



# Ukrainian Society

## Imagining the State: Ideology, Governmentality, and Drug Use as a Social Threat

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Presented at the

**12th Annual Danyliw Seminar**

Chair of Ukrainian Studies, University of Ottawa  
10-12 November 2016

Draft: Not To Be Cited Without Permission

In the summer of 2010, Ukraine's president, Viktor Yanukovich, made headlines by presenting an array of illegal drugs to those assembled at a cabinet meeting. In preparation for this moment, he had affixed little vials of banned substances to a folding display board in a manner that looked not unlike a student's science project. During his presentation at the meeting, Yanukovich claimed to have bought all of these drugs, ranging from synthetic marijuana to real cocaine, through online shops. His goal in doing this was to embarrass and criticize the state police force, accusing its leadership of being too soft and too ineffective in its control of drug trafficking across Ukrainian borders. Upon ending his verbal abuse of the police representatives seated around the conference table, Yanukovich then carried the substances he had acquired out into the stone courtyard of the parliament building. There, he tried, anticlimactically, to incinerate the drugs he had purchased, in full view of an emergency fire brigade and a cadre of news cameras, by throwing the vials, some kindling, and a lit match into a metal chute that had been arranged for this purpose.

I met my friend Ivan the day after this event aired on television. When he sat down at our lunch table, he was still visibly upset by what he had seen. After working several years as an English translator for the Alliance, he was very familiar with patterns of drug use across Ukraine and the true public health consequences of those behaviors. His displeasure was so severe that he was smoking more frequently and fervently than was his usual practice. It had also driven him to order a second and then a third beer during our meal. "This thing Yanukovich did," he told me between long drags on his cigarette, "this is the sign of an imbecile. The people who are most at risk, and are the hardest hit by the [HIV] epidemic—this is not how they buy drugs. These people [at-risk drug users], they do not even know what cocaine is."

Ivan's anger was directed, first of all, at the ongoing circulation of misinformation about drug use in Ukraine. Such inaccurate beliefs, like those which Ivan identified in Yanukovich's recent theatrics, are particularly problematic for staff at the Alliance, because the very MAT and harm reduction programs they are trying to buoy up are founded upon the biomedicalization of drug use. In other words, MAT is based upon a narrow and predominantly scientific view of drug use that is in direct opposition to cultural narratives that frame drug use as a sign of moral degradation and social peril (Singer and Page 2013; Valverde 1998). In addition, Ivan was also frustrated with the use of drugs and, by extension, drug-using Ukrainians as props in acts of political theater that otherwise had nothing to do with them. Ivan was not bothered by the fact that Yanukovich had an axe to grind with state police forces; he was offended that the president chose to air his grievance by invoking an inaccurate and highly negative social image of drug users. Rather than speaking to the realities of drug use, Yanukovich used *the idea* of drug users as harmful and dangerous for the purpose of publicly shaming his political subordinates.

This strategy of engaging with a shared “addiction imaginary” to express a larger social or political message can be seen quite often in Ukraine. Some examples of this strategy are grandiose, such as the public characterization of opponents of the Orange Revolution in 2004 (Fournier 2012) and, later, of the Maidan revolution in 2014 (Carroll 2016) as drug-addled fools who offered nothing to the betterment of the nation (see Chapter 6). Other examples are small yet socially powerful, such as the design of the foil wrappers that cover poppy seed flavored “Eskimo” ice cream bars produced by the Ukrainian “Lasunka” brand. The packaging bears a row of poppy blossoms along the top—a prominent symbol of Ukrainian culinary culture and a reference to the poppy seed flavor of the product. Along the bottom lies a matching cluster of cartoon-like marijuana leaves. In the middle of the wrapper, a bright red block of letters reads, in Ukrainian, “STOP NARKOTIK.” In English, these words literally mean, “stop narcotics.” There is even an illustration of a needle and syringe in the very center, in case the drug references still weren’t hitting their mark. All of these examples evoke the “addiction imaginary” in the service of a larger social or political point: e.g., drugs are dangerous substances from which the police should protect its citizens; opponents to the popular revolution are not simply bad, they are psychologically damaged; the complete rejection of drugs and drug users is a social value that should be taught even to very young children. Collectively, these discourses endorse a set of ideological values about who good citizens really are and how a strong, successful state should behave in caring for the enfranchised.

In this chapter, I examine closely two examples of such political discourse, which engaged different “addiction imaginaries” to make claims about the relationship between the government and the governed in Ukraine. The first of these discourses took place in a lengthy correspondence between the Ukrainian Ministry of Health (MOH) and the International HIV/AIDS Alliance in Ukraine (the Alliance), the primary recipient of the Global Fund grants that fund MAT in Ukraine. In March 2012, the Ministry of Health passed a new law, MOH Order 200, which placed severe restrictions on access to MAT, stipulating that only persons who had failed multiple attempts at “ordinary” or medication-free forms of therapy would be eligible. As this new policy was a violation of international standards and threatened the country’s agreement with the Global Fund, the Alliance quickly began lobbying the MOH in writing, imploring them to nullify the new regulation. With both parties adopting the role of a national authority on healthcare and the body politic of Ukraine, they each entered into a debate about the responsibilities of the state towards its citizens and whether (and how) drug users should be included among them.

The second example involves the Internet Party of Ukraine, a registered political faction lead by young adults from the city of Odessa who have changed their legal monikers to those of Star Wars characters: Darth Vader, Chewbacca, and Yoda, among others. Party leaders dress in costume, prank government officials, and post viral videos of their antics online. Exploiting the current nadir of confidence in the Ukrainian government,

the Internet Party's actions have resonated deeply with many of Ukraine's youth and propelled them to minor international fame. Many of the Party's public videos touch on issues of drug control, drug trade, and the moral imperative of the government to eradicate socially toxic drug users. They have delivered mock legislations to the Cabinet of Ministers and carried out disorganized "raids" of alleged "drug dens" in their home town. Part political parody, part genuine activism, these players criticize the inaction of local and state governments by satirically performing the role of government themselves. Both of these public discourses take place within the problem-space of citizenship and sovereignty. They are ultimately concerned not only with the ideals of citizenship or the entitlements promised therein, but also the boundary between the enfranchised and the disenfranchised and how the state is morally obliged to interact with individuals of either category.

Above all, this chapter takes a closer look at the congruencies between the medicalized subject-position of drug-users—specifically that upon which the logic of MAT as a treatment for opioid use disorder is founded—and the perceived social substrate of drug using actors in Ukrainian popular imagination, which preceded the biomedicalization of addiction in Ukraine. In the discursive spaces created between the Alliance and the MOH, between Internet Party activists, state authorities, and the general public, different notions—even incompatible notions—of the purpose of government drive these different actors to unique forms of protest, each of them invoking their own "addiction imaginary" to place drug users inside or outside of the legitimate Ukrainian citizenry and levying claims against the state for its concomitant role in either supporting drug users' constitutionally protected right to health or meeting their obligations to exclude drug users from society.

## Drug Use as Exception

In the wider sphere of anthropology, theories of citizenship have recently considered how the incorporation of neoliberal market forces into modern governance and statecraft has led to massive shifts in citizenship paradigms. Aihwa Ong has described these shifts as the disarticulation and subsequent rearticulation of "the elements that we think of as coming together to create citizenship—rights, entitlements, territoriality, a nation" (Ong 2006, 7). In places that have not necessarily followed the Western ideal of individualism, she argues, the neoliberalisms, which invoke these re-arrangements of citizenship and sovereignty, are not the political norm. Rather, they are invoked in moments of exception, moments in which market logic and the interests of private capital require a new configuration of rights and responsibilities in order to optimize the labor power of select portions of the population. In Ukraine, the processes that Ong describes are certainly taking place in some sectors of society. The fact that foreign technology

companies offer between 15,000 and 20,000 UAH per month (586-782USD at the time of writing) to software developers, yet the average educator working in higher education is provided with a monthly salary of only 3,000UAH (117USD at the time of writing) is a clear example of the inequitable distribution of rights and protections across the labor market. However, in Ukraine, where the legacy of Soviet rule lingers in the not too distant past, other ideals of statehood and citizenship continue to have purchase across many aspects of social and political life.

This particular arrangement through which citizens were connected to the state during the Soviet era is often criticized as overly paternalistic, allegedly encouraging the development of the “homo Sovieticus” (Zinoviev 1985), citizen subjects who are passive and dependent to the point of self harm, expecting all of the comforts of life to be delivered to them by the state. In fact, Soviet paradigms of citizenship and sovereignty were much more dialogic than this. In the context of a centrally planned society, Soviet citizens participated in social structures that were intimately linked with (and mutually dependent upon) the physical and political infrastructure of the Union (Collier 2011). Personal relationships grew and evolved to fulfill not only key psychosocial needs but also to play key roles in the distribution of finances and material goods across the population (Dunn 2004; Ledeneva 2006; Patino 2008; Parsons 2014). This allowed Soviet citizens to not only “get by” but sometimes even thrive within an economy of deficit. To accurately characterize this configuration, it is not enough to say that citizens relied on the government for elements of their wellbeing. Rather, the state, itself, was defined and justified specific obligations to its citizens. In other words, providing certain services for the welfare of the population was—and often still is—seen as the entire purpose of having a government in the first place.

Therefore, to fully understand what it means to argue over the rights and privileges of drug users in Ukraine today, we must first consider our current theoretical understandings of how biomedicine, personal identity, and state governance interact. Interestingly, much of the foundational anthropological work on these questions has been based on ethnographic research carried out in the 1990s in Ukraine. Specifically, Adriana Petryna introduced the term “biological citizenship” into the medical anthropological lexicon through her moving ethnography of victims of the Chernobyl disaster living in Ukraine. Petryna defines biological citizenship as “a massive demand for but selective access to a form of social welfare based on medical, scientific, and legal criteria that both acknowledge biological injury and compensate for it” (Petryna 2002, 6). She illustrates this point through the experiences of some individuals who chose to expose themselves to radiation following the Chernobyl disaster in order to improve the likelihood that the effects of radiation would be visible to biomedical detection. Most of these individuals were already sick and suffering the consequences of the Chernobyl disaster, but not severely enough for the state to acknowledge them as injured and trigger access to the social welfare and support designated for victims.



Everyday life in Ukraine, even after independence, remains colored by the perceived obligation of the state to provide care for its most deserving citizens—the very perception that inspired Petryna’s work among Chernobyl victims in the 1990s. In the summer of 2010, I lived with a local family on the outskirts of Kyiv who were all—except for the youngest daughter who was not yet born in 1986 when the Chernobyl accident occurred—officially classified by the state as “sufferers” of the disaster. My hostess, a middle aged homemaker named Tania, showed me the special documents that affirmed their status as such, speaking with gravity about the ills they had suffered and the readiness with which the Ukrainian state afforded the healthcare they needed as a result—even to this day. Her pride was matched by her indignation for the Soviet government, which did nothing for them. More than once during my short stay with her family, Tania and her children, now grown with children of their own, received regular evaluations at the local polyclinic. Tania also made sure I noticed the small scars her eldest daughter bore in the soft tissues above her collar bone: the legacy of a childhood surgery to remove her thyroid glands as a result of radiation exposure, a procedure received from the state for the sake of her daughter’s welfare.

In Petryna’s analysis of post-Chernobyl socio-medical welfare, “the linking of biology with identity is not new. What is new is how connections between biology and identity are being made” (Petryna 2002, 14). That emergent connection was later solidified through state policies enacted shortly after Ukraine’s independence from the Soviet Union. In a form of legislative back-lash against what Ukrainians perceived as the immoral neglect of Soviet citizens, the independent government decreased the level of radiation exposure required to qualify for special medical services to 20% of that required by Soviet authorities; the new government also imposed a 12% income tax on both state and private businesses to fund the new services promised to citizens who were owed these privileges and acts of compensation (Petryna 2002, 23–24). With the number of official sufferers reaching as high as 3.5 million by 1996 (which, at that time, was approximately 7% of Ukraine’s total population), the Ukrainian state categorically lacked the financial ability to fulfill the promises of social welfare it had made and frequently placed the unmet needs of Chernobyl victims at the forefront of their appeals for financial support from the World Bank and other international monetary institutions (Petryna 2002, 101). Yet, as Tania’s seriousness in explaining her family’s medical care reveals, the financial impracticalities of these state provisions for Chernobyl victims have had little bearing on the perceived appropriateness or moral necessity of this benefit system, even 25 years after the disaster.

Though the forms of biologically mediated identity and citizenship that Petryna first discussed were distinctly Ukrainian phenomena, other social anthropologists of global health and medicine have seen similar entanglements between biomedical states and citizen’s rights elsewhere—especially in the realm of international responses to HIV. Since its emergence in the early 1980s, HIV has been generally treated as an exception-

al disease. It has always born some association with social deviance (i.e. drug use, sexual promiscuity, homosexuality), moral threat, and the limits of scientific technology to mitigate biological danger (Sontag 1988). By the 1990s, it stopped being seen as an exclusively “gay disease” and its relevance to the mainstream population was acknowledged. Targeted regulatory and financial responses to HIV sprung to life, producing new funding streams for treatment research, enhanced medical education on HIV and related chronic diseases, and new standards of care for those living with HIV (Wake-man, Green, and Rich 2014). Ironically, in addition to boosting the discovery of effective new treatments, these developments also effectively re-classified HIV as an exceptional socio-medical problem, one that deserved special treatment, whose patients required extraordinary care. The end result of the exceptional status given to HIV and to people living with HIV was the establishment of single-purpose or “stove-piped” (Garrett 2007) mechanisms, which bring HIV care to the most recourse-poor parts of the world in isolation from any other aid or development support.

Anthropologist Adia Benton has argued that the very financial structures and interventions intended to respond to the global HIV epidemic “entrench and reinforce HIV’s exceptional status” (Benton 2015, 9). The same is true in Ukraine; the work of organizations like UNAIDS and the Global Fund, which establish incredibly resource-heavy programs to prevent HIV in otherwise resource-poor places, does have a marked effect on the social fabric of local communities. Add to this Ukraine’s massive overlap between HIV and substance use—which has, itself, undergone a massive transformation from a personal failing to a medicalized condition in the past several decades (Singer and Page 2013; Valverde 1998)—and it comes as no surprise that the social status of individuals receiving MAT for opioid use disorder *and* for HIV prevention become particularly convoluted. However, as previous chapters in this book have discussed (see Chapters 3 and 4), the nature of these biologically exceptional subject roles can vary widely from place to place as those medicalized identities graft onto pre-existing social discourses differently in each new cultural context, producing unique social positions and opportunities for social distinction wherever they are deployed.

Emergent forms of biomedical citizenship are, predictably, intertwined with notions of statehood as well, as the definition of who—or what—constitutes an exception is a decision that, by definition, lies in the hands of sovereign powers. Physician and anthropologist Vinh-Kim Nguyen has described this ability to distinguish different forms of citizenship along biological lines, specifically, as “therapeutic sovereignty”—the ability to determine through social and biomedical means who does and does not qualify as a special exception and, by extension, who does and does not deserve the rights and privileges of “therapeutic citizenship” (Nguyen 2010, 6). However, whereas biological citizenship, in Petryna’s conception, is rooted in an individual’s recognition as a biological exception by a state power and fulfilled in that individual’s claims against that state for services to redress their exceptional need, Nguyen’s, concept of therapeutic citizenship

acknowledges the emergence of an international structure of governance (like the Global Fund), which, when correctly appealed to, may step in to offer necessary services that the state has failed to provide. In Ukraine both of these governing structures—state and international—are present and deeply complicit in the provision of MAT for drug users and the social implications of their access to it.

The practical difficulty that arises when multiple sovereign actors (state government, international government, non-government) have a claim over the same set of citizenship regimes: they often disagree about the form that citizenship should take. The Alliance and the MOH, specifically, have long prioritized different approaches to the practice of cleaving Ukrainian society into the worthy on one hand and the undeserving on the other. Popular opinions, held by those beyond the Alliance and the MOH, can swing in even more directions than these, resulting in a cacophony of voices making claims about who drug users are and how the government should be handling them. As the next sections of this chapter will show, these appeals are based on fundamentally different understandings of who drug users are, what their place in society should be, and what obligations a state government has to respond to drug use – either for the sake of drug users or for the sake of everyone else.

## Order 200

Though the provision of MAT is funded in Ukraine entirely through an external grant from the Global Fund, the protocols and regulations governing that provision remain are set by the Ukrainian government. Under the jurisdiction of the MOH, the protocols for MAT are regulated through a piece of legislation cataloged as MOH Order (*nakaz*) No. 200. This law was first approved on March 27, 2012, ratified later that summer, and has since undergone several revisions, the most recent on December 17, 2015. This document outlines the national standards for MAT care in Ukraine, specifying eligibility criteria for patients, physicians' scope of practice within the context of MAT care, and the formal reporting procedures required of MAT clinics, among other details. The Order was drafted and enacted as part of the MOH's fulfillment of the plans outlined in Ukraine's 2009-2013 National HIV Control Strategy (Ministry of Health of Ukraine 2015), making it a key regulatory component of the state's public health infrastructure.

When first drafted in 2012, Order 200 enacted stringent requirements for the administration of MAT, creating challenges for patients and clinicians alike. For physicians, various reporting mechanisms were mandated despite appearing unreasonable, redundant, or unclear. The MOH also stipulated that the decision to make a diagnosis of opioid use disorder (as well as the subsequent decision to initiate MAT for any given patient) could only be made by a commission of at least three licensed narcologists—a



requirement impossible to fulfill in most of Ukraine, where a single narcologist is typically present to serve the population of a large rural area. For patients, Order 200 required, among other things, a history of at least three years of illicit drug use as well as official documentation of two previous, failed attempts at treatment without medication assistance (*likuvannya bez zastosuvannya narkotychnykh zasobiv*) in a regional narcology clinic within the past year in order to be eligible for MAT (Ministry of Health of Ukraine 2015). The Order did not specify forms of acceptable treatment, forms of acceptable documentation, or what allowed a prior treatment to be classified as “failed.” In this way, Order 200 effectively prevented the use of MAT as a first-line treatment for opioid use disorder, essentially forcing to patients and physicians to prove through redundant or hindering documentation that each instance of treatment was genuinely “necessary,” as the MOH had defied it.

I first learned of Order 200 in the fall of 2012, about three months after it had first gone into effect. I was travelling through the southern town of Kherson with Sergey, the program advisor visiting MAT clinics across southern Ukraine (see Chapter 4). While we were stopping by a tiny polyclinic on the outskirts of town, a physician reported to Sergey that an unnamed narcologist colleague in the city of Kharkiv (the second largest urban center in Ukraine, located about 10 mi southwest of the Russian border) had devised a plan with his staff whereby they would enroll patients in an accelerated “recovery program,” lasting about two weeks, which was purposefully designed to fail. By helping patients complete and fail two such treatment programs in rapid succession, the clinic could legally produce the documents necessary for their opioid dependent patients to qualify for MAT in about a month’s time. This pathway to MAT effectively reduced their patients’ delays in care down to a little more than thirty days. By most standards, this is an incredibly long time to postpone the initiation of treatment for someone who needs and wants MAT. In the context of the new Order 200, however, this complex process seemed virtually streamlined. Though I was unable to independently confirm the veracity of this story, I was struck by how plausible the physician in Kherson found this story to be. In the face of ridiculous barriers to care, ridiculous work-arounds seemed a reasonable thing to conjure up.

Distaste for the limitations imposed by Order 200 was not limited to cunning physicians seeking quick ways to connect their patients with treatment; the Alliance began formally protesting the content of the original Order within weeks of its passing and continued their lobbying campaign for the better part of a year, until, under significant pressure from both local and international agencies, the MOH amended the regulations. Throughout that time, the Alliance not only attended stakeholder meetings with the MOH but also took part in a lengthy correspondence with various government entities to advocate for the Order’s revision. What became clear, over the course of that correspondence, was that the fundamental disagreement between the MOH and the Alliance was not whether Order 200 allowed MAT programs to serve their purposes properly,

but over what sort of citizen-subject position drug users deserved to occupy and, consequently, how MAT should serve as a logical interface between the Ukrainian state and its drug using residents, according to how they are perceived.

In a letter dated May 16, 2012, the Alliance delivered its first words of concern to Raisa Bogatyrova, who was then serving as both the Minister of Healthcare and the Vice Prime Minister of Ukraine (Document 4). Their initial objections were practical: the new requirements for eligibility would limit Ukrainian's access to treatment, thus preventing the country from reaching its own goal of scaling up MAT to cover 20,000 patients, as outlined in the 2009-2013 National HIV Control Strategy. This would have been a 150% increase over the level of MAT coverage in 2012 (Bojko, Dvoriak, and Altice 2013). Furthermore, burdensome and sometimes contradictory regulations setting physicians' reporting requirements, the Alliance claimed, put physicians at risk for criminal prosecution. This threat felt particularly real following the 2010 arrests of two MAT physicians, Dr. Yaroslav Olendr in Ternopil' and Dr. Ilya Podolyan in Odessa, who were charged with drug trafficking for activities they carried out in the normal course of providing patient care.

In addition to these matters, the Alliance emphasized to the Vice Prime Minister that the content of Order 200 might affect Ukraine's international reputation. First and foremost, they argued, the Order represented a step backwards in Ukraine's attempts to conform to international standards of health care, thereby potentially jeopardizing Ukraine's relationship with the Global Fund. Furthermore, by ostensibly limiting Ukrainians' constitutionally protected right to health care, the ratification of Order 200 "may tarnish Ukraine's international image as a democratic state, which upholds human rights and fulfills its international obligations." To substantiate these claims, the Alliance attached a 17-page document detailing the current text of the order, their recommended changes to the text of order, and lengthy rationale for every proposed edit, both major and minor. Therein, they appealed multiple times to the rights of all Ukrainian citizens to healthcare, as stipulated in the Constitution of Ukraine.

Though it had already made its position on the matter clear through its ratification of Order 200, the MOH nevertheless carried out its due diligence and responded to the Alliance's concerns. In a letter dated May 29, 2012, the head of the MOH's State Service on HIV/AIDS and Other Socially Dangerous Diseases, Tatyana Alexandrina, wrote back to concede to a small number of requested changes (Document 6). For example, the regulation requiring a council of at least three narcologists to approve MAT for any given patient was altered to allow the opinion of only two narcologists to suffice. Aside from this willingness to fidget inconsequentially with a few details, however, the MOH and other representative government bodies repeatedly insisted through their correspondence with the Alliance that Order 200 was, in fact, congruent with Ukraine's National Drug Control Strategy, Ukraine's National HIV Control Strategy, and the articles of the

European Convention on Human Rights. Such claims were made by the Deputy Minister of Justice of Ukraine, Dmytro Vorona, in a letter to the Alliance dated June 18, 2012 (Document 8); the First Deputy Minister of Justice, Inna Emelyanova, in a letter to the Alliance dated July 17, 2012 (Document 10); and again by First Deputy Minister Emelyanova in a letter dated November 5, 2012 (Document 18). This line was being toed by government representatives so hard, in fact, that the text declaring Order 200's continuity with these other documents appears to be literally cut and pasted between these letters, copied verbatim in each subsequent occurrence in official correspondence.

Seeing their appeals over drug using citizens' constitutional right to health care so resoundingly ignored, the Alliance quickly switched gears and adopted a new tactic in their lobbying efforts: focusing on the importance of MAT for general HIV control. In response to Tetyana Alexandrina's letter dated May 29, 2012, the Alliance sent a new document on June 21, addressed directly to Alexandrina, raising this very point (Document 7). The Alliance specifically emphasized that the stabilization opioid use disorder with MAT is necessary for successful HIV/AIDS treatment, and that active drug use should not serve as a barrier to care among those living with HIV. In their estimation, the requirement that individuals with opioid use disorder undergo (and subsequently fail) two non-medication assisted attempts at recovery prior to beginning MAT directly and negatively impacts HIV care by delaying the achievement of pharmacological stability and adding stress to the life of an HIV-positive individual at the most critical time—when they are first initiated and settled into a steady routine of HIV care. The Alliance also lobbied the president of Ukraine, Viktor Yanukovych, about their HIV-related concerns directly. In a letter dated November 30, 2012, the Alliance asked him fully fund treatment for HIV, TB, and hepatitis in Ukraine and to prioritize the scale up of access to MAT across the country (Document 19). In their closing lines, the Alliance appealed to the president to personally ensure the provision of adequate healthcare for all citizens: "Saving the lives and the health of citizens should be a top priority for the government," they wrote. People living with HIV, the letter implies, are members of that citizenry, which the government is obligated to serve, especially if it is to live up to its desired reputation as a functioning, successful, democratic state.

In these written appeals, the Alliance evokes narratives of exceptionalism in a number of different and sometimes contradictory ways. For instance, they overtly describe healthcare—including antiretroviral drugs for people living with HIV and MAT for those struggling with opioid use disorder—to be basic rights of the citizens of Ukraine. Yet, at the same time, they also implore the government to recognize the fact that HIV (and other synergistic infections like TB and hepatitis) merit special action on the part of the president for the sake of the health of all Ukraine. Furthermore, even though they talk of MAT care as a basic component of the healthcare, which the government is constitutionally obligated to provide, the definition of that constitutionally enfranchised citizenry slowly transforms over the course of their correspondence. In their initial let-

ters to Raisa Bogatyrova (dated May 16, 2012; Document 4) and in their first document of proposed changes sent to Tatyana Alexandrina (dated May 29, 2012; Document 7), the Alliance clearly outlines the benefits of MAT for people who use drugs *for the sake of those people who use drugs*. Yet, with their letter to Alexandrina, their turn away from drug using individuals and toward the general population's need for good HIV control begins with the following claim: "Treatment for opioid use disorder is a key component of care for HIV-infected people who use drugs. HIV-infection and opioid dependence are not separate; they augment one another." From this point on, the Alliance's rhetorical strategy ceases to give voice to drug users and instead buoys government concern over a generalized HIV epidemic.

It is certainly very reasonable for the Alliance to be making demands for better HIV care. Such demands need to be made, and the connections that they draw between quality MAT care and quality HIV control are very real. However, just as not all drug users are living with HIV, so not all people living with HIV are drug users. There is overlap between these populations, but both their memberships and their public images, and thus their relationship to the rest of society, are quite different. In other words, the nature of their biomedical exceptionalism is different. What can be seen in the evolution of the Alliance's rhetorical tactics is a gradual conformity to the popular idea that people who use drugs are unworthy—anti-citizens who do not (or do not deserve to) enjoy the same protections and privileges as ordinary citizens. I am not criticizing the Alliance for this choice; they were in a precarious situation and were forced to make difficult choices when fighting difficult battles—battles that their strategic choices ultimately helped them win a year later when these problematic provisions were removed from the Order. Nevertheless, the Alliance did fall back on a strategy that tacitly reproduced variegated forms of citizenship (Ong 2006) that function to marginalize drug users, separating them out as a dangerous other. They then appealed instead to the idea that the general, ordinary, enfranchised citizens of Ukraine would benefit from better HIV control systems—including MAT—subordination discussion of what drug users, as a population, really needed.

The impact of that variegated citizenship can be seen in the MOH's own statements about the logic behind the stringent regulations of Order 200. Rather than the improvement of quality of life for people suffering with opioid use disorder, government representatives tended to speak of the benefit to the rest of society obtained by corralling drug users in treatment. For example, Tatiana Alexandrina listed out the goals of MAT care one by one in her May 29 letter to the Alliance as follows (Document 7):

1. To decrease the use of illegal opioids by preventing the emergence of opioid withdrawal syndrome.
2. To stabilize and improve of the psychosomatic state of the opioid dependent patient.

3. To decrease criminal activities related to injection drug use.
4. To decrease risk behaviors associated with the spread of HIV infection, Hepatitis B and C and other [blood diseases] among injection drug users
5. To attract injection drug users into contact with social services and to create conditions for the social rehabilitation and reintegration of these patients into society.
6. To create conditions for the effective treatment of AIDS, TB, and accompanying illnesses of HIV (Sepsis, purulent infections, hepatitis B and C, trophic ulcers, phlebitis).
7. To create conditions for quality medical services for pregnant women who use drugs.

It is worth noting that each of these justifications for MAT benefits someone other than the MAT patient—with the exception perhaps of number 2. Decreasing crime benefits society at large. Decreasing the risk of new HIV and hepatitis infections also benefits members of wider society who have not yet come into contact with these diseases. Even care for pregnant woman can, especially in a pro-natalist political environment, be motivated largely for the welfare of the baby. The only true benefit unique to the MAT patient acknowledged herein is the general improvement of the patient's mental and physical state—a relatively minor accomplishment considering the range of benefits that MAT can offer to someone who needs it.

Though the idea that MAT, when offered, is provided for the sake of others appears throughout many of the government's letters to the Alliance, this idea was really brought home in a letter from Deputy Minister of Health, Oleksandr Tolstanov, to the Alliance, dated October 11, 2012. In defense of the MOH's work in drafting Order 200, he observed: "The State Service on HIV/AIDS and Other Socially Dangerous Diseases of Ukraine has taken great care in the preparation and approval of the Order, and, in addition to the interests of MAT patients, has also taken into account the rights of Ukrainian citizens who are not injection drug users" (Document 13). Clearly, the population to be managed by MAT and the population against whose well being the costs and benefits of MAT would be weighed were not one and the same (Mason 2016)California", "number-of-pages": "272", "event-place": "Stanford, California", "abstract": "In February 2003, a Chinese physician crossed the border between mainland China and Hong Kong, spreading Severe Acute Respiratory Syndrome (SARS. Drug users were to be managed, but in a way that best served Ukraine's deserving, non-drug using citizens.

Thus, both the Alliance and various entities in the Ukrainian government presented MAT as a practical interface, a mediator, between the state and certain segments of its population. However, the citizen-subject positions that drug users were slated into



were conceived differently by the Alliance and the MOH. Consequently, the perceived obligations of the state to those subjects, so defined, varied as well. Though the Alliance did not ultimately endorse the definition of drug users as less worthy citizens or as non-citizens, neither were they able to push back against this idea while still protecting drug user's fragile access to MAT. They only found success in their lobbying efforts through their tacit acceptance of a discourse that codes drug users as non-citizens against which the rest of the body politic should be protected.

## The Rise of the Dark Side

Around the same time that politicians and public health advocates were occupied with the conflict over Order 200, a small group of political activists from the city of Odessa were rising to minor media fame over a similar issue. They call themselves the Internet Party of Ukraine. The group first came together in 2007, drafted their social platform in 2009 (The Internet Party of Ukraine 2009), and formally registered as an official political party in Ukraine in 2010. At the time of their registration, they were the 174th formal political party in Ukraine (Interfax-Ukraine 2010). They were then and remain now virtually inconsequential on Ukraine's political stage.

What this group lacks in political acumen, however, they make up for with their talents in guerrilla street theater. Party members often dress up as well-known characters from George Lucas' classic Star Wars saga and attempt to conduct business with local and state authorities while adopting their characters' personae. The most well known of these public performers—and the official “leader” of the Internet Party—is an individual who imitates the nefarious antagonist Darth Vader. This Darth Vader impersonator consistently presents himself, both in public and online, as a true defender of Ukrainian values and an unquestionable authority on the health of the nation. His Ukrainian-ness has been hyperbolically performed in popular videos that depict him playing the bandura (a classic Ukrainian stringed instrument) while sitting with his horse under a blossoming cherry tree—a highly recognizable and romantic visual trope often used to depict Ukrainian Cossack warriors. Darth Vader even removed his black helmet in one such clip to reveal a distinctly Cossack hairstyle underneath. The social message conveyed by these visual affairs is typically one of criticism against the Ukrainian government. For example, the video of Darth Vader playing the bandura under the cherry tree poked fun at the Ukrainian parliament's reputation for corruption. In the clip, a voice-over track recites the phrase “Don't let them eat our salo.” Salo is cured pork fat—a cherished national dish and potent symbol of the national livelihood allegedly being stripped away from Ukrainians by their corrupt government officials. Ultimately, the Internet Party of Ukraine is more of a troupe of protest artists than a

political; registering with the Ministry of Justice and unsuccessfully running for local elections simply adds a layer of authenticity to their satire.

Throughout its history, the Internet Party of Ukraine has frequently engaged in public stunts designed to draw attention to a particular indicator of state failure: the proliferation of drug use and drug dealing in Ukraine. For example, on June 3, 2013, the Internet Party uploaded a video to their YouTube channel (which, at the time of writing, has received more than 100,000 views) showing Darth Vader marching up Kyiv's Hrushevsky Street, flanked by more than a dozen storm troopers, towards the building of the Cabinet of Ministers of Ukraine to seek the audience of Prime Minister Mykola Azarov<sup>1</sup>. The video shows Darth Vader and his entourage being stopped at the driveway to the building by security guards. Darth Vader introduces himself with theatrical gravitas to each new individual he encounters: "I am Darth Vader, right hand of the Emperor Palpatine." He demands to speak with Azarov on "topics related to the future of millions of Ukrainians," but the security guards watching over this government building are diligent in refusing him passage. Several minutes into a rather nonsensical back and forth with the guards, one of the officers on hand asks Darth Vader and his men to please step aside and out of the driveway intended for cars. Vader bites back with ire, "One does simply not tell Darth Vader where it is he should go! How do you not get this? I am a Sith Lord. And who do you think you are?" The officer sighs with exasperation as bystanders openly laugh in amusement at what they are witnessing.

The scene concludes with a scowling bureaucrat emerging from the Cabinet of Ministers building to receive the written statement that Darth Vader has brought with him, clearly hoping to bring this spectacle to an end. After again offering his verbose introduction, Darth Vader expounds to this new representative upon the troubles that he and his "constituents" are experiencing in Odessa:

You have heard of the problems in Ukraine. In particular, in Odessa, people are engaging in the legal sale of narcotics. It goes on day and night all along Glushko Street. And I would like to see not only these elements, which operate openly in Odessa, removed, but see such elements removed across all of Ukraine. Because with you all, here in Kyiv, I have not seen these kinds of stalls where they are selling these mixtures that are not included on the list of prohibited narcotic compounds, yet this situation does damage to the health of every Ukrainian.

Darth Vader then hands his written statement to the man in front of him. Yet, instead of offering a hand to accept it, the bureaucrat asks him why he has not simply taken up this issue with the police. Darth Vader replies that the police in Odessa are lining their own

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1 <https://www.youtube.com/watch?v=XcZiGdDNvfk>

pockets with this drug trade. “Those who work as drug barons keep our state services in their pockets to protect their own interests, he says. “Everyone knows this.”

About a week later, this group made headlines again, this time in their hometown, by violently storming a business on Pushkinska Street, out of which narcotic products were allegedly being sold. A local news clip<sup>2</sup> show Darth Vader and several uniformed storm troopers throwing smoke bombs into the store, effectively clearing out the staff who were there. On video, storm troopers can be seen hurling stones into the store and hollering “For the Empire! A drug-free Ukraine!” Some were also filmed spray-painting stencils of Darth Vader’s visage on the exterior of the building. The news anchor for Podrobnosti.ua, which reported the event, quoted the involved participants from the Internet Party as saying, “The police know all about [the drug sales], but they do nothing about it.”

The Internet Party raided another location—an alleged “drug den” housing an illegal narcotics trade—in November of that year. Darth Vader made an appearance, as did Chewbacca and a handful of storm troopers. This time, however, the Internet Party gang was also accompanied by several dozen ominously dressed young men, most of them wearing balaclavas or surgical masks to hide their identities. In a video<sup>3</sup> posted by the Odessa-based news group Civil Alliance, Darth Vader is seen with a megaphone, leading the group of rough-and-tumble looking young men down the street as they chant “Ukraine! Drug Free! Ukraine! Drug Free!” The actual raid carried out on the “drug den” in question was much more violent than the Internet Party’s the previous raid carried out in June. The rental space they targeted was locked up tightly. The group began banging on the metal railings and walls around the main door with sticks and eventually used an angle grinder to gain access through the locks. In response to the ruckus being created, several police officers soon arrived to the scene of the raid, and a substantial crowd of onlookers gathered closely around to watch the scene unfold.

It quickly became clear that the bystanders—ever growing in numbers—were hardly scandalized by what was happening. Instead, they cheered the raiding party on and yelled angrily at the dozen or so police officers who were trying in vain to keep the scene under control. In the video posted by Civil Alliance, a reporter moves through the crowd asking pedestrians to explain what they have seen there. “Why are the police showing up? What are they doing here?” she asks a woman standing on the sidewalk with her young child in tow. “The police are doing nothing here!” the woman replied. “They are all drug users [*narkomany*] in that place.” “And the police *protect* the drug users [*narkomany*]!” a third woman hollered back. This response was echoed by many subsequent members of the crowd, all of who condemned the involvement of police forces in the

<sup>2</sup> <https://www.youtube.com/watch?v=OmJjfNoeCSU>

<sup>3</sup> <https://www.youtube.com/watch?v=VFVFZTrSKh4>

local drug trade. Indeed, the harshest words that were spoken, repeated in refrain by angry residents, were these: The police do nothing about drug users. They do absolutely nothing at all.

Public reception to this satire, which frames Darth Vader, the vicious and authoritarian leader of George Lucas' fictional Galactic Empire, as a morally righteous defender of the Ukrainian people, is so successful because it so cleverly taps into feelings of state abandonment that are harbored by many residents of Ukraine. On its face, the joke being played out here is that the Ukrainian government is so bad that even Darth Vader seems great by comparison. As well, the level of absurdity that Internet Party members bring to their public stunts, including their commitment to their character roles when they go out into public, mirrors the absurdity that Ukrainians see in their own parliament, which has been host to several physical brawls in recent years and even an infamous egg throwing incident, which forced then Speaker of the Parliament Volodymyr Lytvyn to carry out his duties at the podium while guarding himself under an umbrella (Harding 2010).

On an even deeper level, though, the Internet Party of Ukraine stage performances that diagnose specific pathologies of the Ukrainian government. In this view, the role of the state is to protect its citizens from dangerous outside elements, and individuals who use drugs are viewed as the personification of those evils. Thus, even as the Global Fund funnels millions of dollars into Ukraine to fund MAT for the treatment of opioid use disorder, and even as the Alliance debates with the MOH over the human rights of drug users, the of biomedical understandings of substance use into Ukrainian society remains thin, with much of the population content to view drug users as categorically and intolerably dangerous creatures. It is this underlying belief that motivates the Internet Party's theatrical and sometimes aggressive actions against alleged drug users. Their philosophy presumes an ideal relationship between the state and its citizens and draws on the social imagination of drug users to accuse state authorities of failing to uphold their end of the bargain.

## Conclusion

Contention over the correct institutional and ideological arrangement that sets the state and its citizens in relationship with one another has long been tethered to questions of health and health care. Since the ascendance of the modern nation state in the 19th century, political theorists like Karl Marx, John Locke, and Alexis de Tocqueville have argued that the health of the population is, in one way or another, a reflection of *how*—in addition to *how well*—an organized state is functioning. Local views about the territorial and demographic boundaries of the state, eligibility for citizenship, the role

of governing forces in mediating social and economic structures, and the obligations of both individual and institutional actors towards each other all form the substrate of national identity and define the ideologies and practices through which individual citizens come to understand who they are and where they belong.

In this paper, I have argued that the varied “addiction imaginary” in Ukraine provides politically engaged actors with a diverse pallet of narrative tropes and emotional indices with which to articulate values connected to citizenship and sovereignty, to make claims about what the appropriate relationship between citizen and state should look like. In the examples detailed above, both the Alliance (an institutional actor with ties to international governance technologies) and the Internet Party of Ukraine (a grassroots organization of protest artists from Ukraine) levied claims against the Ukrainian government, criticizing the leadership for failing to uphold their basic obligations to the citizen population. However, as the Alliance urged government leaders to align their actions with international standards, the Internet Party compelled the government to act upon—and even formalize—the common Ukrainian view that drug users are threats to public order and should be removed from society. Clearly the later view continues to hold significant sway in the popular imagination. The Alliance, to successfully meet their policy goals, even had to resort to tacitly endorsing the biased view that programs for drug users are not so much technologies of healthcare as they are technologies of containment, which, when put into place, serve to protect the rest of the population from the people the programs serve.

Together, these examples reveal the plasticity of the “addiction imaginary” in Ukraine and its utility, as a discursive tool, for defining the limits of the sovereign state and the citizenry it serves. These examples also reveal the degree to which the medicalization of drug use can scaffold pre-existing discourses that selectively marginalize drug-using individuals. Particularly in the Alliance’s dialogue with the MOH, it is clear that representatives from each institution had different conceptions of the population they were discussing. In the Alliance’s view, drug users were patients diagnosed with opioid use disorder; to the MOH, they were socially dangerous people who exist in opposition to, rather than as part of, the ordinary, privileged citizenry. Even though the medicalization of psychiatric disorders has generally served to de-moralize mental health symptoms by framing them as an element of a disease rather than a personal fault or weakness, the Alliance’s appeals to biomedical understandings of opioid use disorder nevertheless resonated with pre-existing cultural understandings of drug users as a stigmatized social class—the same object definition of drug users defended by the public activists of the Internet Party of Ukraine. Thus, the medicalization of drug use in Ukraine was not serving to de-moralize this behavior, but instead helped draw a clearer, epidemiological boundary around the those parts of society considered to be malignant, facilitating the same efforts of containment and abandonment that were in play before the international global health complex brought MAT to Ukraine, but with greater force and



demographic precision. In other words, rather than pushing back against the harmful stigmatization of drug users, the disease model of drug use only served to reinforce the object definition of drug users as threats to the social body of Ukraine.

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