DRUG CONTROL POLICIES IN RUSSIA. UNHEALTHY, DEVIANT, AND CRIMINAL

by **Alexandra Dmitrieva** and **Zhanna Kravchenko**

In early 2015, Russian news reports announced the possibility of disbanding the Federal Drug Control Service (*Federal'naia sluzhba po kontroliu za oborotom narkotikov*, FSKN). Various speculations were raised about the reasons for the reform, which may have included, the austerity measures in response to the earlier global crisis and international sanctions imposed in 2014. In April 2016, the FSKN, along with the Federal Migration Service, was placed under the Ministry of the Interior (MVD). The consolidation of law enforcement draws attention to the fact that the consequences of dwindling national wealth extend beyond the falling living standards of private individuals, the struggles of business corporations, and the state's diminishing capacity to deliver services. In vew of alarming mortality and morbidity reports, curtailments of human rights, and tightening links between the financial system and illegal profits,[1] it is important to consider how state's controlling and coercive capacities are being shaped and how they influence conditions for socially marginalized groups of the population. The aim of this article is to examine Russian policies on drug control and regulation, and to demonstrate how they are woven into practices of drug use and the overarching relationship between the society and law enforcement.

Earlier studies have addressed in detail various aspects of drug use in Russia, focusing on specific patterns of distribution of illicit drugs,[2] their long-term effects on health and wellbeing,[3] and developments in treatment.[4] They have often linked drug use to the HIV epidemic,[5] various chronic diseases,[6] risky behavior, and other forms of exclusion.[7] Much of the research has been carried out from the public health, sociological, and criminological perspectives, treating the phenomenon as a social disease, a form of deviant behavior, and a subject of law enforcement intervention. Many studies have taken a strongly normative perspective, contributing to the reproduction of the discourse of moral decline that characterizes the general public perception of the phenomenon in Russia today.[8] A critical analysis has described this discourse as "political" and "unhelpful",[9] generating interventions that are based on coercion and criminalization;[10] hindering preventive and harm-reducing methods; reproducing broader social inequalities; exposing drug users to fear, extortion, unjustified arrests, and physical violence;[11] and obstructing their access to treatment services.[12] Drawing on the critical approach, this article contributes to the existing research by conceptualizing drug use as a space of consumption and the sphere of drug control as an institutionalization of socially differentiated consumption practices. Considering drug use as a form of social consumption allows us to examine it as a way of communicating social positions and distances between those positions, and repro-

abstract

This article examines the policies on drug control and regulation in Russia. We demonstrate that, although agencies involved in drug control and regulation are important for the reproduction of differentiated practices of drug use, they formulate a rather homogeneous image of a drug user as an unhealthy deviant and criminal, and an unequivocal threat to society. At the same time, in the process of policy realization, the most vulnerable groups of users become the main target of public intervention. As a result, stigmatization and violence against these groups becomes institutionalized and legitimized. Moreover, drug control and regulation resonate with a broader range of public policies and spill over into parts of society not associated with illicit drug use.

KEYWORDS: Drug control, drug consumption.

Russian Federal Drug Control Service officers burns bags of methadone during an operation in Simferopol in 2014. PHOTO: YURI LASHOV/AFP

ducing principles of separation in a multidimensional space of power and exclusion.[13]

The analysis examines three fields of expertise that are central to drug control in Russia, namely, law enforcement, medical treatment and rehabilitation, and criminal justice. In order to provide a comprehensive analysis of how those fields interact, our study is focused on a specific geographical area, St. Petersburg, the second largest city in Russia. The city has one of the highest rates of drug-related crimes in the country (5.4 per 1000 inhabitants),[14] which makes the issue a top priority for policy makers and the public. Statistics on seizures of drugs by law enforcement indicate that the drug market is dominated by amphetamines (41%), heroin (26%), and cannabis (22%), which make up the majority of drug-related crimes registered by the FSKN.[15] This pattern largely resembles the national distribution, and therefore we start by examining official state documents and statistics on drug-related treatments, arrests, and convictions, including but not limited to criminal sentences. However, because practices of treatment and application of legal control vary across the country,[16] we use an understanding of the national drug control policies as a backdrop for exploring the actual implementation of drug policies in St Petersburg. We therefore draw on interviews with city's leading experts in all three fields, including a deputy chief of a state narcological hospital, two psychotherapists working at a rehabilitation program in a private treatment clinic, two lawyers specializing in drug-related cases. Sources also include four informal (unrecorded) conversations with law enforcement officers, one in-depth biographical interview with a drug dealer with more than twenty years of experience of use and distribution, and fifteen in-depth interviews with long-term users of various illegal substances, all of whom had successful careers and stable family relationships at the moment of the interview.[17] Understanding the national context gives us an opportunity to extend the analysis beyond the local specific and focus on the regularities between the three fields of expertise at the national level.

IN THIS STUDY, we first demonstrate how the public space of drug control and regulation is structured and what categorizations of users are created in the process of policy implementation. We then conceptualize the patterns of social space of drug consumption and demonstrate how the two spaces are interlinked. The analysis suggests that the patterns of drug distribution and the specifics of their administering and effects, on the one hand, and the identification, diagnosis, and prosecution of users, on the other, create specific niches in the social space of drug consumption and distinctive patterns of exclusion and inclusion in Russia. State policies play an important role as they operate with a standardized object of intervention and are unable to accommodate the existing diversity. We argue that bureaucratic technologies process individuals into categories, designating groups and behaviors to be excluded and assigning punitive measures to those groups and behaviors, which can go as far as prescribing medical intervention where none is required or executing punishment where no crime has been committed. At the same time, individuals adjust and realign their consumption patterns not only conforming to what is permitted but also finding areas that are not prohibited.[18]

The war on drugs, Russian style

The first attempts to formulate the problem of drug distribution and consumption appeared in the second Criminal Code of 1926,

PHOTO: VLADIMIR STEPANOV

The City Narcological Hospital in St. Petersburg. The patients, sitting behind bars, can only see a windowless wall.

which prohibited the illegal distribution of a rather short list of the most common drugs at the time: cocaine, opium, morphine, and ether. Later, in the wording of the 1934 Criminal Code, Article 179 included punishment for the manufacturing, acquisition, storage, and sale of strong and poisonous substances, that is, pharmaceutical products that could enter the black market. Article 179A of the same document expanded the criminal activities to include production of opium poppy and Indian hemp without permission. The start of the processes of drug use criminalization can be dated to 1960, when a new Criminal Code took effect and outlawed illegal production, purchase, storage, transportation, or shipping *without the purpose of sale* (Article 224). In 1974, a few more offenses were added to the Code: theft of drug substances (Article 224.1); inducement to use drug substances (Article 224.2); organization and operation of a prostitution business for the use of drug substances (Article 226); illegal manufacturing, acquisition, storage, shipping, or sale of strong and poisonous substances (Article 226.2); and illegal cultivation of plants containing drug substances, such as opium poppy and Southern Manchurian, and Indian hemp (Article 231).

WITH THE LEGISLATION in place to reduce the drug supply and suppress consumption, the Soviet drug market was highly localized in the absence of imports and because of low geographical mobility of the population.[19] The production process was unsophisticated and closely linked to consumption, leading to some distinct differences between regions.[20] Earlier research highlighted that drug addiction was primarily acknowledged as a juvenile drug addiction problem in the post-World War I period, and the approach to addressing the issue was highly medicalized.[21] During the 1920s, the discussion about illegal drug use and possible public response flourished, and the debates were informed by systematic research on drug use patterns and various treatments, and showed familiarity with international medical research.[22] With centralization of medical care in the 1930s, nationwide statistics seem to suggest a decline in drug consumption, which could be a result of underreporting as well as a result of the implementation of government controls, penalties, and treatments.[23] It is also during this period that the issue came to be considered in ideological terms, as a relic of the past, which inevitably influenced the scientific perspective on factors associated with it. During the early post-war period, the medical literature gradually abandoned the topic, focusing more on alcoholism, and later, even during the years of glasnost, did not respond to new opportunities for a more open public debate about the issue. By the end of the Soviet regime, the independently estimated size of the drug market was somewhere between 5.5 and 18.1 billion rubles, and the number of people who used drugs was between 600,000 and 1.65 million.[24]

THE FIRST POST-SOVIET Criminal Code was introduced in 1996, and the sequence of amendments indicated further tightening of the punitive efforts. One of the differences from the previous versions was consolidation of drug-related sanctions previously scattered among different articles of the Code. Although storage without the purpose of sale was still considered a crime, a significant innovation was introduced in Article 228, namely the so-called "large amount" of substances as a ground for harsher punishments. For instance, in 1996 the "large amount" was 20 or more grams of marijuana, five or more grams of hashish, one or more grams of heroin, and 1.5 or more grams of cocaine. For a short period, these regulations created a legal and protected space of drug use: storage (i.e., use) of substances in small amounts and without the purpose of sale were not punishable. Since 2001, however, the Code of Administrative Offenses (the Code itself was adopted first time at the end of 2001) has prescribed a fine and up to 15 days of detention for the consumption of drugs without a medical prescription, and numerous amend-

ments to the Criminal Code have expanded the scope of circumstances under which the consumption or distribution of drugs are considered crimes rather than administrative offenses.[25]

In 2003, in addition to existing sanctions against consumption in the Code of Administrative Offenses, Article 228.1 introduced punishment for the illegal production, sale, and shipping of narcotic drugs, psychotropic substances or their analogs, while Article 228.2 further expanded the obscure vocabulary of the law's application by outlawing "*violation of rules of production, manufacture, processing, storage, realization, sale, distribution, possession,* shipping, acquisition, use, import, export, or destruction of narcotic drugs or psychotropic substances, instruments, or equipment used for the manufacture of narcotic drugs or psychotropic substances under special control, and the cultivation of plants used in the production of narcotic drugs or psychotropic substances, entailing their loss, if such act is committed by a person whose duties include the observance of the rules". In an attempt to provide equally detailed definitions of aggravating circumstances, a government resolution took effect in 2004 that defined sizes of average single doses of narcotic drugs and psychotropic substances for the purposes of applying Articles 228, 228.1, and 229. For instance, the average single dose of dried marijuana was defined to be 2 grams; hashish, 0.5 grams; heroin, 0.1 grams; and cocaine, 0.15 grams. These norms were used for calculating "large" amounts of 10 average doses and "especially large" amounts of 50 average doses, as grounds for even harsher punishment. However, in 2006, the resolution was overturned and the definitions of "large" and "especially large" amounts were decreased by one-third to one-fifth, effectively diminishing the legally protected space of drug use.

ALTHOUGH THE CRIMINALIZATION of drug use exists in other countries, some of the practices that it generates may be considered specifically Russian. Any critical public debate about narcotics is virtually impossible and the punitive measures influence social practices far beyond the space of illicit drug consumption. In recent years, the FSKN has become one of the agencies that interfered with the work of publishing houses, bookstores, and libraries in attempts to combat not only practices of drug use but also subcultures associated with such practices. In 2004, for instance, regional branches of the FSKN across the country requested that libraries report readers who borrowed books by Carlos Castaneda.[26] The same year, veterinarians were banned from using ketamine during surgery, leading to animals suffering and dying from pain shocks. Growing poppy on private garden plots and, in some regions, farming it for the purpose of selling poppy seed to bakeries was banned in 2005. Since 2007, manganese crystals – commonly used as an antiseptic – have not been sold in pharmacies in Russia. Since 2009, a whole range of bath salts have no longer been available, and since 2010, cumin and parsley seeds have been impossible to buy.[27] These seemingly miniscule regulations expanded the space of illegal drug use and potentially criminal behavior into areas of everyday life that would never have been so designated before. A steady increase in convictions under Article 228 of the Criminal Code has been noted over the period of 2005–2010 (from 33,243 to 75,325 convictions respectively), while convictions based on Article 228.1 have remained constant (33,466 to 34,589 convictions),[28] so that it appears that the number of illegal consumers has grown while the scale of distribution has not changed.

IN THIS CONTEXT, it is important to note that statistics on drug users (not offenders) are provided by medical authorities, who either record extreme forms of addiction when individuals are admitted to treatment facilities, or provide expertise as part of police inquiries or part of the standard obligatory employee screenings adopted by many organizations. When the fact of drug consumption is confirmed, the individual is registered as a drug user by a medical institution, and this information may be forwarded to a law enforcement agency, even if the agency did not order the medical examination. In practice, medical institutions register all individuals "who are using or have at least once used illegal psychoactive substances,"[29] not only people who can be qualified as drug addicts requiring medical help. This practice emerges not from legal regulations but rather in spite of them, as it ignores the fact that registration (and examination) by the medical institution is by law voluntary. The spheres of law enforcement and medical expertise overlap where they are required to be separate. In 2010, the number of newly registered substance-dependence disorders was 3154, with drug illegal addicts representing around 17.3% of such disorders, 86.7% of whom were reported as opioid addicts.[30] We explore this phenomenon in greater detail in the following section.

The overall public policy approach is based on the perception of drug use as a dysfunction that requires harsh suppression and elimination by a non-differentiated approach to all consumers, even though there are detailed guidelines about the punishable amounts of each substance. As in other contexts where a "war on drugs" has been launched, it is likely to lead to expansion of the illegal drug market, increasing potencies of illicit drugs, overcrowding of prisons, reproduction of corruption, and further increases in repressive measures.[31] Russia appears to be moving in the opposite direction from the global discussions about "tackling a disturbing consequence of drug control"[32] and measures of harm reduction and efforts against organized drug crime. Harm reduction efforts deserve special consideration. Such methods as distribution of sterile injection tools and condoms, medication against injection-related complications, provision of information about transmission of diseases and safer consumption practices have not been recognized by and received no support from the state. Instead, they have been provided by NGOs with help from international organizations, such as Doctors without Borders (in the 1990s), the Global Fund (in the 2000s), The Open Society Foundation, etc. Substitution

"THE AVERAGE SINGLE DOSE OF DRIED MARIJUANA WAS DEFINED AS 2 GRAMS."

therapy for opioid-dependent users, commonly used around the world,[33] is prohibited in Russia due to ideological principles and due to the prohibition of substances used for this purpose, methadone and buprenorphine.[34]

In 2010, a group of experts from various national research institutions and government agencies[35] attempted to introduce a discussion about the success of international and national practices of harm reduction. The Ministry of Health, however, responded by rejecting scientific evidence, taking a negative stance toward substitution therapy and harm reduction[36]. Furthermore, obtaining alternative resources to support harm reducing efforts was made more difficult. In 2012, the infamous law "on foreign agents", No. 121-FZ, required NGOs that receive support from foreign donors and engage in political activities to register at the Ministry of Justice and undergo additional auditing. By 2016, five organizations that work with harm reduction (specifically HIV prevention) had received the status of foreign agents.[37] This label not only brings with it additional financial and organizational constraints, but also serves as an instrument to reduce the credibility of and public support for such organizations. Donor organizations that provided funding over the years came under attack in 2015 when the law on "undesirable organizations", No. 129-FZ, was introduced. It almost immediately outlawed the Open Society Foundation with its Public Health Program and initiatives to prevent various medical and social harms to users of illicit drugs and other key population groups at the highest risk of HIV acquisition and transmission.

PHOTO: LORENA ROS FOR THE OPEN SOCIETY FOUNDATIONS

A client is pictured speaking with a healthcare professional at a needle exchange program at the Humanitarian Action Fund's mobile clinic in St. Petersburg, Russia.

The public space of regulation of drug consumption

The oppressive character of Russian drug policies is often mentioned in passing as a commonly recognized result of restrictive legislation and public discourse.[38] Examining the process of the actual implementation of such laws in police and criminal justice practice,[39] as well as the medical approach to addiction, provides a more complex and detailed understanding of how the public system of drug control, the police, courts, and medical experts, reproduces the exclusion of drug users through the undifferentiated conception of consumption as deviant, criminal, and unhealthy. Although the overall public definition of a drug user is homogeneous in its stigmatizing character, in practice, encounters with law enforcement agencies, the FSKN or police, result in very different outcomes for users of different substances.

The issue of corruption in Russian law enforcement has been widely discussed as a result of unclear boundaries between political and private business interests.[40] The material interest is tied to the need to fulfill plan objectives as much as to direct extortion: "If small dealers did not get such long sentences, police would have to focus on really large distributors [to achieve monthly quotas on arrests]" . In turn, the users prefer to settle drug-related encounters with the police "on the spot" because once it goes to trial, the case is more likely to fall under the jurisdiction of criminal rather than administrative law. Those unable to bribe their way out of trouble with the police on the spot are usually heroin users or young occasional marijuana smokers. This is considered by practicing lawyers the reason why criminal drug-related statistics mainly comprise petty sellers or occasional marijuana users (mainly youth), who are more numerous but present a smaller social danger.

WHAT IS LESS OFTEN DISCUSSED, however, is that the practice of policing relies on intra-professional routines and standards that can be institutionalized although they are initially unlawful. Today, the police tend to treat criminally unpunishable drug use as synonymous with storage, acquisition, and transportation. Formally, this is against the law, but as it is sanctioned in practice it can be expected to be institutionalized in legal procedures in the future. Such a development is also indicated by regular initiatives to introduce criminal punishments for drug use. Such transformations of legal practice have happened before. For instance, one of the most intensely discussed subjects for a long time was police searches in public places, masked police raids at nightclubs, and other unauthorized actions and provocations allegedly aimed at finding prohibited substances. During such examinations, the surreptitious planting of drug, psychological intimidation, and physical violence occurred. All these actions became virtually sanctioned as "preventive efforts" under the Federal law "On Police" No. 3-FZ of 7 February 2011, which empowered police officers to expose a "person's criminal intent" (Article 12, paragraph 4). With the purpose of exposing intentions and without a pretext, police officers were authorized to carry out personal searches of citizens and their belongings as they enter public events and mass gatherings including meetings, rallies, football matches, party congresses, weddings, popular festivals, academic symposiums, theater plays, and worship services.[41]

In regard to judicial examination, four trends can be observed in court proceedings on drugs: first, most of the cases result in conviction, which is the outcome that prosecutors and judges alike strive to achieve;[42] second, the principle that all doubts should favor the defendant is ignored; third, very often the courts rule by "special procedure" (*osobyi poriadok*), without considering evidence, if defendants acknowledge their guilt in exchange for a reduced sentence; and finally, the decision of the Supreme Court that dealing on a small scale is not a criminal offense is often ignored, and people who "assist in dealing" are usually incarcerated for distribution. A drug user, when faced with the criminal justice system, is classified purposefully and without differentiation as a criminal even when there are formal opportunities for discharge. At the same time, there is some tacit differentiation that in the end influences the severity of conviction: whether the drug can be considered to have been stored for the purpose of distribution or not (this is mostly determined based on the amount of the substance), whether the drug is considered especially socially dangerous or not, and whether the substance is of organic or synthetic origin. Probation sentences are possible for those who appear to have stored drugs for consumption and not distribution and/or who did not deal in opioids, certain hallucinogens, or the most popular cannabinoids.

In medical practice, there is a distinction between legal and illegal substances; however, alcohol, tobacco, and volatile solvents are considered psychoactive substances on a par with drug substances. Based on the International Classification of Diseases (ICD), there are three diagnoses that call for medical treatment for narcological disorders in Russia: syndromes of dependency on psychoactive substances, disorders from the abuse of psychoactive substances, and use with *harmful effects*. While the first category classifies drug use as a disease and the second category is applied when physical and mental consequences of drug use are treated, it is the third category that we would like to consider more closely: "Substance use is often criticized by the public and is linked to various negative social effects. The fact that substance use is met with disapproval by others or the society in general or can lead to socially negative effects, such as arrest or divorce, is not evidence of use with harmful effects."[43] Neither is the addiction syndrome a harmful effect of substance use, according to the ICD cited above. Thus, normative discourse used in medical practice is not universally stigmatizing, and it is mainly medical conditions that develop as a result of injective drug use that are supposed to be considered harmful effects. However, as mentioned above, medical practice interacts with law enforcement and criminal justice practice, and by registering addicts the medical approach becomes punitive too.

We should not forget that there is a distinction between medical and non-medical drug use, as some narcotics today – morphine, codeine and ketamine – do not have alternatives and need to be used for pain relief. For patients in need of pain-reducing medication, having a record of illegal drug use may create difficulties in access to prescription drugs due to suspicion generated by the stigma, a suspicion which spills over to patients without a history of addiction, usually cancer patients with acute need for pain relief, and even to medical personnel. Legal access to strictly controlled drugs is obstructed by several measures, including, but not limited to the facts that only highly specialized physicians can issue prescriptions, procedures and documentation for prescriptions are highly demanding, and punishment for violation is severe. In addition, the number of pharmacies that are allowed to sell such substances is limited and the time for which prescriptions are valid is extremely short (in 2014 it was increased from five to 15 days).[44] The amount of medicine per one prescription is small and patients are required to obtain special permission to be able to receive opioid-based pain relief medication.[45] According to the Federal Service for the Supervision of Public Health and Social Development (*Roszdravnadzor*), in 2015 patients could receive a prescription on the same day they saw a physician in 16 regions, and in 39 regions they could not receive a prescription during a physician's house call.[46]

ANOTHER CHALLENGE comes with the process of medical stigmatization related to an official record of a narcological diagnosis that is open to the public in the same way that a criminal record is. Addiction to alcohol or an illegal drug is often registered when relatives – not drug users themselves – contact medical institutions. More often, however, a medical record is obtained during the routine document checks and personal searches described above, or road traffic accidents, if the individuals involved cannot settle the matter on the spot. The medical record is imposed on drug users in either case and leads to exclusion from various social arenas (often employment opportunities, but also health care provision, housing, etc.). Unlike many other medical conditions that are also recorded and available to the public but are socially accepted, the effect of the exclusion is not compensated by the social support and services usually available to people with disabilities. Moreover, the number of institutions that provide treatment, psychotherapy, and rehabilitation to drug addicts is decreasing. According to the report by the Ministry of Health and Social Development, in 2010 the average ratios of patients per specialist in narcological services were one psychotherapist to 13,000 registered patients, one psychologist to 2,000 patients, and one social worker to 4,000 patients.[47] In the overall public approach to the problem of drug distribution and consumption, medical instruments are peripheral in comparison to police surveillance and criminal sanctions. The category of "unhealthy" associated with drug consumption by medical institutions, as legitimate representatives of the state,[48] operates in the same way as the categories of "deviant" and "criminal" applied by police and courts.

"THE USERS PREFER TO SETTLE DRUG-RELATED ENCOUNTERS WITH THE POLICE 'ON THE SPOT'."

The social space of drug consumption

Public opinion surveys demonstrate that the majority of Russians consider that drug users have to be forcibly treated for addiction[49] and so legitimize the state and medical experts in their control efforts. When public discussions about the coercive treatment of offenders are initiated, they largely rely on the lack of information about the variety of substances and their immediate effects and long-term consequences. However, those who in one capacity or another encounter drug users daily provide a more differentiated account of how various fields of drug consumption overlap and separate from each other as specific categories of consumers are included or excluded in a broader context of social consumption. In this section, we distinguish between four groups generated by the consumption of illicit drugs based on the experts' descriptions of the consumption practices and their perceived medical and legal effects: consumers of opioids of organic and synthetic origin, consumers of psychostimulants of mostly synthetic origin, consumers of hallucinogens of organic and synthetic origin, and consumers of organic cannabinoids.

Mary Conroy, in her historical overview of drug addiction in Russia, points out that, traditionally, the abuse of opioids was low partly due to the fact that alcohol was usually the drug of choice.[50] Today, when discussing the scope of the problem, experts often lump together alcohol and opioid use as two equally common problems. "90% of all patients of narcological clinics are opioid and alcohol addicts", one expert narcologist summarizes, suggesting that users of other substances are rarely admitted to treatment, whether on their own will or forcibly. Opioid use in particular, is often considered an affliction of poor marginalized mostly urban groups generated by their living conditions: migrant workers, prostitutes, petty thieves, "people with poor mental health, creative people who cannot withstand [the addiction]", in the words of a dealer. At the same time, physical and psychological addiction is formed very quickly and the dose needs to be increased continuously. The ensuing marginalization is therefore perceived to be rapid and irreversible, although it is sometimes also expected to be contingent on prior socialization processes, norms, and access to legal means of income before the onset of addiction. Moreover, harmful health effects of opioid use are linked to the fact that these substances are rarely consumed in pure form. Additives, sometimes as dangerous as detergent powder, increase the risk of overdose, while injection, especially intravenous injection, in contexts where public support of harm reduction is virtually non-existent, leads to HIV, viral hepatitis, myocarditis, etc. Many of these conditions are considered a social danger, and opioid use is therefore qualified as a social disease, contributing to the stereotype of drug users as dangerously sick criminals capable of resorting to any means possible to obtain enough money for a single dose.

In stark contrast, cocaine consumption is associated with higher income and rarely appears in arrest reports, and courts examine cocaine-related cases mainly when large quantities are intercepted, usually by, and this is also noteworthy, the Federal Security Service (FSB) and not the police or the FSKN. It is also impossible to estimate the true extent of cocaine consumption as this category of users is rarely admitted to public treatment facilities, and private clinics can keep this information confidential. As medical experts indicate, cocaine is almost as addictive as opioids as it affects the opioid system producing neuropeptides, which is very sensitive to all derivative alkaloids, both sedative and stimulating. However, the resources that allow access to such an expensive substance also allow individuals to hide their consumption and thereby avoid being labeled as drug users or being subjected to legal action. Criminal charges of possession of cocaine without the purpose of sale (i.e. for use) are rare; moreover, cocaine use in itself can be converted to symbolic capital as a practice associated with wealth.

ANOTHER GROUP OF PSYCHOSTIMULANTS, amphetamines, unlike heroin and cocaine, is perceived to have fewer effects on health; those that exist are mainly due to impurities as these drugs are usually produced in home conditions.[51] The biggest danger is associated with intravenous injection, which is less common than nasal ingestion. At the street level, the risks associated with these drugs are recognized in the expression "the cooker shoots up first" (*varshchik vmazyvaetsia pervym*), common among the "vint" subculture, the groups who specifically use the methamphetamine *pervitin*, which was popular in the 1990s. In general, the long-term effect of amphetamines is described by medical experts as "irritable weakness", not aggression but an inclination to affect, which is not strong and fades away quickly. Unlike the sedative effect of opioids, amphetamines satisfy a somewhat "hedonistic" goal of increasing energy levels and sexual desire. The stimulation achieved by amphetamines has been described as similar to that of cocaine, although without the euphoric effect and without cocaine's symbolic value. The typical portrait of the amphetamine user does not have any specific socioeconomic characteristics: "it is someone who makes a lot of unnecessary movements"[medical expert]; "cannot concentrate on one thing", in the words of a dealer and "can be found in any social group"[lawyer]. It is in high demand, and possession of less than one gram usually qualifies as a "large amount" by police standards. Such cases are more common than cocaine, and prosecuted severely in court. The drug is labeled "cocaine for the poor", of lesser symbolic and market value, and its users are subject to higher medical stigmatization and stricter judicial prosecution.

"COCAINE CONSUMPTION IS ASSOCIATED WITH HIGHER-INCOME POPULATION GROUPS AND RARELY APPEARS IN ARREST REPORTS."

Ecstasy, like cocaine, is not associated with socially marginalized population groups. Its effect is summed up by alternative

titles such as "Adam" or "love drug", describing its ability to "return the individual to a state of innocence [...] without guilt, shame or low self-esteem",[52] and generates a special type of relationships in the process of collective consumption, called "chemical love".[53] Using ecstasy becomes an instrument of recreation and socialization for young people, integration into youth subculture. A narcologist described the effect as a state of excitement, resistance to fatigue, "so one can dance at a club like a bunny", leading to dehydration and exhaustion in the immediate aftermath of consumption, and attention deficit and depression in the long run. The legal practice assumes a "low danger" of ecstasy, and in the absence of statistics on arrests or criminal persecution related to this drug, experts only hypothetically suggested that it is broadly popular and available. Police measures are usually limited to raids in nightclubs, "scaring off" the users and extorting small amounts of money from young people who may be more scared of their parents than of law enforcement. The lack of cases against ecstasy users is explained by the sporadic character of consumption, tied to a specific age and localities, rather than socioeconomic circumstances. After a threshold of 25–30 years of age, many of the consumers give up drugs completely, while others move on to use either cocaine or amphetamines.

Patients who are HIV-positive and suffering from drug dependence receive detoxification treatment at Botkin Hospital in St. Petersburg.

PHOTO: LORENA ROS/THE OPEN SOCIETY FOUNDATIONS

HALLUCINOGENIC SUBSTANCES, numerous in their organic and synthetic forms, are quite similar in effect and are used among a social group whose characteristics are much harder to identify than those of opioid and psychostimulant. The field of hallucinogen users is more separated from other consumer groups as their consumption does not serve a clear, sedative or stimulating function, and is not related to a specific social status (like cocaine and heroin) or a lifestyle (like ecstasy). The character of the addiction to hallucinogens is described by a medical expert as not physical but specifically psychological: "the effect [of the drug] fades away but the memory remains, and these memories mean more than the moment when they actually experienced [the drug]. Like cinema, you want to go there again" . When describing the effect, medical experts and users emphasized that it does not bring any new elements into consciousness but rather complements or transforms the perception of reality, an effect which narcogologists call "pathological" yet which is hard to distinguish from other forms of "deviation" such as creative or scientific talent. At the same time, the risk of prompting or aggravating a predisposition to psychiatric disorders leads experts to consider users psychiatric rather than narcological patients. The risks are recognized by users and there is a long-established tradition of almost religious adherence to the practice of preparation for and guidance through the experience. Organic hallucinogenic substances are relatively easily accessed and at the same time are more difficult to detect in the user's system. Usually, law enforcement officers carry out arrests in the fall and near places where wild mushrooms are harvested. An insignificant number of court cases does not in any way indicate the actual levels of consumption; the effect itself is so specific that repeated use is not so desirable.

Finally, the use of cannabinoids has been growing around the world in recent decades,[54] but in contrast to other countries where the increase has been interpreted as a signal of a potential decrease in opioid use, in Russia it has been a cause of exponentially growing concern. The field of consumption is the most diverse of all drug fields and varies from "youthful experimentation" to a means of relaxation or concentration, as well as a more complex pattern of consumption that includes other substances. The effects are not easily observable and the usual symptoms that experts look for – red eyes, unrestrained laughter – are common and can be attributed to a very broad population group. The difficulty in identifying users of these drugs provokes police officers to illegal action: cannabinoids are often planted. Unlike all other groups of drug substances, however, all experts recognize that cannabinoids do not lead to addiction, and moreover, they have a therapeutic effect and are even preferable to anti-depressants. The negative effect is therefore not constructed as physical or psychological, but as a social detachment in that the person becomes uncontrolled by social norms and is no longer a part of the crowd.

When the public and social spaces of drug consumption collide

By examining how differentiated practices of drug consumption are constructed through experts' understandings of physiological, symbolic, and socioeconomic elements of those practices, we gain insight into the public response to the problem of drug control and regulation in Russia. Users' practices of consumption and interaction with public agencies are determined by their access to economic, social, and symbolic resources. In analyzing this field, we discovered that experts acknowledge significant distances between different groups of consumers, opioid and cannabinoid users being especially targeted for drug control and regulation, and cocaine consumption being almost invisible to public scrutiny. Heroin users are vulnerable not only because of health effects but also as a result of the socioeconomic marginalization that often precedes addiction and the devastating stigmatization that accompanies it. Cannabinoids are often recognized as the least dangerous substances in terms of social and health consequences, which makes their consumption attractive to individuals of different backgrounds and much

more accessible. At the same time, the large scale of consumption is what makes this substance the second priority for public intervention. Meanwhile, privileged social status makes cocaine users the most protected from the symbolic violence of all expert fields. The financial resources used to purchase cocaine also ensure the cooperation of law enforcement agencies, a need that arises much more frequently among heroin or cannabinoid users; these resources also provide access to private treatment facilities and remove the danger of stigmatization through registration by medical institutions. Consumption of amphetamines and hallucinogens creates distinct, if somewhat more socially heterogeneous, patterns. While amphetamine users, specifically ecstasy users, come under law enforcement scrutiny when they are found consuming in public spaces – nightclubs, concerts – during unexpected police or FSKN raids, hallucinogens are harder to detect by tests or searches.

FROM DIFFERENTIATED CATEGORIZATIONS of drug users by state agencies emerges a contradictory practice of drug control and regulation that is based both on selective targeting of the most vulnerable groups and on a highly homogeneous approach to all drug users as *unhealthy criminals who present an inevitable danger to others*. The image of the drug user is generated by legal norms and expert knowledge translated to the public. Medical statistics reflect the number of people who are (often forcibly) registered as drug addicts; legal statistics show the numbers of initiated criminal cases and convictions. It is usually heroin users – the most vulnerable and easily identifiable group – that are found in official databases. Neither medical nor legal official reports encompass the complexity of consumption practices because not all categories of users are subject to medical intervention, and not all interactions with the law enforcement lead to criminal charges. From the official perspective, drug use is a danger that can and must be treated and/or punished. As the accessibility of treatment and rehabilitation facilities is low and is not a priority for Russian policymakers, the law enforcement and criminal justice systems are expanding their regulative authority. Possession of even small amounts of drug substances is subject to criminal punishment, and all users are automatically treated as criminals due to detailed and obscure legal regulations (Articles 228, 228.1, 228.2 and 229 of the Criminal Code) in most of their interactions with law enforcement and the criminal justice system. Controlling measures – searches, raids, obligatory medical checks – have been extended into various mundane social practices. Not all encounters between law enforcement agencies and drug users lead to criminal cases, as the punitive character of measures not only generates severe stigmatization, but also opens opportunities for illegal activities against drug users.

The public approach to drug control resonates with a broader range of policies that have been building over a period that extends beyond the recent economic crisis. The fact that the Federal Migration Service was brought under the MVD together with the FSKN is symbolic as the most marginalized groups associated with drug consumption and distribution in the public debate and the practice of law enforcement are migrants. The lists of the "most wanted drug dealers" and the "most dangerous convicted drug dealers" are dominated by non-Slavic names, and the citizenship of offenders, when mentioned, indicates that most of them come from the Central Asian countries.[55] This contributes to the perception that *all* migrants are potential drug traffickers, and the consolidation of the agencies reinforces this approach. The trend towards extending the power of drug control into areas of life not associated with illegal drug consumption has taken a new turn in recent years, as criminal prosecution on drug-related grounds has been aimed at political opposition. For instance, in 2012, during the height of the protest mobilization in Russia, Taisiia Osipova, the wife of the leader of the unregistered radical opposition party "Drugaia Rossiia", was sentenced to eight years in prison for drug dealing. More recently, in 2016, the left-wing activist Elena Bezrukova received a three-year suspended sentence for possession of drugs. Such cases are numerous, and while human rights activists indicate violations of investigation and trial procedures, their voices are hardly heard as the civil society itself is under severe pressure and censorship. On taking up her appointment as the new Human Rights Commissioner, the former major general of the MVD Tatiana Moskalkova stated that her task will be to stand up to the efforts of the western agencies to "blackmail, exploit, threaten, destabilize and pressure Russia."[56] The agents of state violence are mobilizing in response to a broad spectrum of phenomena and, as a result of overlapping techniques of violence and intimidation, the definition of the potential deviant, unhealthy, and criminal individual is broadening. ■

Alexandra Dmitrieva, PhD in sociology, senior ethnographic field researcher at Alliance for Public Health in Ukraine, Kyiv.

Zhanna Kravchenko, associate professor in sociology at the School of Social Sciences, Södertörn University.

references

1 Mark Geleotti, *Narcotics and Nationalism: Russian Drug Policies and Futures* (Brooklings Institution, 2015), accessed April 20, 2016, http://www.brookings.edu/~/media/Research/Files/Papers/2015/04/global-drug-policy/Galeotti--Russia-final.pdf.

2 Elena Blokhina, E. Krupitsky, Debbie M. Cheng, Carly Bridden, Alexander Walley, Olga Toussova, Tatiana Yaroslavtseva, Natalia Gnatienko, Leah Forman, and Jeffrey Samet, "The Evolution of Illicit Opioid Use Among Hiv-Infected Opioid Users in Russia (2004–2014)," Drug and Alcohol Dependence 156 (2015): 20–21; Artem Bartenev, *Narkotizatsiia rossiĭskoĭ molodezhi: differentsirovannost' narkoticheskikh praktik: Sotsiologicheskiĭ analiz* (Nizhniĭ Novgorod: dissertation, 2009); Robert Heimer, Aleksandra Lyubimova, Russell Barbour, Olga S. Levina, "Emergence of Methadone as a Street Drug in St. Petersburg, Russia," *International Journal of Drug Policy* 27 (2016): 97–104. S.N. Smirnov, "Narkopotreblenie v Rossii: neklassicheskiĭ podkhod," *Mir Rossii* 17 (2008): 92–108.

3 Diana H. Fishbein, Evgeny Krupitsky, Barbara A. Flannery, Doris J. Langevin, Georgiĭ Bobashev, Elena Verbitskaya, Cynthia B. Augustine, Karen I. Bolla, Edwin Zvartau, Barry Schech, Valentina Egorova, Natali Bushara, and Marina Tsoy, "Neurocognitive Characterizations of Russian Heroin Addicts Without a Significant History of Other Drug Use," *Drug and Alcohol Dependence* 90 (2007): 25–38.

4 Robert Power, Natalya Nozhkina, and Igor Kanarsky, "Injecting Drug Users' Experiences of Targeted Harm Reduction in the Russian Federation," *Drug and Alcohol Review* 24 (2005): 69–77.

5 Tim Rhodes, Andrew Ball, Gerry V. Stimson, Kobyshcha, Chris Fitch, Vadim Pokrovsky, Marina, Bezruchenko-Novachuk, Dave Burrows, Adrian Renton and Lidia Andrushchak, "HIV infection Associated with Drug Injecting in the Newly Independent States, Eastern Europe: The Social and Economic Context Of Epidemics," *Addiction* 94 (1999): 1323–1336; Judith I. Tsui, Debbie M. Cheng, Sharon M. Coleman, Elena Blokhina, Carly Bridden, Evgeny Krupitsky, and Jeffrey H. Samet, "Pain Is Associated with Heroin Use Over Time in Hiv-Infected Russian Drinkers," *Addiction* 108 (2013): 1779–1787; Anya Sarang, Tim Rhodes, Lucy Platt, Valentina Kirzhanova, Olga Shelkovnikova, Venyamin Volnov, Dmitri Blagovo, and Andrei Rylkov1, "Drug injecting and Syringe Use in The Hiv Risk Environment Of Russian Penitentiary Institutions: Qualitative Study," *Addiction* 101 (2006): 1787–1796.

6 Tim Rhodes, Lucy Platt, Svetlana Maximova, Evgeniia Koshkina, Natalia Latishevskaya, Matthew Hickman, Adrian Renton, Natalia Bobrova, Tamara McDonald and John V. Parry, "Prevalence of HIV, hepatitis C and Syphilis among Injecting Drug Users in Russia: a Multi-City Study," *Addiction* 101 (2006): 252–266.

7 Javier A. Cepedaa, Linda M. Niccolaia, Alexandra Lyubimova, Trace Kershaw, Olga Levinac, and Robert Heimera, "High-risk Behaviors After Release From Incarceration Among People Who Inject Drugs in St. Petersburg, Russia," *Drug and Alcohol Dependence* 147 (2015): 196–202; E.V. Reutov, "Uchashchaiasia molodezh' i narkotiki," *Sotsiologicheskie issledovaniia* 1 (2004): 86–91.

8 Petr Meylakhs, "Drugs and Symbolic Pollution: The Work Of Cultural Logic in the Russian Press," *Cultural Sociology* 3 (2009): 377–395.

9 Meylakhs, "Drugs and Symbolic Pollution."

10 Geleotti, *Narcotics and Nationalism*.

11 Anya Sarang, Tim Rhodes, Nicholas Sheon, and Kimberly Page, "Policing Drug Users In Russia: Risk, Fear, and Structural Violence," *Substance Use Misuse* 45 (2010): 813–864.

12 Natalia Bobrova, Tim Rhodes, Robert Power, Ron Alcorn, Elena Neifeld, Nikolai Krasiukov, Natalia Latyshevskaia, and Svetlana Maksimova, "Barriers to Accessing Drug Treatment in Russia: A Qualitative Study Among Injecting Drug Users In Two Cities," *Drug and Alcohol Dependence* 82 (2006): 57–63.

13 Pierre Bourdieu, "Social Space and Symbolic Power," *Sociological Theory* 7 (1989): 14–25.

14 Aleksey Knorre, and Dmitriy Skugarevskiy "Kak MVD I FSKN boriutsia s narkotikami: sravnitel'nyĭ analiz rezul'tativnosti dvukh vedomstv," Institut problem pravoprimeneniia, 2015, accessed May 6, 2016, http://enforce.spb.ru/images/analit_zapiski/FSKN_MVD_memo_2015_web.pdf.

15 Institut problem pravoprimeneniia, "Justice Atlas," accessed May 6, 2016, http://atlasjustice.com/drugmap/district.html. The data do not include information on prescriptive drugs, which may modify the pattern of drug distribution; they nevertheless are standardized across all regions and based on information from the FSKN and the MVD.

16 Institut problem pravoprimeneniia, "Justice Atlas".

17 The interviewees themselves defined their wellbeing in positive terms. For ethical reasons, we avoided individuals experiencing severe socioeconomic and health-related consequences of drug use.

18 Alan Turen, *Vozvrashchenie cheloveka deĭstvuyushchego: ocherk sotsiologii* (Moscow: Nauchnyy mir, 2006).

19 Rensselaer Lee, "Dynamics of the Soviet illicit drug market," *Crime, Law and Social Change* 17 (1992): 177–233.

20 Letizia Paoli, "The price of Freedom: Illegal Drug Markets and Policies," *The Annals of the American Academy of Political and Social Sciences* 582 (2002): 167–180.

21 Pavel Vasyliev, "Medical science, the State, and the Construction of the Juvenile Drug Addict in Early Soviet Russia," *Social Justice* 38 (2012): 31–52; Pavel Vasyliev, "War, Revolution, and Drugs: The 'Democratization' of Drug Abuse and the Evolution of Drug Policy in Russia, 1914–24. Russia's Home Front in War and Revolution, 1914–22," in Book 2: *The Experience of War and Revolution*, ed. A. Lindenmeyr, C. Read, and P. Waldron (Bloomington: Slavica Publishers, 2016), 411–430.

22 Mary Schaeffer Conroy, "Abuse of Drugs Other Than Alcohol and Tobacco in the Soviet Union," *Soviet Studies* 42 (1990): 447–480.

23 Conroy, "Abuse of Drugs"

24 Kimberly C. Neuhauser, *The Market for Illegal Drugs in the Soviet Union in the Late 1980s*. The National Council for Soviet and East European Research, 1990, accessed April 11, 2016, https://www.ucis.pitt.edu/nceeer/1990-Duke-23-Neuhauser.pdf, 7.

25 The difference between administrative and criminal offenses in Russia has several dimensions. Both individuals and organizations can be subject to administrative law, whereas only individuals are subject to criminal law. Only courts can initiate criminal proceedings, while administrative action can be taken by other agencies. Administrative offenses are considered less harmful than criminal ones, and procedure is therefore simpler and punishments less severe is less strict. Administrative offenses are not included in the criminal record and are therefore "invisible" to others, although repeated administrative offenses can lead to criminal punishment. *The Criminal Code of the Russian Federation*, June 13, 1996 Nr 63-FZ (last amended July 6, 2016), *The Code of the Russian Federation on Administrative Offences*, December 30, 2001 No. 195-FZ (last amended October 3, 2016), accessed November 16, 2016, http://www.consultant.ru/document/cons_doc_LAW_10699/, http://www.consultant.ru/document/cons_doc_LAW_34661/.

26 This was only one of the many attempts to censure production and consumption of art and literature; for more details see Alek D. Epsteĭn and Oleg Vasil'ev, "Gosnarkokontrol nad kul'turoĭ: novye vektory razvitiia politicheskoĭ tsenzury v sovremennoĭ Rossii," Nevolia 21 (2010): 122–137.

27 Regulations worth noting include a ban on smoking in closed public spaces enforced in 2013, on selling tobacco in small kiosks and in proximity to educational institutions enforced in 2014, as well as more recent amendments to Federal Law No. 171-FZ "On State Regulation of Production and Distribution of Ethyl Alcohol…" that established hours and days when alcohol cannot be sold in Russia.

28 Crimpravo, Statisticheskie dannye GIATs MVD Rossii po sostoianiiu prestupnosti, accessed May 12, 2012, http://crimpravo.ru/page/mvdstatistic.

29 Lev Levinson and Mikhail Torban, *Narkouchet: po zakonu ili po instruktsii? Regulirovanie registratsii potrebiteleĭ narkotikov v Rossiĭskoĭ Federatsii. Institut prav cheloveka*, 2009, accessed April 25, 2016, http://hand-help.ru/documents/narkoychet.pdf, 9.

30 Ministerstvo zdravookhraneniia i sotsial'nogo razvitiia, *Osnovnye pokazateli deiatel'nosti narkologicheskoĭ sluzhby v Rossiiskoĭ Federatsii v 2009–2010* (statisticheskiĭ sbornik), accessed February 16, 2012, http://www.minzdravsoc.ru/docs/mzsr/stat/121/Kratkij_sbornik_narkologiya_2010.pdf.

31 Dan Baum, *Smoke and Mirrors: The War on Drugs and the Politics of Failure* (Boston: Little, Brown, 1996); Christina Jacqueline Johns, *Power, Ideology, and the War on Drugs: Nothing Succeeds Like Failure* (Westport: Praeger, 1992).

32 UNOCD, Organized Crime and its Threat to Security, Tackling a Disturbing Consequence of Drug Control, Vienna, April 16–24, 2009, Report by the Executive Director of the United Nations Office on Drugs and Crime,

accessed April 14, 2016, https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_52/Regular_Session/E-CN7-2009-CRP4_E.pdf.

33 Open Society Foundations, *Snizhenie vreda: obshchestvennoe zdorov'e i obshchestvennyĭ poriadok. Informatsionnyĭ byulleten' po voprosam okhrany obshchestvennogo zdorov'ia. Mezhdunarodnaia programma snizheniia vreda (IHRD)*, accessed November 24, 2016, https://www.opensocietyfoundations.org/sites/default/files/public_order_russian_0.pdf; Open Society Institute, Catherine Cook, (ed.), *Global state of harm reduction 2010: Key issues for broadening the response* (London, UK: International Harm Reduction Association), accessed November 25, 2016, https://www.hri.global/files/2010/06/29/GlobalState2010_Web.pdf; Open Society Institute, *Prepiatstviia k dostupu: medikamentoznaia podderzhivaiushchaia terapiia i obuslovlennaia in"yektsionnym potrebleniem narkotikov epidemiia VICH. Informatsionnyĭ byulleten' po voprosam okhrany obshchestvennogo zdorov'ia. Mezhdunarodnaia programma snizheniia vreda (IHRD),* accessed November 24, 2016, http://rylkov-fond.org/cd/v_mire/033.pdf.

34 The Federal law Nr 3-FZ "On narcotics and psychoactive substances" (January 8, 1998), Article 31.

35 The agencies that the experts represented included the Ministry of Public Health and Social Development, the Minstry of Education and Science, the Ministry of Interior, the Ministry of Regional Development, Rospotrebnadzor, FSNK, Federal Penitentiary Service, National Scientific Narcological Center, Foundation "Rossiĭskoe zdravookhranenie", Foundation "Tsentr sotsial'nogo razvitiia i informatsii", etc. *Printsipy dokazatel'noĭ meditsiny i ispol'zovanie program snizheniia vreda dlia profilaktiki VICh-infektsii sredi uiazvimykh grupp*, accessed November 25, 2016, http://www.focus-media.ru/upload/iblock/56f/56f4076f56f8438602c828c8ccdfa2d9.pdf.

36 Medportal, "Golikova rasskazala komissaru OON o bespoleznosti program snizheniia vreda", accessed November 25, 2016, http://medportal.ru/mednovosti/news/2011/02/16/hivther/.

37 This directly contradicts the law-makers' definition of "political activity" which excludes activities in the sphere of public health and social protection.

38 G.V. Zazulin, *Antinarkoticheskaia politika v Rossii: Problemy stanovleniia* (2000–2013) (St Petersburg: Yuridicheskiĭ centr-Press, 2013). M.E. Pozdniakova, "Narkomaniia sotsietal'naia problema", in *Rossiia: riski i opasnosti "perekhodnogo obschestva*," ed. O.N. Yanitskiĭ (Moskva: Institut Sotsiologii RAN, 2000). I.S. Tsybul'skaia and E.V. Bakhadova, "Rol' neblagopriiatnykh sredovykh faktorov v formirovanii deviantnogo povedeniia deteĭ. Mery preduprezhdeniia i korrektsii," *Sotsial'nye aspekty zdorov'ia* 4 (2012).

39 Yakov Gilinskiĭ, "Zapret kak kriminogennyĭ faktor, ili vsiakoe li zlo nuzhno zapreshchat'?" *Indeks: Dos'e na tsenzuru* 30 (2009), accessed April 11, 2016, http://www.index.org.ru/journal/30/25-gilinski.html.

40 Mark Levin and Georgy Satarov, "Corruption and Institutions in Russia," *European Journal of Political Economy* 16 (2000): 113–132; Theodor P. Gerber and Sarah E. Mendelson, "Public Experiences of Police Violence and Corruption in Contemporary Russia: A Case of Predatory Policing?" *Law & Society Review* 42 (2008): 1–44.

41 Federal'noe zakonodatel'stvo: dosmotriat kazhdogo, Pravovye konsul'tatsii po delam, sviazannym s narkotikami, accessed April 12, 2016, http://hand-help.ru/doc3.html.

42 It is important to note, that the whole judicial system is built in a way that it excludes the possibility of acquittal, which is reflected in the overall levels of sentencing where nearly 73% of all cases result in conviction, Aryna Dzmitryieva "The contribution of migrants to crime in Russia: Evidence from court statistics," *Russian Politics & Law* 54 (2016): 259. See also, Mikhail Pozdniakov, "The Courts and the Law Enforcement System", *Russian Politics & Law* 54 (2016):2–3, 164–190.

43 Mezhdunarodnaia klassifikatsiia bolezneĭ (F-10), accessed June 09, 2016, http://www.mkb10.ru/?class=5&bloc=65.

44 The Federal law Nr 501-FZ "On amendments to the law Nr 3-FZ 'On narcotics and psychoactive substances'".

45 Natan I.Cherni et al., "Global'naia initsiativa opioidnoĭ politiki (GIOP), proekt po otsenke nalichiia i dostupnosti opioidov dlia lecheniia onkologicheskikh boleĭ v Afrike, Azii, Latinskoĭ Amerike, stranakh Karibskogo basseĭna i na Blizhnem Vostoke: vvedenie i metodologiia", 24 *Khroniki onkologii* xi7, xi7–xi13 (2013); Diderik Lomen and Naomi Berk-Shayn, *Vliianie mezhdunarodnoĭ strategii v oblasti kontrolia nad narkotikami na dostup k medikamentam strogogo ucheta*, Open Society Foundations (2016), accessed November 24, 2016, https://www.opensocietyfoundations.org/sites/default/files/impact-international-drug-policy-access-controlled-medicines-ru-20160315.pdf.

46 Valeriia Mishina, "Trekhletniĭ plan obezbolivaniia," *Kommersant*, accessed November 24, 2016, http://www.kommersant.ru/doc/2955109.

47 Ministerstvo zdravookhraneniia, *Osnovnye pokazateli*…

48 Rogers Brubeĭker and Frederik Kuper, "Za predelami 'identichnosti'," *Ab Imperio* 3 (2002): 61–115.

49 Opros "FOMnibus" 31 marta-01 aprelia 2012, accessed May 01, 2012, http://bd.fom.ru/pdf/d13uozun12.pdf.

50 Conroy, "Abuse of drugs…"

51 For expert discussion see, for instance, David Nutt, Leslie King, and Lawrence Phillips, "Drug harms in the UK: a multicriteria decision analysis," *The Lancet* 376 (2010): 1558–1565.

52 Alexandr Shulgin, and Ann Shulgin, *PiHKAL: A Chemical Love Story* (Berkeley: Transform Press, 1995).

53 Shulgin and Shulgin, *PiHKAL*…

54 Marcus A. Bachhuber, Brendan Saloner, Chinazo O. Cunningham, and Colleen L. Barry, "Medical Cannabis Laws And Opioid Analgesic Overdose Mortality in the United States, 1999–2010," *Journal of American Medical Association Internal Medicine* 175 (2014): 1668–1673; Deborah S Hasin, Melanie Wall, Katherine M Keyes, Magdalena Cerdá, John Schulenberg, Patrick M O'Malley, Sandro Galea, Rosalie Pacula, and Tianshu Feng, "Medical Marijuana Laws and Adolescent Marijuana Use in the USA from 1991 to 2014: Results from Annual, Repeated Cross-Sectional Surveys," *The Lancet* 2 (2015): 601–608.

55 FSKN "Samye razyskivaeme narkodilery, accessed June 23, 2012, http://fskn.gov.ru/pages/main/attention/15844/index.shtml. FSKN "Osuzhdennye osobo opasnye narkodilery", accessed June 23, 2012, http://fskn.gov.ru/pages/main/attention/15845/index.shtml.

56 RBK, Gosduma naznachila novogo upolnomochennogo po pravam cheloveka, RosBiznesKonsalting, accessed May 19, 2016, http://www.rbc.ru/politics/22/04/2016/5719e2259a7947017ae47152.