Helsinki Citizens' Assembly - Vanadzor

REPORT

HUMAN RIGHTS SITUATION AT NARCOLOGICAL FACILTIES OF THE REPUBLIC OF ARMENIA IN 2013

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INTRODUCTION

The human rights protection in closed and semi-closed institutions (narcological facilities, mental health clinics, penitentiaries, etc) counts among the strategic objectives of the Helsinki Citizens' Assembly Vanadzor.

In order to identify the human rights situation in closed and semi-closed institutions, as well as to detect violations, restore the violated rights, develop recommendations to prevent such violations and provide legislative solutions to such issues, the Organization carries out regular human rights monitoring.

This Report covers the finding of the monitoring at the narcological facilities in the RA in 2013 and the legislation regulating the rights of drug users.

The monitoring was carried out in May-June of 2013 by 6 monitors, by permission of the RA Ministry of Health, the regional government agencies of Shirak and Lori marzes (regions) and the heads of the narcological facilities in question. Below are the monitored facilities:

- Syunik Marz Psychoneurologic Dispensary;
- Lori Marz Psychoneurologic Dispensary;
- Gyumri Mental Health Center CJSC;
- Republican Narcological Center of the RA Ministry of Health.[1]

The report features recommendations on improving the quality of medical services for drug users.

[1] In course of the monitoring, the Republican Narcological Center of the RA Ministry of Health was called Avan drug clinic of the RA and was renamed during preparation of this Report.

MONITORING METHODOLOGY

Initially, the Organization had developed interview questionnaires for the heads of narcological facilities, drug therapists, nurses/medical assistants, hospital attendants and drug users. The questions were formulated based on the requirements of the national legislation and international commitments.

The monitoring covers preparatory activities, data collection, summarizing of findings, legislative analysis and recommendations.

The preparatory activities comprised development of the monitoring tools, selection and training of monitors.

The required monitoring data were collected by interviews, observations and inquiries.

1 NUMERICAL DATA OF RESPONDENTS

The overall number of the respondents amounted to 29, with 3 heads of narcological facilities[2], 7 drug therapists, 8 medical assistants and nurses, 7 hospital attendants and 4 drug user patients *(See Table 1).*

Table 1

Respondents	**Number of respondents**
Heads of narcological facilities	3
Drug therapists	7

[2] Syunik Marz Psychoneurologic Dispensary, Lori Marz Psychoneurologic Dispensary, Gyumri Mental Health Center CJSC

Medical assistants/nurses	8
Hospital attendants (hospital cleaners)	7
Drug user patients [3]	4
Total	29

2 WORK MANAGEMENT AT NARCOLOGICAL FACILITIES, PERSONNEL TRAINING

The heads of the narcological facilities follow a 5-day schedule with business hours: 9 am- 6 pm. The other staff work in shifts lasting 24 hours and change shifts at 9 a.m.

The staff work in night shifts with a 3-day interval. The staff on shift duty comprise: a doctor, a nurse, a medical assistant, a male and female hospital attendant (cleaner).

Prior to taking their jobs, the surveyed medical staff members attended no particular trainings and were only familiarized with their official duties. Thus, two of the hospital attendants claimed having talked to a psychologist before starting to perform their duties who explained to them the rules of how to contact and behave with their patients.

[3] In course of the monitoring, 13 persons received treatment at 2 units of the Republican Narcological Center of the RA Ministry of Health; the monitors talked to 4 of them.

The head of one of the facilities stated that to receive a work license, the job applicants who graduated with honors and had no work experience attended training courses after 5 years upon their graduation, while those who did not graduated with honors must take part in training courses after 3 years upon their graduation.

The compulsory training courses are held every 5 years by the National Health Institute after academician A. Avdalbekyan, RA Ministry of Health.

The medical staff members mostly attend trainings in the RA that are covered either by the medical facilities or the organizers of the training.

Only one of the respondent drug therapists claimed having attended a training abroad.

2 out of 3 interviewed heads of facilities mentioned that they had attended some training courses abroad, with the expenses covered by their medical facilities. The Head of the Gyumri Mental Health Center who attended training courses in Canada expressed his intention to develop relevant work packages and establish twin ties with foreign narcological facilities to promote experience sharing among the personnel.

"We only attend trainings in ages, now I cannot even recall when I attended a training last but as far as I know, we are obliged to attend trainings every 5 years".

Drug therapist

"I attended multiple trainings for psychologists and drug therapist in the cities of Leningrad and Yerevan.

Doctors should attend regular trainings as nowadays, the approaches to the patients have changed, and the diseases occur at a younger age. This is a serious socio-psychological problematic disease as it affects the patients' families and people around them. Unfortunately, the rate of persons suffering this disease keeps growing."

Drug therapist

Here, an essential fact is to be noted: the Syunik Marz Psychoneurologic Dispensary is in a desperate need of professional drug therapists. While the region offers narcological services, the psychologist acts as a drug therapist due to the lack of any relevant specialist (See Appendix 1).

The Head also noted that the facility had no special nurse and hospital attendant to serve the patients.

The Head of the Lori Marz Psychoneurologic Dispensary also claimed the need for another drug therapist as there was only one therapist in the region.

Hence, it follows from the above that the training attendance by the medical staff at narcological facilities is limited to national training courses with a 5-year interval, while the European Charter of Patients' Rights provides for the right to receive high-quality medical services[4] that cannot be ensured without relevant specialists, their adequate training and expertise development. There is no specified procedure for the funding to cover attendance of the training courses.

3 HOUSING CONDITIONS OF DRUG REHABILITATION CENTERS

The narcological facilities in the RA lack adequate housing conditions to ensure quality medical services for drug users.

While the Lori Marz Psychoneurologic Dispensary has favorable housing conditions, it still needs some minor renovation. During their visit to the Gyumri Mental Health Center CJSC, the monitors noticed construction works there. As for the Syunik Marz Psychoneurologic Dispensary, its head stated that the dispensary underwent extensive renovation back in 2003-2004 with the financial support of a charitable organization. At the moment, the dispensary needed some minor repair.

In recent years only one floor of the Republican Narcological Center of the RA Ministry of Health has been renovated, and the others are

"There is absolutely nothing positive; if this facility is considered state, they must provide us with everything we need /it's me who bought lamps and put clothes in between the windows/, it is actually pulling down."

Drug therapist

[4] **European Charter of Patients' Rights, Article 8:** Each individual has the right of access to high quality health services on the basis of the specification and observance of precise standards.

in urgent need of repair (See the pictures below).

The Republican Narcological Center of the RA Ministry of Health (the pictures show both the floor spaces in need of renovation and the repaired floor space).

The drug users and persons with mental health problems share the same narcological facilities, namely the Syunik Marz Psychoneurologic Dispensary, the Lori Marz Psychoneurologic Dispensary and the Gyumri Mental Health Center CJSC to receive medical treatment.

The Republican Narcological Center of the RA Ministry of Health (originally called Avan narcological clinic) is the only facility in the RA that provides drug users with differentiated treatment.

The Lori Psychoneurologic Dispensary has no beds intended for in-patient treatment (See Appendix 1).

As for the other 2 facilities, each of them has 10 beds for drug users that are also used for the in-patient alcohol users.

At the Syunik Psychoneurologic Dispensary and Lori Psychoneurologic Dispensary, the beds for the drug users are placed at the units for treatment of persons with mental health problems. As for the

Gyumri Mental Health Center CJSC, drug users receive inpatient treatment in a separate unit (See Appendix 1).

At the Gyumri Mental Health Center CJSC, the 10 beds for inpatient treatment of the drug and alcohol users are placed in 2 wards (i.e. 4 beds in 1 ward, and 6 beds in the other).

While the Gyumri Mental Health Center CJSC has a separate unit (with a separate entrance) for the drug users, it lacks any specific facilities for providing differentiated inpatient medical aid to women. This is a matter of concern also in the Lori and Syunik Psychoneurologic Dispensaries. According to the staff of the dispensaries, the inpatient women drug users share the units with the women with mental health problems.

"The unit has 25 beds, but it is impossible to treat so many drug users at a time, the unit turns into a zoo. The optimal number of patients is 1, treating 2 or 3 patients at a time requires for extensive efforts. If the patient's state of health is adequate and he/she wishes so, they'd better receive out-patient treatment."

Drug therapist

None of the monitored narcological facilities had any specific units for minor drug users.

It is also noteworthy that the doors at most of the facility units are barred. The doors of the units are always closed; they can be opened only by medical staff members by relevant permission, which is reminiscent of the regime at plenipotentiary institutions. While most of the patients seek medical aid with such facilities of their own accord, they are still deprived of the opportunity to move freely in such facilities.

The medical staff members of the narcological facilities stated that regardless of the number of treatment seekers, except for acute cases, they prefer treating only one person at a time and at the same unit and ward. The medical staff members supported this approach by seeking to prevent the potential use of drugs by the patients.

"The door of the unit is closed as the patients still have addiction and especially on the first days of their stay here they want to go out and get some alcohol."

Drug therapist

One of the drug therapists compared the narcological unit with more than one patient with the zoo *(See the insert)*.

According to some of the respondent medical staff members, if more than one persons receive in-patient treatment at the unit, the medical staff members try to do their best so that these persons never meet.

In course of the monitoring at the Republican Narcological Center of the RA Ministry of Health, 2 persons received in-patient treatment in the same ward. The medical staff members explained that the patients were brothers and their mother took care of both of them there.

The legal consulting provided by the Organization to the drug users revealed that the patients did not seek medical aid as they did not wish to receive treatment at medical facilities shared with persons with mental health problems. According to the drug users, they found it very hard from the psychological perspective to share the space with such persons. "The environment, the atmosphere there (a patient in an acute condition crying and hitting, and the other is being restrained) are obstacles on the way to their effective treatment".

This is the main reason why the drug users either refuse to seek treatment or apply to the Republican Narcological Center of the RA Ministry of Health that offers differentiated, as well as paid and anonymous treatment.

To sum up, it can be stated that the narcological facilities lack the necessary housing conditions to provide drug users with the medical treatment most tailored to their personal needs.[5]

We consider the available conditions equivalent to degrading treatment.

[5] **European Charter of Patients' Rights, Article 12:**
Each individual has the right to diagnostic or therapeutic programs tailored as much as possible to his or her personal needs.

4. ADMISSION TO NARCOLOGICAL FACILITIES

The drug users are admitted to narcological facilities upon their own written application.

If the person suffers from the withdrawal syndrome (drug hunger, abstinence (cop sickness), he/she recovers after 2 or 3 days and is discharged from the facilities if he/she has no wish to continue follow-up treatment.

Admission to narcological facilities is administered by internal regulations and RA Health Minister's decrees, without any discrimination on the grounds of gender or age.

The minors are admitted to such medical facilities in the presence of their legal representatives.

According to the respondent drug therapists, drug users undergo detailed external examination upon their admission to the narcological facilities. Any external injuries, bruises etc. are recorded in the relevant registry, the extract of which is attached to the patient's personal records.

A doctor stated that alcohol users do not undergo detailed external examination since according to the doctor, "the bruises and scratches were typical of them".

"…The ambulance does not bring drug users; usually, such patients do not come here by ambulance. As a rule, they are admitted on a planned basis. Thus, the police do not bring drug users here and cannot insist on anything or interfere with anything here, we tell the police to wait outside.

Mostly it is the family who submit written applications to seek treatment for a patient, but if the patient himself/herself has no wish to receive any treatment and does not suffer from psychosis, we do not admit him/her and disregard the application.

If the person deliberately takes back his/her application, we do not admit him/her, but if the person is unable to control his/her actions and suffers hallucination and psychosis, we admit him/her. After a few days, he/she recovers and makes his/her own decision whether to receive treatment or not.

If the person has no passport upon him/her, but suffers withdrawal syndrome (drug hunger) /i.e. emergency medical indication/, he/she is admitted and receives free treatment"

Only one of the respondent drug therapists claimed having not only recorded the bodily injuries detected during the external examination in a special registry, but also informing the police.

To be eligible for free medical treatment, the drug user submits to the narcological facilities an identity document, i.e. his/her passport or substituting document – Form 9. The persons who are not citizens of the RA or do not have a passport shall be admitted to the medical facilities and receive paid services. The person might also receive treatment involuntarily as he/she is admitted to the medical facilities upon a court ruling on compulsory treatment issued along with the punishment.

The personal data of drug users who receive free medical services are recorded in the relevant registry *(for more detailed information on registration of drug users see the section on the Right to Privacy of a Person).*

The personal data of the persons who receive paid medical services are not recorded; only the Republican Narcological Center of the RA Ministry of Health provides such services.

However, both the monitoring findings and the official data suggest that only about 5 percent of the drug users seek paid medical services.

It should be noted that 3 out of 4 persons interviewed in course of the monitoring received paid medical services.

Those who choose paid treatment pay the amount prescribed by the State for the inpatient treatment of 1 person. In this terms, one of the respondent drug therapists expressed his discontent considering such approach to be wrong, since such amounts prescribed per each drug user are not sufficient, albeit the patient "enjoys the privacy of his/her personal data." According to the drug therapist, the minimum amount payable by the drug user should range from 100 000 to 120 000 AMD, or if the patient suffers "acute attack" he/she should receive free treatment and pay later.

By the way, one of the respondent patients who received paid services claimed having paid 200 000 AMD for his treatment.

According to the drug therapists, there are no differences between the free and paid treatment either in terms of the conditions or quality of treatment.

Actually, the only difference lies in the fact that patients receiving paid services are not registered.

Hence, we can conclude as follows:

- *The failure to find out the causes underlying the injuries detected during the external examination of drug users upon their admittance to the narcological facilities constitutes a violation of the principle of the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment;*
- *To ensure the privacy of their personal details, drug users 'have to' pay, which constitutes a gross violation of their right to privacy;*
- *There are no available services for the minors;*
- *Drug users do not seek medical aid due to the lack of sufficient financial resources.*

5 EFFICIENCY AND QUALITY FACTORS INFLUENCING MEDICAL CARE AT NARCOLOGICAL FACILITIES

The drug users seeking both free and paid treatment attach a primary importance to the choice of their doctor. This is the key factor determining the unit of the narcological facility where the person is to be placed.

Those drug users who select a doctor of their own choice, at their admittance to the facilities are placed at the unit managed by the doctor in question.

The type of treatment (ambulatory (out-patient) or in-patient) is selected based on the drug user's state of health. If the patient seeks out-patient treatment and his/her state allows for it, the doctor prescribes an out-patient treatment course.

The treatment course is prescribed by a drug therapist in line with the Standards for Treatment of Narcological Diseases approved by the RA Health Minister's Decree N 532-A. The duration of the treatment course is 17-24 days.

Two of the respondent drug therapists said that "only patients receiving paid medical treatment are eligible for continued treatment, while the treatment of the patients receiving free treatment has no follow-up."

According to another drug therapist, "the patient is discharged from the narcological facilities and returns in case of developing acute conditions, but it never happens, as 24 days are quite enough."

The main treatment method is the drug therapy, namely detoxication.[6]

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[6] It should be noted that the ultrafast detoxication method has not been introduced in the RA yet, despite the fact that it was intended to be introduced under the Action Plan of the 2010-2012 National Program for Combating Drug Addiction and Trafficking in Narcotic Drugs in Armenia.

According to the drug therapists, they "detoxicate" the drug user's organisms of the drugs. It should be noted that drug users may also develop some somatic diseases (acute intestinal and respiratory diseases, sepsis, gangrene, vessel disorders, etc.) both due to using drugs and taking some remedies in course of their treatment.

The respondent medical staff stated that the patients with acute intestinal or respiratory infectious are placed in isolation wards or remote rooms to prevent the contraction by other patients.

According to one of the drug therapists, the persons brought by the ambulance or the police suffering somatic diseases are transferred to specialized hospitals. One of the respondent nurses/ medical assistants said that the facilities invite a relevant doctor/specialist at their own expense in such cases. The head of one of the facilities mentioned that while the facilities had their own therapist, the treatment of somatic diseases was problematic since the patients were not transferred to specialized hospitals. On the other hand, the facilities do not possess the necessary remedies to treat somatic diseases.

The treatment efficiency depends not only on the availability of qualified and experienced specialists, but rather on the quality and adequate quantity of the required remedies. Due to insufficient financial resources, the narcological facilities lack modern medicines. According to the medical staff members, the patients willing to take modern medicines had to purchase them at their own expense.

The narcological facilities personnel mostly use domestic medicines to treat drug users.

The specialists argue that domestic medicines are not inferior to the foreign ones, but have numerous side effects.

The respondent heads of narcological facilities argued that their facilities received the required medicines and rarely lacked any necessary medicine. At the same time, a nurse/medical assistant said that the facilities regularly lacked necessary remedies, and in such cases the patients' relatives had to purchase the remedies.

The medical staff members also claimed not receiving sufficient remedies; while they annually submitted the demand for the required quantities of the medicines, the State still failed to provide them with the required quantities of medicines.

Furthermore, some remedies are never provided to the narcologcial facilities.

The medical staff members stated that the facilities had no remedies for detoxication, namely vitamins, painkillers (tramadol) and hepatic preparations. One of the doctors said that most of patients had liver problems. Following detoxication, the liver needs fluids and vitamins, and with the lack of the necessary medicines, it becomes impossible to treat the liver, which in its turn reduces the efficiency of the target-oriented treatment.

The drug therapist further argued that “the non-specialists are unaware of such issues and consider drug users to be persons with mental health problems."

The drug therapist also noted that the necessary medicines were not expensive, with 1 portion making 1500-2000 AMD.

The drug therapist wished the facilities had the **Antaxon** medicine. According to him, the cost of the treatment course for 20 days made 20 000 AMD, and it was a good medicine; if administered by injection it did not bring the patient any “pleasure” and had no other side effects. If the patients take Antaxon for 7-10 days upon their treatment, they will not suffer the abstinence syndrome. The drug therapist also mentioned that while this medicine was expensive, it was worth it; otherwise, the patients might experience prolonged remission.

To ensure efficient treatment, the Republican Narcological Center of the RA Ministry of Health needs X-ray equipment.

To ensure the comprehensive treatment of the patients, they should immediately undergo X-ray examination at the narcological facilities. Every time the X-ray examination is performed at the expense of either the patient's family, or of the doctor (the doctor uses his own car), since the doctor cannot "hand over" to the patients their medical records and refer them to X-ray examination.

The drug therapists mentioned that the initial dosage of medicines required for the treatment of drug users differed from patient to patient based on their individual state of health.

If the prescribed initial dosage proves to be ineffective or the patient suffers acute condition, the dosage is to be increased.

The medicines might be administered in pills only if the patient's veins are damaged or it appears to be impossible to inject the medicine.

The dosage is increased by the doctor. The doctor tells the patient about the types of medicines in question, their potential impact and dosage.

According to the medical staff members, almost no patients refusing to take medicines, since they mostly receive treatment of their own accord. Moreover, a nurse believed that the patients themselves were willing to take medicines in increased dosages. If any patient refuses to take a medicine, the doctors wait until the patient is completely sure of his/her own intention to take it.

If the patient rejects the pill, he/she might take the same medicine by injection.

According to the medical assistants and nurses, the process of taking medicines by the patient is also administered by medical assistants and nurses or the personnel on duty, and a hospital attendant also claimed having administered this process once.

"We tell them: its up to you, if you want, you can drink."

Medical assistant

The function above is essentially attributable to the medical staff, and the hospital attendant is not entitled to engage therein.

As for outpatients, this process is administered by their family members. According to the head of a narcological facility, the family members might not administer this process; nevertheless, they remain the link between the patient and their doctor.

One of the doctors argued, «…After discharge from the facilities, the patients face problems related to taking their medicines". According to the doctor, the "relevant literature reads that upon discharge, the patients shall take their medicines under the surveillance of a family member"; yet, it is mostly difficult to ensure such surveillance. The family members serve as the link between the outpatients and their doctors. However, a doctor stated that "as the patients return to their places and regain their ample opportunities to do whatever they want, all our efforts come to nothing." Actually, the treatment is incomplete.

When asked whether the available medical aid complies with the best international practices, only 3 drug therapists gave a positive reply, while the other 4 found it difficult to answer the question. As for the use of modern methods of treatment, the respondents gave rather contradictory answers. One of the drug therapists noted that all the modern methods of treatment of drug users are applied nowadays, namely detoxication, sensibilization, psychotherapy, vitamin therapy etc.

According to other medical staff members, the Republic of Armenia ensures only one phase of the treatment and rehabilitation support.

'In our country, we have no rehabilitation that is so essential. We all know what kind of problem this is; they "infect" each other or as they would say "wind up each other" (that is to say, draw each other back in that environment). If a person still uses drugs, and the other no longed does so, the latter must not see the former; otherwise he will restart using drugs the next day."

Drug therapist

The doctor noted that the staff of narcological facilities helped the drug users overcome the "acute condition" and let them go home, while in other countries, such persons enter a rehabilitation period from 6 months to 1 year. Throughout this period, the persons in question live in a "sterile" environment and only after their re-adaption can they move towards social integration, and all these activities are covered by the state funds.

Another drug therapist qualified the role of the narcological facilities as that of drunk tanks rather than medical facilities. The doctor believed that their activities were incomplete and they ensured only some part of the overall treatment process. According to him, drug therapy is not sufficient for complete treatment of a person; psychological physiotherapy and social rehabilitation efforts are also essential.

Another drug therapist considers the available treatment inefficient since the patients do not pay for their treatment.

The doctor noted that patients did not show consistency in completing their treatment course; particularly, they were admitted to the facilities, received inpatient treatment for 2 days and then left the facilities and restarted using drugs. Whereas, if the patients paid for their treatment at their own expense, they would have been consistent in completing their treatment course. The doctor, therefore, suggests taking a differentiated approach based on remission and social status. Hence, the doctor asked why a well-to-do patient ('a man of fortune') should receive free medical care while the doctor provides on his own some other patient with the necessities.

While the available treatment proves inefficient, some of the drug therapists still believe that the number of treatment-seekers has grown.

Some people also believe that this growth was promoted by the legislative changes: "the law became more liberal, and the police intervention was reduced."

"The patient missteps; there are many patients who restarted using drugs; drug abuse is never treated; there are no former drug users."

Drug therapist

Some other drug therapists believe that the number of treatment-seekers is still low, and this is mostly caused by the registration of the patients in such facilities which makes drug users refuse treatment.

Using drugs kills you.

drug user

The drug therapists also pointed out that the substances and medicines containing drugs and psychotropic substances are availability and accessible to every drug user due to free trade and low prices.

The drug user can obtain a drug for a few thousands AMD and then "trick themselves" into believing that they can give it up one day.

All the respondent drug therapists, except for one, stated that drug users returned to the narcological facilities after some time after their treatment.

At the same time one of the drug therapists highlighted the individual nature of the treatment of drug users: "we can detoxicate their entire organisms, restore the positive somatic state, but the further stability depends on the patients' conduct and will". Another drug therapist believes that drug user cannot be treated, and that is why the drug users again and again return to the narcological facilities.

My objectives and motivation for seeking treatment with the facilities:

- **As my brother was released from the penitentiary, he asked me to seek treatment with the facilities and recover; that's why I'm here now.**
- **I came here of my own will as "I have no more veins left" to make injections.**
- **As my social situation worsened, it has become pretty hard to "procure drugs".**
- **It harms my health.**

2 out of the 4 respondents tried to stop using drugs on their own, but in vain: "As an "experienced" drug user of 15 years gave up drugs, he started abusing alcohol."

The other 2 respondents claimed having received treatment courses before, one of them was treated in the Russian Federation. They

were quite pleased with the treatment, but considered it ineffective. Drug users seek support with the narcological facilities only rarely as their health deteriorates badly or they have insufficient funds to get the drug. It can be noted that the rate of people who merely seek treatment with the facilities is very low.

According to the medical staff members, patients do not usually complete their treatment courses. Most of them try to be discharged from the facilities once they overcome their initial acute condition.

Both the medical staff members and the patients mentioned that the latter might be discharged from the facilities before the set terms.

In this regard, the drug therapists clarified that each patients' discharge date depends on his/her state of health.

If a patient's state improves upon his/her stay at the facilities for 17 days, he/she can be discharged before the "set term" exclusively by the permission of the attending doctor.

In such cases, the doctor talks to the patient and explains to him/her the need for completing the treatment course. If the patient still wishes to discontinue the treatment, he/she is discharged from the facilities. This approach applies for voluntary patients.

"Of course, I can be discharged sooner, but I see no point in it; I can't bear it anymore, I have no veins left anymore, and I can't go on anymore."

Drug user

Once the person is discharged from the facilities, he/she receives no therapeutic rehabilitation services any longer.

A drug therapist noted that if upon discharge, the patient was well-treated in his own family, to be more precise, received human treatment as a personality, had a job and integrated into the society, his/her treatment would prove quite effective and deliver results.

The medical staff members noted that most patients maintained contacts with their doctors, if they wished so.

Most of the patients who maintain contacts with their doctors after their discharge are those who received paid treatment (i.e. who had their privacy protected).

"Nowadays, there is no rapport with the patients, the anonymous patients are more willing to communicate as compared to the registered ones; that is to say, their motivation is quite essential as they come here to check their health and the state of their liver."

Drug therapist

Hence, we hereby note that the narcological treatment services in the RA prove inefficient since they fail to ensure any measures to promote efficiency.

- *There are no mechanisms for treatment of somatic diseases and the narcological facilities lack necessary medicines and equipment;*
- *The narcological facilities lack innovative pharmaceuticals reducing the side effects of the medicines;*
- *Not only do the narcological facilities lack innovative pharmaceuticals, but also lack sufficient quantities of necessary medicines;*
- *The process of taking the medicines by the patients lacks full surveillance both within in-patient and out-patient treatment;*
- *The treatment methods at the facilities do not comply with the modern methods, particularly, the facilities lack the ultrafast detoxification method, and due to its absence, upon discharge the patient does not enter a rehabilitation phase which makes part of the treatment process;*
- *The duration of the treatment should not depend on the type of treatment or on whether it is paid or free;*
- *The lack of psychosocial and rehabilitation services substantially reduces the effectiveness of the treatment.*

5.1 OBSERVATIONS ON THE IMPLEMENTATION OF THE METHADONE SUBSTITUTION TREATMENT PROGRAM

In 2009, the Methadone Substitution Treatment Program (hereinafter referred to as MST Program) was introduced in the RA with the financial support of the Global Fund to treat opioid substance addiction.

In course of the monitoring, we sought to find out what the medical staff members and heads of the facilities thought about the MST Program.

Except for the Syunik Marz Psychoneurologic Dispensary staff, who did not apply the MST program, all the respondents expressed their positive attitude to the introduction of the MST program in the RA. They noted that "the program is pretty good, it actually prolongs the life of patients".

The MST Program helps the drug users to abstain from drugs for a long time and maintain their health, which in its turn enables them to look for jobs and work.

The respondents also prioritized the MST Program for its role of contributing factor to prevent various infections common among injecting drug users (HIV, thrombus, sepsis, hepatitis, etc.).

"The MST reduced the death rate among our patients."

Drug therapist

According to the drug therapists, persons previously treated at narcological facilities are involved in the MST Program.

From the date of its introduction in 2009 till 2012, the Methadone Substitution Treatment Program was available only for the population of the Yerevan city since it was applied only at the Republican Narcological Center of the RA Ministry of Health.

In 2011, the MST Program was introduced at the penitentiary facilities of the RA, first at the Hospital for Convicts and then at the Nubarashen Penitentiary. As of April 15, 2014, the MST Program was

implemented in 7 penitentiary facilities of the RA (‘Hospital for Convicts’, ‘Nubarashen’, ‘Hrazdan’, ‘Kosh’, ‘Artik’, ‘Seven’, ‘Vanadzor’). According to the RA Ministry of Justice, throughout the year of 2014, it received a total of 67 applications from the detainees and convicts of the RA penitentiaries willing to join the MST Program, of which 18 applications were upheld, 21 applications were rejected and 28 applications are still under discussion. According to the Head of the RA Penitentiary Department, 108 detainees and convicts were involved in the MST Program of the Penitentiary Service, RA Ministry of Justice from 2012 till July 1, 2014 *(see Appendix 1)*.

In July 2012, the MST Program was introduced at the Lori Marz Psychoneurologic Dispensary. The HCA Vanadzor regularly observes the rate of the persons involved in the MST Program at the RA Lori Marz Psychoneurologic Dispensary and the factors influencing it.

Table 2 below shows the numerical data on the beneficiaries of the MST Program at the Republican Narcological Center of the RA Ministry of Health and the RA Lori Marz Psychoneurologic Dispensary from the date of its introduction till 2014.

Table 2

Name of Facilities implementing the MST Program	Years when the beneficiaries joined the Program	Number of the persons involved in the MST Program
Republican Narcological Center of the RA Ministry of Health	2009	33
	2010	104
	2011	59
	2012	84
	2013	121
	25.06. 2014	57
Subtotal		458
RA Lori Marz Psychoneurologic Dispensary	2012-06.06.2014	48
Subtotal		48
RA penitentiary facilities	2012-2014	108
Subtotal		108
Total		614

Considering the number of the opioid substance users in the RA ranging between 5000-7000 under various expert estimates, it should be noted that only 9-12% of them benefit from the MST Program. Given the efficiency and significance of the Program, the rate of the beneficiaries is extremely low.

While the reasons for not seeking treatment under the MST Program may differ from person to person, we would like to pinpoint a couple of essential details that might be the main causes underlying the reluctance to join the MST Program.

The MST Program Commission at the Republican Narcological Center of the RA Ministry of Health has a police officer among its members, which is a serious obstacle for drug users to seek treatment under the MST program. The drug users who need to receive treatment under the MST Program are hesitant to apply due to the presence of a police officer. They fear that if they seek treatment under the MST Program and are rejected (if they do not meet the MST Program criteria and procedures), their names would be put on the "black-list" of the police. In this case, they are subject to administrative penalties and as drug users are targeted by the police in the group of suspects in investigating various crimes.

This is not the case with the MST Program at the Lori Marz Psychoneurologic Dispensary.

To identify the factors influencing the MST Program application and involvement rate, the HCA Vanadzor conducted a survey at the Lori Marz Psychoneurologic Dispensary in April 2013.

17 out of 20 beneficiaries of the MST Program took part in the survey. 2 beneficiaries refused to answer any questions reasoning their denial by being in a hurry, and the other beneficiary was unable to visit the facilities due to health problems and took methadone at his own place under medical surveillance.

Only 4 of 17 respondents claimed never having any problems with law-enforcement agencies both before and after joining the MST Program.

13 (76%) out of the 17 respondents claimed having faced problems with law-enforcement agencies before benefiting from the Program. 2 of them also stated that the persecution by the law-enforcement agencies persisted after they joined the MST Program.

The MST Program beneficiaries said that policemen in plain clothes followed by car every visitor to the Lori Marz Psychoneurologic Dispensary. According to another beneficiary, the police "are on the watch for" them somewhere near the dispensary facilities as they receive methadone. Any "new

treatment seeker" under the MST Program is spotted by the police and later finds himself/herself at the police station under various pretexts. Particularly, a beneficiary said, "The guys fear that if they seek assistance and are rejected, the police would plot against them and they would get into trouble and face red tape; that is why, they are afraid to seek joining the Program."

It should be noted that unlike the Republican Narcological Center of the RA Ministry of Health, the Commission of the Lori Marz Psychoneurologic Dispensary includes no police officer.

The application and involvement rate of the MST Program is also influenced by the conditions of methadone provision. The persons in need of the MST receive the medicine methadone at the set time on a daily bases.

If the Program beneficiaries fail to visit the facilities and receive their medicine at the set time on the set day, they are deprived of the right to use the MST Program, except for cases if the persons in question are physically unable to visit the facilities (e.g. if they are bedridden due to deterioration of their state of health). In such cases, the methadone dosage prescribed to the person is administered by the medical attendant through home visits. This also causes additional difficulties as it is the MST Program patient's relative who transports the medical assistant to the patient's place. Thus, to receive the methadone medicine, the beneficiaries of the MST Program find themselves "utterly" dependent on the medical institution and deprived of the opportunity to manage their own life by being "fixed" to their place of residence.

On the other hand, the person can be dropped from the MST Program only for "gross breach" of the conditions of methadone provision from the medical institution and its reception. Hence, the MST Program conditions fail to provide better access to medical care. The drug users seeking treatment under the Program face limitations of their freedom of movement, accompanied by persistent persecutions and oppressions by the police.

The data on the prevalence of drug use submitted by the RA senior drug therapist suggest that both the MST Program and the narcological services are not accessible to the RA citizens by their place of residence.

To sum up the conditions of the medical care offered to drug users by narcological services and under the MST Program, we can conclude that the clauses on treating drug abuse as a disease found in the RA Law on Medical Care and Services of the Population and the RA Law on Drugs and Psychotropic (Psychoactive) Substances fail to comply with the provisions of the European Charter of Patients' Rights.

The police continue to persecute drug users.

6 PERSONAL DATA PRIVACY

We have already referred to the issue of drug users' personal data recording and will now provide some more details.

According to the medical staff members of narcological facilities, drug users are registered in an electronic database and in the reception registry if they use free services covered by the state. Thus, the persons using paid services are not registered.

Hence, the drug users receiving paid treatment are not deprived of their driving license since their personal data are not registered, and their privacy is guaranteed.

The surveyed medical staff members gave different answers to the question about further use of the personal data. Particularly, according to some of them, the statistics of personal data of the individuals receiving narcological treatment are submitted to the RA police on a monthly basis,[7]

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[7] Source: http://www.healthrights.am/practitioner-guide-arm/more/1006/#223

ECHR, Article 8(1)

Everyone has the right to respect for his private and family life, his home and his correspondence.

The ECtHR noted that "the protection of personal data, particularly medical data, is of fundamental importance to a person's enjoyment of his or her right to respect for private and family life… Respecting the confidentiality of health data is a vital principle in the legal systems of all the Contracting Parties to the Convention. It is crucial not only to respect the sense of privacy of a patient but also to preserve his or her confidence in the medical profession and in the health services in general (See M. S. v. Sweden (27/08/1997) and Z v. Finland (1998) 25 EHRR 371. See Z v. Finland (1998) 25 EHRR 371 para 95).

According to the ECtHR, the disclosure of such data "may dramatically affect his or her private and family life, as well as social and employment situation, by exposing him or her to opprobrium and the risk of ostracism. The disclosure of the HIV status is particularly harmful. The domestic law must therefore afford appropriate safeguards.

European Charter of Patients' Rights, Article 6:

Every individual has the right to the confidentiality of personal information, including information regarding his or her state of health and potential diagnostic or therapeutic procedures, as well as the protection of his or her privacy during the performance of diagnostic exams, specialist visits, and medical/surgical treatments in general

Declaration on Promotion of Patients' Rights in Europe, Part 4.1 and Part 4.8:

"All information about a patient's health status … must be kept confidential, even after death… Patients admitted to health care establishments have the right to expect physical facilities which ensure privacy….

whereas another group of respondents believes that such data are provided to the RA police upon its written request. Some other respondents gave a general answer: "as prescribe by law". According to one of the directors, the patient's personal data may be provided to national security service officers even upon verbal request (by phone).

According to Para 4 of the RA Government Decree N 1599-N[8] of December 20, 2007, "…drug users are subject to registration by the local (their place of registration) out-patient medical institutions providing narcological services". At the same time, Part 4(7) of the RA Government Decree N 44-A of January 17, 2012 reads as follows: "… The services not covered by the state-guaranteed free in-patient narcological care as well as the in-patient medical care for non-citizens of the RA are paid and their prices are approved by decrees of the heads of such medical institutions."

According to Appendix 1 to the RA Government Decree N 1158-N of September 18, 2008: "…the examining bodies may not allow a person to take his/her driver's license qualification examinations if the person in question is found in the list of persons registered at psychoneurologic and narcological facilities submitted to the Traffic Police by such facilities."

The comparison of the decrees above suggests the conclusions below:

- The personal data of the drug users registered at medical institutions are submitted to the RA Police without their consent, which constitutes a violation of the person's constitutional right to privacy;

According to **Para 8, Appendix 1 to the RA Government Decree N 1599-N of December 20, 2007,** "The drug user registration data shall be confidential and may be provided only in cases prescribed by law. In such cases, the data above shall be provided exclusively by the Ministry of Health of the Republic of Armenia within 5 days following the inquiry."

RA Government Decree N 1327-N of October 18, 2012:
"Prescribe that on 1st and 16th days of each month the narcological facilities provide the Traffic Police Service under the Government of the Republic of Armenia with information about the individuals registered at the facilities by electronic data carriers or e-mail".

- drug abuse is the only disease acting as a reasonable ground to deprive a person from his/her driving license, which constitutes discriminatory treatment by health status.

It should be noted that regardless of type of services person use at the narcological facilities (medical examination, diagnostics, treatment) and the fact whether they are already cured, they are still prescribed a remission period of 5 years[9] from the moment their drug addiction is recorded and they are deprived from their driving license for the entire period.

Also, if a person is diagnosed with drug abuse, his/her driving license is suspended.

It should be noted that under Appendix 1 to the RA Government Decree N 1599-N of December 20, 2007, the registered drug user must undergo medical examination, whereas a surveyed medical staff members argue that it is impossible to conduct such examination if the persons in question do not turn to medical institutions. The decree above also reads that drug users shall be withdrawn from registration upon their sustainable remission of 5 years only if they are under medical surveillance during their remission period.[10]

Hence, the state has adopted a legal regulation prescribing obligations to drug users and discretionary powers to providers of medical services. This regulation makes the exercise of the drug users' rights contingent on the medical service providers whose opinion is crucial for the exercise of individual rights.

Furthermore, the narcological facilities usually do not inform the registered drug users about imparting personal details to the RA Police. According to the head of a facility, "Notifying the patients about it is rather problematic as most of them don't want to seek treatment here for that

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[9] Para 3, Appendix 1 to the RA Government Decree N 1599-N of December 20, 2007: "In the medical perspective, the sustainable remission shall mean that the drug user does not take any drugs or psychotropic substance for 5 years and more, which is documented in relevant medical examinations and objective medical opinion based on medical surveillance."

[10] Para 11(2), Appendix 1 to the RA Government Decree N 1599-N of December 20, 2007: «…Inter alia, the drug users shall be withdrawn from registration upon their 5-year sustainable remission under objective medical surveillance."

reason as they believe that the police will first of all suspect them as the "criminals" when investigating any case".

To sum up the legislative regulations on the privacy right of the persons who sought medical care with narcological facilities and the available data on their application, it can be stated that the legal regulations under governmental decrees fail to ensure the protection of drug users' data privacy, which leads to gross violations of their constitutional rights. According to the legal regulations, drug users "have to pay" to ensure their data privacy, which constitutes another gross violation of their privacy right. Such legislative regulations not only lead to the legal vulnerability of drug users, but to discriminatory treatment towards them as well.

7 RIGHTS NOTIFICATION AT NARCOLOGICAL FACILITIES

When asked about notifying drug users who applied to the narcological facilities on their rights, the surveyed heads of facilities and drug therapists gave different answers. Thus, the heads of facilities stated that it were doctors who notified their patients about their rights, whereas 2 out of 7 drug therapists claimed that they did not notify their patients on their rights in person. It is noteworthy that 6 of 15 medical staff members considered providing the patients with an information sheet on their rights only upon their request.

"As I came here, I was not even able to hear anything. It's all the same to me. I am here to get methadone treatment, that is my main goal, and I don't care for anything else.

Person treated for drug abuse

The interviews revealed that the concept of notifying the patients of their rights was viewed as notifying drug users who applied to the narcological facilities of their duties. Furthermore, some medical staff members were unaware of the rights of persons admitted to and treated at the medical facilities.

None of the surveyed 4 patients had any rights information sheets, and only one of them claimed being aware of his rights and duties.

The issue of legal assistance of drug users treated at narcological facilities is even more uncertain.

"The law enforcement agencies failed to take any measures and left us without any aid until we almost died, their doctor treats every disease with a half tablet of Aspirin."

Person treated for drug abuse

The patients stated that they had no need to submit any complaints, and the medical staff members said that the applications of the patients mostly concerned their discharge and some personal issues.

According to medical staff, the law enforcement agencies had never impeded or interfered with the treatment process. Meanwhile, the patients said that the law enforcement agencies did not disturb them during their treatment but they had faced such agencies before.[11] They also told the monitors that as they had been apprehended at the police station, they suffered drug hunger (abstinence (cop sickness) and were not offered relevant medical care.

To sum up, it can be stated that the drug users treated at narcological facilities are not notified about their rights in course of their treatment. In case of potential problems, they are not provided with necessary legal assistance prescribed under Para 5 of the Appendix to the RA Law on Psychiatric Care.

Thus, the narcological facilities fail to ensure the drug users' right to awareness,[12] explain them their rights and provide them with the patients' information sheets.

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[11]Before their treatment, 3 of the respondents had been convicted for drug trafficking. One of the patients said that he had used "benzene", and its component materials were on free sale, but as he was apprehended, the police officers "exploited" him; particularly, they wanted to know the names of the people from whom he had obtained or bought it, etc. Another patient mentioned that although he had last used drugs 2 years before, he was constantly under the eye of the police "they remembered me for my past."

[12] http://www.healthrights.am/ **World Medical Association's Declaration on Patients' Rights, Article 7:** "Patients shall be entitled to access information related to them registered in their medical records and be fully aware of his health state, including the medical facts about their conditions."

As for the problems related with the law enforcement agencies, we hereby note that while they do not interfere with the patients' treatment process at narcological facilities, they always "have their eyes" on such patients. Furthermore, the police continue demonstrating inhuman treatment towards them by violating drug users' right to receive adequate medical aid during the drug hunger.

CAT, 8 Report, Para 41: "Every patient must regularly receive comprehensive information about this/her health status and treatment."
European Charter of Patients' Rights, Article 3: Every individual has the right to access to all kind of information regarding their state of health, the health services and how to use them, and all that scientific research and technological innovation makes available.

European Convention on Human Rights and Biomedicine, Article 10(2): "Everyone is entitled to know any information collected about his or her health".
Declaration on the Promotion of Patients' Rights in Europe, Article 2(2) and (6): "Patients have the right to be fully informed about their health status, including the medical facts about their condition; about the proposed medical procedures, together with the potential risks and benefits of each procedure; about alternatives to the proposed procedures, including the effect of non-treatment; and about the diagnosis, prognosis and progress of treatment." Furthermore, "patients have the right to choose who, if any, should be informed on their behalf."

8 TREATMENT TOWARDS DRUG USER PATIENTS AT NARCOLOGICAL FACILITIES

The accessible and effective treatment of drug users at narcological facilities is highly dependent not only on the methods and procedures of medial service provision, but also on the conditions of the facilities and the treatment of the medical staff toward their patients.

8.1 Outline of Interpersonal Relations at Narcological Facilities

When asked about the relationship between the doctors and their patients, a surveyed drug therapist said as follows, "… the value of doctors has been diminished greatly. It is not right; the doctors must have nothing to do with money, otherwise you are disappointed, but it is a matter of earning one's living".

According to another drug therapist, the attitude towards doctors is growing worse; the patients enter the doctors' offices without knocking; as doctors make the rounds in the wards, the patients keep lying with a cigarette in their mouth.

One of the medical assistants/nurses noted that there were no disagreements. The patients know that "if they dislike something, they could be discharged from the facilities anytime they wish". According to another medical assistant/nurse, the medical staff members and patients have disputes over "bringing drugs to the facilities and being caught at it"; the patients also have disputes over getting higher dosage, mostly with the hospital attendants.

"My nurse knows quite well that if she is slightly inattentive toward the patient, she will take off her medical gown and lose her job.

Drug therapist

According to the heads of the facilities, most problems in the relationship between patients and medical staff mostly concern the discharge, and such problems are solved through conversations and discussions.

The medical assistants/nurses, heads of units and doctors all reiterated that the disputes were settled. They also noted that they tried to avoid disputes with their patients and sought to achieve compromise; according to one of the assistants/nurses, they try to “speak the same language”. As for the patients, they noted that the medical staff members treated them kindly and called them by their names, surnames or nicknames.

The head of one of the facilities noted that his facility had no compulsory Code of Conduct for the head and other medical staff members, and the other 2 heads of facilities claimed having an internal disciplinary code. The disciplinary measures include: deductions from salaries, reprimands (verbal/written) and dismissal.

The head of one of the facilities noted that he would never deduct the salaries of his medical staff members, as “a doctor’s salary is 50-60 thousand AMD, how can I deduct anything form this amount?”

The heads of the facilities noted that they used the incentives below: "commandment and words of praise to their employees”. One of them stated that he always stood by the side of his employees."

One of the drug therapists cited the main contents of doctor’s job description: “Do not harm your patients and treat them in good faith!”, while another doctor said that “their duties are fully described in their contracts.”

One of the nurses mentioned that her duties covered “treatment, actually doing everything to please the patient, be detail-oriented and ensure good treatment”.

According to another surveyed medical assistant/nurse, their duties included as follows: “give patients the necessary medicine, administer doctor’s prescriptions, follow-up the patients’ condition, act as the doctor’s “assistant”, carefully follow the treatment process, not to talk loud and avoid disputes with patients.”

According to hospital attendants, their duties included as follows: “change shifts, clean the facilities, store the food brought by patients from their places; make tea or coffee for the staff, show the visitors in the unit, search the visitors of the patients; look after the patients and ensure

that they wash themselves, eat, do not bring in any prohibited medicines through the windows, maintain discipline and help weak patients to the lavatory."

The patients considered their interrelations to be quite good and attributed their disagreements to daily life issues[13] that were resolved through conversations.

"What measures do you take to restrain the patients in an acute (aggressive) condition?

"Such patients are fixed with bed-sheets to their bed"

Drug therapist

8.2 Application of Physical Restraint Methods at Narcological Facilities

Narcoligical services are provided at mental health facilities where the doctors are permitted to make well-grounded decision on applying a physical restraint method towards persons with mental health problems in states of emergency.[14]

The RA legislation provides for no physical restraint methods against persons treated for drug or alcohol abuse.

[13] The patients have disagreements when asking each other for a cigarette, given the fact that the drug users who receive treatment share units or wards with person suffering mental problems.

[14] **RA Law on Psychiatric Care, Part 2(11):**

During their involuntary (forced) psychiatric hospitalization or their stay at mental health facilities, persons with mental disorders might be subject, by psychologist's decision to physical restraint (belts, special gowns) and isolation, medical tranquillizing measures, with their application and duration reasoned in relevant medical documents.

Some of the interviewees (1 hospital attendant, 1 drug therapist and 2 medical assistants/ nurses) claimed applying a method of physical restraint of drug users by fixing them to their beds by means of belts or bed-sheets.

8.3 Provision of Hygiene Items

All the surveyed employees and patients of the facilities, except one, considered the sanitary conditions good. 1 respondent said that often the bathroom did not function.

The patients are constantly provided with soap and toilet paper. A head of facilities mentioned that the facilities provided the patients constantly with necessary hygiene items: towels; tooth brush and tooth paste; clothes if necessary; and soap.

Meanwhile, according to the drug therapists, medical assistants and nurses, the patients receive only soap and toilet paper and bring the other necessary items, including their bedding from their homes, or their families do so.

The patients claimed using their personal items brought from homes. At the same time, they believed that "… the facilities would provide us with everything we need."

The patients keep their personal items in a general wardrobe since they have no personal one.

The hospital attendants claimed searching the patients' personal wardrobes for security reasons.

According to the staff of the facilities, they did not receive adequate allocations from the State to provide their patients with personal wardrobes; nevertheless, it is noteworthy that persons who received paid treatment mostly had personal wardrobes.

The nurses reported checking the patients' personal wardrobes every day for safety reasons.

The nurses or hospital attendants search the wardrobes for prohibited items if they have any slightest suspicion.

8.4 Bathing

The narcological facilities have a bathing schedule: once a week. The schedule is maintained either by a hospital attendant or a logistics nurse.

According to the patients, they could use the bathroom whenever they wished, even every day after 6 pm. Hospital attendants help the patients unable to take a bath on their own.

It should be noted that the law fails to provide for any criteria and procedures on provision of the drug user patients with food and hygiene items; permission to take walks; receive visitors and receiving and sending parcels. At the narcological facilities, all these issues are regulated by the standards and procedure applied for persons with mental health problems. This was affirmed both by the staff and the notes posted on the walls of the facilities. We believe that a differentiated approach should be adopted based on the nature of the disease and the treatment period prescribed; accordingly, the criteria shall be tailored to the patients' needs.

8.5 Food provision

The patients of the narcological institutions receive 3 meals a day according to the approved schedule. The menu is drafted by a diet nurse and then approved by the head of the facilities.
A nurse said that if patients missed their meal time for any reasons, their portions were kept for them to eat later.

The patients take the meals offered by the facilities in the dining room. Sometimes, they take the meal brought by their families in their wards.

As a rule, drug user patients take the food brought by their families rather than that provided at the facilities. Both the patients and the facilities staff stated so.

When asked whether the quality of food was good and sufficient, all the surveyed medical staff, except for one, gave positive answers. The latter said that both the meal and the bread portion were insufficient for one person.

A patient assessed the quality of the food offered at the facilities as poor. The other surveyed patients did not have the meals offered at the facilities and could say nothing about its quality.

A hospital attendant admitted that the facilities did not offer its patients meat every day, but still the offered meals tasted quite good and the patients did not complain of its quality.

8.6 CONTACTS WITH THE OUTSIDE WORLD

The narcological facilities have fixed hours for visits of patients from 12 pm to 4 pm.
The patient's right to receive visitors might be restricted (if the patient is in delirium).

The head of one of the facilities noted that they tried to minimize the contacts of the patients with many people so that they did not receive any prohibited substance from the outside world. Generally, close family are permitted to visit the patients.

The visitors with infectious diseases or in a state of intoxication are prohibited from seeing the patients.

All the visits to the patient are forbidden in the first 2 or 3 days upon his/her admission to the facilities until he/she overcomes the acute condition.

The monitors detected no serious problems or obstacles restricting the patients' right to communicate by phone at the narcological facilities. Given the necessity of preventing any potential negative impact on the treatment of drug users mentioned by the surveyed heads of facilities and medical staff, we can only assume that the patients' telephone conservations might be possibly controlled. Nevertheless, we did not detect any concrete fact on unauthorized eavesdropping at the facilities.

A drug user patient mentioned that: "the contacts with the outer world are good".

While the patients are entitled to receive parcels, some items are forbidden (sharp, cutting and lancing instruments; perishable food; products with poisoning risk, as well as black coffee, black tea, alcohol, medicines and drugs). The hospital attendants make sure that the visitors do not bring any of the prohibited items to the patients.

It is noteworthy that the visitors to the patients using free medical services undergo personal search, while those to the patients using paid services do not undergo any search.

The visitors' search is performed by a nurse or a hospital attendant at the reception or in a vacant room. The search can be conducted only by an employee of the same gender as the visitor.

8.7 Permission for Walks

Not all the patients of the narcological facilities are permitted to take walks. A head of one of the facilities mentioned that only reliable patients were allowed to take walks.

The permission to take walks rests on the patient's state of health. If the state of health allows for it, the patients may go out for a walk after 4 pm.

If the doctor trusts the patient, he may allow the latter to take a walk, e.g. with his wife, leave the territory of the facilities to resolve some personal issues, such as "retirement issues." The drug therapists restrict the right to take walks of the psychotic patients and those in an acute condition.

Patient's right to take walks may also be limited due to bad weather.

While walking, the patients are under the surveillance of nurses or hospital attendants. A drug therapist noted that "there are many technical problems, and due to such problems, very few patients can take walks at a time. There is only one hospital attendant who is unable to look after all of them and a drug user is capable of anything."[15]

Another drug therapist said that the patients had no opportunity to take walks in the yard.

The surveyed patients gave different answers. Thus, one of them claimed that they were not allowed to come out into the yard, while the others said they might go out to the yard, but did not want to do so.

Hence, we can draw the conclusions below:

- *The narcological facilities have no internal disciplinary rules and code of conduct;*
- *The employees are not only unaware of their job descriptions, but the latter also lack any substantial effect on ensuring the efficiency of the treatment of drug users;*
- *No drug therapist or nurse mentioned any modern treatment methods; they only talked about prescription and provision of medicines;*
- *The RA legislation permits to apply physical restraint methods only against persons with mental health problems exclusively for treatment purposes. While the law does not provide for applying physical restraint methods against persons treated for drug or alcohol users at narcological facilities, the medical staff members of such facilities*

[15]The drug therapist's words suggest that he does not consider the drug user as a patient and has a biased attitude toward him.

interviewed during the monitoring mentioned that physical restraint methods are also applied against drug and alcohol users, which constitutes a breach of the law;

- *The visitors to patients using free medical services receive discriminatory treatment as compared with those to patients using paid services in terms of their personal search;*
- *The patients are not provided with personal wardrobes;*
- *The patients' possibility to take walks depends on their state of health. Meanwhile, it should be noted that the patients' right to take walks is limited on subjective grounds and is not specified by the patients' behavior;*
- *The food quality is not ensured;*
- *The law provides for no criteria and procedures on provision of the drug user patients with food and hygiene items; permission to take walks; receive visitors and receive and send parcels.*

9 ON PATIENTS TREATED AT NARCOLOGICAL FACILTIES IN COURSE OF THE MONITORING AND PATIENTS TREATED AT SUCH FACILITIES IN 2013

In course of the monitoring, overall 13 persons received in-patient treatment at 2 units of the Republican Narcological Center of the RA Ministry of Health; 2 of the patients were treated in one unit, and the other 11[16] in another unit. All the surveyed drug therapists, except for one, found it difficult to recall any quantitative data on the person who received out-patient medical aid. A drug therapist mentioned that in course of the monitoring there were 3 persons receiving out-patient medical services in his unit.

According to the drug therapists, the number of persons who received medical care at the narcological facilities throughout the year amounted to some 700-750, of which drug users were 150 persons, and alcohol users were 600.

[16]These group of 11 patients probably included persons treated for alcohol abuse as well, since the drug therapist mentioned the total number of patients in his unit.

In course of the monitoring, there were no female or minor patients at the facilities. According to the drug therapists, women were very rare patients; annually, the number of the women who sought assistance with the facilities might range from 1 to 5.

Nor were there any patients receiving compulsory treatment. All the patients surveyed in course of the monitoring, sought treatment voluntarily.

At the time of the survey, the number of Methadone Substitution Treatment Program beneficiaries at the Republican Narcological Center of the RA Ministry of Health amounted to 190, and that at the Lori Marz Psychoneurologic Dispensary – to 20 persons. As for the Gymri Mental Health Center CJSC, no such program was implemented there in course of the monitoring.

The Syunik Marz Psychoneurologic Dispensary has not introduced the Methadone Substitution Treatment Program yet. The drug users in that region are deprived of the right to access to and use the Program.

The Table 3 below shows the numerical data of the persons who received medical services at the RA narcological facilities in 2013.

Table 3

	Treatment Type					
Name of the facilities	**Outpatient**	**Inpatient**	**Compulsory (outpatient)**	**Anonymous / outpatient**	**Anonymous / inpatient**	**MST Program beneficiaries**
Republican Narcological Center of the RA Ministry of Health	1053	162	8	52	56	121
Syunik Marz Psychoneurologic Dispensary	17	7	0	0	0	0
Lori Marz Psychoneurologic Dispensary	24	6	0	0	0	25
Gymri Mental Health Center	18	4	0	0	0	0
Total	**1112**	**179**	**8**	**52**	**56**	**146**

Thus, let us suppose that the number of drug users in the RA exceeds 30 000[17], so it follows that the number of the drug users who receive treatment makes only 5%. Based on the above, it can be noted that the rate of treatment seekers with the narcological facilitates is quite low. Below are the potential reasons for such rate:

- *Medical care is ineffective;*
- *Medical facilities have inadequate housing conditions;*
- *The quality and accessibility of medical services provided at the narcological facilities do not comply with the international standards.*

[17] According to the statistics disclosed by the RA senior drug therapist to the mass media.