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Policing Drug Users in Russia: Risk, Fear, and Structural Violence

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Abstract

We undertook qualitative interviews with 209 injecting drug users (primarily heroin) in three Russian cities: Moscow, Barnaul, and Volgograd. We explored drug injectors' accounts of HIV and health risk. Policing practices and how these violate health and self emerged as a primary theme. Findings show that policing practices violate health and rights directly, but also indirectly, through the reproduction of social suffering. Extrajudicial policing practices produce *fear* and *terror* in the day-to-day lives of drug injectors, and ranged from the mundane (arrest without legal justification; the planting of evidence to expedite arrest or detainment; the extortion of money or drugs for police gain) to the extreme (physical violence as a means of facilitating 'confession' and as an act of 'moral' punishment without legal cause or rationale; the use of methods of 'torture'; and rape). We identify the concept of *police bespredel* – living with the sense that there are 'no limits' to police power – as key to perpetuating fear and terror, internalized *stigma*, and a sense of *fatalist risk acceptance*. 'Police besprediel' is analyzed as a form of structural violence, contributing to 'oppression illness'. Yet we also identify cases of *resistance* to such oppression, characterised by strategies to preserve *dignity* and *hope*. We identify *hope for change* as a resource of risk reduction as well as escape, if only temporarily, from the pervasiveness of social suffering. Future drug policies, and the state responses they sponsor, should set out to promote public health while protecting human rights, hope and human dignity.

Keywords

Injecting drug use; human rights; HIV/AIDS; risk; fear; police; Russia; structural violence

“GULAG is alive, you understand? The system is designed in such a way that any person can be grabbed and annihilated in prison. As long as the society tolerates the massacre it can happen to any of you”.

Vasiliy Alexanyan, a political prisoner, dying of AIDS, before his trial, on February 1, 2008.

“A protest against the police beating people took place in Moscow. The protesters were beaten up by the police”.

Newsru.com, April 11, 2008.

Introduction

In March 2009 the governments that had met eleven years earlier at the Twentieth Special Session of the United Nations General Assembly (UNGASS) to endorse a Political Declaration on drugs, reviewed achievements regarding their stated goal of “eliminating or significantly reducing the illicit manufacture, marketing and trafficking of psychotropic substances” by the year 2008 (UN General Assembly, 1998). The strategies adopted by the signatory countries to achieve this ambitious goal have in turn been framed by three major international drug treaties: the 1961 Single Convention on Narcotic Drugs (as amended by a 1972 protocol); the 1971 Convention on Psychotropic Substances; and the 1988 Convention Against Illicit Traffic in Narcotic Drugs. These Conventions emphasize an approach to tackling drug problems that focuses predominantly on law enforcement measures, giving priority to reducing the supply and use of drugs by means of their legal prohibition and punishments for people involved in the illicit drug trade, including those who possess drugs for personal use (Elliot et al., 2005; Levine, 2003). The Political Declaration on drugs endorsed by UNGASS in 2009 for the next ten years reaffirms the emphasis of the Declaration of 1998.

The effectiveness of global drug policies which place priority on drug control through law enforcement has long been questioned (Westermeyer, 1976; Seccombe, 1995; Wolfe and Malinowska-Sempruch, 2004). Quite apart from prohibition policies failing to reach their primary goal in the face of the globalization of drug use, there is growing concern of their iatrogenic effects regarding the violation of human rights and the promotion of otherwise preventable health risk among affected populations (Csete, 2007; Csete and Wolfe, 2008; Wolfe, 2004). This brings into focus the need for research which explores how economic and political institutions, whether globally, nationally or locally, reproduce social and economic conditions which shape health harm and inequalities (Krieger, 2005, 2008; Rhodes, 2009).

The criminal justice system is one of the most visible, and best documented, structural mechanisms perpetuating social suffering and health risk related to drug use (Rhodes, 2009). There is a large literature linking policing practices, and fear of the criminal justice system, to iatrogenic drug use effects, including HIV, overdose, tuberculosis, bacterial infections, and violence (Friedman et al., 2006; Kerr et al., 2005; Miller et al., 2008; Rhodes et al., 2003, 2008; Shannon et al., 2008a,b; Werb et al., 2008). Prisons constitute physical expressions of risk environment, including for HIV and tuberculosis, and like other forms of criminal justice intervention, disproportionately affect minority populations (Bourgois, 2003; Galea and Vlahov, 2002; Lemelle, 2002).

Importantly, the iatrogenic effects of drug policies are indirect and direct. Policing practices targeting the vulnerable, for example, are institutionalized expressions of *social* and *moral* regulation, made manifest through everyday techniques of policing and community surveillance up to and including the use of excessive force (Cooper et al., 2005; Rhodes et al., 2008). Policing policies can reproduce, indeed reinforce, underlying social injustices, fears and inequalities. As such they can combine with other forces of structural violence to sustain environments of risk and social suffering (Rhodes, 2009). Structural violence is distinct from personal or direct violence in that it is embedded in *social structures*, whereby “unequal power” shapes “unequal life chances” (Galtung, 1990: 291). Poverty, racism and gender inequalities provide examples. Each of these perpetuate constraints in agency, leading to unequal opportunity and disproportionate social suffering for the marginalized (Farmer, 2005). Crucially, the institutionalization, and everyday internalization, of structural violence can render it invisible (Scheper-Hughes, 1996; Farmer et al., 1996). Singer (2004) links structural violence to “oppression illness” which he defines as the “product of the impact of suffering from social mistreatment”, a type of “stress disorder”, resulting from an oppressive social environment, whereby the everyday effects of structural violence are internalized. Structural

violence is thus embodied through oppression illness (Krieger, 2008), perpetuating health risk and inequality indirectly, through diminished self efficacy, self-blame, fear and anxiety, tempered expectations, fatalism, and ‘risk behaviour’ (Singer, 2004; Rhodes et al., 2005). Drug use, itself, can be seen as a form of “self-medication” for oppression illness, providing “pain intolerance”, “chemical intervention” and a “solution” (Singer, 2001). A growing body of epidemiological evidence corroborates the use of drugs, including risky drug use, as a response to social discrimination and social stress in high risk environments, including those linked to terror (Vlahov et al., 2004; Richman et al., 2008; Gee et al., 2007; Siapush et al., 2008; Peretti-Watel., et al., 2009).

While nation states have some autonomy in their interpretation and execution of drug policy as framed by the international Conventions, in Russia there is a history of state sponsored repression of individual rights, as well as a strong emphasis on law enforcement as a mechanism of social control, and a strong under-current of state surveillance (Applebaum, 2003; Lipman, 2005). The science and practice of drug treatment in Russia – *narcology* – developed out of psychiatry in close collaboration with other state mechanisms of social control, including police agencies (Elovich and Drucker, 2008). Close links between narcology and police agencies remain (Bobrova et al., 2006). Access to drug treatment automatically requires official registration as an addict, which involves the removal of various citizenship rights, such as the rights to employment, as well as exposure to social stigma (Bobrova et al., 2006). The effectiveness of drug treatment approaches (which are modelled on alcohol detoxification methods) remain questionable, are linked to high rates of relapse, and are framed by a policy response at Federal level which prohibits the use of (internationally accepted) methadone and buprenorphine as substitution treatment (Elovich and Drucker, 2008; Mendelevich, 2004; Human Rights Watch, 2007). This policy rests on the rationale that treating addicts as patients would challenge policy discourse that labels drug users first and foremost as “criminals” (Elovich and Drucker, 2008).

Street-level policing practices in Russia have been found to fuel a pervasive sense of risk, and fear of arrest, fine or detainment, among IDUs, which in turn is linked to their reluctance to carry needles and syringes, thereby increasing the chances of high risk syringe sharing at the point of drug sale (Rhodes et al., 2003). Police agencies themselves emphasise a rationale of intense surveillance of drug users, enforced through a combination of extremely restrictive criminal articles on possession and the use of administrative codes unrelated to drug use (Rhodes et al., 2003, 2006). Moreover, civil society responses to HIV prevention, treatment and care for IDUs remain weak, as does public health policy and infrastructure, which depends heavily upon international donation (Sarang et al., 2007; Wolfe, 2007). Officials and health professionals give very weak endorsement to concepts such as ‘harm reduction’, which are still characterised by some as a corrupting influence of the West, and instead defer to normative social constructions of drugs users as unproductive, dangerous, and criminal (Tkatchenko-Schmidt et al., 2008; Elovich and Drucker, 2008; Wolfe, 2007).

Taken together, an overarching emphasis on law enforcement at the expense of public health approaches may promote a risk environment enabling HIV risk while violating human rights to health. These violations are made possible by the promotion, at Federal level and below, of excessively severe legal restrictions surrounding drug possession and use. This anti-drug legal environment combines with the relative autonomy of law enforcement agencies to practice ‘law off the books’ (Burris et al., 2004) and the lax enforcement of anti-corruption legislation. Human rights organisations have characterised drug policy in Russia primarily in terms of its criminalisation, stigmatisation and dehumanisation of people who use drugs (Human Rights Watch, 2004, 2007). This is in a context of one of the largest epidemics of HIV associated with drug injecting, continued HIV transmission among IDUs, and large population estimates of IDUs (Platt et al., 2004; Dolzhanskaya, 2006; Laetitia et al., 2000; Rhodes et al., 1999).

Methods

Between May and October 2003, we conducted a large mixed-methods study of injecting drug users (IDU) in three Russian cities: Moscow, Barnaul (Western Siberia) and Volgograd (South) (Rhodes et al., 2006). Details of the qualitative research methods have been described elsewhere (Sarang et al., 2006, 2008). In brief, for the qualitative component, IDUs were recruited through snowball methods by outreach workers trained as fieldworkers from local harm reduction services. The involvement of peer researchers and outreach workers in combination with recruitment introductions made via social networks of IDUs likely facilitated trust and engagement in the research. People who reported injecting in the last four weeks were eligible.

Data collection was via semi-structured interviews using a topic guide focusing on patterns of drug use, risk practices, and access to health services. All interviews were conducted by outreach workers trained as fieldworkers, tape-recorded, and transcribed verbatim. The analysis was inductive and thematic, with thematic data coding working primarily at the level of participant description, and taking place during as well as post data collection. During data collection, it quickly became apparent that policing practices dominated participants' accounts of risk and its management. Related themes of fear, stigma and violence were also prominent. The coding of interviews was performed by the first author using Qualitative Data Analysis software MaxQDA 2M.

Ethics

Written informed consent was obtained from all respondents. No personal data were obtained or recorded. All names used in interviews were omitted or changed during transcription and all tapes were destroyed after transcription. The study received ethical approval from the Riverside Ethics Committee (Imperial College, London, UK) and was approved locally by the National Research Centre of Addiction of the Russian Ministry of Health and administrations of Altai Krai and Volgograd Oblast. This research sought to benefit its participants indirectly through the development of service provision in each of the localities via close collaboration with HIV prevention and outreach service providers.

Sample characteristics

In total, 209 IDUs participated; 56 in Moscow, 83 in Volgograd and 70 in Barnaul. The mean age of participants was 26 years old (15–56 years old), and most were male (67%). Heroin was the main drug used by the majority of IDUs (66%). Additionally, 18% used homemade liquid methamphetamine ('vint'), and 7% used homemade opiate ('hanka'). The average length of drug injecting career was 7.2 years (0–39 years), and about one third of participants (32%) reported daily use. About 22% reported that they injected with a needle or syringe after it had been used by someone else in the last 4 weeks. About three quarters (76%) reported that they experienced arrest related to their drug use. Over a third (35%), and almost every second man (46%), had experienced prison. More than half (55%) reported ever attempted drug treatment. About 18% in Moscow, 10% in Barnaul and 4% in Volgograd reported themselves as HIV positive, and 67%, 54% and 70% as having hepatitis C.

Findings

While interviews were broadly focused on HIV risk perception, the theme of law enforcement dominated accounts. We focus here on this theme. Our findings illustrate how law enforcement practices, and particularly extrajudicial practices, generate *fear* and *terror* in the everyday lives of IDUs, shaping their responses to risk avoidance and survival. Moreover, we see how policing practices contribute to *stigma*, a sense of powerlessness, and *fatalistic acceptance of risk*. Yet

we also identify nonconforming cases of *resistance* to such oppression, which appear characterised by strategies to preserve *hope* and *dignity*. This leads us to consider *hope for change* as an important resource of risk reduction as well as escape, if only temporarily, from the pervasiveness of social suffering.

Fear and terror

Access to sterile needles and syringes through pharmacies, and to a lesser extent via needle and syringe programmes (NSPs), in all three cities was perceived as unproblematic (Sarang et al., 2008). Despite this, around a quarter of IDUs reported that they had injected with a needle or syringe previously used by someone else in the last 4 weeks. When asked why, fear of coming into contact with the police was often cited:

Fear. Fear. This is the very main reason. And not only fear of being caught, but fear that you will be caught, and you won't be able to get a fix. So on top of being pressured and robbed [by police], there's the risk you'll also end up being sick. And that's why you'll use whatever syringe is available right then and there. [Female, 22, Moscow]

Fear of police was rooted in a sense being under constant surveillance, the force and reach of which was inescapable. There is no claim to privacy. There is nothing secret from the police:

You cannot hide from them, all these 'secret places' are not secret. You cannot hide anything from them, they know everything about us, they know every junky by sight. You cannot hide from them. [Female, 22, Volgograd]

Fear and terror are made manifest via a variety of policing practices, many of which are extrajudicial. These practices are experienced as forms of violence, both physical and symbolic, and shape everyday life and survival. We describe these practices below.

Unjustified arrest—Accounts draw frequent attention to unjustified arrest as a taken-for-granted activity. Police were described as not requiring any formal justification to stop or arrest any person of their choosing. This was captured in interviews by the word '*bespredel*', which directly translated from Russian means 'no limits'. There was a basic acceptance that policing practices were not subject to any legal or moral restriction, and that the police have unlimited power. Being young, looking like a drug user, and being in the wrong place, all suffice as reasons for stop and search. Although drug use per se is not a criminal offence under Russian law, needle track-marks alone were sufficient evidence for police detention.

I had one tiny needle prick mark, and my friend had the same. And right beside the metro they, immediately: "Young people, present your veins". So without checking documents or anything, just "present your veins". And then "Let's walk behind the kiosk for personal search". [Male, 21, Moscow]

If they find needle marks, then you get the full of it. They can just lock you up for two weeks, just, like for examination. It's the same as prison, but just called something else. [Male, 24, Volgograd]

The 'law on the books' has little bearing on how policing is performed in practice:

They cannot lock you up for using [drugs], they can lock you up for possession, transportation, but not for use. The paper [law] says that they don't lock you up, but if the police officer sees that you injected, if he sees that you are ripped [stoned], that's all it takes. You either give away your money or you give away your freedom. He just walks to you and says: "Listen to me, give me money". You say: "How, why should I give you money?". "Cause you're high. You think we can't lock you up for this? We'll see about that". "How can you lock me up? I don't have anything!". "You don't

have anything? We can fix that’. And he pulls [drugs] out of his pocket and puts into yours, and that’s it. [Male, 32, Moscow]

Arresting drug users enables police to generate income through bribes and to fulfill their formal arrest quotas. As noted in other Russian cities, drug users provide easy targets (Rhodes et al., 2006). Police attention was focused on drug users rather than dealers: “Police usually don’t arrest dealers, because dealers pay them money, but they arrest users”. Arresting drug users is what police do:

Usually police hang around the [drug selling] spots. They know where drugs are sold. A junky comes in, gets the drug, gets out and they arrest him right there. That’s most common thing. [*So why do they arrest junkies?*] It’s their job! Their job. They report with it, as far as I know. It’s their job. That’s what they do, they arrest junkies. [Female, 23, Volgograd]

Planting evidence—The most efficient means by which police were said to create opportunities for arrest for drugs possession was to plant the evidence:

[Police] are ordered to bring in junkies, at least one per day. And where will they get them? So they plant drugs so that... you didn’t even buy it yet, didn’t even walk into the house, he [police officer] already takes your money, puts heroin into your pocket, handcuffs you and takes you. Obviously he will say that you bought it, and he just got you. You can deny it, but guess who’ll be trusted? [Female, 26, Barnaul]

Planting drugs by police was routine. These practices, while beyond the law, were borne out of structural pressures, and had become an accepted feature of police work:

Well at the Ditch [drug selling village] they plant drugs on someone every day... Well, they have to justify their salaries, and therefore they arrest. Drugs planted – a new star on the shoulder-straps. [*So they do that to get their stars so to say? Plant drugs to get rewards?*] Well, not to get rewards, but, I told you already, its their job. Everybody has a job to do. [Male, 23, Barnaul]

With planting evidence considered mundane feature of police work, the standard arrest ‘procedure’ was described as follows:

They met me on the street, put on handcuffs, brought me to the [police] department, put hanka [liquid opiate] in my pocket, called witnesses, and started the case. They just saw that I had needle marks. So what’s the difference, you are a junky. That’s it. They just pushed their own [drugs on me], just to get their collar quota for the day. [Male, 29, Barnaul]

The acceptability of drug planting among arresting police officers makes searching for “real” evidence an unnecessary and impractical burden, but for individual drug users has serious consequences, including imprisonment:

I served [in prison] on a zone for the under-aged [minors]. [*What for?*] They just saw me, caught me. And that’s it. “You took?” [bought drugs] they asked. “No, I just came to return money”. “Come with us”. They took me to the [police] department, shoved it [drugs] into my [cigarette] pack. Then I spent two days in a cell, and then they let me out. But two months later I walked and came across cops again. And they planted again, tied me up so I would not pull it [the planted drug] out, took me to the department and found [drugs] again, and that’s it. [Male, 21, Barnaul]

Extortion—Extortion was also routine. This was taken-for-granted as a means of avoiding the threat of arrest or detainment: “If I encounter them, I just pay my 50 rubles [2USD], and keep walking”; “Police are for sale these days, you just give them a hundred and they let you

go, even if they found something”. For drug users, having money made the difference between “freedom” and “problems”. For the police, drug selling areas “are like pastures” on which “they graze”:

They stop you all the time. Some people they call them “moochers”. They come there [to drug selling sites], catch junkies and rip them off. So just give them a hundred [rubles] and then go fix in peace. They won’t touch you. So they just come to the Ditch [drug selling area] to get some beer money. [Male, 29, Barnaul]

Extortion practices were ‘institutionalised’ through informal arrangements with drug dealers enabling the police to charge a ‘tax’ or ‘entrance fees’ to drug selling zones:

There were maybe ten, twenty, twenty five houses which sold [drugs]. They were all concentrated in one place. And everyone made profit from these houses. Everyone: guards, the patrols, the narcs, the city [police departments], the kray [police departments], they all shook down the gypsies [who sold drugs]. They all were fed there. And right in the same spot that they busted junkies, and sold [drugs] and traded. [You mean cops themselves sold drugs?] Yes. All of them. [To gypsies?] No, to junkies! Or they would just sit there and hustle cash. Like you come there, you want to buy drugs, come to the house. There is a [police] car, you just give them 20–30 rubles and they won’t touch you. But if you didn’t give the entry money, on leaving the house, they will bust you. [Male, 31, Barnaul]

Well, you see, right there is a [police] car waiting for some junky to come by to the spot. The entry fee is 100 rubles; you pay 100 rubles and you are welcome. [Female, 22, Volgograd]

Paying a ‘police tax’ was likewise routine among female drug users involved in street-based sex work: “They drive by, you give them 100 rubles, and no problems”; “Practically every day, they come here like to get a salary”. Routine extortion usually involved small amounts (between 30 and 100 rubles), sufficient to avoid conflict, arrest or detainment, but larger amounts would be extorted where possible:

I was coming back from the University, and I dropped by a pharmacy to buy syringes. When I walked out to the street I was surrounded by a crowd, maybe six people, police. They checked my documents, they checked my purse, put a gram of heroin into it. And consequently, I gave them almost a thousand dollars, just not to get it [the case] on paper. [Female, 22, Moscow]

I went there and bought [drugs]. And as soon as I entered the doorway I was busted. That boy [who sold drugs] ratted on me. So they took me to the department straight away and I spent four days there. My mother had to buy me out for three thousand dollars. [But they still prosecuted?] Yes, they still did. She gave money to the judge too, so not to have a court trial. But the trial happened anyway, and I got two and a half years. [Female, 22, Moscow]

While payment does not guarantee protection (as the above extract illustrates), being unable to pay risks serious consequences, including imprisonment:

She spent a year in prison and a month in detention. She wasn’t guilty, they just told her: “Here’s a bag of pot, heroin”, a little bit, like a gram and some other drug, they just put it on her. “Here”, they say, “choose, which drug do you want to be prosecuted for?” They just told her “Pay money”. And she says “I don’t have the money”. And then they just planted it on her. They never release anyone for free. So they put her in prison. [Female, 25, Volgograd]

Drug users may wittingly or unwittingly act as police informants, and some may be persuaded to do so by the promise of protection. This enhances an atmosphere of distrust and suspicion

among drug users, though like police taxes, there is no guarantee of protection (“So I bought [drugs] for them and for myself, and they just turned out to be police officers making this controlled purchase thing”). With the police actively and directly involved in the drug trade in some locations, largely as a means of extorting money or drugs, trust among users and dealers is extremely fragile, with individual users open to risk:

Dealers have agreements with police and they turn in those who buy from them. Like, for example, we were buying hanka from a gypsy, we knew her well, we bought this hanka and it was bad, really bad, so we come to her: “Give us our money back, and we will take heroin.” But when we came back, we started to have this argument in the hallway, the police came right out of her bedroom and they just took us. And they explained to us that all sales are final. [Female, 27, Barnaul]

There were cases, of course, when they had to buy their own heroin back from police. Like, he’s leaving [the drug selling spot] with heroin, he gets busted, and they find this heroin, and immediately, they say “You’ll have to buy for double-price”. [Male, 21, Barnaul]

Physical violence and torture—While planting drugs and the extortion of small amounts of money were normalised as mundane features of police work and appeared to have at least some basis in reciprocal functionality, even if the terms of such exchange clearly favoured police interests, other practices of fear or violation were less mundane and appeared borne out of extreme acts of moral indignation, aggression or subordination. This was the case regarding police acts of physical violence and torture. Physical violence was not uncommon, and when not extreme, accepted as normative: “Yes, it was normal. They just gave me a punch in the liver, kicked my ass and let me go”; “Well they rolled me around a little bit, and then threw me out”. But physical violence, even if perceived as a “natural” expectation of police behaviour, was used as a means of extorting ‘confession’:

So, naturally they pulled me out of the car. They broke all windows. Put us on the ground. For twenty minutes we were laying spread-eagled on the snow. Then, they took us to a police station. They naturally beat him a little bit, they beat me a little bit too, just punched me in the stomach a couple times. You should’ve seen his fist, oh, my lord, after the first punch I was... [But what for??] Because I was... Well he asks me: “What’s your dosage?”. And I say “I don’t know”. Why should I tell him that I had been clean and just started up again? “Tell me what’s your dose is!” And I said, “I don’t know, I don’t know!” He said: “Look at your arms, you must be shooting a gram!”. I say: “No!”. “Yes!”. “No”. He says: “If you won’t admit it I’ll just kick shit out of you”. I say “Well, what can I do if I don’t shoot a gram?!”. And he just hit me so strongly! And I just go: “Sure, it’s a gram, what are we talking about!”. Well, I remembered this meeting for a long time. His fist was like three of mine. [Female, 19, Moscow]

And I didn’t sign [the confession.] They didn’t hit me at first. I was even surprised. And they say: “Go, have a smoke”. And led me to some gloomy room. I smoke. And then the door opens. The bright light hits my eye, I inhale, and straight into the [cigarette] coal they just hit me on the face. And then it starts: bang, bang, bang, bang. And you just go: “Yes, yes, I admit to everything”, and off you go to the prosecutor’s office. [Male, 23, Moscow]

Police brutality produced a sense of fear: “I’m very afraid. Really. They beat me so strongly! One time they beat me so badly, planted [drugs], so that I was so shit scared that for two weeks I was afraid to even think about it” [Female, 23, Moscow]. Police violence could be brutal, acting as severe punishment in the absence of obvious legal cause or rationale. This is the story of an occasional injector from Moscow:

We were just standing [on a street] talking with my girlfriend. So a policeman comes by and asks to show my passport, as they always do. I didn't have my passport and I didn't carry the ganja too, it was all with my girl. So he takes me out into his booth to question me about my background. Then in this booth after they searched me and couldn't find anything they just started to call someone, peek into my eyes and say something like I'm high or something. And they just start to get to me. Then my girl comes in. And they searched her too and found the pack of Russian cigarettes [in which the ganja was kept], and that was it. Now we're 100-percent junkies, and so things are off and rolling. He locked us both into these bars, there were maybe five other people in there. And he just starts to bully my girl. He says: "Your girl is a bitch, she's a toad, a turd, I can see it in her eyes", and he starts to wind me up. And when I start reacting he just tears me out of there and starts to beat me, methodically on my belly, legs, and other parts so not to bruise me too much. Then when he got tired he just stretched me out on the floor, put handcuffs behind my back, pulled my legs through my arms and just left me there. I don't know how long I just laid there and why they bullied me, even though I didn't even have anything. No reason. I don't know what to call that. This is just scary. Some kind of real fascism. This kind of scorning. They burnt my arms with cigarettes, to feel if they are already went numb or not. I don't know, I'm still in a trance from all this horror. [Male, 27, Volgograd]

According to some accounts, the police may explicitly refer to their actions as 'torture', justifying such actions as a means of creating a sense of fear and terror sufficient to elicit operative information. Some officers crafted their own instruments or methods of torture. Here are three examples:

It was a winter. It was late and dark. So they meet us with open arms and pull us into the bus. And so they start. One asks: "Tell me where you got it [bought drugs]". I say: "I know nothing". So, he says: "We will torture you then". And he pulls out these wooden blocks, and there are two holes in each of them and they are inserted on a rope through a ring. And so he'd put it between my fingers and he said: "I'm starting to break your bones. Tell me where did you get hanka." And he starts to pull and twist the rope. [Male, 28, Barnaul]

He [police Major] has the distinction of being particularly pitiless with junkies. He considered them animals... He just disliked them so much, he liked to, like, put a gas-helmet with an ash tray, you know this joke? So they put the gas-mask on you, pinch the tube so that you can't breathe and then they smack the ashtray right into your face so all your face turns black. Then he also liked to play with the telephone, you know this old-fashion telephone with a disk, so he just takes out two bald cables, puts a wet cloth on your belly, puts the two cables there and starts to twist the disk. This is of course, not deadly, but it's quite painful and you get these red burns all over. [Male, 29, Volgograd]

And we used to use hanka back then. So they put you up, search you. Ops! They found a syringe loaded with anhydrite [acid]. So they just pull your pants back, and, oops, splash this anhydrite. Kick your butt with their baton and off you go. [*Splash it where? On your genitals?*]. Yes, yes, just splashed it there. They did it, motherfuckers. [Male, 27, Volgograd]

Rape—Accounts of drug users involved in sex work not only emphasized the regular extortion of money, but also, sex. The coerced provision of sexual services without payment to police was described as '*subbotniks*'. This was a term used in the Soviet period to refer to semi-volunteer work without payment on non-work days to the benefit of the State. As was described:

Subbotnik is this kind of thing, they can just pull a girl out from the car by her hair, and not only one girl, but how ever many sit there, put her in their car and take away, fuck her for free in whatever way they like. They can even beat her, in this or that way, and also do their raid on prostitutes. [Female, 17, Barnaul]

Sometimes they take you to the [police] department and force you to work with the whole department... You start to resist, they just break your arms, they hit you or... Of course, a girl will not report on them. I'm a prostitute, I was taken to a subbotnik. [Female, 18, Barnaul]

HIV risk consequences—As reported elsewhere (Cooper et al., 2005; Small et al., 2006; Shannon et al., 2008; Rhodes et al., 2003, 2007), fear of coming into contact with the police compromised safety through increased urgency and reduced hygiene. Fear of police interruption led to preparing injections as fast as possible, involving short-cuts in needle hygiene:

Naturally, one tries to do everything as quickly as possible. Naturally, you wouldn't want to waste time on boiling the solution [to dissolve the heroin], or start all this hassle with cottons-shmottons [to filter out impurities in the drug solute]. You just try to go quick, quick, quick, and you don't give a damn whether it's clean. You have to be quick, before the neighbours show up, or the police show up, or somebody calls someone. [Female, 22, Moscow]

Fear of police contact also encourages drug injectors to inject in hidden locations, often not conducive to maintaining hygienic injecting practices:

I'm afraid [of the police] and so I hide. And so everything takes place in filth. I would surely prefer to buy my stuff and just walk home in peace! And there I could do everything in a nice civilized manner: with a tourniquet, an alcohol-swab, with the ambulance number dialed on my phone just in case I pass out. All these niceties. But, I'm afraid to walk all the way across town with the stuff [drugs] in my pocket. And so I have to do everything in the entryway of some building, crouching and squeezing my arm with my knee, searching for this little vein. [Male, 31, Moscow]

As we have observed in other Russian cities (Rhodes et al., 2003), a fear of police contact may indirectly increase the chances of needle and syringe sharing at the point of drug sale, usually a dealer's house, given reluctance to travel about the city with drugs, needles or syringes:

Most junkies inject in a dealer's house, because beat cops or detectives are hanging just outside the house. And so to avoid that, they usually shoot up at the dealer's house. That's why this place is often so crowded. And it's mostly a bunch of locals, the regulars from the neighbourhood. But it happens that people come there from other towns or other districts. Sometimes they just leave their syringes, hide them somewhere. You can never be sure that nobody has used your syringe. You never know. [Female, 24, Volgograd]

Stigma, resistance, hope

Our findings suggest a fatalism of risk acceptance among IDUs, which we believe is in part borne out of the pervasive fear and terror generated by the policing practices described above, which are experienced as both relentless and without limits. Extrajudicial policing practices are described on the one hand as normal, natural, and expected. They have become routine features of how police work is done. On the other hand, extrajudicial police practices are by definition beyond legal boundary or rationality, and physical violence, torture and rape provide extreme examples. Such risks are experienced as beyond individual control. Extrajudicial policing practices have to be *lived through*. Risk acceptance may thus be accompanied by a

sense of tempered expectations, even hopelessness. The following extract is from the account of a HIV positive drug using sex worker from Volgograd, who is reflecting upon her route to prison:

The detectives, they caught me and then ... You know, if you want them to let you free you have to do something for them. So I promised that I would help them, like I will surrender [inform on] someone. And I didn't do it. And so, next time they met me, they just took me to the department, kept there for two days in a cell, until I signed a paper, that I had drugs on me. And then they just took me straight to the prosecutors', and the prosecutor just arrested me. They framed it up as 228 Part 1 [possession of large amounts without intention to sell] – pot, but during the investigation they changed it to Part 3 [possession of especially large amount with intention to sell and organized crime]. They just offered to me: choose, here is a line of heroin, a bag of pot, or a syringe. I say, what is easier? They say pot. I agreed. I just didn't have a choice, they kept me in the cell for three days, two, but I was going cold turkey, and also all their moral pressure, so like it or not, I had to sign it. So, that was it. So, I served my term just for nothing. But try saying a word to them! [Female, 22, Volgograd]

Moreover, extrajudicial policing practices can be experienced as stigmatizing, as forces of prejudice upheld through unjustified use of law and its representatives, which for some may be ultimately internalized as self-blame or shame:

For all I care, let them [junkies] all die. It is my opinion, that we should [treat them] like dirty pigs. You know, there is this pit under Orlovka [a city nearby], and they should all be taken there and killed. [Male, 24, Volgograd]

People, as you know, don't like junkies. Let's take and shoot them all, for example, or hang them. [Female, 37, Volgograd]

Despite a sense of powerlessness in the face of police *bespredel*, we identified in some accounts instances of resistance. The following extract from the story told by a young girl from Moscow is one example. Here, police demands are successfully renegotiated:

I was detained near a pharmacy where Tramal [an analgesic] was sold. And they [police] immediately put [their] hands into my pockets [to plant drugs] and wouldn't let me pull them out. In the police [station] I was undressed by men, they pulled out [tramal] from my panties and told me that I'm facing the Part 4 of Article 228 [trafficking of drugs in large amounts and organized crime]. And to my arguments that Tramal is in principle not a narcotic drug they told me "We just called Petrovka [main police station where drugs are sent for expertise], and they told us that it was heroin. So you will go for Part 4 because your friend testified that you bought him this heroin". But then I just was so angry that they undressed me, and I decided that I didn't care, that I will not go to jail for this Tramal and I will not pay them anything. And they designated a sum of about 300 dollars, which I had to pay them. But I didn't start calling anyone [to get the money] I had about 100 or 200 rubles with me [4–8 USD], and they didn't get any more than that. And the guy whom they brought with me paid 300 dollars. [Female, 22, Moscow]

This story contrasts with the majority of accounts presenting police demands as essentially unavoidable and limitless. A second example illustrates a more 'planned' strategy of resistance, suggesting that even a basic literacy in human rights and legal procedures may assist in challenging the 'law-enforcement' bureaucracy machine:

I was preparing the medicine [an illegal drug] at home, they just flew in. I already had a syringe in my hands. I just quickly hid it [the drug]. I dropped it under my bed. So they just tied my hands. Took me to the police department, and there they showed me

the [arrest] order. And I found out that I'm already convicted and almost imprisoned. They just sentenced me without my presence. They didn't send me any notifications, nothing, it's like totally illegal. And I looked up the last name [on the order], and it turns out that this judge already judged me for three times. And this, again, is not allowed by the law, that same judge does three cases of one person. So, they took me to prison. The same very day they brought me to prison. But then I decided to write an appeal and after one and a half months I went to the Oblast [regional] court and they threw out my case completely. [Male, 27, Volgograd]

More common, however, were internal strategies of resistance which sought to preserve a sense of self dignity in the face of violations to identity (Simić and Rhodes, 2009). They may also seek to resist a descent into fatalism and hopelessness. While these accounts depict low expectations and severe constraints on individual agency, they do so without total loss of hope for change. Such interviewees held on to the hope that the 'drugs problem' "should be fought in another way", and "not by fighting junkies" or by "destroying them physically and morally" [Male, 33, Volgograd]. While under little doubt that "corruption is flourishing in the top echelons of power", they did not necessarily give up hope for a reciprocal relationship between the state and its citizens: "I want to help the state, and I wish it helped me too" [Male, 25, Volgograd]. Here, hope emerges as a resource of self-protection as well as of change for the better. The following extract captures one interviewee reflecting on the symbolic work done by harm reduction workers. The syringe received is not merely a material resource for harm reduction but a symbol of hope and care in the face of pervasive social suffering:

I never shared this [his personal story] with anyone. Even to my parents I never told that much. And here, with you, I talk, right? I see, that this is not fake, like, it's not just some kind of brochures, surveys, or whatever they talk about on TV. The guy, who, the guy [another IDU] I know, we just talked with him. I was surprised how he was telling me about this [the study]: "I talked to a person, right? I explained my problems, opened my soul, right? They gave me", he says, "*syringes*. They gave me normal new *syringes*. For free. I took these syringes, and I walked and, like", he says, "I couldn't understand, how did I deserve these syringes? *How* did I deserve these cigarettes?!". We talked later. We were sitting and reasoning, and I came to a conclusion that somebody is trying to, yes trying to take junkies, not under control but, lets say give them more attention, understand them somehow. Trying to get in their shoes. And not as a pay off. Just normally they gave him syringes, cigarettes.... My first thought was that he was lying. I said "This is crazy". I had this, you know, shadow of doubt. But then I analyzed the situation and thought that if they go around and ask people, it means that some work here will be done. They gave me the address of this center [needle and syringe exchange]. I will even try to go there. So a person, let us say, *believed*, right? He's got some, lets say, *hope*, right? That he is not all abandoned like in the middle of [a] human crowd. That he has some kind of way out, right? Where he could head for... [Male, 19, Barnaul]

Discussion

In the three Russian cities participating in this study, we found policing practices targeting injecting drug users (IDUs) to violate health, as well as individual rights. The brutality of police practices violate health directly, but also indirectly through the reproduction of day-to-day social suffering, which in turn can be internalized as self-blame, lack of self-worth, and fatalism regarding risk. These findings illustrate how law enforcement practices, particularly extrajudicial practices, generate an atmosphere of *fear* and *terror*, which shapes everyday practices of risk avoidance and survival among IDUs. Policing practices contribute to the reproduction and experience of *stigma*, and linked to this, a sense of fatalistic acceptance of risk, which may become crucial in shaping health behaviour, including HIV prevention. Yet

we also identify nonconforming cases of *resistance* to such oppression, characterised by strategies to preserve *dignity* and *hope*. This leads us to consider how *hope for change* provides an important resource of risk reduction as well as escape, if only temporarily, from the pervasiveness of social suffering.

Fear in oppression illness

Following Singer (2004), and others on structural violence (Farmer, 1997; Farmer et al., 1996), our findings identify policing practices as a force of violence in the day-to-day lives of Russian drug injectors. Assaults by police on the health and well-being of IDUs appear relentless, and importantly, *limitless* as captured in the concept of *police bespredel*, the overwhelming sense that there are no limits or restrictions on police power. Our data present a wide variety of extrajudicial policing practices that produce an atmosphere of fear and terror in the daily lives of IDUs. These include: arrest without just cause or legal rationale; the planting of evidence to expedite arrest or detainment; the extortion of money or drugs for police profit, leverage or gain; the perpetration of physical violence and torture as a means of facilitating 'confession' and as an act of 'moral' punishment without legal cause or rationale; and rape. Our findings suggest that *fear* and *terror* brought about by such practices are important contributing factors to the experience of 'oppression illness'. A culture of fear – regarding exposure, surveillance, detection, and harm – surrounds everyday street life connected to drug use, and state sponsored terror becomes a key stratagem of structural violence. Unlike global terror linked to macro-level social stress, which is linked to drug use as a form of chemical coping (Vlahov et al., 2004), our case study specifically concerns terror of the everyday, of the local, and of the marginalized, embedded in the mundane and not only the extreme.

Importantly, policing practices targeting drug users may feature as part of a wider social relation of inequality. Structural violence affecting the vulnerable is normalised and internalised (Bourdieu, 2001; Farmer et al., 1996). It is perceived as a natural part of daily life (Scheper-Hughes, 1996). The internalization of social suffering and the acceptance of its mechanisms as normative, means that those marginalized can become complicit in their subordination, even unwittingly (Kleinman, Das and Lock, 1997). Resistance against such pervasive violence is difficult. Attempts to escape oppression illness even if only temporarily – for example, by self-medicating with drug use – may only reproduce structural position or invite further repression (Singer, 2004). Structural violence is reproduced not only between drug users and law enforcement agencies – for example, by drug users entering into relationships of extortion to prevent arrest or detainment, but also between and among drug users themselves – for example, as shame, stigma and self-blame. As normative processes, the mechanisms of structural violence render themselves mundane, even invisible.

Challenging how policing practices reproduce structural violence also becomes harder when such practices are framed, even if tangentially, by law, including international law. The international drug Conventions of the United Nations offer a framework in which law enforcement and the reduction of drug supply and use at the level of nation-state, takes precedence over public health and the protection of individual rights (Barrett et al, 2008; Elliot et al., 2005). That the Conventions, which were articulated in a time before HIV/AIDS, provide political leverage for nation-states to violate human rights to health is a major concern (Csete and Wolfe, 2008; Wolfe and Malinowska-Sempruch, 2004). Additionally, they fail on their own terms, as set out by the UNGASS Declaration on Drugs, to bring about significant decreases in the use of illicit drugs globally by 2008. The history of unrestrained oppression by state structures in Russia, such as the police, the courts, and the prison and psychiatric institutions, create a cultural context that frames state responses to drug control and other social problems. Drug policy reform may require fundamental structural reform towards establishing legal protection of citizenship and human rights. The exposure and documentation of police

assaults on health and human rights represents an important step in this regard, as well as an important means towards preventing the further spread of HIV (Human Rights Watch, 2007),

Hope and dignity

We have argued that oppression illness is the embodiment of the ‘inhuman’ conditions of everyday life which dehumanise, depersonalise and discredit (Goffman, 1990). It is important to note, therefore, that we identified evidence of nonconforming cases in drug users’ accounts which sought to resist the iatrogenic effects of *police bespredel*. The extent to which this is practically possible may be questioned, especially given the indirect involvement of the marginalized in reproducing their own subordination, but our findings suggest that even while expectations are tempered in the face of relentless assaults on health and self, a sense of self-dignity and hope for a better future may be preserved. Similar observations regarding the preservation of hope and dignity have been made in the context of impoverished communities of crack users (Bourgois, 1995), violence towards sex workers (Sanders, 2004; Simić and Rhodes, 2009), and structural obstacles to realizing HIV prevention and treatment (Bernays et al., 2007; Barnett, 2008; Rhodes et al., 2009). The preservation of hope may provide an important resource of self-protection in the face of risk as well as for building social network responses enabling changes for the better. As illustrated by one account of resistance in our study, there is a need for interventions to help affected communities to increase their awareness and preparedness to protect their rights and to feed advocacy efforts at local, national and international levels. Peer education in human rights and advocacy for change should become core components in harm reduction and HIV prevention work. More generally, future drug policies should be reoriented towards protecting human rights, the de-stigmatization of drug users, and the protection of their health, hope and human dignity.

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References

- Applebaum, A. *Gulag: A History*. New York: Doubleday; 2003.
- Barnett T. HIV/AIDS and hopelessness. *Global Public Health* 2008;3:233–248.
- Barrett, D.; Lines, R.; Schiefler, R.; Elliott, R.; Bewly-Taylor, D. *Recalibrating the Regime: The Need for a Human Rights Approach to International Drug Policy*. Report Thirteen, London: The Beckley Drug Policy Foundation; 2008.
- Bernays S, Rhodes T, Barnett T. Hope: a new way to look at the HIV epidemic. *AIDS* 2007;21 Supplement 5:S5–S11. [PubMed: 18090269]
- Bobrova N, Rhodes T, Power R, et al. Barriers to accessing drug treatment in Russia: A qualitative study in two cities. *Drug and Alcohol Dependence* 2006;82 Supplement 1:S57–S63. [PubMed: 16769447]
- Bobrova N, Sarang A, Stuikeyte R, Lezhentsev K. Obstacles in provision of anti-retroviral treatment to drug users in Central and Eastern Europe and Central Asia: a regional overview. *Int J Drug Policy* 2007;18(4):313–318. [PubMed: 17689380]

- Bourgois, P. *In Search of Respect*. Cambridge: Cambridge University Press; 1995.
- Bourgois P. Crack and the political economy of social suffering. *Addiction Research and Theory* 2003;11:31–37.
- Bourdieu, P. *Masculine Domination*. Stanford: Stanford University Press; 2001.
- Burris S, Donoghoe M, Blankenship K, Sherman S, Vernick JS, Case P, et al. Addressing the 'risk environment' for injection drug users: The mysterious case of the missing cop. *Milbank Quarterly* 2004;82:125–156.
- Cooper H, Moore L, Gruskin S, Krieger N. The impact of a police drug crackdown on drug injectors' ability to practice harm reduction. *Social Science and Medicine* 2005;61:673–684. [PubMed: 15899325]
- Csete J, Wolfe D. Progress or backsliding on HIV and illicit drugs in 2008? *Lancet* 2008;371:1820–1821. [PubMed: 18514715]
- Csete J. AIDS and public security: the other side of the coin. *Lancet* 2007;369:720–721. [PubMed: 17336630]
- Davis C, Burris S, Metzger D, Becjer J, Lunch K. Effects of an intensive street-level police intervention on syringe exchange program utilization. *American Journal of Public Health* 2005;95:223–236.
- Dolzanskaya NA, Bouzina TS, Kozlov AA, Sarang A. Knowledge and attitudes of drug treatment professionals towards HIV prevention and care activities in the Russian Federation. *Heroin Addiction and Related Clinical Problems* 2006;8:23–35.
- Elliot R, Csete J, Wood E, Kerr T. Harm reduction, HIV/AIDS, and the human rights challenge to global drug control policy. *Health and Human Rights* 2005;8(2):104–138. [PubMed: 17136905]
- Elovich R, Drucker E. On drug treatment and social control: Russian narcology's great leap backwards. *Harm Reduction Journal* 2008;5:23. doi:10.1186/1477-7517-5-23. [PubMed: 18577225]
- Farmer, P. On suffering and structural violence: a view from below. In: Kleinman, A.; Das, V.; Lock, M., editors. *Social Suffering*. Berkeley, CA: University of California Press; 1997.
- Farmer, P.; Connors, M.; Simmons, J. *Women, Poverty and AIDS*. Monroe, Maine: Common Courage Press; 1996.
- Farmer, P. *Pathologies of Power*. Berkeley: University of California Press; 2005.
- Friedman SR, Cooper HLF, Tempalski B, Keem M, Friedman R, Flom PL, Des Jarlais DC. Relationships between deterrence and law enforcement and drug-related harm among drug injectors in U. S. metropolitan cities. *AIDS* 2006;20:93–99. [PubMed: 16327324]
- Galtung J. Cultural violence. *Journal of Peace Research* 1990;27:291–305.
- Galea S, Vlahov D. Social determinants and the health of drug users: socioeconomic status, homelessness and incarceration. *Public Health Reports* 2002;117:S115–S145.
- Gee GC, Delva J, Takeuchi DT. Relationships between self-reported unfair treatment and prescription medication use, illicit drug use, and alcohol dependence among Filipino Americans. *American Journal of Public Health* 2007;97:933–940. [PubMed: 16809581]
- Goffman, E. *Stigma*. Harmondsworth: Penguin; 1990.
- Human Rights Watch. *Rehabilitation Required: Russia's Human Rights Obligation to Provide Evidence-based Drug Dependence Treatment*. New York: Human Rights Watch; 2004.
- Human Rights Watch. *Lessons Not Learned: Human Rights Abuses and HIV/AIDS in the Russian Federation*. New York: Human Rights Watch; 2007.
- International Narcotics Control Board. *Report of the International Narcotics Control for 2005*. New York: INCB; 2006.
- Kerr T, Small W, Wood E. The public health and social impacts of drug market enforcement: A review of the evidence. *International Journal of Drug Policy* 2005;16:210–220.
- Kleinman, A.; Das, V.; Lock, M., editors. *Social Suffering*. Berkeley: University of California Press; 1997.
- Krieger N. Embodiment: A conceptual glossary for epidemiology. *Journal of Epidemiology and Community Health* 2005;59:350–355. [PubMed: 15831681]
- Krieger N. Proximal, distal and the politics of causation: What's level got to do with it? *American Journal of Public Health* 2008;98:221–230. [PubMed: 18172144]

- Laetitia A, Carael M, Brunet J-B, Frasca T, Chaika N. Social change and HIV in the former USSR: The making of a new epidemic. *Social Science and Medicine* 2000;50:1547–1556. [PubMed: 10795962]
- Levine H. Global drug prohibition: its uses and crises. *International Journal of Drug Policy* 2003;14:145–153.
- Lipman M. How Russia Is Not Ukraine: The Closing of Russian Civil Society. Policy Outlook: Carnegie Endowment for International Peace. 2005
- Lemelle AJ. Racialized social system and HIV infection: The case of African Americans. *International Journal of Sociology and Social Policy* 2002;22:133–158.
- Miller C, Firestone M, Ramos R, Burris S, Ramos ME, Case P, et al. Injecting drug users' experiences of policing practices in two Mexican-U.S. border cities. *International Journal of Drug Policy* 2008;19:324–331. [PubMed: 17997089]
- Mendelevich VD. Subjective reasons for non acceptance of substitution therapy among Russian narcologists. *Addiktology* 2004;2:49–56. [original in Russian].
- Parker R, Aggleton P. HIV and AIDS-related stigma and discrimination: A conceptual framework and implications for action. *Social Science and Medicine* 2003;57:13–24. [PubMed: 12753813]
- Peretti-Watel P, Seror V, Constance J, Beck F. Poverty as a smoking trap. *International Journal of Drug Policy* 2009;20:230–236. [PubMed: 19110409]
- Platt L, Hickman M, Rhodes T, Mikhailova L, Karavashkin V, Vlasov A, Tilling K, Hope V, Khutorksoy M, Renton A. The prevalence of injecting drug use in a Russian city: implications for harm reduction and coverage. *Addiction* 2004;99(11):1430–1438. [PubMed: 15500596]
- Rhodes T, Ball A, Stimson GV, Kobyshcha Y, Fitch C, Pokrovsky V, et al. HIV infection in the newly independent states, eastern Europe: The social and economic context of epidemics. *Addiction* 1999;94:1323–1336. [PubMed: 10615718]
- Rhodes T, Mikhailova L, Sarang A, Lowndes CM, Rylkov A, Khutorskoy M, Renton A. Situational factors influencing drug injecting, risk reduction and syringe exchange in Togliatti City, Russian Federation: a qualitative study of micro risk environment. *Soc Sci Med* 2003;57(1):39–54. [PubMed: 12753815]
- Rhodes T, Judd A, Mikhailova L, Sarang A, Khutorskoy M, Platt L, Lowndes CM, Renton A. Injecting equipment sharing among injecting drug users in Togliatti City, Russian Federation: maximizing the protective effects of syringe distribution. *J Acquir Immune Defic Syndr* 2004;35(3):293–300. [PubMed: 15076245]
- Rhodes T, Platt L, Sarang A, Vlasov A, Mikhailova L, Monaghan G. Street policing, injecting drug use and harm reduction in a Russian city: a qualitative study of police perspectives. *J Urban Health* 2006;83(5):911–925. [PubMed: 16855880]
- Rhodes T, Watts L, Davies S, et al. Risk, shame and the public injector. *Social Science and Medicine* 2007;65:572–585. [PubMed: 17475383]
- Rhodes T, Simić M, Baros S, Žikić B, Platt L. Police violence and sexual risk among female and transvestite sex workers in Serbia: Qualitative study. *British Medical Journal* 2008;337:a811. [PubMed: 18667468]
- Rhodes T. Risk environments and drug harms: A social science for harm reduction approach. *International Journal of Drug Policy* 2009;20:193–201. [PubMed: 19147339]
- Rhodes T, Bernays S, Janković K. Medical promise and the recalibration of expectation: Hope and HIV treatment engagement in a transitional setting. *Social Science and Medicine* 2009;68:1050–1059. [PubMed: 19167803]
- Richman JA, Cloninger L, Rospenda KM. Macrolevel stressors, terrorism, and mental health outcomes: Broadening the stress paradigm. *American Journal of Public Health* 2008;98:323–329. [PubMed: 18172139]
- Sanders T. A continuum of risk? The management of health, physical and emotional risks by female sex workers. *Sociology of Health and Illness* 2004;26:557–574. [PubMed: 15283777]
- Sarang A, Stuijckte R, Bykov R. Implementation of harm reduction in Central and Eastern Europe and Central Asia. *International Journal of Drug Policy* 2007;18:129–135. [PubMed: 17689355]
- Sarang A, Rhodes T, Platt L, Kirzhanova V, Shelkovnikova O, Volnov V, et al. Drug injecting and syringe use in the HIV risk environment of Russian penitentiary institutions. *Addiction* 2006;101:1787–1796. [PubMed: 17156178]

- Sarang A, Rhodes T, Platt L. Access to syringes in three Russian cities: Implications for syringe distribution and coverage. *International Journal of Drug Policy* 2008;19:S25–S36. [PubMed: 18313910]
- Scheper-Hughes N. Small wars and invisible genocides. *Social Science and Medicine* 1996;43(5):889–900. [PubMed: 8870153]
- Secombe R. Squeezing the balloon: international drugs policy. *Drug and Alcohol Review* 1995;14:311–316. [PubMed: 16203326]
- Shannon K, Kerr T, Bright V, Allinot S, Shoveller J, Tyndall MW. Social and structural violence and power relations in mitigating HIV risk of drug-using women in survival sex work. *Social Science and Medicine* 2008a;66:911–921. [PubMed: 18155336]
- Shannon K, Rusch M, Shoveller J, Alexson D, Gibson K, Tyndall MW. Mapping violence and policing as an environmental-structural barrier to health service and syringe availability among substance-using women in street-level sex work. *International Journal of Drug Policy* 2008b;19:140–147. [PubMed: 18207725]
- Siahpush M, Borland R, Taylor J, Singh GK, Ansari Z, Serraglio A. The association of smoking with perception of income inequality, relative material well-being, and social capital. *Social Science and Medicine* 2006;63:2801–2812. [PubMed: 16971030]
- Simić M, Rhodes T. Violence, dignity and HIV vulnerability: Sex work in Serbia. *Sociology of Health and Illness* 2009;31:1–19. [PubMed: 19144087]
- Singer M. Toward a bio-cultural and political economic integration of alcohol, tobacco and drug studies in the coming century. *Social Science and Medicine* 2001;53:199–213. [PubMed: 11414387]
- Singer M. The social origins and expressions of illness. *British Medical Bulletin* 2004;69:9–19. [PubMed: 15226193]
- Small W, Kerr T, Charette J, Schechter MT, Spittal PM. Impacts of intensified police activity on injection drug users: Evidence from an ethnographic investigation. *International Journal of Drug Policy* 2006;17:85–95.
- Tkatchenko-Schmidt E, Reton A, Gevorgyan R, Davydenko L, Aturn R. Prevention of HIV/AIDS and barriers to scaling-up of harm reduction programmes. *Health Policy* 2008;85:162–171. [PubMed: 17767974]
- Vlahov D, Galea S, Ahern J, Resnick H, Kilpatrick D. Sustained increased consumption of cigarettes, alcohol and marijuana among Manhattan residents after September 11, 2001. *American Journal of Public Health* 2004;94:253–254. [PubMed: 14759935]
- Werb D, Wood E, Small W, Strathdee S, Li K, Montaner J, Kerr T. Effects of police confiscation of illicit drugs and syringes among injection drug users in Vancouver. *International Journal of Drug Policy* 2008;19:332–338. [PubMed: 17900888]
- Westermeyer J. The pro-heroin effects of anti-opium laws. *Arch Gen Psychiatry* 1976;33:1135–1139. [PubMed: 962496]
- Wolfe D. Paradoxes in antiretroviral treatment for injecting drug users: access, adherence and structural barriers in Asia and the former Soviet Union. *Int J Drug Policy* 2007;18:246–254. [PubMed: 17689372]
- Wolfe, D.; Malinowska-Sempruch, K. *Illicit Drug Policies and the Global HIV Epidemic. Effects of UN and National Government Approaches: A working paper commissioned by the HIV/AIDS Task Force of the Millennium Project.* New York: Open Society Institute; 2004.
- United Nations General Assembly. Political Declaration on World Drug Control. UN document A/S-20/4, June 1998. 1998 [accessed April 11, 2008]. <http://www.un.org/ga/20special/poldecla.htm>