not acceptable... It diverts state efforts and funding from activities directed against trafficking, creates an illusion of work...We need to study carefully and reform decisively legal provisions relating to illegal drugs and prevention of drug use.²²⁹

In sharp contrast, unlike these three sister countries in Central Asia, **Kazakhstan** persists with “war on drugs” rhetoric and policies. In a long-term governmental policy “Kazakhstan 2030,” President Nursultan Nazarbaev declared:

It is necessary to toughen punishment for drug trafficking and drug dealing... Drugs is a special and deadly sphere, and it is a question to what extent the principles of humanism are applicable here. On one side of the scale there is the life of the person who imports and deals drugs, on the other, the lives of people who use drugs that are destroyed with his “help.”²³⁰

More recently, Kazakhstan’s parliament has enacted legislation toughening sanctions for drug-related offenses, introducing life imprisonment for selling drugs in educational institutions and to minors, for dealing in extra-large quantities of drugs, and trafficking by organized groups.²³¹ The law also toughens the liability of entertainment venues for drug offenses taking place on their premises. The government is currently considering introducing forced drug testing for students.²³²

As the review above indicates, some governments of the Central Asian countries have pursued, at least to some degree, more independent drug policies with more attention to implementing evidence-based harm reduction interventions. However, despite some positive changes, introduction of evidence-proven interventions based on principles of human rights and protection of public health is slow in the Central Asian countries. In many respects, national drug laws remain imitations of the outdated and punitive 1997 Russian law, with no provisions for harm reduction measures that protect the health of both individuals who use drugs and that of the public more broadly, including through preventing the spread of HIV. The past decade has seen a concerted effort by Russia to push a strict prohibitionist approach to drugs at a regional level, including through the

structures of the CIS and other regional bodies, even as evidence has mounted that such an approach is counterproductive and damaging to public health.

Conclusion and recommendations

“Whether or not they are a cause or a convenient excuse, UN drug conventions are used by national governments to justify highly punitive legal measures and failure to implement services for people who use drugs.”

— Oleg Feodorov, Deputy Minister of Internal Affairs, Kazakhstan²³³

As is apparent from the preceding review, the UNGASS objective of achieving a “drug-free world” through prohibition has played a central normative role in the development of drug policy in Russia and the CIS. Russia leads the war on drugs in the region, advancing its strict interpretation of the UN drug control conventions and frequently citing the UNGASS 1998 decisions as its inspiration. More troubling is that Russian influence is evident in the legislation of at least some of the CIS countries. This influence is reinforced through the regional mechanisms of the CIS and other regional intergovernmental organizations. Fortunately, the repressive 1996 and 2006 CIS model laws, which have gone further in their harshness than Russia’s national law, have not been transplanted directly into national legislation anywhere, including in Russia. The actual Russian legislation, however, does have an impact on legislation and policies in the CIS countries. For various reasons (lack of national expertise, common history and mentality, or geopolitical influence), the Russian example is still important for the neighboring countries. The dominance of law enforcement and drug control policy over public health and medical ethics is especially evident in Russia and Kazakhstan. Other countries are more careful in their policies and are more inclined to follow evidence-informed interventions in relation to drug use, which are tailored to the specific situation in their countries.

Russia leads the war on drugs in the region, advancing its strict interpretation of the UN drug control conventions and frequently citing the UNGASS 1998 decisions as its inspiration. More troubling is that Russian influence is evident in the legislation of at least some of the CIS countries.

An approach of harsh drug laws and policies, accompanied by an extensive enforcement machinery—both at the national level in countries such as Russia in particular, and at the regional level through a proliferation of intergovernmental agreements and bodies—has failed to stem the surge in drug use in Russia and the Central Asian countries.²³⁴ This approach has also led to various violations of human rights of people who use drugs

and exacerbated the HIV epidemic in some of the CIS countries. Given the human, economic and social costs at stake, it is time to rethink the basic approach. In reforming their laws and policies, governments of the region need to take into account the impact of their policies on public health and human rights. They need to recognize the benefits to be

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gained from respecting, protecting, and fulfilling the human rights of people who use drugs and from implementing evidence-based interventions, including diverse methods of drug dependence treatment such as OST, and harm reduction programs such as needle exchange.

The Russian government should enact the following recommendations:

- ▶ Reconsider its narrow interpretation of the UN drug control conventions and use the flexibility in the conventions allowing public health interventions to address drug dependence instead of solely focusing on criminal punishment.
- ▶ Introduce reforms to eliminate or mitigate the harsh administrative and criminal penalties imposed for nonviolent drug offenses and drug use.
- ▶ Integrate evidence-based drug treatment policies into the drug treatment system.
- ▶ Immediately lift the ban on the medical use of methadone and buprenorphine in the treatment of drug dependence and introduce maintenance therapy programs.
- ▶ Repeal the use of registries of people who use drugs and the associated limitations of the rights of those who are registered.

Member states gathered in regional intergovernmental organizations such as the CIS and its Inter-Parliamentary Assembly should focus greater regional cooperation on the objectives of introducing evidence-based harm reduction interventions and of respecting, protecting and fulfilling the human rights of people who use drugs. It is not clear that the CIS IPA's two model laws on drugs have had more than perhaps an indirect influence on the domestic legislation of member states in Central Asia. However, if the development and promotion of model laws is to remain a central activity of the IPA, it could take up the challenge of drafting model legislation on drugs that reflects human rights principles and supports the effective implementation of harm reduction services.²³⁵

Member states of the CIS should:

- ▶ Continue developing national drug policy with recognition of the specific situations in their countries, and flexibility offered by the UN drug control conventions.
- ▶ Take into account lessons learned in human rights protection and effective public health interventions in relation to people who use drugs when developing regional policy.
- ▶ Scale up opioid substitution treatment where it exists and immediately introduce it where it does not.
- ▶ Evaluate the effectiveness of compulsory drug dependence treatment, with a view to abolishing it as likely ineffective.
- ▶ Repeal the use of registries of people who use drugs and the associated limitations of the rights of those who are registered.

Notes

101 E.g., a UN survey of government officials in seven Asian countries noted that one of the reasons given for lack of substitution therapy was the belief that methadone was prohibited by the spirit or the letter of the conventions: UNAIDS/UNODCCP, *Drug Use and HIV Vulnerability* (Geneva/Vienna: UNAIDS/UNODCCP, 2000).

102 See, e.g., J. Csete & R. Pearshouse, *Dependent on Rights: Assessing Treatment of Drug Dependence from a Human Rights Perspective* (Toronto: Canadian HIV/AIDS Legal Network, 2007), pp. 24-25.

103 E.g., Human Rights Watch, *Rehabilitation Required: Russia's Human Rights Obligation to Provide Evidence-based Drug Dependence Treatment*, November 2007, Vol.19, No 7(D).

104 Ibid.

105 E.g., Human Rights Watch, *Lessons Not Learned: Human Rights Abuses and HIV/AIDS in the Russian Federation*, April 2004, Vol. 16, No.5 (D); Human Rights Watch, *Fanning the Flames: How Human Rights Abuses are Fuelling the AIDS Epidemic in Kazakhstan*, June 2003, Vol. 15, No. 4 (D).

106 UNDCP (Legal Affairs Section), Flexibility of treaty provisions as regards harm reduction approaches, Decision 74/10, UN Doc. E/INCB/2002/W.13/SS.5 (30 September 2002), online at: www.tni.org/drugsreform-docs/un300902.pdf.

107 D. Barrett et al., *Recalibrating the Regime: The Need for a Human Rights-Based Approach to International Drug Policy* (London: The Beckley Foundation Drug Policy Program, March 2008), p. 3.

108 Commonwealth of Independent States, *Complementary drug-related data and expertise to support the global assessment by Member States of the implementation of the declarations and measures adopted by the General Assembly in its twentieth special session: Report by the Commonwealth of Independent States (CIS)*, UN Commission on Narcotic Drugs, 51st Session (2008), UN Doc. E/CN.7/2008/1, online: www.unodc.org/documents/commissions/CND-Session51/CND-UNGASS-CRPs/ECN72008CRPo6.pdf [hereinafter "CIS Report to CND (2008)"].

109 United Nations Office on Drugs and Crime, Regional Office for Central Asia, *Compendium of Drug-Related Statistics 1997-2008*, June 2008, p. 29.

110 V. Ivanov, Chief of the Federal Service on Control over Drugs Circulation, "On the drug situation in the Russian Federation: New challenges and threats," Presentation to meeting of chief narcologists and chief pediatric narcologists of the public health system of the regions of the Russian Federation, 18 September 2008 (in Russian), online: www.narkotiki.ru/gnk_6614.html.

- 111 UNODC, *Compendium 1997-2008*, *ibid*.
- 112 B. Mathers et al., “Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review,” *Lancet* 2008; 327 (24 September), doi:10.1016/S0140-6736(08)61311-2, online in full via website of Reference Group to the United Nations on Injecting Drug Use and HIV, www.idurefgroup.unsw.edu.au/IDURGWeb.nsf/page/publications.
- 113 V. Ivanov, Chief of the Federal Service on Control over Drugs Circulation, “On the drug situation in the Russian Federation: New challenges and threats”; and UNODC, *Compendium 1997-2008*, *op. cit*.
- 114 Mathers et al., *op. cit*.
- 115 C. Cook & N. Kanaef, *Global State of Harm Reduction 2008: Mapping the Response to Drug-related HIV and Hepatitis C Epidemics* (London: International Harm Reduction Association, 2008), p. 37; UNODC, *Compendium 1997-2008*, *op. cit.*, p. 32.
- 116 UNODC, *Compendium 1997-2008*, *op. cit.*, p. 32.
- 117 UNODC, *Central Asia: Kyrgyz Republic, Tajikistan and Uzbekistan: Regional study on drug use and HIV/AIDS*, Regional Summary, 2007, p. 16.
- 118 UNAIDS, *Eastern Europe and Central Asia: 2007 AIDS epidemic update: regional summary* (Geneva: UNAIDS, 2008), p. 3.
- 119 UNAIDS/WHO, *Report on the Global HIV/AIDS epidemic* (Geneva, June 1998), online: http://data.unaids.org/pub/Report/1998/19981125_global_epidemic_report_en.pdf.
- 120 UNAIDS, *2008 Report on the global AIDS epidemic* (Geneva, 2008), Annex 1.
- 121 UNAIDS, *2008 Report on the global AIDS epidemic*, *op. cit.*, p. 52.
- 122 UNAIDS, *Eastern Europe and Central Asia*, *op. cit.*, pp. 3, 7.
- 123 UNODC, *Compendium 1997-2008*, *op. cit*.
- 124 B. Mathers et al., “Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review”. (Data for Central Asian republics is from 2005, for Russia from 2003.)
- 125 UNAIDS, *Eastern Europe and Central Asia: 2007 AIDS epidemic update: regional summary* (2007).
- 126 *Ibid*.
- 127 *Single Convention on Narcotic Drugs* (1961), 520 UNTS 331, as amended by the 1972 Protocol Amending the Single Convention on Narcotic Drugs.
- 128 *Convention on Psychotropic Substances* (1971), 1019 UNTS 175.
- 129 *Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances* (1988), UN Doc. E/CONF.82/15.
- 130 1988 Convention, Article 3. However, as has been noted elsewhere, a careful reading of this article indicates that the obligation is simply to criminalize possession for personal consumption that is “contrary to the provisions” of the two earlier Conventions. Thus, the flexibility found in the two earlier conventions is preserved—including those provisions that allow States Parties to refrain from criminalizing people who possess drugs if such an approach is in pursuit of “medical or scientific purposes” or if it forms part of practicable measures to provide care, treatment, or support to people who use drugs, for which the Conventions make explicit provision: *Legislating for Health and Human Rights: Model Law on Drug Use and HIV/AIDS—Module 1: Criminal Law Issues* (Toronto: Canadian HIV/AIDS Legal Network, 2006), pp. 12-13, online via www.aidslaw.ca/modellaw.
- 131 D. Bewley-Taylor, “Challenging the UN drug control conventions: problems and possibilities,” *International Journal of Drug Policy* 2003; 14: 171-179; D. Wolfe & K. Malinowska-Sempruch, *Illicit Drug Policies and the Global HIV Epidemic: Effects of UN and National Government Approaches* (New York: Open Society Institute, 2004).
- 132 1961 Convention, Article 33; 1971 Convention, Article 20.
- 133 1988 Convention, Article 3(4)(d).

- 134 *Declaration on the Guiding Principles of Drug Demand Reduction*, op. cit.
- 135 Wolfe & Malinowska-Sempruch, *Illicit Drug Policies and the Global HIV Epidemic*, op. cit., p. 6.
- 136 P.G. Barnett, "The cost-effectiveness of methadone maintenance as a healthcare intervention," *Addiction* 94(4) (1999): 479–488.
- 137 The Model List of Essential Medicines is meant to guide health policy-makers in knowing what medicines are necessary to ensure the health of their populations: *WHO Model List of Essential Medicines*, online via www.who.int/medicines/publications/essentialmedicines/en/. Methadone and buprenorphine were added to the list by the WHO's expert committee in July 2005.
- 138 WHO/UNODC/JUNAIDS, *Position Paper: Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention*, 2004.
- 139 Malinowska-Sempruch et al., op. cit., p. 6.
- 140 Leading Russian government advisors such as Edouard Babayan played a significant role in the drafting of the 1961 *Single Convention*. Babayan was for some three decades the representative of the USSR and subsequently Russia to the UN Commission on Narcotic Drugs (and the Commission's chairman in 1977 and 1990), and a long-standing member of the International Narcotics Control Board (INCB). He subsequently authored the schedules under Russian drug law that deemed even miniscule quantities of prohibited drugs to be "large" or "extra-large", thereby attracting years-long prison sentences for possession of such small amounts: L. Levinson, "Half a gram and thousands of lives," *Harm Reduction Russia Newsletter 2006-07* [English compilation], pp. 9-11, online: www.harmreduction.ru/files/harm_reduction_russia_2006-2007_eng.pdf. In Babayan's view, "those suffering from drug and alcohol addictions violate societal moral standards on purpose, voluntarily bringing themselves to the state of sickness. That is why society's actions towards these people can not be the same as actions on medical assistance to other categories of patients": cited in M. Maskas, "Trafficking drugs: Afghanistan's role in Russia's current drug epidemic," *Tulsa Journal of Comparative & International Law* 2005; 13: 141 at p. 16.
- 141 *Constitution of the Russian Federation*, 12 December 1993, Article 15(4).
- 142 *Criminal Code of the Russian Federation*, Federal Law No. 63-FZ of 13 June 1996; *Law on Enforcement of the Criminal Code of the Russian Federation*, Federal Law No. 64-FZ of 13 June 1996; *Law on Narcotic Drugs and Psychotropic Substances*, Federal Law No. 3-FZ of 8 January 1998.
- 143 *Law on Narcotic Drugs and Psychotropic Substances*, *ibid.* Article 1 of the Law sets out definitions of narcotic drugs, psychotropic substances and precursors, as substances included in Schedules in accordance with Russian legislation, international treaties of the Russian Federation, and the 1961, 1971, and 1988 UN Conventions.
- 144 See M. Maskas, "Trafficking Drugs: Afghanistan's Role in Russia's Current Drug Epidemic," *Tulsa Journal of Comparative & International Law* 2005; 13: 141 at p. 173.
- 145 Unofficial translation of excerpt from remarks by Minister of Interior Boris Gryzlov at the State Duma on October 17, 2001, available online in Russian at <http://gryzlov.ru/index.php?page=publications&id=21>.
- 146 Unofficial translation of excerpt from E. Babayan and A. Gaevsky "Particularities of the legal status of schedules of narcotic drugs and psychotropic substances: Establishment, amendment and implementation" in E. Babayan, A. Gaevsky, E. Bardin, "Legal aspects of trafficking of narcotic, psychotropic and poisonous substances and precursors," [Особенности правового статуса списков наркотических средств и психотропных веществ: формирование, изменение, применение» в «Правовые аспекты оборота наркотических, психотропных, сильнодействующих, ядовитых веществ и прекурсоров»] 2000, p. 32.
- 147 *Ibid.*, p.40.
- 148 *Ibid.*, p.42.
- 149 Malinowska-Sempruch et al., op. cit.
- 150 Statement by V. Putin, President of the Russian Federation, Webcast of 6 July 2006, excerpt available (in Russian) at http://www.narkotiki.ru/ocomments_6307.html. The Service was constituted by the Decree of the President of the Russian Federation on "Issues of Federal Service of the Russian Federation on Control over Drugs

Circulation,” Decree No. 976 of 28 June 2004 (last amended by the Presidential Decree No. 956 of 31 August 2006).

151 See the website of the Federal Service on Control over Drugs Circulation at www.fskn.gov.ru; and the companion site sponsored by the Federal Service at www.narkotiki.ru.

152 Decree of the President of the Russian Federation “*On additional measures against illicit trafficking in narcotic drugs, psychotropic substances and precursors*,” Decree No. 1374 of 18 October 2007.

153 V. Ivanov, “We have a strong enemy – the fight with it should be conducted as in a war – tough and without mercy” [“ нас сильный противник, борьба с ним должна вестись как на войне – жестоко и беспощадно”], June 2008, online: http://www.narkotiki.ru/internet_6591.html.

154 *Guiding principles and directions of counteraction of illegal narcotics and psychotropic substances and abuse of them for the period until 2008*, Decision of the Meeting of Members of the Security Council of the Russian Federation, 29 June 1999. [Руководящие принципы и основные направления деятельности в Российской Федерации по противодействию незаконному обороту наркотических средств и психотропных веществ и злоупотреблению ими на период до 2008 года. Утверждены решением совещания членов Совета Безопасности РФ 29 июня 1999 г.].

155 Unofficial translation, *ibid*.

156 *Ibid*.

157 *Ibid*.

158 *Ibid*. The reference here is to the CIS model law on drug trafficking drafted by Russia and adopted by the CIS Inter-Parliamentary Assembly in 1996; it is described in more detail in the next section.

159 Russian criminal law provides for up to 20 years’ imprisonment for illegal manufacturing, sale or mailing of narcotic drugs, psychotropic substances and analogues, if committed: a) in an organized group; b) in an official capacity; c) in relation to a minor under 14 years old; or d) in large quantities: *Criminal Code of the Russian Federation*, No 63-FZ of 13 June 1996, Article 228.1.

160 Interview with President V. Putin, 6 July 2006, online: http://www.narkotiki.ru/ocomments_6307.html (unofficial translation).

161 Federal Law “*On amendments to the Criminal Code of the Russian Federation*,” No. 162-FZ of 8 December 2003.

162 Resolution of the Government of the Russian Federation “*On amounts of average doses of narcotic drugs and psychotropic substances for the purposes of Articles 228, 228(1) and 229 of the Criminal Code of the Russian Federation*,” Resolution No. 231 of 6 May 2004.

163 Federal Law “*On amendments to the Criminal Code of the Russian Federation*” (2003), *op. cit*.

164 Lev Levinson, “*Drug policy reform in Russia: turn backwards*” (in Russian) on <http://www.hand-help.ru/doc6.html>, and other materials on Russian drug policy (in Russian) on <http://www.hand-help.ru/doc8.html>.

165 Resolution of the Government of the Russian Federation “*On large and extra-large amounts of narcotic drugs and psychotropic substances for the purposes of Articles 228, 228.1 and 229 of the Criminal Code of the Russian Federation*,” Resolution No. 76 of 7 February 2006.

166 The concepts in the *Criminal Code* of “large” and “extra large” amounts of drugs remain, however the definition of these amounts is no longer based on some multiple of an “average dose,” as that concept has been abolished. Rather, new quantities of the actual amount of the drug have been specified in the 2006 resolution (Resolution No. 76 of 2006) as the threshold amounts. To take the example of heroin, under the 2003 legislative amendments passed by the Duma, an “average dose” was defined as 0.1g, meaning that a “large” amount was 1g (10 average doses) and an “extra large” amount was 5g (50 average doses). Following the 2006 resolution, currently any amount over 0.5g of heroin constitutes a “large” amount and any amount over 2.5g constitutes an “extra large” amount. Re-setting these threshold amounts for triggering criminal liability lower than the Duma’s 2003 amendment is a step backward in reinstating a stricter form of prohibition; however, it should also be

noted that the net effect is to have raised the threshold from the exceedingly low threshold amounts originally set out in the original “Babayan table” (see note 59 above).

167 Presentation by A.V. Fyodorov at the meeting of the CIS Inter-Parliamentary Assembly on “Development of cooperation of CIS member states in the fight against illegal drug trafficking,” in *IPA Bulletin* 2007; 1: 260-264.

168 Ibid.

169 Unofficial translation, “Drug control police intends to treat addicts compulsorily; Human rights activists rage against,” 26 June 2007, News agency *Newsru.com*, [«Наркоконтроль намерен принудительно лечить наркоманов. Правозащитники против»] online: www.newsru.com/russia/26jun2007/narkoman.html.

170 Unofficial translation, Viktor Cherkesov, interview of the former chief of the Federal Service of Control over Drugs Circulation (Mikhail Falaleev), “Breaking the drug system/how to combat drug money laundering,” *Rossiskaya Gazeta* No. 4609 of 12 March 2008, online: <http://rg-new.w-m.ru/2008/03/12/cherkesov.html> [Ломка наркосистемы/ Как победить легализацию наркодоходов] (in Russian) and other articles on the media section of the website of the Federal Service of the Russian Federation on Control over Drugs Circulation: www.fskn.gov.ru/fskn/press-služba/publik.htm.

171 Currently, CIS Member States include Azerbaijan, Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, and Uzbekistan. Ukraine, although it signed the agreement in 1991 that originally created the CIS and participates in the work of the CIS, is not legally a member, not having ratified the CIS Charter adopted in 1993. Turkmenistan reduced its status to “associate member” in 2005. In August 2008, Georgia notified the CIS of its decision to withdraw its membership, to take effect in one year’s time under the terms of the CIS Charter.

172 The CIS Charter, adopted by the Council of Heads of States on 22 January 1993, stipulates the goals and principles of the Commonwealth, rights and obligations of the countries. The CIS, according to the Charter, serves to further develop and strengthen relations of friendship, good neighborhood, inter-ethnic accord, trust and mutual understanding and cooperation between states: CIS website, <http://cis.minsk.by/main.aspx?uid=3360>.

173 The plenary sessions of the IPA take place twice per year in St. Petersburg. The parliamentary delegations include heads of national parliaments, representatives of the CIS agencies, and observers from international and national organizations. Legislative acts and recommendations adopted at the sessions of the IPA are sent to the national parliaments for use in drafting new and amending current national legislation. The decisions of the IPA are adopted on a consensus basis: CIS IPA website, www.iacis.ru/html/index-eng.php?id=50.

174 “About CIS Inter-Parliamentary Assembly,” online: www.iacis.ru/html/index-eng.php?id=50.

175 *Model Law on the Prevention of Illegal Traffic in Drugs, Psychotropic Substances and Precursors* (2 November 1996), [hereinafter “1996 CIS model law”]; *Model Law on Narcotics, Psychotropic Substances and their Precursors* (16 November 2006), Resolution No. 27-6 [hereinafter “2006 CIS model law”]; both available online in Russian via www.iacis.ru/.

176 CIS Report to CND (2008), op. cit.

177 *Concept of Cooperation of CIS Member States for activities to combat illicit trafficking in narcotic drugs, psychotropic substances and precursors*, adopted by the Decision of the Council of CIS Member States of 7 October 2002.

178 CIS Report to CND, 2008, op. cit.

179 This Joint Commission includes representatives of the Commonwealth parliaments, members of the CIS’ IPA Permanent Commission of Defense and Security Issues, and representatives of law enforcement bodies of the CIS Member States and inter-state Commonwealth agencies.

180 S.M. Mironov, Speech at the opening of the 2005 Conference on International Cooperation on the Sphere of Fight Against Drug Dependence and Illegal Drug Trafficking, November 17, 2005. In *IPA Bulletin* 1’06, page 49. See also information provided by CIS’ IPA: <http://www.iacis.ru/html/index-eng.php?id=90&nid=34>.

181 *Law on narcotic drugs and psychotropic substances*, Article 40.

182 The Russian Federation’s *Administrative Code* punishes drug use with a fine: Article 6.9. There is no criminal punishment for drug use *per se*.

183 *Law on narcotic drugs and psychotropic substances*, op. cit., Article 31.

184 Unofficial translation, 2006 CIS model law, Article 36.

185 Unofficial translation, 1997 Russian law, Article 46 and 2006 CIS model law, Article 49.

186 Recommendations “*On Implementation of the UN Drug Control Conventions in the National Legislation of the CIS Countries*,” in Resolution of the Council of the IPA CIS Member States, “Concluding the international seminar on ‘Implementation of UN Drug Control Conventions in the national legislation of the CIS countries’ and on the international conference on ‘Improving cooperation of CIS member-states in the area of combat of international terrorism and its financing,’” Resolution No. 13, St. Petersburg, Russian Federation, 16 June 2003 [hereinafter “CIS 2003 Recommendations”].

187 *Ibid.*, preamble.

188 *Program of Cooperation of CIS Member States in the fight with illegal trafficking in drugs, psychotropic substances and precursors for 2005-2007*, Decision of the Council of Heads of Member States of the CIS, 16 September 2004.

189 *Ibid.*, section 1.2.3.

190 *Declaration of the International Conference on International Cooperation in the Sphere of the Fight Against Drug Dependence and Illegal Drug Trafficking*, 17 November 2005, *IPA Bulletin* 2006; 1: 160 [Декларация Международной научно-практической конференции по проблемам международного сотрудничества в борьбе с наркоманией и незаконным оборотом наркотиков, 2006]. Information available in Russian at www.iacis.ru/html/?id=19&nid=59.

191 *Recommendations on unification and harmonization of legislation in the area of combating trafficking of narcotic drugs, psychotropic substances and precursors*, in CIS IPA Resolution “*On IPA CIS activities on harmonization of national legislation of CIS countries and on implementation of the intergovernmental plans of CIS on combat of terrorism and other extremist activities, crime, illegal trafficking of drugs, psychotropic substances and precursors*,” Resolution No. 27-6, 16 November 2006 [hereinafter “CIS 2006 Recommendations”].

192 A.G. Eritsyanyan, *IPA Bulletin* 2006; 1: p. 77.

193 A.V. Fyodorov, *IPA Bulletin* 2006; 1: 102.

194 V.A. Ozerov, Speech to the CIS Inter-Parliamentary Assembly, *IPA Bulletin*, 2006; 1: 101.

195 Armenia, Belarus, Kazakhstan, Kyrgyzstan, Russia, Tajikistan, and Uzbekistan are currently members of the Collective Security Treaty Organization.

196 CSTO Decision “*On strengthening measures to combat drug dependence and drug trafficking as financial basis of transnational organised crime*,” 28 April 2003, Dushanbe, Tajikistan.

197 *Kazakhstan: strengthening efforts in the fight against drug-business is a priority*, Information agency Kazinform, [Казахстан: Консолидация усилий в борьбе с наркобизнесом является первоочередной задачей, ИА “Казинформ”], 26 May 2008, online: www.narkotiki.ru/news_27566.html.

198 Координационный совет руководителей компетентных органов по противодействию незаконному обороту наркотиков (КСОПН).

199 “*On the results of the first stage of International investigatory-preventative operation “Kanal-2008”*” [Об итогах первого этапа международной оперативно-профилактической операции «Канал-2008»], September 2008 (in Russian) on www.narkotiki.ru/gnk_6615.html (last accessed 11 November 2008).

200 *Ibid.*

201 Current members of the SCO include China, Kazakhstan, Kyrgyzstan, Russia, Tajikistan, and Uzbekistan. The main goals of the SCO are: strengthening mutual confidence and good-neighborly relations among the member countries; promoting their effective cooperation in politics, trade and economy, science and technology, culture and education, energy, transportation, tourism, environmental protection and other fields; making joint efforts to maintain and ensure peace, security and stability in the region, to move toward the establishment of a new, democratic, just and rational political and economic international order: www.sectsc.org/html/00026.html.

202 N. Nazarbaev, *Important results have been reached in the process of development of the SCO*, Xinhua, 29 June 2006 [Н. Назарбаев: В процессе развития ШОС достигнуты важные результаты, Агентство Синьхуа] (in Russian).

203 *Agreement between the Shanghai Cooperation Organization Member States on cooperation on combat of illegal trafficking in drugs, psychotropic substances and precursors*, Tashkent, Uzbekistan, 17 June 2004.

204 There is no explicit prohibition of non-medical drug use in the specific statutes on narcotic drugs of Uzbekistan, Kazakhstan, and Kyrgyzstan. Tajikistan does have specific law that state a prohibition on drug use, but no particular penalty is defined in the law or in the Administrative or Criminal codes. On the contrary, the *Code of Kazakhstan on Administrative Offenses* (30 January 2001, No.155-2, Article 336-2) and the *Code of Kyrgyzstan on Administrative Liability* (4 August 1998, No. 114, Article 366) prohibit drug use in public spaces and punish it with a fine.

205 In each of the countries in question, there is legislation allowing for compulsory drug treatment both inside and outside of prisons. In Tajikistan, compulsory drug treatment has not been implemented outside of prisons, due to lack of funding. In Kyrgyzstan, fewer than 10 patients were in compulsory treatment outside of penitentiary settings, according to UNODC data from 2007.

206 In Russian and Kazakh law, the provisions are almost identical in defining “propaganda” very broadly (including dissemination of books, other media products, and internet information): Article 46 of the Russian law “*On Narcotic Drugs and Psychotropic Substances*”; Article 24 of the Law of Kazakhstan “*On Narcotic Drugs, Psychotropic Substances and Precursors*.” The prohibition is more narrowly defined in the legislation of Kyrgyzstan, Tajikistan, and Uzbekistan.

207 *Agreement between the Shanghai Cooperation Organization Member States on cooperation on combat of illegal trafficking in drugs, psychotropic substances and precursors*, Tashkent, Uzbekistan, 17 June 2004. Article 1.

208 *Ibid.*, Article 2.

209 SCO website: www.sectsc.org/home.asp?LanguageID=2.

210 UNGASS Resolution 61/183 (13 March 2007), UN Doc. A/RES/61/183, para. 1. See also, for example, the previous year’s resolution UNGA Resolution 60/178 (22 March 2006), UN Doc. A/RES/60/178, para 1.

211 CND Resolution 51/12, Commission on Narcotic Drugs, Report on the Fifty-first Session, ECOSOC Official Records, Supp. No. 8, UN Doc. E/2008/28, E/CN.7/2008/15, at p. 32.

212 Article 1 of the Law of Kazakhstan “*On Narcotic Drugs, Psychotropic Substances, Precursors and the Measures to Counteract Illicit Drug Trafficking and Abuse*”, Law No. 279-1 of 10 July 1998.

213 Article 2 of the Law of the Republic of Tajikistan “*On Narcotic Drugs, Psychotropic Substances and Precursors*,” Law No. 874 of 10 December 1999.

214 Article 1 of the Law of Kyrgyzstan “*On Narcotic Drugs, Psychotropic Substances and Precursors*,” Law No. 66 of 24 April 1998 (subsequently amended by Law No. 90 on 4 July 2005).

215 E.g., Article 2 of the Law of the Republic of Uzbekistan “*On Narcotic Drugs and Psychotropic Substances*,” Law No. 813-1 of 19 August 1999; Article 3 of the Law of Kazakhstan “*On Narcotic Drugs, Psychotropic Substances, Precursors and the Measures to Counteract Illicit Drug Trafficking and Abuse*,” Law No. 279-1 of 10 July 1998.

216 E.g., Article 3 of the Law of the Republic of Tajikistan “*On Narcotic Drugs, Psychotropic Substances and Precursors*”, *op. cit.*; the Law of Kyrgyzstan “*On Narcotic Drugs, Psychotropic substances and precursors*,” *op. cit.*, the Law of Kazakhstan “*On Narcotic Drugs, Psychotropic Substances, Precursors and the Measures to Counteract Illicit Drug Trafficking and Abuse*,” *op. cit.*

217 Kazakhstan (10 July 1998, with amendments of 2006); Kyrgyzstan (24 April 1998, with amendments of 4 July 2005), Tajikistan (10 December 1999), Uzbekistan (19 August 1999, most recent amendments of 10 October 2006).

218 *Op cit.*

219 For example, Articles 24-29 of the Uzbek law repeat Articles of the 1997 Russian law. Article 35 of the Uzbek law “on drug testing” repeats Article 44 of the Russian law, while Article 36 of the Uzbek law, imposing limitations on the rights of people dependent on drugs, is essentially the same as Article 45 of the 1997 Russian law.

220 Some of the provisions referred to in Table 3 are not necessarily enforced.

- 221 Interview with the Director of National Drug Monitoring and Prevention Centre of Tajikistan Soukhiddin Nidoev, 11 October, 2008, Dushanbe, Tajikistan.
- 222 R. Lines et al., *Prison Needle Exchange: Lessons from a Comprehensive Review of International Evidence and Experience*, 2nd ed. (Toronto: Canadian HIV/AIDS Legal Network, 2006), online via www.aidslaw.ca/prisons, pp. 41ff.
- 223 <http://www.unic.ru/bill/?ndate=2007-07-17>.
- 224 *Methadone therapy method for treatment of drug dependent will be studied in Tajikistan*, 2 October 2007, at www.regnum.ru/news/893523.html [в Таджикистане изучат метод метадонной терапии для лечения наркозависимых людей] (in Russian).
- 225 M. Khidirov & M. An, "Human rights through the lenses of drug dependence in Tajikistan," in K. Malinowska-Sempruch, S. Gallagher & V. Djuma (eds.), *Drug Policy, HIV/AIDS and Human Rights* New York: International Debate Education Association, 2004 (Russian language edition), at p. 184.
- 226 D. Wolfe, *Pointing the Way: Harm Reduction in Kyrgyz Republic* (Harm Reduction Association of Kyrgyzstan, Open Society Institute and Soros Foundation Kyrgyzstan, 2005).
- 227 Resolution of the Government of the Republic of Kyrgyzstan "On narcotic drugs, psychotropic substances and precursors under control in Kyrgyz Republic," Resolution No. 543 of 9 November 2007.
- 228 I. Isakov, "Drug policy must take into account local situation," *Word of Kyrgyzstan*, 24 April 2007, online at www.sk.kg/index.php?newsid=2122 (website of the Drug Control Agency of Kyrgyzstan) (unofficial translation).
- 229 Cited in the Interview with General B. Nogoibaev, director of the Kyrgyz Drug Control agency. "Do not push a person who uses drugs underground" ["Не загонять наркомана в подполье"], 24 November 2005, at the site of the Kyrgyz Drug Control Agency, <http://www.dca.gov.kg/modules.php?name=News&file=article&sid=21>.
- 230 President Nursultan Nazarbaev, Address to the Nation: "Kazakhstan 2030: Prosperity, security and improvement of well-being all people of Kazakhstan" (1997), available (in Russian) at the official site of the President of Kazakhstan, online: www.akorda.kz/www/www_akorda_kz.nsf/sections?OpenForm&id_doc=DD8E076B91B9CB66462572340019E60B&lang=ru.
- 231 Law of the Republic of Kazakhstan "On amending the Criminal Code, Criminal Procedure Code and Administrative Code in relation of toughening liability in the area of illegal drug trafficking," Law No. 50-4 of 27 June 2008.
- 232 Online interview with the Deputy Minister of Internal Affairs of Kazakhstan, Oleg Feodorov (in Russian), on the website of the Ministry of Internal Affairs of Kazakhstan, online: www.mvd.kz/index.php?p=conf_group&id_group=85&lang=1 (last accessed 11 November 2008).
- 233 Wolfe & Malinowska-Sempuch, op. cit., pp. 24-25.
- 234 *Unintended Consequences*, op. cit., p. 10.
- 235 Comprehensive and well-documented models of legislative provisions in this area have been developed and, as of this writing, have been adopted by bodies such as UNODC and national expert teams in all of the Central Asian republics as a touchstone reference for assessing existing laws affecting the HIV response among people who inject drugs and prisoners and identifying possible reforms to strengthen that response in light of human rights principles and evidence of effective health protection and promotion practices: e.g., Canadian HIV/AIDS Legal Network, *Legislating for Health and Human Rights: Model Law on Drug Use and HIV/AIDS*, op. cit.