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**HIV and AIDS in the Russian Federation: Prisons as a case study of
Risk Environments and Agency**

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Abstract

HIV and AIDS in the Russian Federation: Prisons as a case study of Risk Environments and Agency

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This thesis explores Russian prisons as risk environments for the spread of HIV through intravenous drug use. The Russian HIV epidemic is extremely fast growing, and though exact prevalence rates are unknown, the epidemic is now considered generalized as estimated prevalence rates exceed one percent of the Russian population. After decades of foreign-aid and interventions in African nations have largely failed to address the HIV epidemic, social scientists now attribute HIV infection to risk environments created by low levels of social cohesion and a lack of agency. Within my research, I explore Russian male prisons and the role risk environments and agency play in the spread of HIV. I review recently published literature, government statistics, as well as reports published by non-governmental organizations. I then analyze and interpret these data, draw conclusions and inferences regarding the spread of HIV within Russian prison risk environments.

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CHAPTER ONE: INTRODUCTION

For the past three decades, HIV and AIDS have devastated millions of individuals, thousands of families, and dozens of countries around the globe. Though many of these countries' HIV crises reached epidemic proportions in the early 1980s, there is a second-wave of HIV infection fueled by intravenous drug use, which is spreading in some of the world's most populated countries, one such country being the Russian Federation.¹ In a 2002 report, the United Nations Joint Programme on HIV/AIDS (UNAIDS) labeled the Russian HIV epidemic "as the most rapidly growing...in history and yet one of the most under addressed in terms of response."²

In an attempt to lessen the effects of another global crisis and curb the further spread of HIV in countries such as Russia, prevention programs implemented in the past must be re-evaluated for effectiveness. After decades of foreign-aid interventions in African nations have largely failed to curtail the spread of HIV, social scientists are increasingly examining the risk environments in which HIV is being transmitted in an effort to develop more affective interventions. A risk environment is "a space- whether social or physical- in which a variety of factors interact to increase the chances of harm occurring."³ One risk environment which presents a global challenge in slowing the spread of HIV is prisons, and in this paper I focus on Russian prisons as a risk environment for the spread of HIV in the Russian Federation. HIV prevalence and risk of

¹ 1. Abdullah K: **Opium, Drug Use Drive Second Wave of AIDS Pandemic**. In: *New American Media*. Washington D.C.; 2007: 1.

² 2. Tkatchenko-Schmidt EA, Rifat; Wall, Martin; Tobi, Patrick; Schmidt, Jurgen; and Renton, Adrian: **Why do health systems matter? Exploring links between health systems and HIV response: a case study from Russia**. *Health Policy and Planning* 2010, **25**(4):283-291.

³ 3. Rhodes T, Singer, M., Bourgois, P., Friedman, S. R., & Strathdee, S. A.: **The social and structural production of HIV risk among injecting drug users**. *Social Science & Medicine* 2005, **61**.

transmission is typically much higher in prisons than in the general public, this is especially true for prisons within the Russian Federation.⁴

By evaluating the spread of HIV in Russian prisons within the framework of a risk environment, there is a greater potential to identify and alleviate the structural and organizational factors that raise the likelihood of high-risk behaviors. In the Russian Federation, the primary transmission route for HIV is intravenous drug use, an activity frequently taking place within prison environments. There are a large number of inmates entering prison facilities with intravenous drug addictions, which has transformed Russian prisons into unique risk environments for drug use and the spread of HIV.⁵ As Russian prisoners with drug addictions do not have access to harm reduction measures within prisons, they are likely to continue using drugs. As a result, inmates have a greater likelihood of becoming infected with HIV in prison because of the frequency of high-risk drug injecting behaviors, lack of access to harm reduction methods, and the inmates' lack of agency to choose lower-risk injecting practices which may be available to them outside of the prison environment.

An important aspect of decreasing threats created through the prison risk environment is the provision of harm reduction measures. Harm reduction is a “set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use, to abstinence.”⁶ Harm reduction typically comes in the form of syringe exchange programs, bleach and condom distribution, as well as drug treatment programs, and can be initiated by the individual,

⁴ 4. **Prisons, prisoners and HIV/AIDS** [<http://www.avert.org/prisons-hiv-aids.htm>]

⁵ 5. **The Second Wave of the HIV/AIDS Pandemic; China, India, Russia, Ethiopia, Nigeria.** In: *A Conference Report of the CSIS Task Force on HIV/AIDS*. Edited by Cooke JG. Washington, D.C.: Center for Strategic and International Studies; 2002: 1-67. PG. 43

⁶ 6. **Principles of Harm Reduction** [<http://www.harmreduction.org/section.php?id=62>]

community, or governmental actors. Unfortunately, state-sponsored harm reduction measures are largely absent within the Russian Federation, and virtually non-existent within Russian prisons. The absence of harm reduction options within Russian prisons decreases the agency held by prisoners in reducing harm caused by high-risk injecting practices. ““Agency” refers to the capacity of individuals to act independently and to make their own free choices.”⁷⁷ Because inmates are so restricted in regard to their harm reduction options they are exposed to the resulting consequences of high-risk injecting behaviors. If inmates had access to resources which would lessen the frequency of high-risk injecting behaviors, the amount of harm created within the prison risk environment would be lessened.

Unfortunately, because there is a lack of comprehensive testing and in-depth research analyzing HIV prevalence and incidence within prisons it is difficult to measure the true impact prison risk environments have on the Russian HIV epidemic. As a result, estimations can only be made through the analysis of sentinel studies, and vignettes offered by current and former prisoners. However, understanding the creation of these harms and the resulting behaviors will allow for more affective prevention. Evaluating the spread of HIV within the Russian Federation in relation to the risk environment created by Russian prisons will allow for more directed intervention and prevention models.

⁷⁷. Barker C: **Cultural Studies: Theory and Practice**. London: Sage; 2005. Pg 448

CHAPTER TWO: LITERATURE REVIEW

RISK ENVIRONMENTS

In this study, the harm would be the spread of HIV through intravenous drug-use. In the context of a risk environment, drug harms are “a product of the social situations and environments in which individuals participate. It shifts responsibility for drug harm, and the focus of the harm reducing actions, from individuals alone to include the social and political institutions which have a role in harm production.”⁸ Traditionally, harm has always been attributed to the decision-making of the individual, however, attribution of harm in existing literature shows that a “risk environment encourages a focus on the social situations, structures, and places in which risk is produced.”⁹ This is an important consideration within a prison context as an inmate does not have the ability to alter or escape the harm. The social situations encountered within a prison environment, social and authoritative structures imposed upon the inmate, and physical environment of the prison are all conditions forced upon the inmate, as are all of the harms produced by the environment.

While prisons are risk environments internationally, prisons within the Russian Federation multiply the likelihood of harm occurring- especially in relation to intravenous drug use. For prisoners in the Russian Federation, “prison living, nutrition, health, and sanitation conditions are very poor. Prisoners are living in an intense, pressured and complex social milieu subject to strict security regimes.”¹⁰ These

⁸ 8. Rhodes T, Singer, M., Bourgois, P., Friedman, S. R., & Strathdee, S. A.: **Risk environments and drug harms: A social science for harm reduction approach.** *International Journal of Drug Policy* 2009, **20**:8. Pg. 195

⁹ .Ibid.

¹⁰ 9. Frost L, & Tchertkov, V.: **Prisoner Risk Taking in the Russian Federation.** *AIDS Education and Prevention* 2002, **14**(Supplement B):7-23. Pg. 8

conditions are factors that contribute to a heightened level of harm and risk within prisons.

Poor conditions within Russian prison environments are instrumental in increasing the likelihood of inmates engaging in drug-injecting behaviors in an effort to escape a low quality of life and lack of perceived control. “Syringe sharing, and the health risks associated with it, may be viewed as relative concerns in the context of others perceived to be more immediate or important concerns related to the penitentiary environment, such as the risk of additional punishment or violence in the event of being discovered by prison staff with a syringe.”¹¹ Individuals facing the stresses of every-day life within Russian prisons have a different value system as a result of the prison environment. Inmates have a low level of concern associated with syringe sharing in relation to the harms and risks associated with every-day life and experiences while incarcerated.

Another adverse effect of the risk environment created within Russian prison is the normalizing of high-risk behaviors. “Syringe sharing, including within potentially large groups of inmates, was described as routine and normalized and thus perceived as an inevitable risk. This emphasizes that HIV risk in the prison environment can be less a product of individual agency than of the circumstances in which individuals find themselves. This points to the need for intervention approaches which do not rely upon maximizing risk awareness and individually oriented behavior change, but which seek environment and structural change.”¹²

Through risk environments may take place in any social or physical situation, within a prison context, the chances of the harm increase because “they are at once also a

¹¹ Sarang, pg. 1791

¹² Sarang, pg. 1792

product and adaptation of agency.”¹³ In prison, an individual’s ability to make decisions is severely constrained because of the nature of incarceration. An individual no longer has the agency to make most choices, and the choices they do have limited control over are altered considerably from the choices the individual would be making within a different context. Agency in prison is severely limited in regard to the individual, it does not go away. It is instead transferred to the state, which has an affirmative responsibility toward prisoners, including a responsibility to reduce harms created by imprisonment. It is a widely held belief, that because the agency of inmates is constrained, it is the responsibility of the state to lessen harms imposed upon inmates and make positive decisions regarding the health of prisoners under their care.

By evaluating the spread of HIV in Russian prisons in regard to harms produced through the prison risk environment, there is a greater potential to alleviate these risks. Understanding the creation of these harms and the resulting behaviors will allow to more affective prevention campaigns.

RISE OF DRUG USE AND HIV IN THE RUSSIAN FEDERATION

The break-up of the Soviet Union in 1991 and subsequent democratic and economic reforms have contributed to almost two decades of socioeconomic inequality, and the almost complete loss of social and material benefits formerly provided by the state.¹⁴ The failed implementation of “shock therapy,” the West’s solution to market transformation in the early 1990s induced extreme social stratification which led to the

¹³ 10. Walberg P, McKee, M., Shkolnikov, V., Chenet, L., & Leon, D. A.: **Economic change, crime, and mortality crisis in Russia.** *British Medical Journal* 1998, **317**:6. Pg. 197\

¹⁴ 11. Bobak M, Pikhart, H., Hertzman, C., Rose, R., & Marmot, M. : **Socioeconomic factors, perceived control and self-reported health in Russia. A cross-sectional survey.** *Social Science & Medicine* 1998, **47**(2):269-279. Pg 270

distribution of the nation's wealth to a small portion of the population, and extreme poverty to the masses. The social stratification that followed the newly-formed Russian Federation weakened community interaction and support. This led to a decline in life expectancies and a burgeoning criminal economy which permeated all levels of society and the government resources.¹⁵ Soaring levels of unemployment and a general lack of opportunity for improvement has created an atmosphere of hopelessness and desperation, causing many individuals to seek escape through alcohol and drug abuse.

It is the collapse of the Soviet Union, weakening of governmental institutions, and resulting low levels of social cohesion that can be identified as the facilitators of the increased trafficking and a surge in the availability of cheap heroin from Central Asia.¹⁶ Though drug practices and preferences vary throughout the Russian Federation, heroin has remained the dominant drug of choice and is frequently injected.¹⁷ It is this high prevalence of intravenous drug-use that has facilitated a volatile HIV epidemic in Eastern Europe and other second-wave countries, unlike epidemics in first-wave countries which initially spread primarily through sexual contact.¹⁸ However, like the epidemics of first-wave countries, the HIV epidemic in the Russian Federation was not given priority and now has exploded into proportions that the Russian Federation's weak social and health care system is not prepared or equipped to address. The epidemic is characterized in part by a rapid rate of infection, high prevalence of injection drug use, lack of education and dim opportunity horizons.

¹⁵ 10. Walberg P, McKee, M., Shkolnikov, V., Chenet, L., & Leon, D. A.: **Economic change, crime, and mortality crisis in Russia**. *British Medical Journal* 1998, **317**:6.

¹⁶ 12. Watch HR: **Lessons Not Learned**. In. Edited by Watch HR: Human Rights Watch; 2004. Pg. 10

¹⁷ Ibid. Pg 10

¹⁸ 1. Abdullah K: **Opium, Drug Use Drive Second Wave of AIDS Pandemic**. In: *New American Media*. Washington D.C.; 2007: 1.

Though social scientists have identified the Russian epidemic as widespread and fast growing, due to the nature of the disease, its true extent can only be estimated. The Russian Federal Science and Methodology Center for Disease Prevention and Control of AIDS reported that as of December 31, 2009 there were 589,581 Russian citizens living with HIV in the Russian Federation.¹⁹ However, this estimate appears to be quite low as “experts from the World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS) suggest that a more realistic and accurate estimate is around 1 million” in 2009.²⁰ This number indicates that more than one percent of adults are infected, which places the Russian HIV epidemic at a generalized status, meaning that the epidemic is no longer contained within at-risk groups such as intravenous drug users and sex workers, but is now infecting the general population.²¹

Though HIV is entering the general population in Russia and is increasingly spread through mother-to-child transmission, as well as heterosexual and homosexual contact, its main avenue for transmission is through shared needles during drug use. According to a 2007 study conducted by UNAIDS and the WHO, of those diagnosed with HIV in Eastern Europe in 2007, contaminated drug paraphernalia can be identified as the vehicle for infection in 57% of new cases.²² A 2009 UNAIDS and WHO update estimates that “37% of the country’s 1.8 million injecting drug users are estimated to be HIV-infected.”²³

¹⁹ 13. СПИДом ФН-МЦппибс: **Федеральный научно-методический Центр по профилактике и борьбе со СПИДом**. In.; 2010.

²⁰ 14. **Снижение темпов распространения ВИЧ-инфекции в уголовно-исполнительной системе Российской Федерации** [http://www.afew.org/ru/o-nas/gde-my-rabotaem/rossiiskaja-federacija/proekt/?tx_afewregions_pi1%5Bproject%5D=29&cHash=fac1b82f87ce3ff772fb945741db4960]

²¹ 15. Denning P, MD, MPH; and DiNenno, Elizabeth, PhD: **Communities in Crisis: Is There a Generalized HIV Epidemic in Impoverished Urban Areas of the United States**. In.: Centers for Disease Control and Prevention; 2010: 1.

²² 16. UNAIDS WHO: **Fact Sheet- Eastern Europe and Central Asia**. In.; 2009.

²³ 17. UNAIDS WHO: **09 AIDS epidemic update**. In.: UNAIDS, WHO; 2009: 49.

In an effort to contain drug use, instead of opting for harm reduction measures, the Russian government has taken a criminalization approach to the nation's drug problem. The Russian government has relied upon severe laws to address its burgeoning drug crisis and Russian prisons and pretrial detention centers have been filled with drug users.²⁴²⁵ Until very recently, draconian drug laws remnant of the Soviet era have criminalized even small amounts of drug possession and "purchases of 0.005 grams of heroin- one-hundredth of an average daily dose- were punishable by 5 to 7 years in prison."²⁶ It is estimated that about one sixth of the countries' registered people with HIV are currently in jail, and many others who are now free have previously been incarcerated."²⁷²⁸ It is the high number of inmates entering prison facilities with drug addictions that has played a key role in transforming Russian prisons into unique risk environments for high-risk drug use and the spread of HIV.

PRISON CONDITIONS AND HIV TRANSMISSION

The Russian Federation has the second highest rate of imprisonment in the world (the U.S. is in first place).²⁹ Roughly one percent of the population is imprisoned annually- between 850,000 to over one million.³⁰ Article nine of Russian Federation federal law

²⁴ 12. Watch HR: **Lessons Not Learned**. In. Edited by Watch HR: Human Rights Watch; 2004. Pg. 2

²⁵ 18. Betteridge G, & Jurgens., R.: **Prisoners Who Inject Drugs: Public Health and Human Rights Imperatives**. *Health and Human Rights* 2005, **8**(2):46-74. Pg. 48

²⁶ 19. Academies IoMotN: **Preventing HIV Infection Among Injecting Drug Users in High-Risk Countries**. In. Washington, DC: Institute of Medicine of the National Academies; 2007. Pg. 217

²⁷ 20. Sarang A, Platt, L., Kirzhanova, V., Shelkovnikova, O., Volnov, V., Blagovo, D., & Rylkov, A.: **Drug Injecting and Syringe Use in the HIV Risk Environment of Russian Penitentiary Institutions: Qualitative Study**. *Addiction* 2006, **101**(12):1787-1796.

²⁸ 21. Mathers B: **Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review**. *Lancet* 2008, **372**:1733-1745.

²⁹ 22. Corrections NIo: **World Prison Population List**. In. Edited by Corrections NIo, 8th edn; 2009.

³⁰ 20. Sarang A, Platt, L., Kirzhanova, V., Shelkovnikova, O., Volnov, V., Blagovo, D., & Rylkov, A.: **Drug Injecting and Syringe Use in the HIV Risk Environment of Russian Penitentiary Institutions: Qualitative Study**. *Addiction* 2006, **101**(12):1787-1796.

No38-FZ, passed March 30, 1995, requires a compulsory medical examination of inmates once entering custody and again every five years spent in custody.³¹ This medical examination tests for HIV, as well as other communicable diseases such as tuberculosis. The results are used to determine how prisoners are separated in an effort to isolate disease and protect inmate confidentiality.³² Unfortunately, the practice has only served to spread HIV amongst inmates due to clinical nature of HIV tests and the false confidence they inspire.³³

HIV tests detect HIV antibodies and not the virus itself. Because it can often take several months, even a year, for the body's immune system to generate these antibodies,³⁴ HIV positive inmates can enter prison facilities under the belief that they are HIV negative, and as a result, are then housed in cells with other supposedly HIV negative inmates. Additionally, testing is often sporadic and delayed due to a lack of funding or resources such as "a lack of money, syringes, test tubes or fuel for the car used to deliver blood samples to the laboratory."³⁵ Through this practice inmates are given a false sense of security. They believe themselves, and their cellmates to be HIV free, and that they are then "safe" to share needles when injecting drugs.^{36,37} While a "2001 federal directive eliminated the previously obligatory practice of segregation of HIV positive prisoners in

³¹ 23. Думой Г: **РОССИЙСКАЯ ФЕДЕРАЦИЯ ФЕДЕРАЛЬНЫЙ ЗАКОН**. In: *N 38-ФЗ*. Edited by ФЕДЕРАЦИЯ Р, vol. Статья 9; 1995.

³² 24. Dolan K, Bijl, M., & White, B.: **HIV Education in a Siberian Prison Colony for Drug Dependent Males**. *International Journal for Equity in Health* 2004, **3**(7). Pg. 2

³³ Ibid

³⁴ 25.

ВИЧ и СПИД [<http://www.infospid.ru/index.php?cat=saa>]

³⁵ 26. Schoofs M: **Infected Cells: As HIV Epidemic Hits Russia, Crux of Problem is Jail**. In: *Wall Street Journal- Eastern Edition*. vol. 239; 2002. Pg 2

³⁶ 12. Watch HR: **Lessons Not Learned**. In. Edited by Watch HR: Human Rights Watch; 2004.

³⁷ Schoofs, Pg 2

correctional facilities, many facilities still maintain separation of HIV positive and HIV negative prisoners.³⁸

In addition to the segregation policy implemented in most prisons, cell overcrowding and corruption are major factors in furthering the spread of HIV as they enable drug-use and sharing syringes.³⁹ Though the Russian Federation has adopted the international standards of acceptable living space for prisoners, there remains serious overcrowding. Often as many as ten inmates are kept in a space for six inmates, requiring them to sleep in shifts.⁴⁰ This overcrowding makes the hiding of contraband more feasible as it makes cell-searching more difficult and easier for inmates to conceal contraband on their person. Furthermore, because guards are largely poorly and erratically paid, they are susceptible to bribery, giving inmates the ability to acquire, hide, and pass along drugs for small fees.⁴¹ These combined factors make continued drug use possible for drug-dependent inmates and drive many inmates to begin intravenous drug use, creating a high-risk environment for the spread of HIV. Because of this, harm reduction measures within Russian prisons are essential to alleviating the harm caused by the prison risk environment.

Though many Russian critics of harm reduction principles view harm reduction methods as “condoning” drug use, proponents of harm reduction argue the inevitability of drug use. They view drug use as an expected behavior within a society and seek ways and strategies to reduce harm which vary from “safer use” to abstinence. Harm reductionists advocate for the minimization of harmful consequences of illicit drug use, rather than ignoring the drug use. Advocates for harm reduction argue that the simple provision of

³⁸ Human Rights Watch

³⁹ Schoofs, pg. 2

⁴⁰ Ibid

⁴¹ Ibid

clean syringes and cleaning solution would be an effective strategy for greatly reducing the harm caused by high-risk drug injecting, which would reduce the spread of HIV in Russian prisons.⁴²

HARM REDUCTION WITHIN RUSSIAN PRISONS

Harm reduction measures are largely non-existent within the Russian Federation, especially within prisons. The Harm Reduction Coalition (HRC) defines harm reduction as “a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence.”⁴³ For many Western nations, harm reduction measures in prison environments “aimed at HIV prevention are widely understood to include the provision of educational programs, condoms and water-based lubricants, bleach (liquid or tablets), clean needles (syringes), substitution therapy for opiate addiction (methadone maintenance treatment), and sterile implements for tattooing and piercing,”⁴⁴ Russian prison officials are unwilling to provide bleach as they see it as a potential weapon against other prisoners, a promotion of drug habits, and a possible means of suicide.⁴⁵ Western methods of harm reduction, which include methadone and needle-exchange programs, are opposed by many of the Russian Federation’s leading medical advisors. Many of these medical advisors are remnant of the Russian Federation’s Soviet past, and adhere to the Soviet Union’s legacy of a reluctance to treat drug addiction, and largely oppose any penal reform.⁴⁶ Though the

⁴² 27. **Совместимы ли ВИЧ-инфекция и наркотики?** [<http://www.infospid.ru/index.php?cat=swf>]

⁴³ 6. **Principles of Harm Reduction** [<http://www.harmreduction.org/section.php?id=62>]

⁴⁴ 18. Betteridge G, & Jurgens., R.: **Prisoners Who Inject Drugs: Public Health and Human Rights Imperatives.** *Health and Human Rights* 2005, 8(2):46-74. Pg 56

⁴⁵ Schoofs, pg. 2

⁴⁶ Ibid

Russian government has allowed limited access to harm reduction methods for the general population, because of the heightened risk present in prisons and the inmates' constrained ability to reduce harm for themselves, the government has a responsibility to alleviate constructed risk and lessen the likelihood of harm occurring.

Inmates who enter prisons and remand centers with drug addiction problems are faced with the realities of very painful withdrawal or continued drug use within prison. Through interviews conducted for an article published for the Wall Street Journal- East Edition, journalist Mark Schoofs found that “though prisoners may want to quit, methadone is illegal in Russia. Prisoners suffering from withdrawal rarely receive any treatment and may resort to used needles and whatever is available to cope with the wrenching physical and psychological stress of withdrawal.”⁴⁷ As a result, “people who used drugs prior to imprisonment often find a way to continue drug use on the inside.”⁴⁸

Other prisoners start using drugs in the penal institution as a means to release tensions and cope with being in an overcrowded and often violent environment.”⁴⁹ A study conducted during a 2002 pilot prevention program by Medecins Sans Frontieres implemented in Russian prisons showed that “among 1,087 prisoners showed that 43% had injected a drug ever in their lives; that 20% had injected in the penal institution, or which 64% used injection equipment that had already been used by somebody else; and that 13.5% had started injecting in prison.”⁵⁰ The same study showed that “of drug offenders, 90.1% reported ever injecting. Only 34% of non-drug offenders reported ever

⁴⁷ Schoofs, pg 3

⁴⁸ Insert footnote here

⁴⁹ 21. Mathers B: **Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review.** *Lancet* 2008, **372**:1733-1745. Pg 50

⁵⁰ 18. Betteridge G, & Jurgens., R.: **Prisoners Who Inject Drugs: Public Health and Human Rights Imperatives.** *Health and Human Rights* 2005, **8(2)**:46-74. Pg. 51

injecting...of drug offenders, 14.9% of drug offenders reported injecting in prison. Among the non-drug offenders, 7.3% reported injecting in prison.”⁵¹ These figures are alarming in that despite the high-risks associated with injecting practices within prison, not only is there a high prevalence of drug offenders continuing to inject in prison, but there is also a considerable population of inmates who begin to first inject while in prison.

While prisoners may inject less often while in custody, injecting often carries much higher risks within the prison environment. Syringes are contraband within prisons and are often difficult to obtain. Therefore, it is not uncommon for a single syringe to be shared amongst dozens of prisoners. If a syringe or needle is unavailable, it is not uncommon for one to be fashioned out of “ballpoint pen tips and ink tubes.”⁵² The heightened risks involved with needle sharing and lack of harm reduction measures has led to an explosion of HIV incidence and prevalence within Russian prisons. “Official statistics indicate that from 1996 and 2003, HIV prevalence in Russian prisons rose more than thirty-fold from less than one per 1000 inmates to 42.1 per 1000 inmates.”⁵³ “At least one HIV outbreak associated with drug injecting in a Russian penitentiary institution has been reported, involving 260 prisoners in a corrective colony in Tatarstan”⁵⁴ and “the Kresty pretrial detention facility in Saint Petersburg was reported in 2002 to have about 1000 HIV positive persons among its 7800 inmates.”⁵⁵

⁵¹ 9. Frost L, & Tchertkov, V.: **Prisoner Risk Taking in the Russian Federation.** *AIDS Education and Prevention* 2002, **14**(Supplement B):7-23. Pg. 17

⁵² 24. Dolan K, Bijl, M., & White, B.: **HIV Education in a Siberian Prison Colony for Drug Dependent Males.** *International Journal for Equity in Health* 2004, **3**(7). Page 2

⁵³ Human Rights Watch, pg 8

⁵⁴ 20. Sarang A, Platt, L., Kirzhanova, V., Shelkovnikova, O., Volnov, V., Blagovo, D., & Rylkov, A.: **Drug Injecting and Syringe Use in the HIV Risk Environment of Russian Penitentiary Institutions: Qualitative Study.** *Addiction* 2006, **101**(12):1787-1796. Pg 1788

⁵⁵ Human Rights Watch, pg. 8

While HIV is increasingly being spread within Russian prisons through intravenous drug use, Russian prisons themselves are serving as unique risk environments for the means of transmission. Overcrowding, violence, and a further assumption of risk involved in injecting behaviors create a heightened degree of risk which is serving to create a unique risk environment within Russian prisons, which is fuelling the current HIV epidemic in the Russian Federation.

CHAPTER 3: METHODS

DATA COLLECTION

Measuring the incidence and prevalence of HIV in Russian prisons, as well as examining the effect of the prison risk environment on infection is a complex and difficult task. Because prisoners are not tested for HIV when they are released from the Russian prison system, and data regarding HIV testing during prisoner admittance is generally unavailable, (not to mention incomplete and unreliable), to examine the extent of the HIV epidemic within Russian prisons I rely heavily on sentinel studies, published quantitative and qualitative interviews from within Russian prisons, and data compiled by various sources regarding HIV prevalence within the general public.

To evaluate the incidence of HIV infection through intravenous drug use within the Russian Federation I accessed official government statistics, compiled into reports by the European Centre for the Epidemiological Monitoring of HIV (EuroHIV)⁵⁶ and data generated by the Centralized Information System for Infectious Disease (CISID)⁵⁷ which is facilitated by the WHO. I analyzed yearly and mid-yearly reports from 1995 to the 2008 report (which was the most recent available at the time of my research) instead of analyzing reports from 2001 forward (as done in the rest of my research) in order to give myself a fuller view of the development of the epidemic.

I accessed the EuroHIV mid-year and end-year reports, as well as CISID databases to analyze and interpret reported data regarding HIV transmission routes. I gathered data regarding incidence of HIV transmission from mother-to-child, heterosexual contact, homosexual contact, and intravenous drug use from 2001 through 2006 (the most published data). I did this in order to confirm whether HIV was being

⁵⁶ www.eurohiv.org Accessed: September 2010

⁵⁷ <http://data.euro.who.int/cisid/> Accessed: September 2010

primarily being spread through intravenous drug use, and to test whether intravenous drug users had a higher risk of contracting HIV than the rest of the population groups from 2001 through 2006 in an attempt to track recent trends in the epidemic.

Unfortunately, while these data provide key insight when establishing intravenous drug-using populations as having high rates of HIV prevalence and incidence, it is not without limitations. The first limitation is that the true scale of the HIV epidemic in the Russian Federation is largely unknown. As previously stated, the projected number of HIV cases in the Russian Federation varies, with estimates provided by the Russian government and non-governmental organizations (NGOs) varying by hundreds of thousands of thousands of infections.⁵⁸ This huge discrepancy in prevalence, as well as a virtual absence of homosexual incidences of HIV transmission raises questions as to the validity of the data projections as homosexual transmission has been attributed to a considerable number of infections in the HIV epidemics occurring in other countries. It is likely, that given the intense stigma surrounding homosexuals and homosexual behavior in the Russian Federation has potentially led incidence of HIV transmission through homosexual contact has led individuals to attribute infection to alternate routes.

I then collected statistics regarding imprisonment from the Federal Penitentiary Service of Russia.⁵⁹ The Federal Penitentiary Service provides the characteristics of convicts at the age they committed the crime, lengths of imprisonment, and the type of crimes committed for the years 2001 through 2010. I analyzed all ten years of data in order to identify trends imprisonment and drug-related convictions. From this

⁵⁸ 14. **Снижение темпов распространения ВИЧ-инфекции в уголовно-исполнительной системе Российской Федерации** [http://www.afew.org/ru/o-nas/gde-my-rabotaem/rossiiskaja-federacija/proekt/?tx_afewregions_pi1%5Bproject%5D=29&cHash=fac1b82f87ce3ff772fb945741db4960]

⁵⁹ 28. **России Ф: Характеристика лиц, содержащихся в исправительных колониях для взрослых.** In.; 2010.

information, I extracted data regarding the number of drug-related convictions. I do this in order to analyze the prevalence of drug-related convictions and volume of prisoners entering the correctional system with history of drug-use, as it could be assumed that prisoners with drug convictions are more likely to continue drug use while incarcerated.

To establish Russian prisons as risk environments for HIV, throughout the fall of 2010 I consulted major academic search engines throughout 2010 for journal articles and previous studies conducted in prisons in the Russian Federation that addressed issues of HIV. I narrowed my searches to include only articles and research from 2001 to the present in an effort to provide myself with data that would reflect current trends and conditions within Russian prisons. The following table illustrates the databases accessed, search terms used, the number of articles retrieved, and of those articles, how many were coded for use

TABLE 1: Conducted Searches in the fall 2010, Databases Utilized, Search Terms Employed, and Number of Articles Coded from the Search Results

Database	Search Term	Number of Articles Retrieved	Number of Article
Academic Search Complete	Russia* AND prison* AND HIV	35	9
	Russia* AND prison* AND drug*	117	17
	HIV AND prison* AND drug*	374	6
JSTOR	Russia* AND prison* AND HIV AND drug*	289	24
Universal Database of Russian and CIS Statistics	спид AND россия	13	2

Because there is a lack of official statistics describing drug-injecting behaviors within Russian prisons, I rely upon three major studies garnered from these searches to provide statistical data regarding injecting behaviors. I chose studies, depicted in table 2, that were conducted within Russian prisons, were conducted after 2001, that employed

questionnaires and/or interviews with male prisoners as a means of garnering information, and that asked questions regarding drug-injecting behaviors.

TABLE 2: Studies Used to Evaluate Drug-Using Behaviors in the Russian Federation

	Year Conducted	Study Population
Frost & Tchertkov ⁶⁰	2002	1044
Drobniewski et al ⁶¹	2003	256
Dolan et al ⁶²	2004	277

From these studies I analyzed incidence of injecting drug use and needle sharing. Because these data are unavailable through any other government or non-governmental organization they can only be gathered through these few studies and can be evaluated as sentinel studies to describe what is occurring in the Russian prison system as a whole.

I also employ personal interviews provided through a study conducted by Anya Sarang, Tim Rhodes, Lucy Platt, Valentina Kirzhanova, Olga Shelkovnikova, Venyamin Volnov, Dmitri Blagovo, & Andrei Rylkov. The study was conducted in 2005 through a qualitative study of 209 injecting drug users in Moscow (n=56), Volgograd (n=83) and Barnaul (n=70). Of the subjects interviewed, 77% had been arrested in the past for drug use and 55% of men had a history of imprisonment. I focus on the findings of the study and primarily employ excerpts from the study relating to needle-sharing and drug use in

⁶⁰ 9. Frost L, & Tchertkov, V.: **Prisoner Risk Taking in the Russian Federation.** *AIDS Education and Prevention* 2002, **14**(Supplement B):7-23.

⁶¹ 29. Drobniewski N, Balabanova, Y., Ruddy, M., Fedorin, I., Melentyev, A., Mutovkin, E., Kuznetsov, S.: **Medical and Social Analysis of Prisoners with Tuberculosis in a Russian Prison Colony: An Observational Study.** *Clinical Infectious Diseases* 2003, **36**:4.

⁶² 24. Dolan K, Bijl, M., & White, B.: **HIV Education in a Siberian Prison Colony for Drug Dependent Males.** *International Journal for Equity in Health* 2004, **3**(7).

prison as a way of bolstering the statistics and studies I analyze and provide a personalized account of inmate experiences in the Russian Federation. Because of the lack of government statistics, I turn vignettes to gain further insight of Russian prison as a risk environment for the spread of HIV.

It is important to analyze the prison risk environment from the inmate perspective, as they are the individuals adversely affected. This approach provides important insight on the effect of the Russian prison risk environment in regard to inmate injecting practices- insight which would help create situation-appropriate harm reduction methods and interventions. The inmates themselves are the only ones able to provide perspective regarding feelings of agency and the risk environment imposed upon them by their incarceration.

CHAPTER 4: RESULTS

In order to establish intravenous drug use as the main vehicle for HIV transmission in the Russian Federation, I conducted an analysis of reported transmission routes of HIV incidence in the Russian Federation from 1996-2006 as reported by EuroHIV. As shown in Figure 1, a large majority of reported HIV infections within this time period are attributed to intravenous drug use.

Figure 1: Registered HIV Incidence in the Russian Federation by Transmission Route as Reported by EuroHIV for 1996-2006 ⁶³⁶⁴

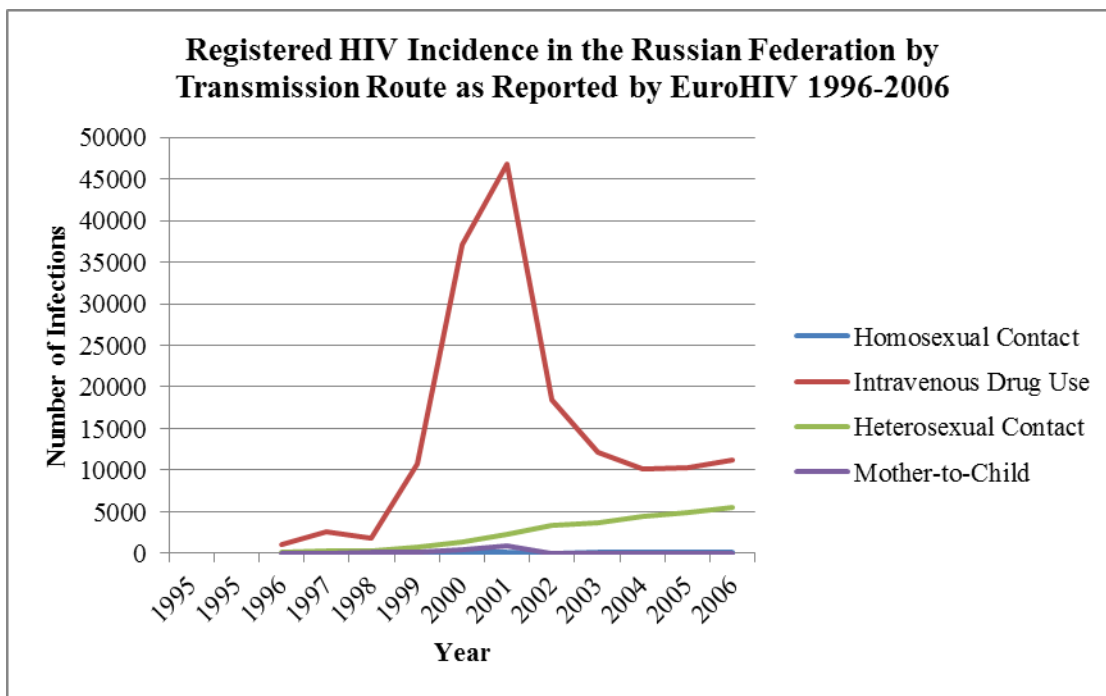


Figure 1 is significant, as it suggests that within the intravenous drug-using populations, there is a higher attributable risk for HIV infection than within the general

⁶³ 30. EuroHIV: **HIV/AIDS Surveillance in Europe**. In: *End-year report 2006*. vol. 75. Saint-Maurice: Institut de veille sanitaire; 2006.

⁶⁴ 31. EuroHIV: **HIV/AIDS Surveillance in Europe**. In: *End-year report 2002*. Edited by EuroHIV. Saint-Maurice: Institut de Veille Sanitaire; 2002.

population/risk groups. In order to establish that Russian prisons are unique risk environments for the spread of HIV through intravenous drug use, I first establish that within the intravenous drug-using population there is a heightened prevalence of HIV when compared to other risk groups. Figure 1 demonstrates that drug users already have heightened risks toward HIV infection, and such prevalence is significant in establishing that this community is exposed to increased vulnerability when exposed to the risk environment posed by the Russian prison environment.

As HIV is more prevalent within intravenous drug using populations, it is important to consider how this contributes to the prison risk environment. As shown in Figure 2, the Russian Prison Service has reported that tens of thousands of individuals are sentenced to incarceration within the Russian prison system annually for drug-related offenses.

Though there is a significant drop in convictions in 2004 (when there was a relaxing of the criminalization of drug use) the number of convictions quickly rebounds and has continued to climb steadily. The Russian Federation's continued criminalization of drug-use is increasingly filling Russian jails with inmates with drug addictions in an attempt to address a burgeoning national drug problem. This is problematic, as it is serving, as evidenced in Figure 2, to remove a population of individuals who are already at risk for HIV infection and placing them, together, within a high-risk prison environment.

Figure 2: The Number of Convicts in the Russian Federation Sentenced for Drug-Related Crimes under Articles 228-234 of the Russian Penal Code According to the Federal Prison Service of Russia 2001-2009



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As previously discussed, due to the availability of drugs and lack of harm reduction measures within the prison environment, inmates are likely to continue and/or begin using drugs within prison. Table 3 chronicles three studies conducted within Russian prisons and the data is based off of responses given by injecting drug users to questionnaires supplied by the respective researchers. All three studies found that of inmates interviewed, ten percent or more indicated having injected drugs while incarcerated. While the percentages of inmates injecting within prisons seemed to be relatively consistent with one another, there is an extreme disparity between injecting practices.

⁶⁵ 28. России Ф: Характеристика лиц, содержащихся в исправительных колониях для взрослых. In.; 2010.

While the Frost and Tchertkov 2002 study indicates that 66% of inmates have shared needles while incarcerated, the Drobiniewski et al 2003 study portrays a completely different portrait with only 7% of inmates sharing needles. There could be several reasons for this discrepancy, one being the location of the studies conducted. It seems as though access to syringes is the likely differentiating factor as both studies indicated that almost the same percentage of inmates had injected while in prison. As both studies were held at different prisons and it may be that there may be different levels of syringe accessibility at these different prisons. Prisoners interviewed by Frost and Tchertkov may have less access to syringes and may therefore have been forced to share syringes. This discrepancy may also be attributed to the interviewing techniques employed by the researchers, which may have created biased outcomes. These studies indicate that prisoners do, in fact, inject drugs while imprisoned, and are likely to share syringes, establishing Russian prisons as risk environments for high-risk injecting behaviors.

Table 3: Summarized Studies Examining Drug Behaviors in Russian Prisons

	Study Population	Injected in Prison (%)	Shared Needles
Frost & Tchertkov (2002) ⁶⁶	1044	10%	66%
Drobniewski et al (2003) ⁶⁷	256	10.50%	7%
Dolan et al (2004) ⁶⁸	277	13%	NA

⁶⁶ 9. Frost L, & Tchertkov, V.: **Prisoner Risk Taking in the Russian Federation.** *AIDS Education and Prevention* 2002, **14**(Supplement B):7-23.

⁶⁷ 29. Drobniewski N, Balabanova, Y., Ruddy, M., Fedorin, I., Melentyev, A., Mutovkin, E., Kuznetsov, S.: **Medical and Social Analysis of Prisoners with Tuberculosis in a Russian Prison Colony: An Observational Study.** *Clinical Infectious Diseases* 2003, **36**:4.

⁶⁸ 24. Dolan K, Bijl, M., & White, B.: **HIV Education in a Siberian Prison Colony for Drug Dependent Males.** *International Journal for Equity in Health* 2004, **3**(7).

Unfortunately, without any official data or comprehensive research studies examining drug use across the Russian prison system, we must rely on studies such as these to provide prospective on injecting drug behaviors within prisons. As all three studies indicated similar percentages as to inmates injecting while in prison, the collective results can validly indicate that approximately ten percent of prisoners with a history of drug use, have continued to inject drugs while incarcerated. While there is not enough statistical evidence to indicate how many of these drug users may be sharing syringes, these interviews indicate that syringe sharing is occurring. As harm reduction measures are virtually absent within the Russian prison system, prisoners are without agency to choose low-risk injecting behaviors.

While quantitative data are generally lacking and at times inconsistent, personal interviews conducted by Anna Sarang, et al, in 2006 provide a rich amount of qualitative data. These interviews provide prospective as to the realities faced by prisoners in Russia in relation to injecting behaviors and the heightened exposure to HIV and other disease as a result of the prison risk environment. In one interview, an eighteen year-old male at the Barnaul prison related that:

“Drugs were around but you see a syringe is a forbidden thing. And so they didn’t really figure much. With drugs it is possible to hide them somehow, somewhere, but well, how do you hide a syringe? So, if someone somehow got hold of a syringe- maybe they brought it in or stole it from the medical centre- then it was just super achievement. Then that syringe would do rounds and rounds and rounds of the whole camp. And then you get loads of syphilis. AIDS and...someone would shoot up once and then in the course of the next 2 months about 20

people would be in the isolation ward with viral hepatitis.”⁶⁹

This vignette indicates that though drugs seem readily available to prisoners in Barnaul, acquiring a syringe was problematic, and as a result inmates are frequently forced to share syringes. Two more interviews conducted by Sarang seem to indicate that syringe sharing is a commonplace, almost inevitable way of life within prison:

“Syringe sharing was therefore both normative and frequent, with a syringe shared with potentially large groups; “There is one syringe for the whole prison;” “In every cell there is a syringe or two;” “There is usually one syringe for each section, about 60 people.” Whereas some described situations in which ‘10 people share a syringe,’ others described experiences where “a whole section can inject using the same syringe,” estimated by some to be as many as ‘two hundred people.’”⁷⁰

“If a syringe has been lying somewhere, then its been lying there for 2 years, and everyone’s been shooting up with it.” (Barnaul, male, 56)⁷¹

These interviews provide unique insight as to the mind-set of prisoners, and what seem to be almost accepted assumptions of risk. Prisoners are choosing to engage in risky behavior, which ultimately makes the prison risk environment more dangerous. These data indicate that not only are syringes being shared amongst cell-mates, but they are at times shared by large masses of inmates. Alarmingly though, the interviews provided by Sarang, indicate that inmates do not seem to be ambivalent towards the risks involved with syringe sharing. In an interview given by a 29 year-old male inmate in Volgograd,

⁶⁹ 20. Sarang A, Platt, L., Kirzhanova, V., Shelkovnikova, O., Volnov, V., Blagovo, D., & Rylkov, A.: **Drug Injecting and Syringe Use in the HIV Risk Environment of Russian Penitentiary Institutions: Qualitative Study.** *Addiction* 2006, **101**(12):1787-1796. Pg. 1790

⁷⁰ Ibid, pg 1971

⁷¹ Ibid

“There everybody who joins the colony goes through a blood test in prison. There’s nothing to worry about there really. If you share a cell with a person, it means he’s got the same illnesses as you, either none at all, or he’ll have the same as you.”⁷²

This vignette is of interest in two ways: 1) it shows that inmates are aware that by sharing needles, they are exposed to the spread of disease; 2) it seems as though inmates are almost accept contracting disease as an inevitability of their incarceration; and 3) it raises concerns regarding potential misconceptions regarding blood testing. As previously discussed, there is a large margin of error surrounding the accuracy of blood testing for HIV. While HIV diagnosis and testing upon incarceration is important, it can lead prisoners to engage in at-risk injecting practices because they may have falsely tested negative for the virus.

Insight from this study is confirmed in an article written for the Wall Street Journal, Mark Schoofs relates an interview with an inmate from a Russian prison:

“Mr. Multanovskiy, broad-shouldered and blond, offers an incongruously clean-cut appearance in his black prison uniform. A drug user before he came to the SIZO, he says he tested negative for HIV upon arrival in March of last year. A senior prison doctor, who reviewed his medical record, could only confirm that Mr. Multanovskiy was placed in a cell with inmates who were all supposed to be free of infection. After eight months, during a time which Mr. Multanovskiy says he and his cellmates thought it was safe to share needles, he tested positive for the AIDS virus and was transferred to the block for infected prisoners.”⁷³

⁷² Ibid. 1792

⁷³ 26. Schoofs M: **Infected Cells: As HIV Epidemic Hits Russia, Crux of Problem is Jail.** In: *Wall Street Journal- Eastern Edition.* vol. 239; 2002. Pg. 2

Mr. Multanovskiy's story is likely one of many inmates incarcerated within Russian prisons. The high prevalence of HIV within drug using populations combined with the criminalization, rather than rehabilitation, of drug users, has created an environment within which many drug-users are experiencing a heightened level of exposure to HIV. Many inmates have continued to inject drugs while incarcerated, and as a result of a lack of harm-reduction measures such as syringes or bleach, their injecting practices are ultimately high-risk for HIV infection. The lack of harm reducing measures provides inmates with even lower levels of personal agency when making decisions regarding their health, and has created unique risk environments for the spread of HIV within Russian prisons, and is ultimately fueling the HIV epidemic within the Russian Federation.

CHAPTER 5: CONCLUSION

The HIV epidemic currently spreading within the Russian Federation is alarming and has potentially devastating repercussions not only for the Russian Federation, but the international community as well. HIV is spreading rapidly within a socially disenfranchised population, and has developed into a generalized epidemic that now not only affects intravenous drug users, but the general public. As HIV continues to spread within the Russian Federation, quick and decisive measures must be taken to implement effective and appropriate interventions. However, successful interventions must be evaluated by their cause-appropriateness. Globally, billions of dollars have been spent toward the eradication of HIV, yet we have been left to ask ourselves, where has it all gone? Why, after thirty years of prevention and treatment campaigns, were there still an estimated 2.6 million new infections globally in 2009 alone?⁷⁴ When faced with a second-wave of HIV epidemics such as the one in the Russian Federation, we must reevaluate our approaches of the past and attempt to intervene in new epidemics at their epicenters.

Approaching HIV prevention and care through social rather than strictly clinical approaches allow us to focus on the environment which fosters its spread. HIV is a behavioral disease, and alleviating social pressures which lead to at-risk behaviors will address the root of the epidemic. The causes of the high prevalence of drug use in the Russian Federation are rooted in social stratifications as well as structural violence and can only be resolved by social, political, and economic reforms as well as a rehabilitative, rather than criminalization approach to drug use. Establishing comprehensive harm reduction campaigns both in and out of prisons that employ combinations of drug

⁷⁴ 32. UNAIDS WHO: **Global summary of the AIDS epidemic**. In.: World Health Organization, UNAIDS; 2009.

substitution therapies, education, syringe exchanges, and bleach provision will provide drug users with the agency to make positive decisions regarding their health, and ultimately the health of those around them.

In addition to the implementation of harm reduction measures nationally, the risk environment for HIV created within the Russian prison system must be addressed. Cramped and diseased living quarters, inadequate food and medical supplies, and high levels of violence and accessibility of drugs within the Russian prison system creates an environment which creates a heightened degree of risk for inmates to begin injecting drugs in an attempt to alleviate the stress escape the realities of incarceration, and high-risk injecting practices of those already engaging in injecting behaviors.

Russia's failing health infrastructure is unprepared to address a large-scale HIV epidemic. Though the Russian government attempts to give the impression of a concerned and involved government through participation in and hosting of the "Group of Eight"⁷⁵ and continued financial support of the Global Fund to Fight AIDS, its policies toward prevention and treatment efforts are failing. However, as the epidemic is currently largely confined to vulnerable and disenfranchised groups, such as prisoners and drug users, the Russian government will likely remain largely uninformed of the extent and realities of the epidemic.

⁷⁵ 33. Недзельский Н: "Большая восьмерка" 2006: итоги по СПИДу. In.; 2010.

BIBLIOGRAPHY

1. Abdullah K: **Opium, Drug Use Drive Second Wave of AIDS Pandemic**. In: *New American Media*. Washington D.C.; 2007: 1.
2. Tkatchenko-Schmidt EA, Rifat; Wall, Martin; Tobi, Patrick; Schmidt, Jurgen; and Renton, Adrian: **Why do health systems matter? Exploring links between health systems and HIV response: a case study from Russia**. *Health Policy and Planning* 2010, **25**(4):283-291.
3. Rhodes T, Singer, M., Bourgois, P., Friedman, S. R., & Strathdee, S. A.: **The social and structural production of HIV risk among injecting drug users**. *Social Science & Medicine* 2005, **61**.
4. **Prisons, prisoners and HIV/AIDS** [<http://www.avert.org/prisons-hiv-aids.htm>]
5. **The Second Wave of the HIV/AIDS Pandemic; China, India, Russia, Ethiopia, Nigeria**. In: *A Conference Report of the CSIS Task Force on HIV/AIDS*. Edited by Cooke JG. Washington, D.C.: Center for Strategic and International Studies; 2002: 1-67.
6. **Principles of Harm Reduction** [<http://www.harmreduction.org/section.php?id=62>]
7. Barker C: **Cultural Studies: Theory and Practice**. London: Sage; 2005.
8. Rhodes T, Singer, M., Bourgois, P., Friedman, S. R., & Strathdee, S. A.: **Risk environments and drug harms: A social science for harm reduction approach**. *International Journal of Drug Policy* 2009, **20**:8.
9. Frost L, & Tchertkov, V.: **Prisoner Risk Taking in the Russian Federation**. *AIDS Education and Prevention* 2002, **14**(Supplement B):7-23.
10. Walberg P, McKee, M., Shkolnikov, V., Chenet, L., & Leon, D. A.: **Economic change, crime, and mortality crisis in Russia**. *British Medical Journal* 1998, **317**:6.
11. Bobak M, Pikhart, H., Hertzman, C., Rose, R., & Marmot, M. : **Socioeconomic factors, perceived control and self-reported health in Russia. A cross-sectional survey**. *Social Science & Medicine* 1998, **47**(2):269-279.
12. Watch HR: **Lessons Not Learned**. In. Edited by Watch HR: Human Rights Watch; 2004.
13. СПИДом ФН-МЦппибс: **Федеральный научно-методический Центр по профилактике и борьбе со СПИДом**. In.; 2010.
14. **Снижение темпов распространения ВИЧ-инфекции в уголовно-исполнительной системе Российской Федерации** [http://www.afew.org/ru/onas/gde-my-rabotaem/rossiiskaja-federacija/proekt/?tx_afewregions_pi1%5Bproject%5D=29&cHash=fac1b82f87ce3ff772fb945741db4960]

15. Denning P, MD, MPH; and DiNenno, Elizabeth, PhD: **Communities in Crisis: Is There a Generalized HIV Epidemic in Impoverished Urban Areas of the United States**. In.: Centers for Disease Control and Prevention; 2010: 1.
16. UNAIDS WHO: **Fact Sheet- Eastern Europe and Central Asia**. In.; 2009.
17. UNAIDS WHO: **09 AIDS epidemic update**. In.: UNAIDS, WHO; 2009: 49.
18. Betteridge G, & Jurgens., R.: **Prisoners Who Inject Drugs: Public Health and Human Rights Imperatives**. *Health and Human Rights* 2005, **8(2)**:46-74.
19. Academies IoMotN: **Preventing HIV Infection Among Injecting Drug Users in High-Risk Countries**. In. Washington, DC: Institute of Medicine of the National Academies; 2007.
20. Sarang A, Platt, L., Kirzhanova, V., Shelkovnikova, O., Volnov, V., Blagovo, D., & Rylkov, A.: **Drug Injecting and Syringe Use in the HIV Risk Environment of Russian Penitentiary Institutions: Qualitative Study**. *Addiction* 2006, **101(12)**:1787-1796.
21. Mathers B: **Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review**. *Lancet* 2008, **372**:1733-1745.
22. Corrections NIо: **World Prison Population List**. In. Edited by Corrections NIо, 8th edn; 2009.
23. Думой Г: **РОССИЙСКАЯ ФЕДЕРАЦИЯ ФЕДЕРАЛЬНЫЙ ЗАКОН**. In: *N 38-ФЗ*. Edited by ФЕДЕРАЦИЯ Р, vol. Статья 9; 1995.
24. Dolan K, Bijl, M., & White, B.: **HIV Education in a Siberian Prison Colony for Drug Dependent Males**. *International Journal for Equity in Health* 2004, **3(7)**.
25. **ВИЧ и СПИД** [<http://www.infospid.ru/index.php?cat=saa>]
26. Schoofs M: **Infected Cells: As HIV Epidemic Hits Russia, Crux of Problem is Jail**. In: *Wall Street Journal- Eastern Edition*. vol. 239; 2002.
27. **Совместимы ли ВИЧ-инфекция и наркотики?** [<http://www.infospid.ru/index.php?cat=swf>]
28. России Ф: **Характеристика лиц, содержащихся в исправительных колониях для взрослых**. In.; 2010.
29. Drobniowski N, Balabanova, Y., Ruddy, M., Fedorin, I., Melentyev, A., Mutovkin, E., Kuznetzov, S.: **Medical and Social Analysis of Prisoners with Tuberculosis in a Russian Prison Colony: An Observational Study**. *Clinical Infectious Diseases* 2003, **36**:4.
30. EuroHIV: **HIV/AIDS Surveillance in Europe**. In: *End-year report 2006*. vol. 75. Saint-Maurice: Institut de veille sanitaire; 2006.
31. EuroHIV: **HIV/AIDS Surveillance in Europe**. In: *End-year report 2002*. Edited by EuroHIV. Saint-Maurice: Institut de Veille Sanitaire; 2002.
32. UNAIDS WHO: **Global summary of the AIDS epidemic**. In.: World Health Organization, UNAIDS; 2009.
33. Недзельский Н: **"Большая восьмерка" 2006: итоги по СПИДу**. In.; 2010.

