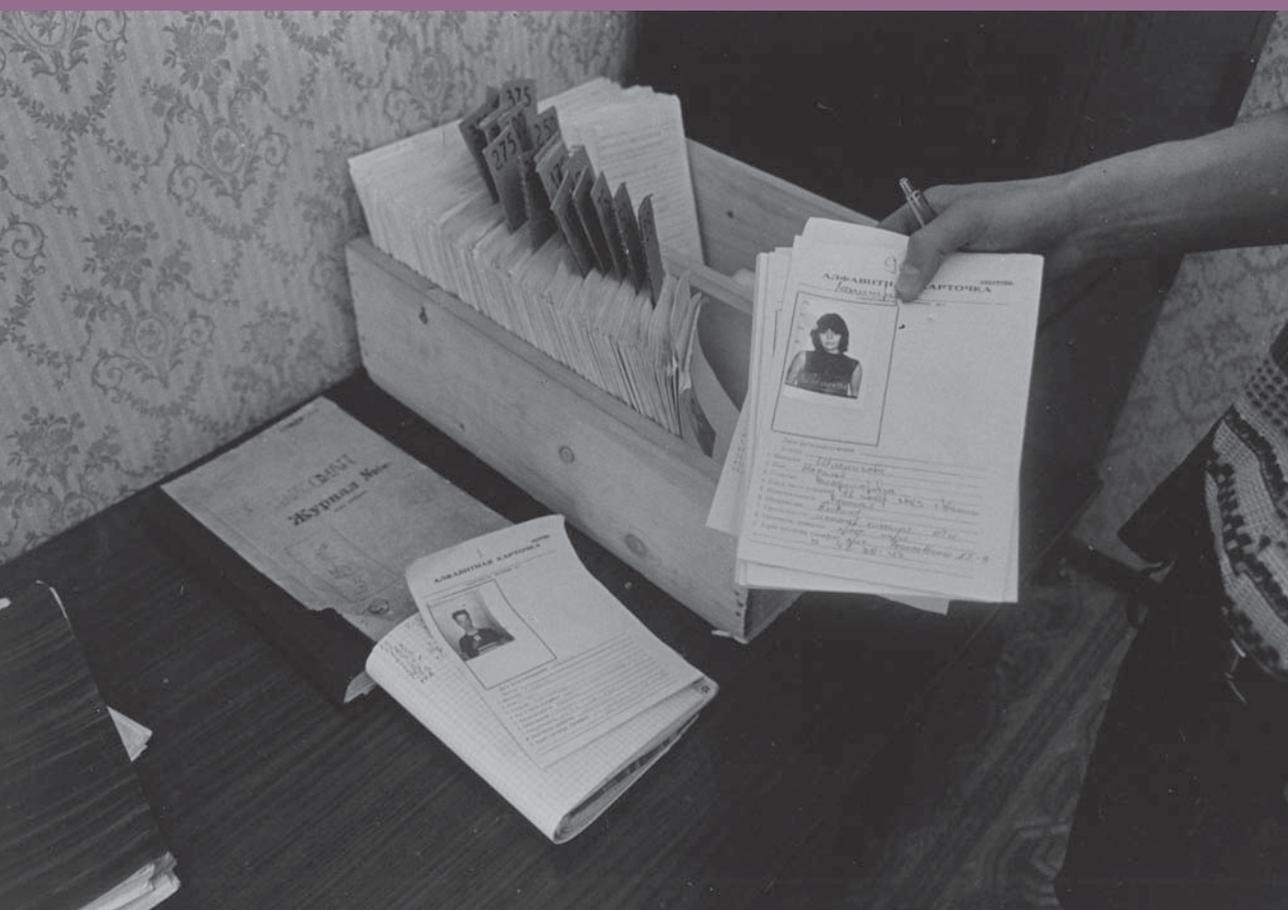


The Effects of Drug User Registration Laws on People's Rights and Health



Key Findings from Russia,
Georgia, and Ukraine



ASSESSMENT IN ACTION SERIES

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Registration Laws on
People's Rights and Health:
Key Findings from Russia,
Georgia, and Ukraine

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International Harm Reduction Development Program

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International Harm Reduction Development Program

The International Harm Reduction Development Program (IHRD), part of the Open Society Institute's Public Health Program, works to reduce HIV and other harms related to injecting drug use and to press for policies that reduce stigmatization of illicit drug users and protect their human rights. Since 1995 IHRD has supported more than 200 programs in Central and Eastern Europe and Asia, and bases its activities on the philosophy that people unable or unwilling to abstain from drug use can make positive changes to protect their health and the health of others. Since 2001, IHRD has prioritized advocacy to expand availability and quality of needle exchange, drug dependence treatment, and treatment for HIV; to reform discriminatory policies and practices; and to increase the participation of people who use drugs and those living with HIV in shaping policies that affect their lives.



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Introduction

Recent research has revealed that drug user registration laws in the former Soviet Union unfairly restrict the civil rights of drug users and impede their access to drug treatment. These laws, legacies of Soviet-era legislation emphasizing control over cure, also create conditions conducive to police corruption and abuse. Three groundbreaking studies conducted in Russia, Georgia, and Ukraine investigate the impact that drug user registration laws have on the lives of drug users and the quality of public health policy.

Drug user registration serves as a form of state control over people who are dependent on drugs and imposes restrictions on their civil rights. The process brands people as drug users for years, sometimes indefinitely, regardless of whether they quit using drugs. Those on the registry are required to pay regular visits to a doctor and to remain drug-free. They are not allowed to obtain a driver's license, are banned from certain jobs, and are often the targets of police harassment.

Mikhail Torban and Lev Levinson of the Institute for Human Rights conducted an assessment of drug user registration laws in Russia. In their report, the researchers discuss the consequences of burdensome restrictions placed on drug users as well as the confusion and harm caused by keeping conflicting laws about registration on the books.¹

In Georgia, the NGO Alternative Georgia found some reason for optimism. David Otiashvili and Nino Balanchivadze report that since 2003 a concerted campaign against corruption has dramatically reduced rates of police extortion and effectively removed

drug user registries as a means of extracting bribes.² However, the group makes clear that, in its current form, drug user registration continues to serve an agenda of police control of drug users and fails to respect fundamental human rights and public health principles.

In Ukraine, a separate study conducted by human rights expert Andrey Tolopilo and drug treatment expert Leonid Vlasenko, found that police use registration laws to control, extort, and abuse drug users.³ That research exposes the flaws in the current system and suggests that fear of the registry deters drug users from seeking treatment for addiction.

Looking forward, the groups' investigations of the problems associated with drug user registration laws reveal the need for government commitment to a policy of treatment rather than punishment for those dependent on drugs, harmonization of existing legislation regarding drug user registration, and guaranteed equal access to drug treatment services. The authors of these three reports put forward specific and constructive recommendations, including that governments educate law enforcement and drug treatment specialists as well as drug users about current regulations, investigate and prosecute human rights violations committed against drug users by police, and initiate efforts to reform the current system or replace it with a new system for monitoring and evaluating drug use that is formulated with the exclusive purpose of improving public health policy.

The Soviet Legacy: Policies of Control

Today's drug user registration laws have strong roots in legislation developed during the Soviet era. These regulations were designed to control and corral drug users rather than address their needs or facilitate their access to treatment. State officials viewed drug use and alcoholism as "diseases posing a threat to surrounding people."⁴ Soviet authorities sent drug users and alcoholics to work camps when they failed to seek treatment or overcome their dependence on drugs or alcohol. At the camps, or LTPs (*lechebno-trudovye profilaktorii*), forced labor was the primary method of treatment. More than two million people, predominantly alcoholics, were sent to the camps in the 1970s and 1980s.⁵

A look at the legislation developed during the Soviet era shows that policing took precedence over public health. As Georgian researchers Otiashvili and Balanchivadze point out, during the Soviet period, governments in the region addressed the issue of drug dependence with a dual policy of denial and control. While refusing to publicly acknowledge that drug dependence was a problem, government agencies were deeply involved in recording and monitoring the activities of drug users. As pointed out by Human Rights Watch in its 2007 report on drug policy in Russia, during the Soviet period, doctors at substance abuse facilities routinely cooperated and shared information with law enforcement agencies, and laws on confidentiality of medical information stated that drug and alcohol dependent patients' confidentiality should be respected only

if these patients “were firmly committed to medical treatment and diligently carried out all medical prescriptions.”⁶

Current policies of drug user registration are essentially the continuation of the policies, attitudes, and laws that prevailed under the Soviet system. In all three countries the operation of the drug user registries exposes a failure on the part of government officials to develop coherent public health policies that effectively address the problem of drug use and the treatment needs of drug users. Torban and Levinson point out that the Russian government does not monitor drug users as part of a well-intended public health strategy. Addressing the use of information garnered through the registry, they say, “The data generated, coming as it does from official sources, should be used to make a well-founded assessment of the threats associated with drug use in order to determine critical areas and design a strategy for fighting the problem. But this is not the case.”⁷

How It Works

Though they sprouted from the same seed, each country's drug user registration law looks and functions a bit differently from the others. Both in Russia and in Ukraine, narcologists and law enforcement agencies maintain separate registries of known drug users. In Georgia, only the law enforcement registry is still in operation. The Georgian Ministry of Labor, Health, and Social Affairs maintained a narcological (i.e. medical) registry of drug users as part of its Central Information Bank (CIB) until 2005. In 2006, that database was turned over to the Ministry of Internal Affairs (law enforcement) and incorporated into the drug user registry maintained by that agency. Since 2006, the Ministry of Internal Affairs has been charged with the authority to test people for drug use and enter them into the police registry.

Torban and Levinson stress in their report that federal legislation in Russia dictates that drug user registration should be completely voluntary. In practice, however, authorities reportedly routinely register people without obtaining their voluntary informed consent. As Torban and Levinson put it, "people do not register themselves, but are registered."⁸ State-run drug treatment centers automatically register a person as a drug user when he or she voluntarily signs up for treatment at the clinic, even though center staff are supposed to obtain voluntary informed consent from the person seeking treatment before entering his or her name in the registry. Confidential treatment is available at these clinics, but only for a fee.⁹ In addition, a person can be lawfully registered if he or she is detained by police for a medical exam to determine intoxication and agrees to be registered as a drug user at that time. Finally, a person may receive a

summons from a drug treatment counselor and may then choose to report to that counselor and be registered.¹⁰ The Institute for Human Rights found no cases of people's names having been entered into the registry by general practitioners or other medical personnel outside drug clinic settings.

The narcological registry in Russia is divided into two categories: one for chronic drug users (those deemed drug dependent) and one for occasional users. Once registered as a chronic drug user, a person remains on the registry for five years. This mandatory registration period is set by a Soviet-era law still in force in Russia today. To be removed from the registry, a person must undergo inpatient or medically supervised outpatient drug treatment and remain drug-free. Those in outpatient care must visit drug treatment specialists and submit to examination for evidence of drug use as part of their drug treatment program. The frequency of visits following inpatient care or during outpatient care is determined by a person's progress in becoming drug-free (i.e. the amount of time a person has been in remission). If, during the five-year registration period, a person labeled as a chronic user strays from his or her treatment program and begins using drugs again, the period of time he or she must remain on the registry will be extended (i.e. beyond the original five years). Official removal from the registry takes place only after a person has remained drug-free for the mandatory period and has received approval to be removed from the registry following review by a medical commission at the person's drug treatment facility.

Occasional drug users in Russia are placed on the preventive drug user registry. This also requires outpatient visits to medical professionals on a regular basis, but the process is less burdensome than for chronic drug users. People remain on the preventive list for one year. If, during that year, a person complies with the treatment schedule and is found to be drug-free, he can be removed from the registry. If, however, a person on the preventive registry is found to be using psychoactive substances, then medical officials can place him or her on the registry of chronic drug users.

The Ministry of Internal Affairs and the Federal Drug Control Agency maintain their own separate registries of drug users. Local police officers are tasked with identifying drug users, drug dealers, and drug makers and communicating information about them to central police headquarters. They are also tasked with monitoring activities of drug users and persuading them to undergo voluntary treatment.¹¹

Torban and Levinson note that most commonly people are added to the registry as a result of medical examination,¹² raids,¹³ and drug testing at educational institutions and in the workplace. Torban and Levinson say that the raids and drug testing are illegal but widespread.¹⁴ Police raids, they say, often cast a wide net, catching anyone on a public street or at a given nightclub and subjecting them to forced drug testing, as well as harsh treatment by officers. Torban and Levinson describe these actions as examples of police abuse of power. The researchers similarly point out the illegality of mandatory

drug testing of students. They note that there is no federal law mandating drug testing at educational institutions and the Supreme Court ruled that local legislation establishing drug testing in educational institutions contradicts federal law. The Supreme Court ruled on May 30, 2007 that a lower court had been correct when it annulled several provisions of a decree issued by the Perm Province (Perm Krai) governor regarding drug testing. The provisions deemed inconsistent with federal law included those that provided for “diagnostic examination” of wide segments of the population, including high school and technical school students, with the aim of identifying drug users in these populations. The Supreme Court ruled that imposition of new duties, including a duty to undergo medical examination, could not be passed at the local or province (krai) level and that federal law has exclusive jurisdiction over the establishment of such rights and obligations.¹⁵ The Supreme Court also expressed the opinion that teachers should not be tasked with identifying students who use drugs.¹⁶

In Ukraine, officials maintain two separate registries, similar to those in Russia: a narcological registry, maintained by drug treatment centers that are financed and supervised by the Ministry of Health, and a police registry, maintained by the Ministry of Internal Affairs. Police are given the authority to order suspected drug users to undergo testing for drug use. Police are then authorized to place the names and personal information of chronic drug users into a database: the registry. Persons found to be occasional drug users are placed on a separate registry. According to Tolopilo and Vlasenko, once on the registry, a person is in the police database for life as a drug user, regardless of whether he or she ceases to be drug dependent.¹⁷

Drug treatment centers maintain a drug user registry that is separate and unique from that of the police. Eligibility for the registry is determined by drug testing. People who apply to state-run drug treatment centers for treatment are placed on the registry. Confidential treatment is available only at private clinics. As in Russia, experts in Ukraine found no evidence that general practitioners place people on the registry.

The narcological registry in Ukraine consists of two lists: one for those with chronic dependence on drugs (the clinical registry) and one for occasional drug users (the preventive registry). In Ukraine, once a person is on the list of chronic drug users, he or she is required to undergo regular check-ups at the clinic in order to qualify for removal from the registry. A person’s name is only removed from the registry following a decision by the Doctors’ Consultancy Commission, usually after he or she has been drug-free for five years. In some cases, the commission will remove a person from the registry after only two or three years of sobriety, if he or she actively cooperates with doctors in the course of treatment.¹⁸

In Georgia, the drug user registry is maintained by the police. Under Article 45 of the Code of Administrative Offenses, police in Georgia can compel a person to undergo examination for suspected drug intoxication. The results of such an

examination are kept by the examining lab, shared with the Ministry of Labor, Health and Social Affairs, and turned over to the Ministry of Internal Affairs. At that point, a person who has tested positive for drug use is entered into the police registry. The person must then submit to evaluation by the Doctors' Consultancy Commission, which determines whether he or she is an occasional drug user or a chronic drug user. This distinction determines the period for which the person remains on the registry, the type of treatment he or she receives, and the period during which he or she must submit to regular medical visits and testing.

Chronic drug users in Georgia must remain on the registry for three years. At the end of this period, a person must receive approval from the Doctors' Consultancy Commission to be removed from the registry. The registered drug user must pay a fee for this review, which includes a medical examination. As of 2007 the fee was 200 GEL (\$125). Researchers Otiashvili and Balanchivadze report that people who do not submit a request to be removed from the registry or who fail to appear before the commission remain on the registry indefinitely.

Occasional drug users in Georgia are placed on the registry for one year, after which time they are removed from the registry or, if they are found to be drug dependent, are placed on the registry of chronic drug users.

Consequences of Drug User Registration

Restrictions on Civil Rights

Investigation into the effect of drug user registration laws on the lives of drug users found that, in all three countries, the laws explicitly restrict certain civil rights and often lead to violations of other rights. Among the most immediate and tangible negative consequences for a person placed on a drug user registry is that he or she is prohibited from engaging in certain activities and deemed ineligible for certain jobs.

People on the drug user registry are prohibited from many basic rights, such as obtaining a driver's license. These rights restrictions extend for the full period of a person's inclusion on the drug user registry, regardless of his or her actual drug dependent status. For example, in Russia, someone registered as a "chronic drug user" cannot have her rights reinstated until the registry period of five years has passed and her name is removed from the registry.

In Russia, Torban and Levinson point to the prohibition on driving as a particularly onerous limitation that negatively impacts a person's ability to "resocialize" and maintain steady employment.¹⁹ Employment itself is difficult as there are several categories of jobs that are off-limits to anyone registered as a drug user, including work involving "the operation of all types of vehicles" or work with oil or petroleum

products.²⁰ Foreign citizens or stateless people on the registry are also deprived of the right to obtain a residency permit to live in Russia.

People's parental rights are also at risk if their names are added to drug user registries. They are barred from adopting and often lose custody of their children, even if they can prove that they are drug-free. Torban and Levinson note that courts in Russia are bureaucratic and that a certificate from the registry indicating that a person is listed as a chronic drug user is accepted as sufficient evidence of the need to remove a child from that parent's care.²¹ Because a person labeled a chronic drug user remains on the registry for five years, she or he could be deprived of parental rights for drug use that occurred years ago despite actually being drug-free at the time of the court action. This practice of depriving or limiting the rights of parents based solely on information provided by the drug user registry is a particularly rigid practice that may violate the rights and interests of children as well as their parents.

In Georgia, people tested for drug use and found to be drug dependent are also barred from employment in certain sectors. The ban on employment in certain jobs is in force for five years following diagnosis of drug dependence, despite the fact that the period of registration is only three years. Employment restrictions include jobs in public service, medical practice, rescue services, all kinds of underground work, and all kinds of underwater work, among many other categories.²² People are also restricted from operating motor vehicles or obtaining a driver's license.

In Ukraine, drug users' rights are restricted throughout the period they remain on the registry.²³ As elsewhere, registrants' inability to obtain a driver's license, regardless of their actual drug dependent status, is a particularly burdensome restriction that can seriously impede people's ability to obtain or maintain employment, as well as to engage in other activities. There are also restrictions on several job categories, including work in the fire department, police, or military.²⁴ Individuals on the clinical registry are able to obtain a certificate stating that they are drug-free, which will allow them to apply for these jobs. However, a person who is drug-free but whose name is on the narcological registry cannot obtain a certification of non-dependence on drugs and remains restricted from employment for the entire registry period. In addition, any business owner can ask an employee or future employee to provide certification that he or she is drug-free.²⁵ This practice is established by the *Law on Legal Foundations of the Public Health Sphere*, dated November 19, 1992, and Cabinet of Ministers Decree No. 1238, dated November 6, 1997, *On Mandatory Medical Examinations for Drug Use and the Procedure for Conducting Them*.²⁶

The use of drug user registry data in the certification process means that people on the registry are essentially locked out of many of the best jobs available in the legal sphere. Registered drug users, particularly women, can find work in the service

industry, such as in restaurants, bars, and similar establishments. Men are sometimes able to find work in the construction industry or doing other forms of manual labor. Even working in these fields, however, people are vulnerable to being fired if their bosses learn that they are on the registry of drug users. According to Tolopilo, there is little opportunity to appeal such unfair and illegal dismissal due to prejudices against drug users.²⁷ In addition, because of the stigma associated with drug use and the lack of positive legal precedents, many on the drug user registry are not inclined to pursue legal action even in cases of wrongful dismissal from a job.²⁸

Marginalization

Limitations imposed on drug users by virtue of their presence on the drug user registry can marginalize them and force them into situations that compromise their health and well-being.

Tolopilo and Vlasenko report that drug users unable to obtain work in the legal sphere in Ukraine turn to work in the informal sector, or black market.

One former drug user currently receiving substitution therapy in Ukraine reported:

“If you want to get a job, they require a certificate [that you are not drug dependant] that is given out by the drug treatment centers only five years after a person has been unregistered. Without such a certificate it is impossible to find a job officially.... a person is forced to work illegally.”²⁹

Working in the informal sector further marginalizes drug users and can expose them to greater risk of violence. Inability to obtain work in the formal sector is also one of a number of factors contributing to the high rates of overlap between the drug user and sex worker populations. This nexus has been cited by harm reduction experts as contributing to the spread of HIV.

Violations of Privacy and Confidentiality of Health Information

The Institute for Human Rights found that, in Russia, medical personnel with access to information about the identity of people on the registry routinely violate the principle of medical confidentiality.³⁰ Such breaches of medical ethics result in abuse of registered drug users by the police and drug enforcement authorities and discrimination in employment and other areas.

Torban and Levinson found that it is fairly common for those with access to confidential information to share it with drug users' relatives or colleagues or with educational institutions, without the drug users' permission. They also cite a provincial government decree that states that officials from the Department of Internal Affairs, Drug Control Agency, and psychiatric clinic continue to share information about people linked with the illegal distribution of drugs.³¹ These findings were consistent with those of Human Rights Watch, which said in its 2007 report:

"It appears...some state narcological clinics in Russia share information on patients who are on the state drug user registry with law enforcement and other government agencies."³²

Medical personnel's lack of respect for confidentiality of health information is generally known to drug users and acts to dissuade many from seeking drug treatment, because they do not want to be registered and have their condition revealed to others. Torban and Levinson cite data collected by S. Oleinik, which found that 34 percent of drug users surveyed reported that their status had been revealed to a family member, colleague, or institution without their permission. Notably, some 52 percent of those surveyed reported that medical personnel disclosed their diagnosis as drug users to law enforcement authorities.³³ Human Rights Watch found also that, despite official denials from doctors at narcological clinics, "many drug users maintain that breaches of confidentiality, to law enforcement agencies, relatives, and employers, do occur regularly."³⁴ Moreover, maintenance of the registry's security has been found lacking. Databases with the names of those who have been placed on the drug user registry can be purchased on the black market.³⁵

In Russia, laws generally obligate medical personnel to respect patient confidentiality. However, a doctor can provide information that constitutes a medical secret to police and prosecutors without patient permission under certain circumstances.³⁶

Torban and Levinson emphasize, however, that a doctor receiving such requests is not obligated to provide information about the patient, but rather is allowed to make an independent determination about compliance. The researchers point out that there is no law in Russia that can compel a doctor to reveal otherwise confidential information. Notably, law enforcement requests for confidential medical information must relate to a specific person in connection with a specific case. Torban and Levinson state that information about drug users cannot be provided to the Ministry of Internal Affairs or to the Federal Drug Control Agency in the form of lists of patients registered.

Vlasenko and Tolopilo state that there have been improvements in the respect for confidentiality of those on the drug user registry and that the practice of “cross-checks”—when police and drug treatment centers provided each other with lists of registered drug users—has been brought to an end. At the same time, they express concern that police have been successful in using threats or other means of leverage to pressure drug treatment centers to provide them with confidential medical information from the drug treatment centers’ registries.³⁷ The authors point to the belief of some social workers and drug users that drug treatment centers share information from their registry with police, despite legal prohibition on revealing confidential health information.

One lawyer in Ukraine charged:

“...[The] police get information from the drug treatment centers and then use it in their activities.”³⁸

Regardless of whether such exchanges of information with the police indeed take place, fear that it could happen and concern about the consequences of thus being placed on the police registry and coming under police radar contributes to drug users’ anxiety about the narcological registry.

It is clear that once a person is on the registry, drug treatment centers in Ukraine do not take sufficient measures to safeguard the confidentiality of a person’s drug user status. A person on the registry is subject to receiving periodic summonses from the narcological center. In Ukraine, Tolopilo and Vlasenko report that nurses often deliver the summonses during the day, when residents may not be home, and leave them in the door jamb. This means that any building or apartment resident can come upon the summons and discover the addressee’s drug user status.³⁹

A social worker and former drug user from Ukraine commented on the negative consequences of having such notices openly distributed:

“I myself have gotten such notices more than once, they simply put them in the door jamb. These notices [are] on drug addiction treatment center cards—any of my neighbors could look at them and find out that I’d had a drug problem. This could negatively affect my relationship with my neighbors. Sometimes people’s parents find out that their son or daughter has had drug problems because of this, and they wouldn’t have known before.”⁴⁰

Such situations constitute clear violations of patients’ right to confidentiality of health information. They are one of the negative consequences of being placed on the drug user registry and act also as a deterrent to those considering seeking treatment.

Revelations about one’s status as a drug user and involuntary disclosure of one’s confidential health information can lead to uncomfortable and embarrassing situations. It can also make drug users vulnerable to discrimination. Andrey Tolopilo has advocated for reform of the summons system by drug treatment centers. He has suggested that centers either need to do away with the practice of issuing summonses altogether or need to come up with a method that protects people’s right to privacy. One suggestion is for summonses to be sent by post and delivered in plain or generic envelopes rather than on drug treatment center stationery. However, he observes, there is unfortunately currently no financing available for such efforts.⁴¹

The researchers also report that drug users’ status on the narcological registry in Ukraine is frequently disclosed by drug treatment clinics to doctors in other fields. They report that many drug users regard this as a violation of their confidential medical information.

Under Georgian law, medical professionals are required to keep health information confidential. Otiashvili and Balanchivadze did not report finding any violations of drug users’ rights in this area.⁴² However, it is noteworthy that drug users in Georgia continue to mistrust health care workers and fear that they risk being placed on the registry when they seek medical treatment. (See *Fear and Other Disincentives to Seeking Help* on page 21).

Increased Vulnerability to Police Abuse and Extortion

One of the dangers of maintaining a drug user registry is that it can provide an opportunity for corrupt authorities to use the information to exploit and mistreat drug users.

Torban and Levinson note that one widespread consequence of the registry is that police in Russia take particular note of those who are registered drug users.⁴³ Their

findings indicate that police in fact target drug users for exploitation and abuse. The researchers report that police subject registered drug users to groundless detention⁴⁴ and extortion, and falsify evidence against them. Officers physically mistreat and torture registered drug users and often compel them to provide information or other services to police.⁴⁵

As one person registered as a drug user put it:

“Now they are suggesting that I work with them as a sort of errand boy, otherwise things will get tough for me.”⁴⁶

Registered drug users are also at high risk of being set up and convicted on drug-related charges. Torban and Levinson paint a bleak picture of the trajectory of a registered drug user’s fate: “drug user registry, undercover drug buy, half a year in *SIZO* (pre-trial detention), a high security detention camp, tuberculosis, overdose.”⁴⁷

The Russian researchers also state that inconsistencies in the law “create fertile ground for the manipulation of rules by unprincipled members of law enforcement and lead to significant violations of citizens’ rights, including by the police and drug enforcement.”⁴⁸

In Ukraine, researchers found that violation of the rights of registered drug users by police is common. All drug users are vulnerable to police abuse, but drug users who are on the police registry are at increased risk of police abuse and extortion and are particularly vulnerable to repeated abuse because they are a focus of police attention and activity.

Topolilo has said that, in the minds of police, “when you are registered, you become one of their ‘clients.’”⁴⁹ Police generally view drug users as criminals, but registered drug users become “their” cadre of criminals, a set of pre-sorted vulnerable people they turn to when they need information, money, or sex, or when they need to boost their conviction rate or pin an unsolved crime on someone. The drug users have no ability to negotiate the terms of their relationship with police or refuse to inform on others.

In its research on the subject, Human Rights Watch found that people in Ukraine who are known to be drug users are targets of police abuse, including physical violence amounting to torture. A 2006 report by Human Rights Watch documented police mistreatment of known drug users and sex workers:

“Numerous drug users, sex workers, and service providers reported that police had extorted money and information from drug users by applying physical and psychological pressure, including severe beatings, electroshock, partial suffocation with gas masks, and threats of rape, both at the time of arrest and during detention, and had directly interfered with the provision of HIV prevention information and services for drug users and sex workers.”⁵⁰

Tolopilo reports that registered drug users are at greater risk of police harassment than those who have not fallen under the police radar. He says, “Intravenous drug users say if you are on the registry, that is it, the police will be on you.”⁵¹ He and Vlasenko found that registered drug users are subject to intrusive and intimidating surveillance by police amounting to harassment and violation of their right to privacy. Police also use the information they gather by tracking registered drug users to identify people vulnerable to pressure to provide them with information or to serve as witnesses or scapegoats. Drug users report that police surveillance of those on the registry is unrelenting.

One social worker and former drug user said:

“If a person is registered as a drug user [with the] militia, militia watches over him, does not leave him alone, [they] search [you], persecute [you], lock [you] up in the district militia department for a day or more, and when you begin feeling sick, they say that [they] will give you some drugs if you will give information about someone or will do what they tell you to.”⁵²

In addition to police extortion and abuse, the registry opens the door to other forms of official corruption and misuse of the law. Specifically, Tolopilo and Vlasenko report a problem of corruption in the system of provision of work eligibility certificates. They also note that the practice of linking the financing of drug treatment facilities and rates for employee salaries to the number of registered drug users creates a financial incentive to keep the number of registrants high.

According to the findings of Otiashvili and Balanchivadze, the situation in Georgia differs from that in Ukraine. Reforms enacted after a new government administration took power in the “Rose Revolution” in November 2003 have specifically targeted police corruption. The authors report that, up until 2003, police in Georgia used the system

of drug user registration as leverage to extort drug users. The drug user registration system provided “fertile ground for corruption” and police often preyed on drug users, extorting money from them in exchange for withholding their names from the registry. The phenomenon was so widespread that, “registration was considered to indicate an inability to pay the bribes to the police.”⁵³

Otiashvili and Balanchivadze report that today the introduction of significantly higher police wages, the dismissal of corrupt staff members, recruitment of new personnel, and strict new policies on the levying of fines have effectively eliminated the old corrupt police practices. Further targeted research in this area is necessary to confirm that these new policies have truly been so thoroughly effective in curbing police harassment of registered drug users and halting police corruption. It is notable that law enforcement agencies under the Saakashvili administration are suspected of following a policy of rewarding officers who collect a large amount of money in fines for the government coffers, thereby creating an incentive for excessive use of this mechanism and abuse of police authority.

Despite the apparent effectiveness of reforms in curbing police corruption, Otiashvili and Balanchivadze found that drug user registration and its aggressive implementation by police currently results in numerous cases of wrongful detention and testing of people who are not drug users. The researchers found that only 38 percent of those compelled by police to undergo drug testing during the first quarter of 2007 were in fact found to be under the influence of drugs, suggesting an overly broad application of this mechanism.

Fear and Other Disincentives to Seeking Help

Fear of the consequences of being placed on the drug user registry can lead drug users to practice avoidance behaviors that negatively affect their health and well-being.

Perhaps the most damaging consequence of restrictions on the rights of registered drug users is that they act as a disincentive to people to seek treatment. Drug users who otherwise might seek treatment for addiction instead avoid drug treatment centers because they fear being placed on the registry and having their rights taken away for an extended period of time.

The role of the registry in perpetuating drug dependence and as an obstacle to those seeking treatment was eloquently described in a 2007 Human Rights Watch report on drug treatment policies in Russia. That report states:

“The drug user registration system keeps users away from substance abuse clinics by penalizing rather than rewarding treatment-seeking behavior. In dozens of interviews, drug users who are not on the registry told Human Rights Watch that they were highly apprehensive about being registered as they feared that registration would lead to disclosure of their status to law enforcement agencies or others, as well as to restrictions on their rights, particularly their possibility to drive.”⁵⁴

Levinson also expressed the view that the threat of being stripped of the right to hold a driver’s license acts as a serious impediment to drug users seeking any treatment at all.⁵⁵

The need to travel a significant distance to a drug treatment center can also serve as a disincentive to seek treatment. Human Rights Watch points out that there are few drug treatment centers in Russia:

“While there are narcological clinics in all major towns of Russia, most of these clinics offer only detoxification, which, on its own, does little to help a drug user achieve a lasting remission. State-run rehabilitation or relapse prevention centers, which provide the crucial second phase of drug dependence treatment by helping drug users manage psychological craving for drugs, exist in only 26 of Russia’s 85 regions. In some regions commercial or faith-based rehabilitation centers exist, but treatment at the former is often too expensive for drug users while many drug users do not feel comfortable using the latter.”⁵⁶

In Russia, fear of the drug user registry combined with a lack of access to anonymous treatment work together to dissuade people from seeking help for addiction. Torban and Levinson report that people dependent on drugs can avoid registration by opting for anonymous treatment for drug addiction. However, the only anonymous treatment offered in Russia is paid treatment and many drug users cannot afford this and therefore do not have access to treatment not linked to registration. Furthermore, in some regions in Russia, even paid anonymous treatment is not currently being offered. The researchers point out that the absence of free or affordable anonymous treatment becomes a barrier to people receiving any treatment whatsoever for their addiction.

One drug user in Russia commented on the absence of a government sponsored anonymous treatment option:

“They don’t have anonymous treatment in the government drug treatment clinic anymore. There used to be such a thing, even a year ago. There was an office for outpatient anonymous treatment, where you could pay 400 rubles, a patient record was started, and a person could visit a doctor on an outpatient basis and be treated anonymously. Now there’s nothing like that. Everyone who comes in is registered.”⁵⁷

Tolopilo and Vlasenko found that drug users in Ukraine also are deterred from seeking treatment because they fear registration and subsequent abuse by police and limitations on their right to work.

Obstacles to Obtaining Health Care

Fear of being placed on the drug user registry leads drug users to avoid seeking medical care for a range of health issues.

In Georgia, health care professionals are not obligated to pass on information about patients’ drug use to the police registry. However, many drug users fear that health care workers will violate the confidentiality of medical information and will get them placed on the registry. Drug users therefore avoid calling on emergency workers or seeking care at hospitals because they believe staff will inform the police about their status as drug users.

Obstacles to Obtaining Harm Reduction Services

Methadone and buprenorphine treatment is widely recognized as an effective component of harm reduction. In Ukraine, however, drug users who could benefit from these programs are discouraged from seeking treatment and fear approaching methadone and buprenorphine treatment clinics, because enrollment in the programs entails mandatory registration. Potential methadone and buprenorphine treatment clients fear that they will lose their jobs or suffer other negative consequences if they are placed on the registry and, therefore, opt not to participate in this important method of harm reduction.

The Georgian researchers note that there is currently a lack of treatment programs and harm reduction services available. They further state that, due to an overemphasis

on punishment rather than treatment, “The government has failed to address the social and health factors contributing to drug use and has not been able to prioritize effective public health interventions.”⁵⁸

The Letter of the Law

There are a number of Russian laws providing for the registration of drug users. These laws often contradict each other in meaningful ways, creating confusion and an opportunity for laws to be manipulated by authorities and citizens' rights to be violated.

One of the most problematic laws still on the books in Russia is the Soviet-era law *On Confirming Instructions for the Procedure for Identifying and Registering Persons Engaged in Non-Medical Use of Narcotics or Other Agents Causing Stupefaction and the Processing and Referral for Mandatory Treatment of Addicts*. This law went into force as a joint act of the Ministry of Internal Affairs and the Ministry of Health of the USSR, No. 402/109 on May 20, 1988. Significantly, according to Torban and Levinson, the law “makes it mandatory to register everyone who is diagnosed as dependent on psychoactive substances, whether or not they wish it.”⁵⁹ Moreover, Torban and Levinson note that virtually any person can be placed on the registry since, according to the order, absence of narcotic substances in one's body at the time of medical examination is not a sufficient basis for not placing a person on the registry, provided there is other “sound evidence” that a person is using drugs. Torban and Levinson found that this 1988 act directly contravenes a 1993 law establishing voluntary registration as the norm. Article 33 of the *Legal Principles of the Russian Federation Concerning the Protection of Citizens' Health* (July 22, 1993) states that:

“A citizen or his legal representative has the right to refuse medical intervention or demand its cessation, except in cases provided for in Article 34 of these Principles.”⁶⁰

The researchers note that the exceptions envisioned in Article 34 are limited to “cases of individuals suffering from diseases that present a danger to others, individuals suffering from severe mental disorders, or individuals who have committed socially dangerous acts on the basis of and following procedures established by the laws of the Russian Federation.”⁶¹

Significantly, although Order No. 402/109 was declared null and void in June 2003 as a guideline for the Ministry of Internal Affairs, it continues to be enforced by that ministry and by the Ministry of Public Health and Social Development.

The researchers maintain that despite the contradictions in the laws, the hierarchy of laws necessitates that the regulations stipulating voluntary registration take precedence. Soviet-era regulations are to be applied only in cases where they do not contradict more recent legislation.

Legislation passed after the collapse of the Soviet Union has been marred by a lack of clarity, causing medical personnel to follow outdated Soviet regulations. As one of the doctors interviewed by Tolopilo and Vlasenko stated:

“Currently, few high-quality regulatory documents are developed, which is why doctors use those which were passed and developed during Soviet times. Back then, much effort was put into clear-cut regulation; drug addiction specialists and scientists working in the medical field were involved in drawing up those documents.”⁶²

Russian law also continues to rely on outdated standards established during the Soviet era regarding the mandatory duration of registration and monitoring of those registered. USSR Ministry of Health Order No. 704 (dated September 12, 1988) *On the Duration of Clinic Treatment of Patients that Abuse Alcohol, Narcotics, and Toxic Substances* and Ministry of Health of the Russian Federation Order No. 420 (dated December 31, 2003) *On Confirming Forms of Primary Medical Documentation for Psychiatric and Drug Treatment Facilities* dictate the period of treatment required for drug users and how long a person must remain on the narcological registry.

Tolopilo and Vlasenko report that, in Ukraine, Soviet-era legislation still in place also muddies the legal picture with respect to drug user registration. They raise the example of conflicting procedures provided under Soviet law and current legislation regulating the period for which a person deemed drug dependent should remain on the clinical registry. As in Russia, Order No. 704 of the Ministry of Health of the USSR is still in place in Ukraine. At the same time, newer legislation covering this topic is also active, including the Order of the Cabinet of Ministers of Ukraine No. 1238 (November 6, 1997) *On Mandatory Medical Examinations for Drug Use and the Procedure for Conducting Them* and the Decree of the Ukrainian Ministry of Health No. 339 (November 28, 1997), *On Amending the System of Preventative Measures Against Alcohol and Substance Abuse and Mandatory Medical Examinations for Alcohol and Substance Abuse*. As a result of this situation, drug addiction specialists are left to pick and choose the law they will follow with respect to drug user registration. As Tolopilo and Vlasenko put it:

*“In practice, only drug addiction specialists (usually members of the ‘old school’) tend to follow the recommendations established in Decree No. 704 of the Ministry of Health of the USSR, which establishes the period of time for which an individual suffering from drug addiction is to be on a clinical registry to be five years. Other drug addiction specialists (they may be called the representatives of the ‘new school’) hold the opinion that Ukrainian standards for treatment establish individual-specific periods for a patient’s treatment, and not the five years as specified in the decree of the Ministry of Health of the USSR.”*⁶³

The consequence for drug users is inconsistent application of the law, such that, “drug addiction treatment clinic patients who abstain from using drugs for long periods of time living in different regions of Ukraine may experience different conditions and terms for being taken off drug user registries.”⁶⁴

In Georgia, Otiazhvili and Balanchivadze report that the law has also failed to catch up to current practice with respect to registration of drug users. They point out that the *Law on Drugs, Psychotropic Substances, Precursors and Narcological Aid* as well as the Ministry of Labor, Health and Social Affairs order 317/N on the *Check-up, Examination, Expertise, Diagnosis, Dispenserization*,⁶⁵ *Registration and Treatment of Psychoactive Substance Users* state that drug users are to be registered with the Central Information Bank, under the control of the Ministry of Labor, Health, and Social Affairs, as well as with the Ministry of Internal Affairs. In practice, only the Ministry of Internal Affairs registry is active.

Recommendations

As recommended by Torban and Levinson, the Russian government should:

1. Nullify Order No. 402/109 (dated May 20, 1988) of the Ministry of Health of the USSR and the Ministry of Internal Affairs of the USSR *On Confirming Instructions for the Procedure for Identifying and Registering Persons Engaged in Non-Medical Use of Narcotics or Other Agents Causing Stupor and the Processing and Referral for Mandatory Treatment of Addicts*, and internal instructions related to this order (in full or partially), including USSR Ministry of Health Order No. 704 (dated September 12, 1988) *On the Duration of Clinic Treatment of Patients that Abuse Alcohol, Narcotics, and Toxic Substances*.
2. Amend the *Law on Psychiatric Care and Guarantees of the Rights of Citizens* to include alcohol and drug dependent persons; specifically, replace registration with clinical monitoring, which should be conducted only in cases of severe symptoms of drug dependence and should be based on a decision reached by a commission of narcologists, rather than solely on an initial diagnosis of drug dependence or single positive result from a medical examination.
3. Bring Chapter VII (which regulates drug treatment services) of the *Law on Narcotic and Psychotropic Substances* into conformity with the *Law on Psychiatric Care and Guarantees of the Rights of Citizens*.

4. Abolish the preventive drug user registration system.
5. Replace inpatient drug treatment centers with outpatient units at psychiatric or specialized drug treatment clinics, which should serve patients regardless of their place of residence.
6. Expand a network of state or municipal drug treatment centers that provide anonymous treatment.
7. Significantly increase budgetary financing for institutions providing narcological services, in order to expand the availability of free medical help, including free anonymous treatment for alcohol and drug dependant persons; this initiative can be financed by redistributing funds from the anti-narcotics budget.
8. Take steps to limit the sharing of confidential medical information. Information on the results of drug tests and individuals' applications for treatment should be released only following an official request by a court.
9. Remove the ban on providing drug treatment services in private clinics.
10. Amend the *Law on Criminal Investigation Activities* to prohibit police investigation activities with an indefinite scope, if these activities are found to limit people's rights and freedoms.
11. Amend the *Law on Education* to prohibit provisions in the charters of educational institutions that limit citizens' rights and freedoms in ways other than provided for by federal legislation.
12. Prosecutors should take measures to annul legislation passed at the regional and local level that limits citizens' rights and freedoms.
13. Present drug users with complete and objective information about their rights with respect to medical examination and inclusion in the drug user registry, and the most frequent ways in which these rights are violated by medical and police structures.
14. Educate drug treatment specialists, particularly chief narcologists in the provinces, and law enforcement personnel about conflicting laws related to drug user registration.
15. Develop a network of patients' rights advocates who monitor violations in drug treatment settings, including cases related to registration.
16. Develop guidelines on the legal response in cases of infringement of citizens' rights at the time of medical examination and registration.

17. Conduct additional research to determine the economic effectiveness and socio-economic expediency of continuing drug user registration.

**As recommended by Otiashvili and Balanchivadze,
the Georgian government should:**

1. Delete the “frozen data” kept in the Central Information Bank, as it does not provide accurate information on people’s state of health, may be misused, and may create barriers for people seeking employment or applying for a driver’s license.
2. Evaluate the possibility of replacing the current registration system with a new monitoring and evaluation system to be used exclusively for epidemiological purposes—to identify the patterns in drug treatment services (prevention, treatment, and rehabilitation), to assess the need for resources, and to monitor and evaluate the range of services available to drug users. The new system should use a country-wide unique ID code, applied to each person admitted for drug treatment services; the personal data of drug users should be kept confidential.
3. Abolish policies enabling the police to perform random drug testing and to detain drug suspects solely on the basis of a known history of drug use.
4. Establish a working group to review all ministerial regulations, rules, procedures, and any other orders pertaining to drug policy and drug user registration in Georgia in order to harmonize the legislation and to bring it into compliance with international human rights law.
5. Appoint an Ombudsman or establish a committee of human rights advocates and lawyers to investigate human rights violations committed against drug users by police.

**As recommended by Tolopilo and Vlasenko,
the Ukrainian government should:**

1. Transform the drug user registration system so that it respects people’s privacy and confidentiality by recording cases without including personal identifying information. This will significantly reduce the stigmatization of and discrimination against drug users, while providing data on the situation in the area of substance abuse that is necessary to assess the need for personnel and material resources in drug addiction treatment centers.
2. Develop and implement a sophisticated system for monitoring problems related to substance abuse. This monitoring system should provide a precise and

dynamic overview of the situation, taking into account data from a variety of sources, including law enforcement agencies, treatment and prevention facilities, and NGOs.

3. Revise restrictions on eligibility for jobs by replacing the current system with one that allows for greater flexibility in decision making and assessment of the specific circumstances of individual cases, including the type of psychoactive substance used. Former injection drug users who receive substitution treatment and people who only smoke cannabis, for instance, are capable of performing many jobs from which they are currently banned.

Notes

¹ Mikhail Torban and Lev Levinson, *Drug User Registration: To Follow the Law or To Follow Instructions? Problems of Drug User Registration in Today's Russia*, 2009. http://www.biblioteka.freepress.ru/e_books/narkouchet/narkouchet.html.

² David Otiashvili and Nino Balanchivadze, *The System of Registration and Surveillance of Drug Users in Georgia*, 2008.

³ Andrey Tolopilo and Leonid Vlasenko, *Drug User Registration: Practices, Consequences, and the Future*, 2008.

⁴ V. Pelipas and I. Solomonidina, "The Rights of Persons Addicted to Psychoactive Substances," as cited in Human Rights Watch, *Rehabilitation Required. Russia's Human Rights Obligation to provide Evidence-based Drug Dependence Treatment*, 2007.

⁵ V. Pelipas, I. Solomonidina, and M.G. Tsetlin, "Forced and Mandatory Treatment of Patients with Substance Abuse Profile. Experience and Perspectives" ("Prinuditelnoe i obyazatelnoe lechenie bolnykh narkologicheskogo profilia. Opyt i perspektivy"), as cited in Human Rights Watch, *Rehabilitation Required*. LTPs were abolished in the 1990s.

⁶ Pelipas and Solomonidina, 2007.

⁷ Torban and Levinson, 2009.

⁸ Ibid. The quote is from a working draft of the report provided to OSI in July 2008.

⁹ Private drug treatment clinics are banned in Russia. Article 55 of the *Law on Narcotics and Psychotropic Substances* stipulates that the treatment of patients with drug addiction shall be conducted only in facilities within the [federal] governmental or municipal public health system. The same article establishes that diagnostics, counseling, and medical and social rehabilitation of drug

addicts shall be provided not only in state-run clinics, but also in private institutions, as long as facilities providing such care are appropriately licensed. As Torban and Levinson note, given the nature of drug treatment, it is not easy to observe strict boundaries between the treatment itself and counseling and rehabilitation. This gives the licensing and oversight agencies considerable discretion in distinguishing between treatment and rehabilitation and can facilitate corruption. See Torban and Levinson, 2009.

¹⁰ Torban and Levinson, 2009.

¹¹ Russian Federation Ministry of Foreign Affairs Decree #900, September 16, 2002, *On Measures Improving Work of Local Police Officers*.

¹² Officially, there are two types of medical examination—compulsory and voluntary—however, according to Levinson, even in cases of supposed voluntary examination, people have little ability to decline testing. A person suspected or accused of a crime or a victim or witness in a criminal matter can be compelled to undergo examination for drug use, when such examination is deemed necessary in order to assess the reliability of testimony (Article 179 of the Russian Federation’s Criminal Procedural Code). In the following cases people are commonly obliged to take a drug test: when a driver faces judicial proceedings stemming from an administrative offense; when being hired for certain positions (as specified in the relevant labor regulations); during regular medical checkups of persons employed in certain professions, positions, and types of work as stipulated in the relevant labor legislation; and at the point of conscription into military service.

¹³ Police routinely conduct raids at nightclubs and on the street. During these raids people are forced to lie down on the floor and show the veins on their arms. They are locked in nightclub premises and ordered to walk out one by one. Police shine flashlights in their faces and force them to undergo medical examination to detect drug use. Torban and Levinson, 2009.

¹⁴ The exception being medical examination of employees in certain positions, which is permitted under the labor law.

¹⁵ Torban and Levinson note in their report that, in contradiction with federal law, numerous provinces of the Russian Federation have passed laws and decrees that limit citizens’ rights and freedoms or impose new obligations on people, including in the area of drug user registration.

¹⁶ Torban and Levinson, 2009.

¹⁷ Specifically, the researchers stated: “Currently, the police are not required to take an individual classified as a ‘drug addict’ and ‘drug user’ off a registry even upon receiving a certified letter from a drug addiction treatment center confirming that the individual is no longer registered as a drug user. This is because the police are limited only by their objectives of maintaining the public order. Because of this, the police are not concerned with correcting lists in accordance with the current diagnoses of registered individuals, which means these individuals remain on the registries.” Tolopilo and Vlasenko, 2008.

¹⁸ Tolopilo and Vlasenko note that the procedure can be quite complicated for some drug users and that, “In order to be removed from a registry, the individual must visit doctors, attend rehabilitation courses, and be examined at the drug addiction treatment clinic once a month for the first year and afterwards, quarterly. A medical case worker is to visit the individual registered as a drug user at their home and observe their family circumstances and social surroundings.” Tolopilo and Vlasenko, 2008.

- 19 Torban and Levinson, 2009.
- 20 Ibid.
- 21 Ibid.
- 22 Order #307/N of the Minister of Labor, Health and Social Affairs about Compulsory Medical Check-ups, as quoted in Otiashvili and Balanchivadze, *The System of Registration and Surveillance of Drug Users in Georgia*.
- 23 This does not apply to occasional drug users placed on the preventive registry.
- 24 A more extensive list is provided in Tolopilo and Vlasenko, *Drug User Registration: Practices, Consequences, and the Future*. The authors note, however, that, “there is currently no national regulatory document that contains an unequivocal list of professions and the contraindications to job fitness relating to drug abuse.”
- 25 Interview with Andrey Tolopilo, New York, NY, November 2007.
- 26 Email correspondence with Leonid Vlasenko, July 2009.
- 27 Interview with Andrey Tolopilo, New York, NY, November 2007.
- 28 Email correspondence with Leonid Vlasenko, July 2009.
- 29 Interview with Tania, last name withheld, as cited in Tolopilo and Vlasenko, *Drug User Registration: Practices, Consequences and the Future*.
- 30 This assessment is based on numerous letters received by the online counseling service www.hand-help.ru, which was launched in February 2007 by the Institute for Human Rights with the support of the Open Society Institute to provide free legal counseling for drug users, their relatives, and people involved in the legal distribution of narcotics and psychotropic substances.
- 31 Torban and Levinson, *Drug User Registration: To Follow the Law or To Follow Instructions? Problems of Drug User Registration in Today's Russia*. The decree cited was Tambov Province Duma (Council) Decree No. 909, September 17, 2004.
- 32 Human Rights Watch, *Rehabilitation Required: Russia's Human Rights Obligation to Provide Evidence-based Drug Dependent Treatment*, 2007.
- 33 S. Oleinik, *The Russian Narcological Service through the Eyes of Patients*, Penza, 2007, p. 21, as cited in Torban and Levinson, *Drug User Registration: To Follow the Law or To Follow Instructions? Problems of Drug User Registration in Today's Russia*.
- 34 Human Rights Watch, 2007.
- 35 Email correspondence with Lev Levinson, September 2009.
- 36 Doctors have discretion when a request is made for the purposes of examination and treatment of citizens who are incapable of expressing their will due to their condition; when there is a threat of the spread of infectious diseases, mass poisonings, or infections; when there are grounds for presuming that harm to a citizen's health has been caused by illegal actions; when care is being provided to a minor under the age of 15 for the purposes of informing his or her parents or legal representatives; and at the request of investigative agencies, the public prosecutor, and court in connection with an investigation or court proceedings. Torban and Levinson, 2009.
- 37 Tolopilo and Vlasenko, 2008.

- 38 Interview with an attorney, as cited in Tolopilo and Vlasenko, 2008.
- 39 Tolopilo and Vlasenko, 2008. While in some regions it is a common practice for nurses to put summonses in the doorjamb, other regions advise that nurses abstain from that practice.
- 40 Interview with Sasha, last name withheld, a social worker and former drug user, as cited in Tolopilo and Vlasenko, 2008.
- 41 Interview with Andrey Tolopilo, New York, NY, November 2007.
- 42 It should be noted that the absence of data on this issue in their report may be due to the fact that the researchers' inquiry did not investigate this issue rather than evidence that no such breaches take place with respect to the disclosure of drug users' status on the registry.
- 43 Another report by close observers of drug user registration issues notes that there are historically close links and information exchanges between police and drug treatment services in Russia. Bobrova's findings showed that, among other things, registration has been associated with a fear of being reported to the police. Natalia Bobrova et al, *Barriers to Accessing Drug Treatment in Russia: A Qualitative Study among Injecting Drug Users in Two Cities*.
- 44 Lev Levinson notes that registered drug users find it "virtually impossible" to prove that cases of police detention are groundless and illegal. Email correspondence with Lev Levinson, September 2009.
- 45 Torban and Levinson, 2009.
- 46 Interview with a person registered as a drug user, as cited in Torban and Levinson, 2009.
- 47 Torban and Levinson, 2009.
- 48 Ibid.
- 49 Interview with Andrey Tolopilo, New York, NY, November 2007.
- 50 Human Rights Watch, *Rhetoric and Risk: Human Rights Abuses Impeding Ukraine's Fight Against HIV/AIDS*, March 2006. <http://hrw.org/reports/2006/ukraine0306/>.
- 51 Interview with Andrey Tolopilo, New York, NY, November 2007.
- 52 Tolopilo and Vlasenko, 2008.
- 53 Otiashvili and Balanchivadze, 2008.
- 54 Human Rights Watch, 2007.
- 55 Email correspondence with Lev Levinson, September 2009.
- 56 Human Rights Watch, 2007.
- 57 Torban and Levinson, 2009.
- 58 Otiashvili and Balanchivadze, 2008.
- 59 Torban and Levinson, 2009.
- 60 Ibid.
- 61 Ibid.
- 62 Tolopilo and Vlasenko, 2008.

63 Ibid.

64 Ibid.

65 This refers to the medical treatment and monitoring of a person. It is noted that the type and duration of the monitoring depends on the person's diagnosis.

In the former Soviet Union, drug user registration laws restrict the civil rights of people accused of using drugs and impede their access to drug treatment. These laws also leave drug users vulnerable to extortion and abuse by police. This report features the findings of three groundbreaking studies conducted in Russia, Georgia, and Ukraine on the impact of registration laws on civil rights and public health.

