

Drug addiction and HIV in Ukraine

When Russia annexed Crimea in March, 2014, the new government wasted little time in stamping its rule on the territory. Before, several clinics in the Black Sea peninsula had been offering medication-assisted treatment (MAT) for opioid use disorders. Unlike in Ukraine, such programmes are illegal in Russia. Since Crimea was now part of Russia, it followed that MAT would have to be discontinued there too. Viktor Ivanov, head of Russia's Drug Control Service, made an announcement to this effect in early April. He claimed that the preponderance of female drug addicts in Crimea was leading to increasing numbers of children being born with disabilities, a situation he described as a "threat to the gene pool". Ivanov added that the patients enrolled at clinics offering MAT were little more than "legalised addicts".

Despite earlier assurances that patients could continue receiving MAT until the end of the year, the Russian Government forced the clinics to close on the first day of May. "The consequences of these closures for MAT patients in Crimea were predictable. The risk of opioid overdose is up to twenty-five times higher than normal immediately following the abrupt cessation of treatment", writes Jennifer Carroll in her ethnography *Narkomania: Drugs, HIV, and Citizenship in Ukraine*. A series of overdoses and suicides took place in the weeks after the clinics were shut. Perhaps 100 of the 800 patients who had been received MAT in Crimea died. At least one victim was known to the author: Dima, to whom the book is dedicated.

"There is something about Dima's death that I find particularly frightening", admits Carroll. "Harm was brought to people with a history of substance use for the sake of legitimizing a state government...The Russian Federation has staked its claims to sovereignty and the scope of its authority on its very ability to deny human rights in this way, and the violence meted out against people who use drugs is nothing less than a demonstration of the state's ability to wield sovereign control over its own citizenry".

The passage provides a serviceable summary of a key theme in the book: the means by which citizenship is defined, both in Russia and Ukraine, so as to exclude those with substance abuse disorders. It is noteworthy that both factions in Ukraine's Euromaiden protests of 2013–14 sought to paint their opponents as drug-addled. "Fighters on either side of the conflict, those who risked their lives over this disagreement about the future of Ukraine, could find common ground in the belief that people who use drugs were the enemy of a good society", points out Carroll.

The author has travelled extensively in Ukraine and spent a great deal of time at MAT clinics, questioning

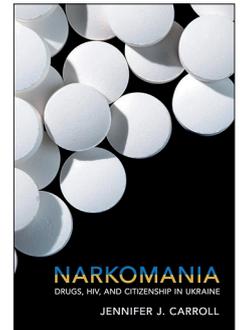
service users and staff members. Now back in the USA, Carroll is an adjunct professor of medicine at Brown University. *Narkomania* attempts to make sense of how addiction is perceived in Ukraine and by the international actors who have backed MAT as a tool to tackle HIV. As one would expect of an academic work of medical anthropology, the prose style sometimes teeters into the impenetrable. At its best, there are hints of *The Corner*, David Simon's superb account of drug addiction and poverty in Baltimore in the early 1990s.

Carroll efficiently explores how the term addiction allows for all kinds of contradictory and composite meanings. It can be defined in a strictly medical sense but, more frequently, it is overlaid with ideas of moral decrepitude and self-indulgence. The term is elastic enough to permit a wide of range of interpretations. Depending on who is doing the talking, addiction can be used to signify a pathological condition, a corollary of poverty, or an expression of lacklustre willpower. Healthcare workers have to adapt their rhetoric to the local culture, and in doing so can implicitly endorse notions of drug users as an exceptional group, outsiders who fail to discharge their responsibilities as functional members of society. Drug users who engage with treatment services are expected to make an active demonstration of their desire for change. Meanwhile, actors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria come with a rigid set of demands for their partners and clients.

The book opens with an encounter with the intriguing Elena. "Despite her low social status as a methadone patient...Elena's expertise on classic Russian and Ukrainian literature is spectacular", writes Carroll. "Not only is she familiar with a broad canon of works, she can also quote long passages of fiction and poetry from memory, a true indicator of her 'kulturnost', her sophistication and fluency in the elements of 'high culture'."

It is not just Ukrainian expectations that Elena confronts, the stereotype of drug addicts as illiterate and stupefied can be found virtually everywhere. The British tabloids routinely call individuals under the influence of synthetic cannabinoids zombies; the same word appears repeatedly in Ukrainian descriptions of drug users. "Until more work is done to combat discrimination against people who use drugs and to increase their ability to speak openly of their own realities with their own voices, any form of social and clinical support will be palliative, not curative", concludes Carroll. "The change that is needed is social, not clinical."

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Published Online
November 5, 2019
[https://doi.org/10.1016/S1473-3099\(19\)30638-3](https://doi.org/10.1016/S1473-3099(19)30638-3)
Narkomania: Drugs, HIV, and Citizenship in Ukraine
Jennifer Carroll,
Cornell University Press, 2019
pp 256, £18.82
ISBN 978-1501736926