

ONE HIV, Drug Use, and the Politics of Indifference

As a student in the late 1980s in a Leningrad (now St. Petersburg) medical university, Natalia Aleksandrovna was taken, along with her fellow students, to a hospital to see what they were told was the first person in the city diagnosed with AIDS. Whether or not this was in fact the first known person with AIDS in Leningrad is difficult to discern, as such information was tightly controlled by the Soviet government.¹ What is clear, however, is that this experience had a lasting effect on Natalia Aleksandrovna, for within a few short years she would be one of the cofounders of the Russian Orthodox Church's drug rehabilitation program, which in time eventually became one of the central features of the Church's HIV prevention and treatment program. The two programs have now essentially become one.

This is so because Russia's current HIV epidemic is primarily driven by injecting drug use. Unlike in many other parts of the world, where

sexual contact is the primary means of transmission, about 80 percent of the estimated 940,000 people living with HIV in Russia today were infected through injecting drug use. Although there has been some recent evidence suggesting that the virus is increasingly spread through heterosexual sex, it is thought that so far this is primarily so with the sexual partners of infected injecting drug users (IDUs). Therefore despite this apparent shift toward heterosexual unprotected sex as a path of infection, Russia's HIV crisis remains today inextricably linked to injecting drug use.

There is little doubt that Russia today is in the midst of an HIV epidemic. While the official count of registered people living with HIV/AIDS (PLWHA) is more than 400,000, which most agree does not accurately reflect the scope of the crisis, it is generally thought that the number could be as high as 1.6 million, over 1 percent of the population. Most, however, tend to cite the UNAIDS estimate of 940,000 as of the end of 2005.² Most troubling is the fact that UNAIDS reported that at the end of 2002 the "unfortunate distinction of having the world's fastest-growing HIV/AIDS epidemic still belongs to Eastern Europe and Central Asia."³ In this region Russia by far has the highest number of PLWHA and the fastest growing number of infections.

Yet very little is being done about it. Despite a proposed thirtyfold increase in budget allocation for HIV-related programs in 2006, the Russian government continues to underfund any programs or medical facilities related to HIV or drug use. In fact while the Russian government has pledged \$20 million to the Global Fund, it generally allocates only \$4 million to \$5 million annually to HIV programs in the country.⁴ In the 2008 budget this number was increased to \$16 million for HIV vaccine research and monitoring programs. Therefore, the vast majority of funding for prevention and treatment programs is still provided by international funding agencies and Western charitable organizations, for example, the very Global Fund that Russia donates to. Indeed even the Russian Orthodox Church program is almost exclusively funded by these non-Russian sources; at the time of my research it received only a small amount of funding from the St. Petersburg City Committee on Youth Affairs and nothing from the Church itself. This lack of funding from the Church and government institutions is true for all locally run

Church programs in the country. Despite the lip service paid to the epidemic by President Putin prior to the G8 festivities in St. Petersburg in the spring of 2006, the situation has changed little in terms of how the government approaches the crisis.

In fact it has been argued that the drug policies of the Russian government are actually helping to fuel the HIV/AIDS epidemic. This is primarily due to the fact that the policies are characterized by a focus on the criminalization of drug use.⁵ Because of this focus the majority of state funding goes toward anti-drug law enforcement rather than treatment and prevention programs. Additionally these punitive policies tend to focus on drug users and not the dealers, and have been widely criticized by human rights organizations for levying long prison terms for the possession of very small amounts of drugs. A recent change in the law should cut back on the number of arrests for these small possessions; the question remains, however, whether police will actually implement this law.

This remains a question because there is deep and widespread corruption within the Russian police forces and legal institutions. It is widely believed that the police work hand in hand with the so-called drug mafia, yet they also take advantage of drug users by routinely rounding them up to fulfill monthly arrest quotas. One example of this kind of police corruption takes place in Irkutsk.⁶ An outlying section of Irkutsk called the Third Village is well-known as an open drug scene. In fact the police work together with the dealers in the Third Village, and when the police confiscate the heroin from users it ends up back in the hands of the dealers. But users need not always give up their heroin; a bribe can often get them off the hook. It is reported that the police take in up to 30,000 rubles (approximately \$1,155) per month per precinct in this way.⁷ In sum, by overly criminalizing and taking advantage of drug users, Russian drug policies and the corruption endemic to the Russian legal system help create a situation in which IDUs do all they can to avoid the world of official institutions, including the medical facilities that may be able to offer help.

Some have argued that these harsh drug policies are in part the unintended consequences of the Russian government's trying to follow the

mandated drug policies of the UN.⁸ It has been claimed that because countries like Russia feel international pressure to live up to the UN policies they have signed onto they are left with little flexibility to adapt their domestic policies to unique or newly arising drug situations and public health crises. Because two of the three UN treaties on drugs were implemented prior to the identification of HIV/AIDS, Malinowska-Sempruch and her coauthors claim that not only are they outdated but they continue to force nation-states to treat drug use solely as a legal problem and neglect its public health aspect. Indeed when it became undeniably clear in 1999 that Russia was experiencing a wave of HIV infections related to injecting drug use, their domestic policy was restricted by their UN obligations. This is not to say that Russia's drug policies would be any less punitive and harsh if it were not for the UN policies, but nation-states such as Russia do not work in an international vacuum when it comes to how they react to a social and health crisis, particularly when that crisis is driven by injecting drug use.

Despite the role played by the UN in shaping the Russian government's response to the country's HIV epidemic and drug use crisis, the government still bears the bulk of responsibility for their general inattention to the problem, manifest in the medical infrastructure available to PLWHA and IDUs. In terms of medical care, the ghosts of the Soviet medical system are still haunting the Russian people. The reforms necessary not only to ensure better medical attention but also to reduce blood-borne infections still have not been fully implemented.⁹ Those who cannot afford private medical care are left to get the best they can from the underfunded, undersupplied, and technologically antiquated state medical system. Despite the promise of free care, many still must pay doctors or specialists to receive proper medical attention. If it is true that many Russians today fear falling ill because of the poor quality of medical care,¹⁰ then this is even more the case for PLWHA and IDUs because of the institutionally entrenched stigma against HIV and drug use. Added to this is the looming possibility that medical personnel might involve the police.

One of the remnants of the Soviet system that remains in place today is that PLWHA can receive medical treatment only at specific

hospitals or medical facilities designated for them. In the city of St. Petersburg there are three such locations, two hospitals and one ambulatory center. Care is denied at any other state medical facility to anyone who is known to be infected with HIV or to have contracted AIDS. It is also often denied at the private, for-pay facilities. This system not only perpetuates the already deeply embedded stigma against PLWHA, but also leads to a general lack of knowledge, skill, and perhaps even sympathy on the part of medical personnel who do not work at the AIDS centers. In addition, in order to receive treatment at one of these centers a person must first be registered as a PLWHA, further stigmatizing those with HIV or AIDS. It seems that the Russian medical system reflects not only the government's but also society's indifference to the HIV epidemic in their midst.

THE POLITICS OF PARANOIA AND INDIFFERENCE

This indifference also seems to be a remnant of the Soviet past, for in addition to the typical kind of indifference and lack of sympathy found around the world for people who suffer from HIV/AIDS and those most at risk of infection, many Russians, and especially the government and medical institutions, remain influenced by the anti-AIDS propaganda first perpetuated during Soviet times. When Western countries in the early and mid-1980s first recognized AIDS as an epidemic the Soviet media and the Communist Party relentlessly portrayed it as a disease of the decadent, immoral capitalist West. Soviet citizens were told that AIDS could not spread to the Soviet Union because the kinds of hedonistic behaviors, such as homosexuality, sexual promiscuity, and drug use, that are responsible for spreading the disease did not exist in the socialist homeland.¹¹ The portrayal of AIDS as entirely Other to the Soviet Union was further buttressed by the Soviet claim that AIDS was developed as part of the U.S. military's and CIA's biological warfare program, and that these institutions were using the marginalized and exploited populations of their own countries, as well as black Africans, to test this new weapon.¹²

The early years of Soviet discourse on AIDS took on what Susan Sontag described as the “dual metaphoric genealogy” of AIDS.¹³ First it was metaphorically depicted as pollution, the result of participating in “dirty” and “immoral” behavior. Second it was depicted as an invasion, or in the Soviet case as a potential invasion. Sontag discusses the metaphor of invasion primarily in terms of the microprocess of the disease within the body, whereas Soviet propaganda politicized the metaphor so that AIDS came to stand as a potential invading weapon from the foreign and alien West. The fear of this invasion became manifest in Soviet laws that required all foreigners staying in the country longer than three months to be tested for HIV (a law that remains in place today), as well as all Soviet citizens who spent more than a month abroad.¹⁴ There were also strong warnings against having sexual relations with any foreigners. These laws, as well as the metaphorical depictions of AIDS in Soviet propaganda, reveal what Sontag calls “the language of political paranoia, with its characteristic distrust of a pluralistic world.”¹⁵

To a great extent these metaphorical descriptions, paranoia, and distrust remain in much of the public discourse on HIV/AIDS in Russia today. While during the Soviet period the Other of AIDS was represented as the West itself, today the Other of HIV/AIDS are those perceived immoral persons, such as IDUs and homosexuals, who have been infiltrated by and have taken on the lifestyle of the West that became possible after 1991. In other words, the Other has shifted from a political to a moral alien. In post-Soviet Russia the battle against HIV/AIDS is no longer primarily fought by securing national borders against the epidemic. Instead it is fought on the battlefield of lifestyles, values, and morals. It is widely seen as a battle fought within human persons, as an internal battle for morally disciplining persons in the post-Soviet world. This is the perspective not only of the Russian Orthodox Church, but of many Russian politicians, medical personnel, and media depictions.¹⁶

This distrust and paranoia extend to the very NGOs and foreign agencies that do the bulk of the work and funding of HIV prevention in Russia. In January 2006 a new law was signed that required all NGOs

to reregister with the state. This was widely viewed as an attempt by the government to control the influence of foreign monies and ideas on Russian civil society, as well as to stem any revolution taking place in Russia as it did in Georgia and Ukraine, which the Russian government blames on foreign influence on civil society in these countries. As of this writing, I know of no NGOs working in the field of HIV prevention or with IDUs who have been shut down, but there has been clear harassment against some of these organizations, not to mention the time lost and effort put into the reregistration effort. It is widely believed among both Russians and non-Russians working within these NGOs that this kind of harassment is not the result of their legal status, but because of their work with the marginalized populations of IDUs and others most at risk for HIV. This paranoia toward NGOs also resulted in the Russian government's creating its own governmental nongovernmental organization, which is the recipient of a large grant from the Global Fund.¹⁷ In its fear of the very organizations that have led the way not only in Russia but around the world in the fight against the spread of HIV, the Russian government is creating on the fly its own organizational mechanism for fighting the epidemic. This is indeed a dangerous path to take, especially when so many experienced and knowledgeable persons and organizations are practically begging the Russian government to let them help.

A similar distrust was conveyed to me by Father Maxim, the priest who runs The Mill.¹⁸ Once while talking about the fact that the vast majority of the funding for the Church-run rehabilitation center comes from foreign agencies, Father Maxim told me that he is sometimes skeptical about these agencies. He said, "You know, we have many bigger problems in Russia than HIV, but these Western organizations make it seem like HIV is the only thing we need to worry about." He wonders if non-Russian organizations and agencies create and perpetuate the scope of the HIV problem in order to further their own interests. Just one of these interests, he told me, was the spread of Western political and moral ideas. Father Maxim works tirelessly with IDUs and PLWHA in St. Petersburg and the region, and therefore this skepticism does not prevent him from doing this work. Still this is even more reason to take note of his distrust of the Other of HIV/AIDS. Russia is in fact suffer-

ing numerous health problems that are larger in scope than HIV, for example, cardiovascular disease and alcoholism. Yet this is no reason to deny the significance of the HIV problem. In fact much of the infrastructural reforms that are needed to help in the fight against HIV could play an important role in combating these other health crises.

HIV, DRUG USE, AND THE DEMOGRAPHIC CRISIS

All of this—government neglect, stigmatization at nearly every institutional level, and a deep-seated distrust of the West and its ideas and lifestyles (including many of its HIV prevention strategies, such as harm reduction)—combined with what can only be described as widespread denial of the HIV/AIDS crisis will further the already obvious demographic crisis of Russia, a crisis that some have hyperbolically claimed could lead to the disappearance of the Russian people. This denial is even further supported by the relatively long period of time between initial HIV infection and the manifestation of clinical AIDS, which has potentially misled many Russians, politicians and nonpoliticians alike, into believing the crisis is not as severe as it is.¹⁹

The demographic crisis is what many observers call the fact that Russia is the first industrialized country in non-wartime or non-disaster conditions to experience such a sharp decline in its population.²⁰ Since 1992 there have been more annual deaths than births in the country. Perhaps most shocking is the dramatic decrease in average male life expectancy, which now stands at about fifty-nine years. Most have associated this demographic crisis with the societal shock of the collapse of the Soviet Union, but Mark Field argues that there were already signs of the crisis as far back as the end of the 1960s.²¹ Whenever it may have begun, it is clear that the post-Soviet years have seen a marked increase in population decline and the kinds of socioeconomic factors that have contributed to it, such as increased poverty and the collapse of the social safety net, increased alcohol consumption, and an increase in violence and accidents. It is clear that we should now add increased injecting drug use and HIV/AIDS to this list.

According to one estimate, in the next decade as many as eight million Russians could be infected with HIV, which would amount to about 10 percent of the population.²² Even if such a high figure is never realized, HIV/AIDS will have a particularly egregious effect on the Russian economy and national security because it is overwhelmingly found in the younger population who are already of or about to become of working age. Projections suggest that even a “mild” HIV epidemic could prevent the Russian economy from growing through 2025, and an “intermediate” epidemic could lead to a 40 percent decline in economic growth over the same period.²³ The Russian military would have difficulty maintaining its current strength, as the number of available young conscripts would also decline.²⁴ It should be noted that the military is where many young men begin injecting heroin and other drugs. Several of the young men I got to know through the Church rehabilitation program began using while serving in the military. In a sense the Russian military has itself become a public health danger.

Russia’s HIV epidemic and its contribution to the demographic crisis can be traced back to the fact that Russia today has an estimated four million active drug users, one of the highest percentages of drug users in the world.²⁵ The Russian Ministry of Health estimates that drug use rose by 400 percent between 1992 and 2002 and that there are seventy thousand drug-related deaths each year. Perhaps most worrying is that the Russian Federation AIDS Center says that 56 percent of IDUs are HIV positive and make up over 80 percent of those registered as HIV positive. This public health crisis became very clear to most observers around 1999, and unfortunately little has changed since.

To this day very few long-term abstinence programs exist in Russia.²⁶ To the best of my knowledge, other than one other private, for-pay, evangelical-affiliated rehabilitation center in the St. Petersburg area, the Church-run program where I did my research is the only long-term (three to twelve months) and free rehabilitation program offered in the region. The only other option seems to be palliative detoxification programs, with a week to ten days of inpatient care.²⁷ This shortage of effective help in a city where there are an estimated 73,400 IDUs not only deters many drug users from seeking help in overcoming their addiction,

but also contributes to a sense of hopelessness among medical personnel, who realize they can offer very little to help those who do seek it from them.²⁸ This shortage has also led to quite a long waiting list of those hoping to enter the Church-run program.

It has been said that drug use in Russia, especially heroin use, has become normal.²⁹ This is so partly because drugs are slowly beginning to replace alcohol as the intoxicant of choice, as alcohol consumption has slowly dropped in the same years that drug use has increased, primarily in the younger generation. Although marijuana remains the drug of choice in Russia, heroin has become the second most popular. This shift in preference began in the second half of the 1990s and boomed at the turn of the century, when registered heroin users in drug clinics rose from 33,721 in 1999 to 117,435 in 2000.³⁰ Indeed according to Pilkington, heroin is now commonly viewed by many of Russia's youth as a recreational drug to be used in one's free time.³¹ While this may be so, in my experience I came across very few people who used heroin recreationally on a long-term basis. Although many of the rehabilitants in the Church-run program may have started using heroin in this way, in time their recreational use spiraled into addiction. Heroin use may have become common in today's Russia, but for many it is far from a leisure activity.

There are several reasons for this increase in and normality of drug use. One significant factor is that with the opening of the borders of the Soviet Union, the Russian Federation has become one of the primary transit countries on the global drug market. In terms of the exploding global heroin market, Russia has become particularly central not only because of its relatively low border controls, illegal migration, and rampant corruption, but also because of its location between the Central Asian heroin exporters and Western European consumer markets.³² Another significant factor is the socioeconomic situation of post-Soviet Russia. Increased personal freedom, the upheavals of the transformation to a capitalist-like market economy, increased exposure to Western lifestyles, including the glamorization of drug use, increased spending money for some persons and a lack of hope in the future for others have all contributed to the booming heroin market.³³

While these social and political factors are certainly important, personal motives also play a significant role in why persons begin using heroin. Vadim, who is now a factory worker in his early thirties and who used heroin for ten years, first started using because he came home from work earlier than the rest of his friends in the neighborhood. One day, out of boredom and curiosity, he bought some heroin, which he said was as readily available as a pack of cigarettes, shot up, and stopped using only a little over a year ago. Roma, also in his early thirties but from an upper-class family, said he started using because he wanted to be cool, and using heroin had become the newest cool thing to do. Eight years later he has been able to remain clean for nearly two years. And Zhenia, a young woman in her mid-twenties, first shot up when she was eighteen because her boyfriend, a heroin user, began to ignore her more and more and to break dates with her. Finally, out of jealousy, as she put it, she had to try it herself to find out what could be more important to him than she. When she told me this she had just returned from nearly one year of rehabilitation in the Church-run program.

As these and Andrei's stories suggest, in addition to the social and political reasons for drug use in Russia today, there are also personal motives, such as boredom, curiosity, peer pressure, and jealousy. Government policies, institutional structures, economic realities, and socio-cultural assumptions certainly play a role in these epidemics, but it is actual persons with their own lives, hopes, families, and friends who begin to use and eventually become addicted. Some of these people, by this point often abandoned by the state, most institutions, and their family and friends, go through the rehabilitation process.