



# **Andrey Rylkov Foundation for Health and Social Justice**

**Annual Report 2013**

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## 1. The Andrey Rylov Foundation

The Andrey Rylov Foundation for Health and Social Justice (ARF) was founded in June 2009.

Our mission is to promote and develop humane drug policy based on tolerance, protection of health, dignity and human rights.

In advancing its mission, ARF engages in 5 key strategies: service provision, including harm reduction and legal aid; advocacy and public campaigns; human rights monitoring and documentation; strategic litigation and capacity building of drug user communities.

### Staff

We have a small staff of three.

- President – Anya Sarang. Overall management and monitoring of ARF activities; fundraising and donor reporting; partnership building, media.
- Project Coordinator – Tatiana Ivanova. Coordination and management of project activities and research, preparation of financial and narrative reports
- Outreach Coordinator – Maxim Malyshev (part-time). Coordination of outreach work and case managers within street lawyers project.

Other colleagues work with us on a constant basis within consultancy contracts:

- Financial Director – Olga Zhmaeva (part-time)
- Information and advocacy coordinator – Ivan Varentsov (part-time)
- Communication/PR – Artem Chapaev (part-time)

We also have an outreach team of 17 including 13 outreach workers, 2 case managers, a medical specialist and a lawyer.

### Advisory Board

The Advisory Board includes people with different expertise and perspectives who advise ARF on various issues

- Alexei Kurmanavsky (within ARF Board focuses on community work), based in Kazan, Republic of Tatarstan, Russia, is a PWUD activist. Spoke at the UNGASS on the issue of access to health and HIV prevention and treatment in 2010.
- Natalia Korzhaeva (financial and organizational issues), based in Moscow, has been involved in harm reduction for a long time, having served as Executive Director of the Positive Movement – the largest harm reduction organization in Belarus, and as Finances Director of the Russian Harm Reduction Network.
- Avet Khachatryan (international relations and advocacy), based in Toronto, Canada, has vast experience in public health and harm reduction since 1996. He worked with MSF, UNAIDS, Transatlantic Partners against AIDS and many other organizations.
- Mikhail Golichenko (legal expertise), based in Toronto, Canada, is a human rights and legal specialists working on removal of legal barriers for PWUDs and prisoners to the right to health and effective HIV/AIDS programs; holds a Master's of Law degree.
- Sergei Votyagov (advocacy and fundraising), based in Vilnius, Lithuania, worked as Policy Program Manager at the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC) in 2003-2008; Sergey joined the Eurasian Harm Reduction Network in 2010 as Program Director and became its Executive Director in 2011.

## Who was Andrey Rylkov

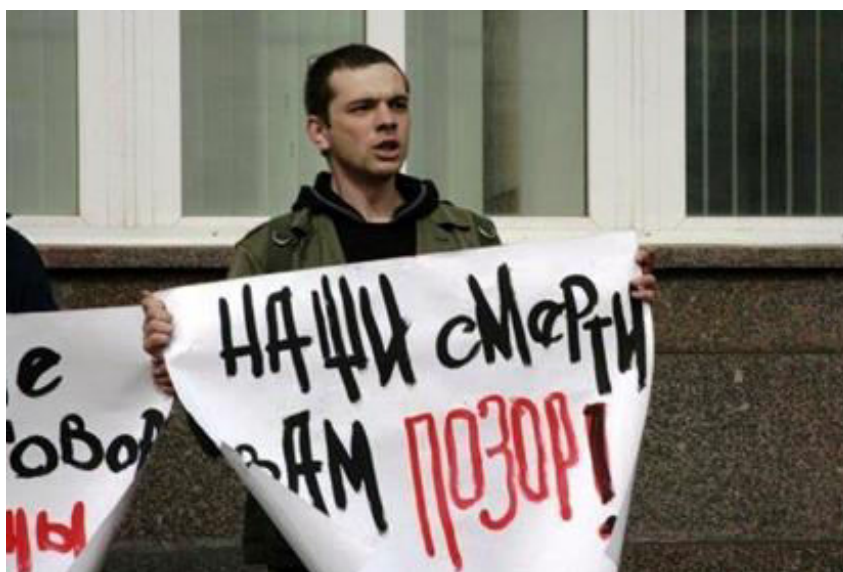
The name of Andrey Rylkov (Iroquois) is well known to those who were involved in harm reduction in Russia in early 2000's.

Andrey began his work volunteering at a Moscow street-harm reduction project in 2000. As a drug user, he was well aware of the problems faced by the people with whom he worked, was never indifferent to them and never stopped loudly voicing their needs.

After several years of work, he became increasingly influential in the union of outreach workers that he founded which actively participated in the activist organization Kolodets. Together with other HIV activists he launched in 2004 the FrontAIDS movement whose main purpose was to ensure availability of HIV treatment in Russia.

“We will live – it’s our policy”, the motto of FrontAIDS, empowered many of us in the struggle for access to treatment, medication, life and dignity.

Andrey died in October 2006 but for us he will always remain a very dear friend, leader and an inspiration for our work. Above all, he remains a symbol of hope that drug policies can be humane and effective, that people should not be punished by sickness and death for drug use, that the medical system can work well to treat rather than maim, that law enforcement agencies can defend and protect, not degrade, beat and rob, and that the people affected by drug problems have sufficient forces and capabilities to protect themselves and their loved ones. This is what we are working to achieve.



## 2. Harm Reduction Moscow Project

The Harm Reduction - Moscow project, in place since November 2009, is aimed at prevention of HIV, hepatitis and overdoses as well as rendering medical, social and legal assistance to people who use drugs.

### VERBATIM

**Anya Sarang, president of ARF**

*Harm reduction is not just about syringe distribution and HIV prevention. Most importantly, it is about relations with our participants that are built on mutual respect, consideration and support. It is exactly this kind of relations that gives hope and strength to us and to those we're trying to help.*

Participants of our project are mainly users of drugs sold in pharmacies. We also work with those who use heroin and amphetamines.

Our main method is street social work. We conduct outreach at several pharmacies located next to Moscow subway stations – important transport hubs that several thousands of Muscovites pass daily. Our team conducts outreach daily, meeting the project participants, giving them prevention materials and consultations, helping solve various problems, from medical to social to legal.

The Harm Reduction - Moscow project is a crucial, long-term, and regular activity of our Foundation. Even when we have funding interruptions and are left without salaries, we still go out in the streets to do outreach.

Many people, learning that we work with drug users, ask us: “Where are they? I never saw them. Where do you find them, how do you get to those places at all?” And hearing from us, that they themselves see drug users most likely every day, passing by pharmacies at subway stations, they become surprised. There are many pharmacies and subway stations in our city. And people in our project are just a few. But we do our best what we can.

### About us

There are 17 people in our team of the Harm Reduction - Moscow project: 13 outreach workers, two case managers, one medical consultant and one lawyer. The team members are close to each other, and there are many volunteers who joined us after being project participants or just learning about our work. These are people who share our views and involve in the projects their friends distributing them clean syringes, other preventive and info materials etc.

### About our work

The main goal of our work is to assist people in keeping their health and reducing drug-related harm as well as just to help them however way we can in their uneasy lives where drug-related problems might not be the hardest ones. As one of our participants said: “I am homeless, I live in the streets, often I don't have anything to eat or a place to sleep. Drugs are often the only means to survive, especially in winter; they help body move and function. Drugs are not the reason of how I live now, it's vice versa”.

We conduct outreach in defined places on a regular basis and many people know and wait for us.

We provide prevention materials (needles and syringes, condoms, alcohol-swaps, ointments, bandages, vitamins as well as Naloxone to prevent overdose deaths) and information leaflets, carry out testing and counseling for HIV and hepatitis C and provide short consultations on health and legal issues, as well as referral to medical and social services in Moscow. Some people asked for more specific assistance and our case managers worked to help them on their issues. So, we assist the project participants in being hospitalized, when needed, and visit them in hospitals, especially those from outside of Moscow and without family support.

We jointly develop work schedule with outreach in the evenings, most convenient time for our participants. We work in couples, sometimes we are joined by volunteers and journalists. An outreach visit last 1-2 hours or as long as needed for outreach workers to give out all the materials we can carry in personal backpacks.

Of course, we can cover with outreach all places in the city, this is just impossible for such a small project like ours. But we try to work in various districts — metro stations Voykovskaya (North-West), Petrovsko-Razumovskaya (North), Textilshchiki (South-East), Maryino (Centre North), and Baumanskaya (Centre East).



*Discussing results of 2013*

We established **collaboration with several social and health services.**

As many of our project participants are homeless, relevant services are in high demand. We established good relations with the Lyublino Center for Social Rehabilitation of Homeless (where homeless can have their papers retrieved, receive medical help and employment assistance) and the Medical Centre on Kurskaya (first aid, assistance in further hospitalization)..



*Outreach near a pharmacy*

We also receive many requests for assistance in getting drug treatment. Thanks to our contacts with narcological clinics #17 and 19 in Moscow we were able to get places in drug treatment for several people. We also help people from other Russian cities where drug treatment is expensive or non-existent at all, to come for drug treatment to Moscow.

Upon request of the project participants, we purchased **rapid tests for HIV and hepatitis C**, so that we now conduct VCT, do rapid test and refer clients to the AIDS Center for confirmation. Each outreach worker and volunteer has a list of health and special services with addresses and phones, that render help and make analysis.

Apart from outreach, we also conduct **trainings** for the project participants, as well as for team members and volunteers. Because we don't have office, we hold trainings close to the outreach sites,

e.g. in coffeeshops. We have conducted six trainings for participants on the following topics: overdose prevention with naloxone distribution and training; caring for veins; HIV prevention and motivation for a timely start of ART. These trainings, attended by 30 participants, gave a huge impulse to building community around our project, establishing good rapport with clients, and developing volunteer work.

## **Scaling Up Gender-Oriented Services for Women Who Use Drugs**

In 2013, we worked at scaling up our services to women who use drugs (WUD), aiming at increasing their access to information and prevention of HIV infection, testing and treatment, as well as to PMTCT services.

By the end of 2013, almost one third of our project participants, 27.7%, were women (see a table with the project results at p. 8).

We started working on scaling up services to women in May, and until December 2013 we managed 61 specific cases for women.

We held one large training for protections of rights of women who use drugs. As it was hard to get many participants at once, we mostly conduct mini trainings, for 2-5 participants. The trainings mostly concern legal issues and human rights, as well as HIV and hepatitis prevention and treatment. The following topics were broached in the trainings:

- Self-protection of WUD rights in police arrests, international rights, right to medical help, parental rights of WUD, etc.
- Live and health in HIV+, HIV prevention.
- Domestic violence prevention and response.
- Aid in overdose and other life-threatening situations.
- STI prevention and treatment. Living with STI.

In total we conducted 24 trainings of 2-5 hours, for **67** women who use drugs. Trainings were also attended by **15** volunteers.

### **VERBATIM.**

#### **Outreach Chronicles**

*"We began outreach at 7:30pm. As always, it was cold and windy in the outreach area. Right away, a guy came up smiling and asked for alcohol swabs and a pack of insulin syringes. Those who came later weren't so modest. Everybody wanted ointments, but we had little of them. Once they asked me for condoms and lamented that we didn't have Contex – we only had something called "Love". Anyway, they took those. Three people asked about naloxone with two of them telling us how it had helped them save people from overdoses – three people saved at once. They asked for our contact details to get some consultations on treatment, including for HIV. One girl talked to Max for a long time telling him about her tribulations with treatment and drug clinics; he gave her some advice. Overall we had about 15 people approach us this time. In general, in spite of the foul weather outreach work went well..."*



## Street Lawyers

Human rights and strategic litigation was at core of ARF work, but it mainly was strategic work with single cases from various cities aimed at changing the Russian legislation and making it more complicit with the International Law and supportive of humane drug policy. Outreach work in Moscow was not part of these activities.

At some point of our human rights and litigation work we came to the conclusion that in most situation professional lawyers can do less than people themselves in order to represent their interests. Lawyers may be needed in order to fulfill some formal tasks, but drug users themselves can do a lot of work if they are aware of their rights and empowered to stand for them – with our assistance and with some legal oversight. Thus emerged a decision to grow our own street lawyers.

The concept of our «Street Lawyers» project is to add on to our health harm reduction activities with the component of legal aid to our participants. In this, we aim at minimizing involvement of professional lawyers but rather at training outreach workers and project participants to gain understanding of legal issues and skills of legal representation.

To achieve that we organize training for outreach workers to gain legal skills and to be able to help participants represent their interests in courts, public offices, hospitals etc. and also enable participants to defend their rights. Soon we realized that legal representation should be a core part of harm reduction activities – as important as health – as injustice, overincarceration, violations of human rights and human dignity are great harms of the War on drugs that ruin peoples lives, health, dignity and integrity.

We formally started the Street Lawyers project on 1 July 2013, but preparations took quite a long time before that.

We have one professional and very enthusiastic lawyer Timur working with our team and one lawyer from a partner project who sometimes go to outreach and engage with participants out on the streets.

Most commonly, we start with contact on the street during regular outreach then case management addressing participants' medical issues and then legal issues emerge too.



In the beginning, project participants did not address us with their legal problems as they were used to the idea that we mostly focus on health. We have printed and handed out special contact cards, and about three months later we started to work on real cases.

We faced a common challenge, when we would start to work with someone, and then something happened to them (police, jail, closed hospital) so that they could no longer sign the contract with ARF enabling us the power of attorney, and we could not act on their behalf.

Because of this, we decided to develop an **algorithm** for working on all our cases:

- We interview the participant who needs help,
- With the help of a lawyer, we analyze the interview/situation and decide which directions can be pursued, and we develop a case management plan.
- Then the person signs the power of attorney form and the case management agreement, we make copies of all available documents.



*Distributing prevention materials during outreach*

However, in some situations this algorithm does not work, because new problems emerge suddenly (usually with police, detention or arrest) that were not discussed during the interview, so we need to be very flexible. But having the contract and the power of attorney form greatly helps to represent participants' interests later on.

For example, project participants often ask for help at the last moment, just shortly before the court. In such cases, we do not have time to prepare sufficiently, motivate the participant, explain to him/her the potential risks, and tell them about special procedures. In such cases we depart from our algorithm and we conduct a brief interview only on the substance of the matter and there is no time to develop a detailed plan of social support, we act according to the situation.

**It actually matters for judges if social workers are involved in the trial!** Even in cases where we are not admitted into the process as public defenders, we actually manage to do a lot for the benefit of our participants. We enclose the

case management plan to the case, write a statement to be read during the trial by a social worker. And during sentencing, some judges relied on some of those documents and paid attention to the presence of a social worker in the courtroom to soften the punishment. Note that the rate of acquittal sentences in Russia is estimated at 0,6% so the realistic goal at the first stage is to get a softer punishment.

We have faced several situations related to terminating parental rights to women accused on the 228 article (drugs) and developed a model of working with guardianship authorities. It involves an approach referred to as “**family conferences**”. Family conferences are one of the remediation technology tools, a technique for working with families. A family discusses the problem/issue and produces the most acceptable and workable plan for themselves. The role of the professionals is mostly facilitative – the family hears the opinion of experts but develops the plan themselves. It turned out that experts from guardianship authorities have basically no idea about the issue of dependency and approaches to working with drug-dependent people and they usually have very negative and judgmental attitude – disregarding the real situation in families and parents’ effort to maintain the family and care about the kids, the mere fact of their drug use serves as a ground to decide that they are not able to take care of the kids. Tragically, the guardianship authorities opinion is the most important ground for judges decisions on terminating parental rights in courts. In spite of what we can do, if the expert opinion of a guardianship authority is negative the court will decide in favor of terminating parental rights.

#### VERBATIM.

##### Evgeny, outreach worker

*I am proud of my colleagues who assist those in difficult legal situations and bureaucratic traps. Our achievements are a drop in the sea, but even if we can achieve a little, reduce people’s suffering even a little, help shorten their prison sentence — all of those things warm my heart and strengthen me. I believe that a localized struggle against the rotten system cultivates the positive dynamics, which will eventually overpower the omnipotence of the absurd and corrupt, and will increase my own and my friends independence and freedom.*

Similar situations emerge when we cooperate with penal system inspectors who oversee the **probation**. One of our participants has missed one visit to his inspector – he had to leave the city and informed the inspector beforehand in writing. However, the inspector issued a petition to punish our participant with a real prison sentence. Our social worker met with representatives of the inspection, described our work and our social support to the client, but to no effect. And the court only takes into account the opinion of an inspector when making its decision without considering other circumstances.

The Street Lawyers project proved to be a very successful and viable. We carried out very in-depth work on over 12 cases and gained experience of legal counseling, representations in courts, mediation etc.

### Public defense. Lena’s story – a success story

*Lena Yakovleva is 30 years old and the mother of two children—Angelina, 9, and Jura, 4 and a half. She is a widow.*

*Lena is addicted to drugs. In 2011 she was convicted to 1.5 years imprisonment for the possession of drugs for personal use, but the sentence was postponed until the children reach the age of 14.*

*Access to drug rehabilitation is extremely limited in Russia. There is no rehabilitation for patients with young children. As part of her sentence Lena was required to undergo general drug rehabilitation outside Togliatti. The local detachment of the Russian Federal Penitentiary Service was to supervise Lena’s behavior under the sentence. When the young woman asked for the leave to undergo rehabilitation outside of Togliatti, the penitentiary officer told her that she needed to stay home to look after her children, and not go for rehabilitation. Without high-quality drug treatment, Lena could not quit drugs. As a result, she used desomorphine and was arrested for drug possession for personal use.*



*Lena with her children after being released from custody*

*At the time of her arrest, Lena was receiving support from the organization Project April, where workers helped Lena at their best to solve social, medical and other types of problems that had arisen in connection with her health condition. After being detained, Lena was appointed a free lawyer. However Lena felt that the appointed counsel was there merely to fulfill its formal function and may not be effective. Lena had no money for a paid lawyer, but she learned that in addition to the appointed counsel in a criminal case, a defendant may also be allowed a public defender—a lay person willing to provide the defense. Lena made a written request to appoint Natalya Vershinina from the Project April as her defender. Lena knew Natalya as a case manager and trusted her not only as a person, but as an expert on issues related to drug dependence.*

*However, the court did not formally recognize Natalya as a public defender. Ultimately, the hearing was held without Natalya. Lena was brought to court from her drug treatment clinic (in which she was enrolled after being released on bail) in a t-shirt and slippers —leaving the rest of her belongings behind—on December 27, 2012. The police officer who picked her up from the clinic did not allow Lena to take her things, telling her that she would be given a conditional sentence and could return. Lena was sentenced to 3.5 years in prison and taken to the detention center empty-handed; hungry; and suffering from drug withdrawal syndrome.*



*Natalya did not quit on Lena and filed an appeal with the Samara Regional Court, believing that the sentence should be quashed as illegal on appeal due to the violation of the accused's right to a lawyer. On March 26, 2013 the judgment was reversed by the Judicial Chamber for Criminal Cases of the Samara Regional Court. The case was sent for the review to the district court. At retrial, the district court allowed Natalya to fully participate as a public defender. The last court hearing was scheduled for April 5, 2013.*

*Before the trial, Lena's cellmates swore that if Lena were to be released, they would believe in miracles. On April 5, 2013, the case was dismissed. Lena was released from custody in the courtroom.*

## Newspaper for Project Participants

It has been a long way to the launch of our own newspaper “*Shliapa i Bayan*” (Hut and Accordeon). We remembered with admiration the experience of the “*m03g*” magazine published in the late 1990's - early 2000's by Russian drug users as well as various foreign publications published for and by the community of drug users. These examples inspired us but we faced challenges – lack of free time and of at least some money for printing. Fortunately, we overcome these barriers. While technically the first issue of the newspaper was published in 2014, it was fully prepared in 2013.



The main feature of this newspaper is that, with the exception of money on printing press, we did everything for free, on our own, and with the help from community of drug users - participants of the Harm Reduction Moscow project.

Our goal is not to overload readers with abstruse articles designed to teach “living in a right way” or something like that. First of all, we dream that community of drug users will gain power.

Power to fight for our rights violated on every step, power to achieve these rights, power to comprehend ourselves as community, power to change our lives, power to make dreams come true, power to feel human.

We believe that every person who uses drugs is, first and foremost, a human being, not an addict. In the first issue we tried to publish materials that contribute to finding such a power.

## Results of 2013

- We worked successfully, with good results the whole year – and we have not been shut down!
- We have many new project participants.
- We started counting people saved from overdoses with naloxone, and collect testimonials of saved lives
- We have a new consultant in surgery – very experienced and skilfull; and he is a university professor!
- We finally have a sociologist who describes and analyses our cases.
- We developed algorithm for social case management as well as the initial questionnaire and a package of necessary documents (agreement for case management, etc.).
- Harm Reduction at raves. We tested our approach at one of the open air events around Moscow. Had experience and new contacts. Decided to continue next summer.
- Active work in Street Lawyers project. We act as public defenders in courts.
- A project on gender-oriented services for women
- Work with sex workers who use drugs. Collaboration with the Silver Rose, a community-based NGO of sex workers.
- We explore the work on issues around drug rehabilitation. Found and refered a few free or affordable rehab centers. Will develop more in this direction incl. cooperation with friendly rehabs.
- Prevention in rehabilitation – we held one seminar on HIV prevention for patients of a rehab center.
- Study tour of our new staff to St. Petersburg. A huge Thank-you to the Humanitarian Action for training and sharing their invaluable experience!



- Close cooperation with media. Many articles about our work were published in 2013.
- Active use of internet and social media. The project has its own home page at the ARF web site.

*Table 1. Results of 2013 – Projects Participants*

	Jan	Feb	March	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
# participants	695	746	804	920	1018	1099	1217	1320	1378	1472	1537	1584	<b>1584</b>
of them women	182	194	210	237	266	288	323	362	383	409	430	438	<b>438</b>
# new participants	48	51	58	116	98	81	118	103	58	94	65	47	<b>937</b>
of them women	13	12	16	27	29	22	35	39	21	26	21	8	<b>269</b>
# contacts	143	121	129	167	155	150	213	232	182	204	139	86	<b>1921</b>
of them with women	28	30	26	33	39	37	48	68	53	59	39	18	<b>478</b>

## About challenges

The main challenge we face is, of course, that we do not get any support from the state structures whatsoever. We do receive help from ordinary citizens, other NGOs, foreign and international foundations and organizations – but not from our own state.

And we need their support – at least, in getting premises where, for example, in winter people can get warm, have some rest, receive consultation and other services, not to speak about work places for our staff (as we do not have office). Or a minivan for the mobile work – we would be able to do outreach in several more places in one day – and would not need to stand outside in biting frost in winter.

One of the burning issues is protection of outreach workers during their work. And they need to be protected not from the project participants, but from the most unpredictable population – police officers: earlier, they had detained our staff several times. To avoid this, and for other security, outreach workers always do outreach in pairs; a new outreach workers is first assigned to an ‘old’ pair, so it’s a trio. Everyone has on them a project worker certificate and a letter explaining the project activities.

### VERBATIM.

**Sonya, medical consultant**

*I am proud that naloxone we distribute, saves human lives.*

## In lieu of a conclusion

When we started working in harm reduction, already in the late 1990’s, everyone was saying that it was impossible to have needle and syringe programs in Moscow. It turned out that it was nonsense. There is nothing impossible in this — you just need to really wish it, believe in your own strength and start doing it.

If you have rapport to project participants, if there is respect, friendship and hope in and around the project, as well as knowledge of what to do, - much can be achieved. So, we keep dreaming.

We dream that one day drug policy in our country will not destroy lives and health but protect it.

That one day drug users will not be outcasts nobody wants to pay attention to, but equal members of society.

That those willing to quit drugs, would have opportunity to do it.

We dream about a minivan and our own office as they have in St. Petersburg, and we hope that it will be possible one day!

We hope that we will have more friends and people who share our views, both among project participants and in the global harm reduction community.

### 3. Advocacy and Public Campaigns

We strive to generate national and international publicity and media attention on cases of human rights violations against PWUDs, and other, emerging issues in prevention and treatment.



*Protest action “Fariseyka 12”*

- **Protest action “Fariseyka 12”**

June 26 is the International Day against Drug Abuse and Illicit Trafficking, as well as the International Day in Support of Victims of Torture. Moscow’s action is to be held in solidarity with the campaign ‘[Support, don’t punish](#)’, that carries forward protests in 26 cities around the world.

According to the Federal Drug Control Service, every third inmate in Russian prisons is a drug user. One in sixth inmates were convicted for drug-trafficking, yet about 75% of them were incarcerated for offenses not involving drug sale. Drug dependent individuals, instead of receiving moral support and effective treatment, fall victims to systematic torture and cruel and degrading treatment in all areas – healthcare, law enforcement and public sphere. Government structures, officials and individuals acting on behalf or through the silent support of the state, intentionally hurt and humiliate a huge part of our society (around 2.5 mln drug users) as a punishment for drug use or intimidation against it. Instead of providing effective treatment and system-based rehabilitation, the government pushes forward with fierce repressions and arm-twisting, not leaving any chances of rescue for people who use drugs.

On June 26, 2013, ARF organized an action against abuse and torture of people who use drugs in Russia. The event was held opposite the Federal Drug Control Service in Moscow on Maroseyka street, 12, and the street was symbolically renamed to ‘Fariseyka’ (Pharisee Street) to reflect

hypocrisy of the Russian ‘anti-drug measures’ that in reality are nothing but a war against human beings.

Activists brought along a mock instruments of torture as a present for the Russian drug police, and tried to submit a petition against repressive measures and for the promotion of humane drug policy based on protection of human rights, health and dignity.

Activists campaigning for drug policy reform in Russia flared signals to the Federal Drug Control Service and raised their voices against excessive cruelty, prosecution of ordinary drug users, torture, violence and repression.

- **“The Last Way Clinic”: Advocacy for improved access to treatment for patients with TB, HIV and drug addiction in Ekaterinburg**

In December 2012, “Chance Plus” NGO filed with the city prosecutor’s office a complaint against illegal actions of doctors and managers of the TB hospital in Ekaterinburg, on Kamskaya street, in relation to patients with HIV and TB. This complaint was forwarded to the Regional Ministry of Health. A following inspection of the hospital from the prosecutor’s office did not reveal serious violations.

In February 2013, “Chance Plus” NGO decided to hold a press conference on access to treatment for patients with HIV, TB and drug addiction. After the press conference, the head of “Chance Plus” NGO was invited to speak in live broadcast on local TV channels. As result, “Chance Plus” was invited to a meeting with the regional Health Ministry to discuss issues of inadequate treatment of comorbidities in TB patients, inappropriate attitude of medical staff to patients, lack of beds, lack of support to patients after discharge from hospital. There were many decisions made, but none of them had been met. Moreover, doctors in hospital on Kamskaya continued violating human rights of patients.

On 2 April 2013, “Chance Plus” and ARF sent a repeated complaints to the UN Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health, in relation to the situation with treatment of TB in HIV-positive drug-dependent patients. On the day of sending the complaint, a press [conference](#) was held in Ekaterinburg.

In June 2013, “Chance Plus” filed a complaint to the regional Ministry of Health and municipal Health Department of Ekaterinburg, as well as to the head of the TB clinic, from a patient who was tortured and humiliated by a doctor who did not provide analgesic and antipyretic drugs to the patient and later discharged her for noncompliance. As result of inspections, the doctor in question was dismissed from working with several patients.



*TB Clinic in Ekaterinburg, Kamskaya street*



In July 2013, three more complaints have been filed with the head of the TB clinic against failure to provide assistance to patients, as well as humiliation of their honor and dignity. A complaint is being prepared to the Investigative Committee against refusal of help to an ill person and humiliation of honor and dignity of patients.

## Advocacy of Rights of Women who Use Drugs

In our advocacy work in 2013, we paid particular attention to the rights of women who use drugs.

### • Round table on Report on violence against women in Russia

On 31 March 2013, we held a round table in collaboration with Harm Reduction International (HRI). The meeting in a cafe Bilingua, Moscow, brought together ARF-affiliated drug policy activists, as well as experts and activists of other Russian and international organizations working on women and gender issues, and on criminal justice reform in Russia. After the presentation of the report “Drug policy and violence against women in Russia”, the report’s recommendations and ways of cooperation between our organizations have been discussed. The main topics were:

- Violence against women who use drugs
- The access of women drug users to health services in Russia (with a focus on reproductive health and drug treatment)
- Prison and women who use drugs
- Establish partnerships and the involvement of women who use drugs, in efforts to protect the rights of women
- Strategies for advocacy to protect the health and rights of women who use drugs

The meeting was also attended by the UN Special Rapporteur on violence against women who made a presentation on the use of the UN mechanisms for advocating for the rights of women who use drugs.



*During outreach*

### • UN Special Rapporteur on violence against women meets with NGOs in Ekaterinburg

The UN Special Rapporteur on violence against women (UNSR-VAW) met in April 2013 in Ekaterinburg with NGOs working on issues of women who use drugs, and with drug using women. The women told the UN Special Rapporteur about their lives, individual and structural violence, general situation around drugs and drug control services and other institutions of structural violence in Russia (police, prisons, etc). In August 2013 г. UNSR-VAW published a [report](#) on Violence against Women, its causes and consequences that was presented to the UN General Assembly in October 2013. The report illustrated links between violence against women and women’s incarceration, whether prior to, during or after incarceration. Links between women drug use and vulnerability to violence have been drawn in the report to call upon the governments for the creation of protection measures.

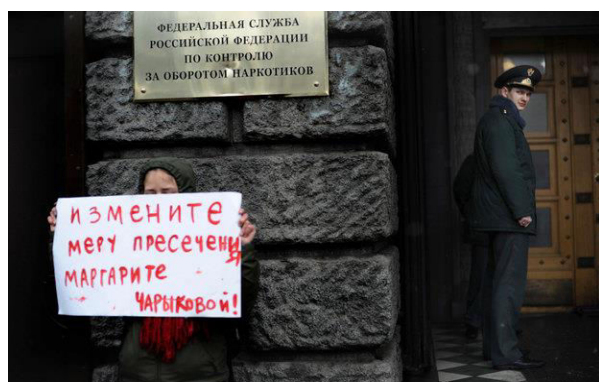
### • Campaign to release Margarita Charykova from pre-trial detention

An important advocacy achievement of ARF was the successful campaign to release the 24-year-old Margarita Charykova from pre-trial detention center. The campaign brought public attention to the issues of improper detention of people who use drugs.

The 24-year old Margarita was arrested in December 2012. She was facing up to ten years imprisonment for possession of the pain-killer, which was mixed with a home-made psychotropic stimulant. Mixing pain killers with stimulants was necessary for her to cope with the sedative effects of the pain-killers: despite her debilitating health conditions Charykova had an active social life and tried to hide her rare health condition.

Charykova was born without a rectum and had an artificial organ instead that needed permanent care. Her health condition also demanded special diet. However, in the pre-trial detention she was not receiving proper nutrition and medical help. Whilst in detention, Charykova, who suffered from edema, gained ten kilograms, and had to be taken to the prison hospital. According to Charykova’s mother, she was “rotting alive” and the treatment at the prison hospital did not help at all.

An ARF case manager learned about her situation while visiting another client in prison. ARF asked the human rights association Agora to provide legal aid to Charykova, including the assistance of counsel before the national courts and ECHR.



*Picket in support of Charykova*

In parallel, ARF and Agora worked on a wide coverage of the case in media to gain public support. We held a rally at the Federal Drug Control Service in support of Charykova which was widely publicized in media, and organized a series of interviews. Public support has been phenomenal - the entire country was made aware of her situation, there had been a lot discussion. Charykova was released from detention to get treatment in hospital.

- **Oksana Shpagina: access to opioid therapy for drug addicted women**

In 2011, the pregnant Oksana Shpagina, a resident of Togliatti, turned to doctors with a wish to keep and bear a healthy child while having HIV and hepatitis C. However, instead of help she received from gynecologists insults and “recommendations” for abortion. And when under pressure from doctors and in despair and humiliation, Oksana resumed drug use, she did not get adequate assistance from drug treatment doctors either. Oksana eventually gave birth to a healthy child but she did so not because of, but in spite of doctors’ actions.

ARF managed the case of Oksana together with NGO “Project April” and the Canadian HIV/AIDS Legal Network. After all what happened to her, Oksana filed a complaint with the Ministry of Health of the Samara region and the court, but the court refused to recognize the violation of right of patient to health, freedom from discrimination and freedom from ill-treatment. In its reply, the Ministry of Health also insisted that the help was provided to Oksana in accordance with existing legislation.

On 20 May 2013, Oksana filed a complaint with the UN Special Rapporteur on violence against women, the UN Special Rapporteur on torture and other cruel forms of treatment or punishment, as well as the UN Special Rapporteur on the right of everyone to the highest attainable standard of physical and mental health.

The same day, ARF and “Project April” held a press conference where Oksana met with journalists.

On 26 December 2013, Oksana’s complaint on torture has been sent to ECHR

- **Meeting “Female drug offenders: how prison breaks women’s lives”**

The meeting was held to mark one year after release from prison of Olga Zelenina, a Russian scientist who suffered for her professional expertise on the lack of drug in poppy seeds, which was not welcomed in some authorities. A terrible ordeal for her personally, the unprecedented case of Zelenina has highlighted, at national level, unsightly conditions in women’s prisons, the atmosphere of pressure and lawlessness in prisons.

On 6 October 2013, we held a round table in the Sakharov Center to talk about the new “women’s question” – why do more and more women get jailed for drug offenses, what is happening in prisons closed to the public eye, how do mothers and their children live behind bars, – as well as about contemporary Russian drug policy in general. We also discussed that the deprivation of liberty in our country is often tantamount to death sentence, especially for women with HIV who acquire TB in prisons and do not receive treatment. Beside Olga Zelenina, the meeting was attended by Svetlana Prosvirina who spoke about her own experience and that of other women serving sentences for drug offenses.



- **Press conference on protection of rights of sex workers, together with “Silver Rose”**

We marked December 17, the International Day to End Violence Against Sex Workers, with two events: a press conference and an exhibition of works “Bread and freedom”. Both events took place in the Sakharov Center.

The Russian association of sex workers and allies “Silver Rose” invited selected journalists who could objectively describe situation. The main focus of the conversation was on human rights and on how it is difficult for sex workers to protect their rights.

Head of the “Silver Rose” Irina Maslova told reporters about lives of people who make their living from sex in today’s Russia, and presented her vision of solving challenges.

Anna Sarang described horrific realities of drug addicted sex workers. After reading an interview with a sex worker from the report “Drug policy and violence against women in Russia”, she noted that according to sex workers, they experience more violence from police than, for example, clients.

- **ECCE Femina Women and drug policy**

With ARF support, Maria Kiseleva, an artist from Novosibirsk, has produced a book “Ecce Femina. Women and drug policy”. Maria met with several women who use drugs and made a picture story of their lives in the genre of medieval miniatures. Below is the excerpt from the book’s introduction chapter.

This work by Maria Kiseleva is the first Russian attempt of a serious reflection on the drug policy problem with the help of artistic methods. We see lives of ordinary women caught in the middle of the dark world of modern Russia’s outlaws. Maria invites us to follow their path in life and to hear their stories without judging or evaluating them.

Here is how Maria explained why she chose the medieval manuscript genre and this title.



## ECCE FEMINA



*“In the 2013 Russia, the authorities are very persistent in creating scenery of a so-called “spiritual renaissance with an Orthodox perspective.” In fact, they are driving the country into the real Middle Ages where the uncontrolled plague is replaced by hard drugs and where the state demonstrates an utter helplessness in the treatment of this disease. So I am looking for inspiration in medieval illuminated manuscripts and draw aesthetical parallels between “Ecce Femina” and the works of that time. The medieval manuscript form not only enhances the beauty of handmade illustrations, but is also very convenient for the plot narration. It does not focus on the portraits that are extremely suitable for us, as most heroines did not want, for obvious reasons, their portrait photographs or drawings to be published.*

*“The book title “Ecce Femina” is derived from the phrase “Ecce Homo” which is used in the Vulgate translation of the Bible and means, in the King James Version, “Behold the man.” According to the Gospel of John 19:5, Pontius Pilate speaks these words as he presents a scourged Jesus to the crowd in an attempt to awaken their compassion: “Then came Jesus forth, wearing the crown of thorns, and the purple robe. And Pilate saith unto them, Behold the man! When the chief priests therefore and officers saw him, they cried out, saying, Crucify him, crucify him. Pilate saith unto them, Take ye him, and crucify him: for I find no fault in him.”*

*“The expression became popular and can be used to point out a situation worthy of compassion. For this book title, “homo” is replaced by “femina”, shifting the emphasis to women.”*

The book’s heroines are drug-addicted women participating in the street social work project of the Andrey Rylkov Foundation in Moscow, who have shared their stories with Maria. Her drawings keep these stories and record them in a continuum of universal history, going on in her barely audible “women’s chronicles.” After all, from history books we know mainly about “heroism” and accomplishments of men. This is an exterior history, one full of events, sometimes very cruel. A history that with the gun’s roar drowns out the quiet voices of the weak and invisible. But it is by learning about these lives that we learn about deep historical conflicts and real price of men’s victories. This historical perspective brings light to one of the most important political and ethical issues which is no longer possible to be ignored: the price of a human life in “the war on drugs.” We hope that the publication of this book will give us new impetus for critical public debate and help in the search for solutions to this problem.

### Advocacy for Access to Hepatitis C Treatment in Russia

Various estimates show that between 3 and 7 million people are affected by hepatitis C in Russia.

Treatment of hepatitis C is supposed to be free of charge by the state law. However, the Russian Government provides treatment for an extremely small number of patients – less than 4,000 patients in 2012, according to an independent patient’s monitoring.

The current hepatitis C treatment scheme in Russia, with pegylated interferon being the main component, cost around 15,000 USD per year in the commercial market. While the Ministry of Health does not take any steps to negotiate with pharmaceutical companies the lowering of drug prices, the treatment remains inaccessible to most patients.

- **Protest action “To Treat Hepatitis C? Cheaper to Bury...”**

In the morning of 4 September 2013, people passing by the building of the Russian Ministry of Health on Rakhmanovsky Pereulok in Moscow could see a huge yellow banner “To Treat Hepatitis C? Cheaper to Bury. Ministry of Health” stretched on the fence. Next to the banner, there was a man in a doctor’s robe with a mask, symbolizing Dr. Death who preferred killing patients instead of treating them, as it would be cheaper for state budget. In such a radical way civil society activists and patients tried to attract the attention of the Ministry of Health to the unsolved problem of hepatitis C in Russia.

The action was organized as a picket. After the protest Dr. Death and other activists went to the reception office of the Ministry of Health, trying to get an appointment with the Minister of Health, but they were refused because Mrs. Skvortsova was very busy at that moment. At the reception, the activists left a report describing the situation with access to treatment for hepatitis C in the Russian Federation, prepared by Andrey Rylkov Foundation. The Report was sent to the Department of Health and Sanitary-Epidemiological Well-Being.

“If we cure all, then we will stop the epidemic” – said Anya



*Protest action “To Treat Hepatitis C? Cheaper to Bury...”*

Sarang. “The must provide treatment to many more people, as most patients are actually doomed, they cannot and will never be able to afford at their own expense life-saving drugs to cure hepatitis C”.

#### • **Seminars**

We conducted three seminars “About patient’s rights for access to free treatment of hepatitis C” in Tver, Moscow and Ekaterinburg. Seminars were aimed at training in these issues and community mobilization in protecting their rights for access to HCV treatment.

Based on the seminars, we prepared a video that, in a short and comprehensible manner, narrates how to demand access to HCV treatment through courts.



*Report "Hepatitis C in Russia: an epidemic of negligence"*

#### • **Report “Hepatitis C in Russia: an epidemic of negligence”**

The unique report prepared by ARF, brings detailed statistics on HCV, analysis of legislation, data on funding, assessment of needs in treatment, as well as excerpts from patients interviews, giving voice to the problem.

The report gives the following recommendations:

- Develop federal-level clinical protocols for HCV treatment
- Develop and approve a separate federal program for HCV treatment
- Develop standards of outpatient treatment
- Facilitate inclusion of people who use drugs in HCV treatment
- Legalize methadone/buprenorphine substitution therapy programs in Russia in order to safeguard treatment adherence in patients with opioid dependency.
- Reduce the cost of pegylated interferon procured by government
- Introduce an integrated registry of patients with hepatitis C
- Enable training possibilities for medical staff in order to decentralize HCV treatment provision
- Scale up demand and raise patient awareness
- Expand harm reduction projects to ensure timely diagnosis and involvement of people who use drugs in treatment programs.
- To patient organizations and groups: actively advocate for increased access to treatment, including through strategic litigation and peer education.

The report “Hepatitis C in Russia: an epidemic of negligence” in Russian can be downloaded [here](#).

## **Building Relations with Political Activists**

We believe it is crucial to strengthen relations with political activists in Russia. This is an important audience as young political activists form the progressive public discourse on many political issues, yet many of them still have very vague ideas on drug policy – and those are mainly based on myths and stigma. Many support repressive approaches to drug treatment, including forced treatment and other extreme methods used in Evgeny Roizman’s “rehabilitation” center in Ekaterinburg, “City Without Drugs.”

We think that some of new political leaders could instead advance an alternative discourse of progressive and human right- based drug policies. In 2013, ARF established partnership and regular communication with the Pirate Party of Russia and contributed to the public discussion of their drug policy program. This is the first time in Russia when any political party has been willing to say anything on drug policy in their political program.

We are planning to organize a seminar for political activists from various parties in order to introduce them to the modern spectrum of problems and solutions in drug policy.

In the end of 2013 one of ARF members presented at a regional meeting of Libertarian Party in Novosibirsk and they got interested in our work and issues of drug policy. In April 2014 we plan to provide a series of short seminars on drug policy: for journalists, politicians, social activists on the theme of humane drug policy. We plan to enforce our partnership with other activists groups and gain more understanding and support for our agenda – something that we’re doing quite well already.

## **Narcophobia**

Our project [Narcophobia](#) is aimed at forming a more progressive drug policy discourse and interest among social and political activists and progressive public in Russia. Unfortunately the political situation in the country is such that no reasonable and rational debate on drug policy with the government structures is possible without a major political shift. However, discussion and actualization of the issue among the leading and progressive public is important, as there is little consensus and forward thinking on drugs even among them.

For example, majority of “liberal intelligencia” support the methods of Evgeniy Roizman, also backed by Alexey Navalny - two main right-wing leaders of the current opposition to the ruling power, who promote cruel and inhumane treatment of drug users who have to be considered as worthless “animals” and can therefore be treated without regard of their human rights.



So the 'alternative' to the current government drug policy is even harsher policy, exemplified by the experience of Evgeniy Roizman "rehabilitation" center where drug users are kidnapped, tortured and beaten and kept against their will. It is important to understand this dynamic of public opinion to appreciate the role and effort of our small initiative, striving to spell out the new terms and ideas of rational and humane policy and gaining more supporters and understanding for these ideas.

We believe that it's crucially important to build this understanding and language with the Russian public and believe that our project Narcophobia plays a crucial role in this regard.

## MediaImpact Festival

[MediaImpact](#) – is the major social/activist art festival in Russia. It is an important part of the Moscow art biennale, and it also has broadened its platforms by bringing the activist art out on the streets (including several mobile exhibitions during Occupy Moscow and other street activities) and to the Russian regions, by participating in various regional art events and promoting the ideas of active artists participation in political and social activism. In 2012 MediaImpact changed a traditional governance of a curated vertical festival to a horizontal structure when preparation and promotion is done by working groups on various topics and tactics.

Narcophobia became one of the most important and regular platforms within MediaImpact. Meaning not only the actual events (Seminars and festivals in the regions and in Moscow) but also continuous discussions in preparation of these events between the leading Russian social and political activists at various art events in Moscow and via the listserv.

As the Narcophobia project is aimed at geographical widening of the collaboration between regional activists and *artists*, presentations of Narcophobia were organized as part of MediaImpact festival/seminars in several regions.



In *Murmansk*, MediaImpact was enriched by international participation with *Yes Lab*, New York and *Re-Aligned* project, Helsinki, Berlin, Tromsø.

In addition to Narcophobia Section and Feminist Section, the participants got the opportunity to listen to the lecture of Mary Notary about the *Yes Lab – Yes Men* for Creative Activism and take part in her workshop as well as to interact with *Re-Aligned* project which focuses on Northern /Barents countries.

In *Novosibirsk*, Narcophobia was the central part of the events. The festival became a top news in local media and leading news of the main national information portal Yandex.ru. The festival ended with a big local parade [Monstration](#), attended by over 3 thousand people.

In *Togliatti*, Narcophobia supported the local one-day art festival to commemorate our friend and ARF volunteer an artist and social activist [Alexey Alyapkin](#) who recently died of AIDS-related spinal disease. The one-day festival took place in the central art gallery and comprised exhibition of artwork of Alexey and another drug user artist from Togliatti and a concert-marathon of a range of bands from Togliatti and Samara.

In *Moscow*, MediaImpact was one of the main parts of the Moscow art biennale and a central event in the cultural life of the city. Its [events](#) attracted a large number of activists, artists, critics, and basically anyone active in the social/activism/art sphere.

In preparation to the festivals, some *artist* members of our working group produced visual materials: Narcophobia stickers, posters and cards (mostly on the issue of planting drugs as a usual police practice)

### Other activities

We had a range of other events, such as regular public lectures / slide shows on drug policy developed by Alexander Delphinov, the projects creative director, and held in art and intellectual spaces in Moscow, Berlin, Novosibirsk and Murmansk, several street actions including participation in *Support don't punish* campaign on the International day against torture. The action was held near the Federal Drug Control Service building where we presented a medieval rack as a symbol of Russian torturous drug policy and a petition calling for policy based on human rights.



*MediaImpact in Novosibirsk*

<http://narcophobia.ru>



## 4. Strategic Litigation

ARF works on strategic litigation cases followed them up on the level of the national and international courts and other mechanisms. Simultaneously we build capacity of activists and drug users to protect their rights through direct involvement in all stages of legal actions including strategic litigation.

We have developed a partnership mechanism which allows us to smoothly work on strategic litigation cases. Within this scheme, ARF is notified about rights violations through its regional networks or via street outreach workers, assigns a case manager to a particular case. At the same time, ARF links the case manager with a legal aid provider.

In 2013 we worked on 14 legal cases related to strategic litigation and 12 cases that emerged from the Street Lawyers project. These main cases that developed this year focused on the issues of access to drug treatment, TB treatment for drug users (freedom of expression, implementation of recommendations to Russia from ICESCR and others).

- **Veronika (Kaliningrad), access to OST**

This case on access to OST has been started with a help of the case manager Larisa Solovieva in Kaliningrad.

Veronika has submitted a request to the local Ministry of Health to receive OST which was turned down. Veronika's situation is complicated with very bad health condition. Currently she is in a rehabilitation center.

- **Lena (Moscow), deprivation of parental rights for drug dependency**

Lena is one of our clients from Moscow Street Lawyers project. ARF helped Lena through her health issues and later with her legal problems. During an investigation on a drug related case Lena was deprived of her parental rights over 3 children. ARF tried to mediate between law enforcement, custody service, rehabilitation centers and represented Lena in court. But the court of appeal has supported the decision of deprivation of parental rights. Now this case is ready for ECHR and Olga Shepeleva from PILNET is leading the application.

- **Chance+ vs Kamskaya**

We support a local NGO in Yekaterinburg in providing defense for Yury Esin who was suited by the Chief Doctor of the TB Clinic after he denounced publically the ill-treatment which he experienced in the clinic. We managed to quashed the trial court judgment and the new trial is scheduled on April 30 (issues: freedom of expression in health related matters, social watchdogs, whistle blowers).

- **Anoshkin** (on tortures and ill-treatment, submitted on June 8, 2013). <http://rylkov-fond.org/blog/advocacy/strat-cases/echr/>

- **Teplinskaya** (access to OST, application submitted in 2011, in 2012 ECHR communicated that the case received the priority status, no communication since then);

- **Konyshev** (Planting drugs, disproportionate sentencing, application submitted in September 2012);

- **Delphinov** (right to access to information and the responsibility of the Government not to lie to its citizens, submitted in March 2013) <http://rylkov-fond.org/blog/zamestitelnaya-terapiya/v-rossii/delfinoffcase;>

- **ARF website litigation**

The Moscow City Court has turned down ARF appeal and with the help of the Agora Association we prepared a complaint to ECHR.

<http://rylkov-fond.org/blog/novosti/far-advocacy/>

- **ARF vs. the President of the RF** (currently with the UN Human Rights Committee)

The Human Rights Committee has lost our initial communication which we found out when Mikhail Golichenko visited them in Geneva so we had to resubmit it. Since then the Petition Unit of the Committee has ignored all communication from our side. However, from the office of OHCHR Mikhail Golichenko has found out that our communication is being considered by the Committee.

<http://rylkov-fond.org/blog/advocacy/strat-cases/arf-best-practice-hr/>

- **Polushkin**

Litigation regarding ill-treatment in pre-trial detention (failure to address suffering due to withdrawal) Currently Dmitry Polushkin starts a process of claiming pecuniary damage for arbitrary detention (as he was successfully acquitted last year) and continue litigating on ill-treatment which he suffered through when he was in police detention. In addition Dmitry has been documenting the treatment process in Russian National Drug Treatment Centre in Moscow where he had treatment in January 2014.

- **Anoshkin**, access to OST – complaint to ECHR submitted on August 1, 2013.

- **Matveev** (Disproportionate sentencing, arbitrary detention)

Response has been received from the UN Working Group on Arbitrary Detention on 24 September 2013 with a resolution to admit arbitrary detention and disproportionate sentencing of Denis Matveev with the right of rehabilitation. This decision was communicated by Mikhail Golichenko to the Supreme Court of Russian Federation with the requirement to revise the case in the light of new circumstances. However in 2013 the Supreme Court returned the communication on the ground that only judgment of the European Court of Human Rights and not the

UNWG on Arbitrary detention can be considered as new circumstances in Russian Criminal Procedure. We are preparing an application to the European Court claiming violation of the right to fair trial. In addition the case of Denis Matveev is presented as part of the shadow report for the UN Human Rights Committee with regard to considerations of 7th periodic report of the Russian Federation.

- **Shpagina** (ill-treatment in pregnancy, submitted to CEDAW in May, 2013).

We have exhausted the domestic remedies on April 26, 2013 and submitted an individual complaint to the UN Special Rapporteurs on torture, on the right to health, and on the violence against women followed by a press-conference in Togliatti.

In October 2013 the Permanent Mission of the Russian Federation to the UN has provided a response to the communication by the SR Health and SR VAW in which they stated that there was no violations of laws of the Russian Federation indicated in Shpagina case. [https://spdb.ohchr.org/hrdb/24th/RUS\\_24.10.13\\_\(5.2013\)\\_TPro.pdf](https://spdb.ohchr.org/hrdb/24th/RUS_24.10.13_(5.2013)_TPro.pdf)  
In December 2013 we filed an application claiming violation of the right to be free from ill-treatment. Currently we are preparing an individual complaint to CEDAW (art 5, 12) as well as the request for inquiry procedure. However the later requires a national coalition of NGOs which is difficult in the current climate. Nevertheless we hope to build such a coalition with Russian partners.





## 5. Human Rights Monitoring and Documentation

On an on-going basis, ARF continues to **monitor the situation with human rights** among drug users and patient communities in Russia, in particular, their right to health, and to document the rights violations in order to report such cases to national and international human rights monitoring institutions and relevant government agencies.

We typically document the cases by means of personal interviews after respondents are identified by activists. Usually an in-depth 1.5-3 hour interview presents in itself an important opportunity for empowerment of the individual. In this way, documenting abuses and mobilizing community is a cycled process in which one element feeds and supports another.

All the documentation is done with ethics consideration. Some interviews are anonymous and can only be used for general reports. Stronger action requires individual non-anonymous complaints. Prior to interviewing we explain in details the aim of advocacy work, to make sure that the individual is fully aware of possible consequences and risks of action as well as personal and community benefits.

Besides monitoring violations of human rights of PWUDs, ARF engages **national and international human rights monitoring mechanisms** in response. During the past 3 years ARF submitted shadow reports to all the UN monitoring bodies that had Russia's Conventions reports under review. These include Committee on Economic, Social and Cultural Rights, Committee against Torture, Universal Periodic review by the Human Rights Council; UN Human Rights Committee. We have also submitted reviews of systematic human rights violations for the following UN bodies: UNESCO, Committee on Narcotic Drugs; UN working group on Arbitrary Detention; UN Special Rapporteurs on: Health, Torture, Cultural Rights, Violence against Women, Human Rights Defenders.

ARF also petitioned the Russian "Government" regarding the censorship (i.e. closure) of our organization's website. Following up on the initial protest letter to the Ministry of Health and the Russian Drug Control Agency, in January 2012 we submitted an additional letter to the Russian President on the issue of recommendations of ICESCR to Russia. This letter was forwarded to the Ministry of Health and they responded inadequately. In April we filed a court appeal on the issue of improper management of citizens' complaint by the President's Administration and the Ministry of Health, which was declined by the court. A complaint has been submitted to the UN Human Rights Committee in April 2013 regarding the litigation ARF vs. The President Administration. We also forward all the reports to the UN to the Russian Ombudsman.

- **Ekaterinburg TB hospital**

Issue: Denial of medical treatment of tuberculosis for people with drug dependency. Tortures, inhuman treatment in medical setting. In April 2010 we have communicated the first complaint on this case to the SRHealth, the complaint has been communicated by them to Govt but received no response from the Govt; The UNSRHealth has requested an update in order to make a public statement on the case which has been submitted in February 2013. However they didn't make a public statement but again communicated the complaint to the government. After this they requested a new update, which we submitted in April 2013 in hope that they will finally make a public statement.

- **UNESCO**

The formal complaint was submitted to UNESCO by ARF arguing that by the termination of the website the Russian Federation vi the right to enjoy the benefits of scientific progress. This complaint has been reviewed by UNESCO, communicated to the Russians and received an irrelevant response from the Drug control service and refused our complaint on this basis. In November 2013 we have sent an additional letter to UNESCO which defied the statements by drug control. <http://rylkov-fond.org/blog/novosti/unesco/>

- **UNHRC**

ARF prepared a draft shadow report for the Russia's review by the UN Human Rights Committee. The [7th Periodic Report of the Russian Federation](#) has been uploaded on their website and the adoption of the list of issues is planned for July 2014. The Committee works on a wide range of civil and political rights and related issues – from torture and arbitrary detention to freedom of expression and information and ARF will present the report covering all these issues in relation to Russia's drug policy.

## 6. Our Partners

ARF has built effective partnerships with different players. We are grateful to our partners for their continuing collaboration with us on various issues.



**NGO 'Project April' (Togliatti) and NGO 'Chance Plus' (Ekaterinburg)** – national-level drug policy and harm reduction advocacy, and strategic litigation work



**'Agora' Human Rights Association** – legal cases



**Canadian HIV/AIDS Legal Network** – drug-policy related advocacy and strategic litigation work



**Eurasian Harm Reduction Network** – regional and international advocacy with focus on harm reduction and drug policies

**Hand-help.ru** – consultations on legal aid to drug users (via their web-site)



**Harm Reduction International** and



**Human Rights Watch** – advocacy in UN bodies, working with mass media, information;



**Hungarian Civil Liberties Union** – international drug-policy and harm reduction advocacy, technical assistance on web-site development, video-documenting training etc.



**International Network of People who Use Drugs (INPUD)** and



**Eurasian Network of People who Use Drugs (ENPUD)** – international advocacy of PWUD rights



**International Treatment Preparedness Coalition in Eastern Europe and Central Asia (ITPCru)** – national and international advocacy with focus on PWUD access to ART;



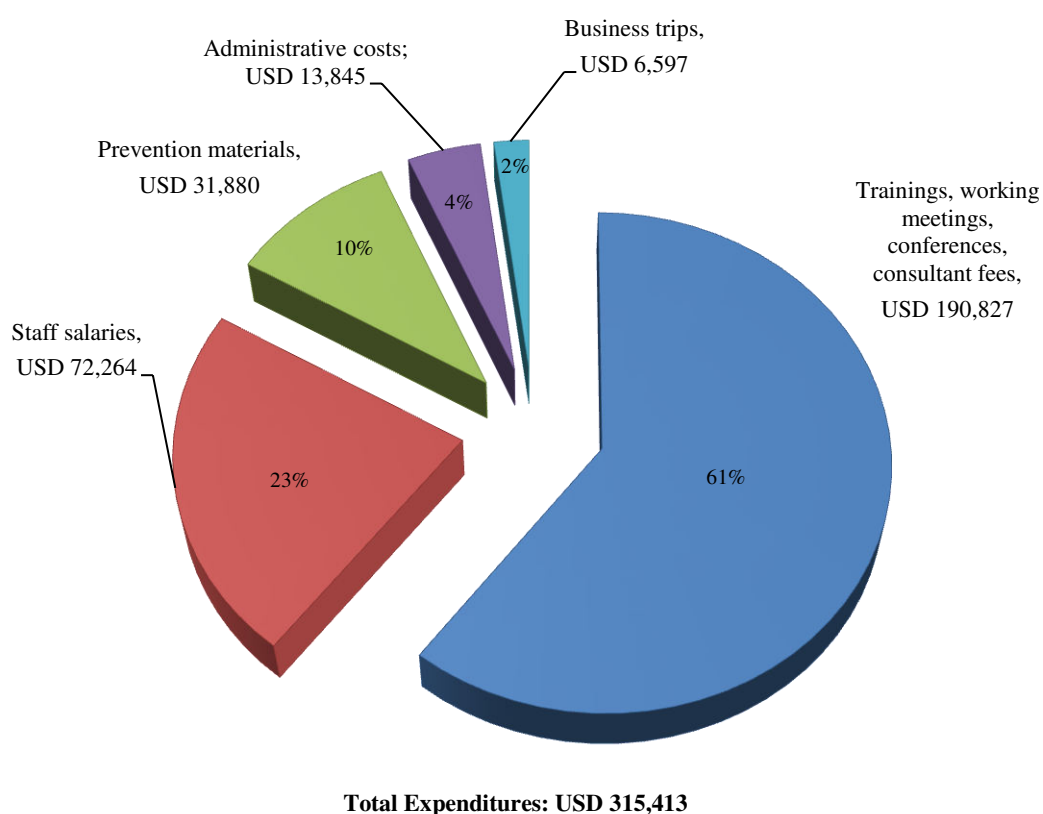
**PILnet: The Global Network for Public Interest Law** – cooperation on some legal projects, participation in PILNET seminars, advise on general legal issues related to NGO work

## 7. Finances



To sustain our increased activities, we fully rely on support of donors. We are sincerely thankful for their generous assistance to the **Open Society Foundations**, the **AIDS Life Award**, the **Eurasian Harm Reduction Network** and the **Levi Strauss Foundation**.

In 2013, the Andrey Rylkov Foundation received grants for a total amount of **USD 315,393**










We incurred expenditures for a total amount of **USD 315,413** along the budget lines as indicated in figure below.



## 8. Our Contacts

Web site		<a href="http://en.rylkov-fond.org">http://en.rylkov-fond.org</a>
Email		<a href="mailto:rylkov.foundation@gmail.com">rylkov.foundation@gmail.com</a>
Telephone		+7-916-6425682 (Ivan)

### *ARF in social media*

Facebook ARF in English		<a href="https://www.facebook.com/AndreyRylkovFoundation">https://www.facebook.com/AndreyRylkovFoundation</a>
Facebook ARF in Russian		<a href="http://goo.gl/YILSah">http://goo.gl/YILSah</a>
VK* ARF in Russian		<a href="http://vk.com/club10691860">http://vk.com/club10691860</a>
VK* Harm Reduction Moscow in Russian		<a href="http://vk.com/club4488809">http://vk.com/club4488809</a>
Twitter ARF in English		<a href="https://twitter.com/AndreyRylkov">https://twitter.com/AndreyRylkov</a>
Twitter ARF in Russian		<a href="https://twitter.com/RylkovFond">https://twitter.com/RylkovFond</a>
Facebook Narcophobia in Russian		<a href="https://www.facebook.com/narcophobia">https://www.facebook.com/narcophobia</a>
Twitter Narcophobia in Russian		<a href="https://twitter.com/narcophobia">https://twitter.com/narcophobia</a>
VK* Narcophobia in Russian		<a href="http://vk.com/narcophobia">http://vk.com/narcophobia</a>

\* VK is Russia's biggest social network