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**TRANSIT CHARACTER OF MIGRATION IN BORDERLAND REGIONS  
AS A BACKGROUND OF THE DRUG USE PROBLEM: EXPERIENCE OF  
THEORETIC COMPREHENSION\*<sup>1</sup>**

**Introduction: case of borderland regions**

For the last decades in Russian Federation fast economic, political and social transformation occurred. Market reforms and changes in political structure caused for radical change in economic condition of life of population and considerable ideological transformations. Inner add inter-state population migration and flow of refugees considerably increased. As a result, a great number of people faces a long periods of separation from family relations, bad condition of living and financial dependence from shadow economic. Economic and political changes occurred simultaneously with change in ideology from collective to individualist as from the point of view of values as their orientation. The open data of FMS for 2016 (Federal migration service, now restructured), show that there are about 10 million of foreigners and stateless persons in Russia, only about 1.5 million of them have work patents or permissions. The number of illegal migrants is several times higher, that heightens the problem of human trafficking and the necessity to update imperfect and incomplete migration policy<sup>1</sup>. The leading countries, providing work migrants to Russia are Tajikistan (2.2 million), Uzbekistan (1.1 million), Azerbaijan (600 thousands). In 2014 one of the leading countries was Ukraine (2.5 million), because of foreign-policy and internal aspects of life in this state.

The surface of border regions of Russian covers about 76% of the country's overall area, and the total length of Russian borders exceeds 61 thousand

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kilometers. Russia borders with sixteen countries, eight of which formerly formed part of the Soviet Union. New borders with CIS countries are characterized by emerging social-economic problems, related to interactions of populations, previously residing in a common social and economic space.

Though in Russia a lot of system researches, that fixed changes in the field of drug use and sexual behavior and attitudes to them, were realized. It is generally recognized, that the given changes were significant. A number of reasoning factors could be revealed here. Due to its geographic condition, Russia borders with countries of Central Asia on the south. In 2002 the United Nations Office on Drugs and Crime (UNODC) presented the estimation that 3400 tons of opioids (in cost about 1,19 milliards of US dollars) were manufactured in Afghanistan and consisted 76% of its all-world manufacturing. The production is distributed in free general ways of traffic. "The Northern way" goes through the Central Asian countries to Russia, to the South Caucasus and, then, to the Europe. From the middle of 1990s a considerable redistribution of volumes of drug traffic from western way to the northern one occurred: nowadays about 50% of Afghanistan (35% of all-world manufacturing) products go through the Central Asia to Russia. As a result of transit and traffic the widening of local market lead to the explosion in injection drug use in Russia combined with high risk of blood borne infecting. Although the injection drug users in Russia are registered by government (drug control service), the most of researches agree that the population of registered injecting drug users does not reflect actual condition. The real population of IDUs estimated in the diapason from 1,5 to 3 millions of people or 1-2% of all Russian population.

### **Directions of actual researches**

In Russia a problem of drug use became aggravated: data by the Federal Drug Control Service of the Russian Federation testify about number of persons involved in illegal drug use vary from six to twelve millions of people, number of drug crimes connected with illegal use of drugs and crimes in a result of drug

intoxication constantly increase. Process of drug use among population has deep social and economic consequences. Nowadays they raise new tasks for the scientific and practice community working in the field of drug prevention.

A variety of presented researches can be grouped in several directions: methodological and methodical problems of researches of drug use (Afansyev, 1995; Gilinsky, 1992, 1993; Mozgovalya, 2001; Pozdnyakova et al., 2004; Rhodes et al., 2003; Ruschenko, 1999; Sobolev et al., 2000; Tsvetkova et al., 2006); revelation and analysis of social-economic, cultural and individual-personal factors that determine drug use (Zhuravlyeva, 2000; Lichko, 1991, Petrakova, 1995; Sirota et al., 1996; Shurygina, 2002; Maksimova et al., 2007; Chakroun 2004; Leselbaum, 1997, 2003 et al.); sociological and epidemiological monitoring of drug use among different groups of population (Arefyev, 2002; Keselman, 1998; Koshkina et al., 2000; Sillaste, 1994, Sheregi, 2003; Maksimova et al., 2008; Archibald, 1992; Gerstein et al., 1990; Hall, 2000); study on connection between drug use and other social deviations and social pathologies (alcohol use, crimes, prostitution and other) (Golod, 1996; Makshantseva, 1991; Tsymbal et al., 2002; Bourgeois et al., 2005; Labrousse, 1991, 2004, Schaller et al., 1995; Rhodes et al., 2006; Platt et al., 2008); analysis of policy of prevention, preventive measures, measures of treatment, strategies of harm reduction from drug abuse (Akulitch et al., 2002; Shabanov, 2002; Fridman et al., 2000; Barre et al., 2004; Dessez, 2003; Dolan, 1996; Fontaine, 2001; Hautefeuille, 2004; Mattick et al., 1996; Polomeni, 2002); analysis of drug use in the context of public health, comorbidities (tuberculosis, HIV/AIDS, hepatitis, STDs, changes in immunological status and other) (Gilinsky, 2002; Dolzhanskaya et al., 2004; Maksimova et al. 2005; Noyanzina et al., 2006; Rhodes et al., 2003; Platt et al., 2005; Asailly, 2003; Butler et al., 1996, Nelles et al., 1995; Richardson et al., 1993; Page-Shafer et al., 2002; May B., Helmstaedt, 1975; Heathcote, Taylor, 1981); study on ways, rituals, social and sub-cultural practices, connected with manufacturing and use of drugs (Berezin et al., 2000; Gabiani, 1988, 1992; Zmanovskaya, 2004; Omelchenko, 2000; Salagaev et al., 2004; Grund et al., 1993).

A notion of addiction is basic for the understanding of drug use and its negative consequences. It is interpreted as “the intend to lay on somebody of something in purpose of satisfaction or adaptation, obsessive need that provoke a certain activity” (Mendelevitch, 2001, Zmanovskaya, 2005).

Despite abundance of scientific literature and practice researches, there are no any general theory of addiction. It is connected with multi-aspect character of addictive behavior, its complex character and difficulties of transition of specific terminology and conceptual apparatus from one scientific discipline to another, difficulties of use of common methodology.

### **Social-psychological understanding**

A special role in analysis of drug use is paid to social-psychological theories. Most of all they are the precursors of contemporary multifactor complex models because they consider all the spectrum of biological, psychological and social factors.

Thus, *social-cognitive theory* (theory of social learning) explains than the behavior changes are the strict results of observation and interpretation of behavior factors. *Theory of realized action* (Fishbein, Ajzen, 1975) was originally created to explain behavior related with health. The main role paid to cognitive processes, especially to personal dispositions formed in a result of social context and individual experience.

A considerable role in studding the addiction played theories that point out the significance of interpersonal relations in the spread of different forms of behavior. *Theory of social networks* (Needle et al., 1995) and *theory of social influence* are among them (Ling et al., 1992). The given theoretical models pay attention to natural processes in people’s interactions and interactions between their social surroundings, and inside referent groups and allovers, first of all. Authors point out that the nearest surroundings could influence the behavior of separate individual through mechanisms of social comparison threat for

condemnation, socialization, modeling and social support. Here the drug use is the “infection” disease inside groups.

Sociological analysis of addiction is based on understanding of drug abuse as deviance from social, legal and cultural norms of behavior.

*Theory of social disorganization* understands addiction simultaneously as a symptom and as a reaction for the absence of social infrastructure or weakness in the action of social institutes and social relations that are in the ground of social organization (Shaw 2002; Wikstrom, Loeber 2000; Jang, Johnson 2001 et al.). *Theory of social control* bases on the occurrence of addiction because of the weakness of institutes of informal control (Belsky 1993; Bronfenbrenner 1977; Hirschi 1969 et al.). *Theory of intensity* considers addiction as a reaction for social stress, mechanism of adaptation to keep the high status (even temporary one) (Hoffman, Cerbone 1999; Piquero, Sealock 2000 et al.).

*Theory of conflict* testify that the deviance (including addictions) is the product of a conflict between weak and strong social groups. It studies the influence of labeling, de-labeling and re-labeling on addictions, treatment and rehabilitation (Becker 1963; Kaplan and Fukurai 1992; Hassin 1994 at al.). Besides the Marx' theories of deviant behavior basing on class differences, class conflict present addictions in the structure of deviance and understand them as a self-productive inevitability of capitalist system (Gordon 1994; Meier 1994; Miller 1996).

*Constructivist theories* are oriented on society's reactions. According to them, similar behavior reactions can be called addictions in some cultures and could not – in the others. The subject of study here is how the process of addiction is categorized by different social and professional groups, and that is the cause of the addiction and the way out of it, how it is became constructed by different actors including those who influence state policy in the field of addiction prevention (Pervova, 2007).

*Model by M. Friedman and R. Friedman* shows the inefficiency of restrictive policy regarding psychoactive substances, alcohol and drugs, in particular. The restrictive policy creates conditions for consolidation of organized criminality or legal organizations occupied with manufacturing and distribution (for example, transnational tobacco corporations). Analysis of addictive behavior on base of a *model of demand and supply* consider the idea that the demand for psychoactive substances is rather elastic on price. By this, the elastic demand is very low. This means that the level of demand, for heroine for example, is independent from variations of price. Realization of restrictive policy is closely connected with increase in social charges. In particular, this happens because of the growth in criminality and corruption in law-enforcement bodies. The opposite way of struggle here is the limitation in demand (prophylactic of drug abuse, enforced treatment and so on). The result is the lowering in used quantity of drugs and general costs of users of heroine, the price will fall and the drug became more accessible and the new demand will arise (Koch J., Grupp, 1980).

*Model of balance* (Wagstaf, Maynard, 1988) bases on the approach of correlation between expenses and incomes and postulates the struggle with drugs as leading to the lowering on external expenses (expenses for medical treatment, expenses as a result of crimes, loose in working time and so on). *Model of irresistible rational addictions* by Bekker-Merthy is applicable not only to the drugs, alcohol and tobacco, but to other goods that could be the object of addiction.

Thus, in contemporary researches the deviant and addictive character of the “consuming society” is shown, the ideology of such society bases on the search on new ways of “nontraditional” dependences (Gilinsky, 2009). Consumption of drugs and psychoactive substances is the consequences of the *exclusion* as one of the aspects of the consuming society. Outsiders, marginal persons, excluded people are on the shoulder of social life out of the borders of official structure of society (on in its bottom) and look for comfort in alcohol, drugs or voluntary suicide.

To the construction of the drug use as a social phenomenon and construction of “moral panic” a separate number of sociological works is devoted. In the end of 1990s and the middle of 2000s emerged researches devoted to processes of institutionalization and normalization of drug use among youth until the recreation use of heroin in some Russian towns (Omelchenko, 2005; Pilkington, 2006).

Wester-European sociologists pay a special attention to the integration of drug users (Calafat A. and others 2001; Hirst J., McCamley-Finney A. 1994.; Pape H., Rossow I. 2004; Rodner S., 2005, 2006). Processes of social exclusion in globalizing communities are described in the works of classics of sociology (Sen, 2000; Bauman, 2004; Wacquant, 1996).

Thus, the factors of drug use are the characteristics of social structure, social processes and social institutes that hypothetically determine actual level of deviant phenomenon in society.

### **Conclusion. Suggested conceptual model of the study of drug use among population in borderland regions of Russia**

Basing on the above given theoretical overview we suggest to base on principles of pragmatist, system and integrative approaches to the analysis of social phenomenon and processes, statements of native and foreign deviance theory (V. Afanasyev., Ya. Gilinski, Yu. Komlev, M. Pozndyakova, I. Ruschenko), general statement of theory of risks (U. Beck, N. Luhman, G. Ritzer), theory of social action (M. Weber, E. Giddens, G. Mid, T. Parsons), social-network analysis (R. Bert, M. Granovetter, G. Wight, B. Walman).

Such conclusion is connected with the creation of conceptual model of the study of drug use among population in borderland regions of Russia. New fundamental knowledge in the field of analysis of drug use and spread of STDs is based on complex study and theoretical understanding. Such approach will promote to the explanation of from the one hand, the influence of macro-social factors on peculiarities of drug use among Russian population, and, from the other,

analysis of the way how these social influences of groups and individuals prepare the transformation of values and social networks at the level of macro-structure, i.e. transformation of social cultural norms on the level of society. Such understanding of a problem creates new prepositions for development of sociological and economic, psychological and medical, prophylactic and law researches of drug use spread. In the context of reforms and crisis content of contemporary Russia the given strategy of solution of problem of drug use let to determine priorities, concrete effective forms of treatment and prophylactic of drug use and the spread of STDs in borderland territories.

We consider the novelty of scientific research, creating theoretical base for complex and differentiated evaluation of processes of drug abuse among population of contemporary Russia; study on objective situation and subjective condition of drug use among population of bordering regions , the youth, in particular; determination of effective directions and technologies of regulation of considering sphere of borderland regions.

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