



WOMEN AND DRUG POLICY IN EURASIA

Recent years have seen some progress in the development of harm reduction in Eurasia, but policies and services rarely account for the specific needs of women who use drugs (1). Drug user registries, the illegal status of drug use and sex work, lack of access to evidence-based drug treatment, and stigma and discrimination are among the factors that hinder women drug users' access to medical care and expose them to a range of human rights abuses. Meanwhile, an estimated 1.5 million people in Eurasia are living with HIV, and the proportion of women among new HIV cases is growing steadily, indicating both the existing gap in coverage and the need for a more gender-sensitive approach (2). Drug policy reform and attention to gender are essential to decrease drug-related harms among women who use drugs.

Using input from national experts, this paper explores issues of drug policy and discrimination on the basis of sex in Georgia, Kyrgyzstan, Lithuania, the Russian Federation, and Ukraine – five countries in which HIV is concentrated among injecting drug users (IDUs). Drug policy, public health approaches and cultural contexts vary among the countries, but none have more than a handful of pilot programs designed specifically for women who use drugs (1, 3, 4, 5, 6, 7, 8).

Under international law, states are obligated to take measures to eliminate violence against girls and women, to ensure the law protects them equally, and to provide them with access to health and social services without discrimination.¹ According to the UN Committee on Economic, Social and Cultural Rights, States Parties must take special care to ensure that women and girls have equal access to health services (9). This obligation is particularly important given that men's and women's clinical needs with respect to drug dependence treatment may differ substantially.²

- 1 For example, art. 26 of the ICCPR and art 12 of CEDAW. The *Declaration on the Elimination of Violence Against Women* urges states, in art. 4(c), to "exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons": *Declaration on the Elimination of Violence Against Women*, 20 December 1993, UN General Assembly resolution 48/104, UN Doc. A/48/49 (1993).
- 2 For example, the UN Office on Drugs and Crime considers that programs that provide special services for women are associated with much better treatment outcomes for this population.

Child custody

Concerns about child custody and the welfare of children are among the most important barriers to women seeking care, particularly drug treatment. A key issue is drug user registration, a practice in which the personal information of people who enter state-sponsored drug treatment or who are arrested for a drug-related crime is entered into state registries. Kyrgyzstan, Lithuania, the Russian Federation, and Ukraine have both police and drug treatment registries, while Georgia has only a police registry (10).

Under some laws in the region, inclusion on these registries is the basis for depriving parents of custody of a child. It is unjustifiable to equate drug and alcohol dependence with mistreatment of children, as it discriminates against people solely on the basis of their health condition. Deprivation of parental rights should not be carried out automatically, but rather on an individual basis, with reasonable grounds to believe children have been neglected or abused or are at real risk of such treatment.

Lack of confidentiality of medical information—particularly information about drug use and HIV status—exposes women and their children to discrimination. Finally, the absence of child care and family-centered drug treatment limits women's access to drug treatment. Even daily visits to an opiate substitution treatment (OST) clinic may be problematic: the clinic may be a long distance from the woman's home, making it hard to take children along or necessitating child care.

- In the Russian Federation, where an estimated 20–23% of IDUs are women (4), a certificate stating that a person is a chronic drug user is accepted as sufficient evidence that a child should be removed from that parent's custody, even if the drug use occurred years ago (10). Article 69 of the Family Code states that drug dependence in itself can be a reason for denial of custody (11). Registered drug users and people living with HIV are not allowed to adopt children or assume guardianship of a child (4).
- In Ukraine, where 24% of harm reduction clients are women (12), drug user registration is a powerful weapon against parents whose custody is challenged, most often by another family member. This is true even if the person has stopped using drugs; a lengthy bureaucratic process, doctor's approval and/or a bribe are often required for removal from the registry (13). Chronic alcohol or drug use is grounds for loss of parental rights under Article 164 of the Family Code (14).
- In Kyrgyzstan, where an estimated 25% of IDUs are women (3), Article 147 of the Family Code makes chronic drug dependence the basis for loss of custody (15). Women drug users have also reported that schools refused to accept their children because of their mothers' drug use (16).
- In Lithuania, where 18.9% of IDUs are women (17), women who use drugs are identified as "at-risk" and subject to supervision, but if a mother is deemed to be taking adequate

care of her child she will not lose custody (7). Though subjecting women to state supervision exclusively because of a history of drug dependence is discriminatory, custody decisions are not determined by the mere fact of drug use.

- In St. Petersburg, Russia, the medical staff of primary health centers note women's drug use status on their child's medical record regardless of whether it is relevant to the child's health (18). A note on a child's medical record stating maternal drug use can lead directly to refusal to admit the child to school (19). Women are more likely than men to be the primary caregivers for children and sometimes have no place to leave them during inpatient medical treatment.
- In Ukraine, women drug users who leave their children with family members or with government services while hospitalized or in drug treatment are sometimes unable to get them back when they return. In the event that a relative or other challenges the woman's custody, as a known drug user she is unlikely to win. Moreover, few women drug users can afford to hire a lawyer to defend their parental rights (13, 14).

Drug treatment and pregnancy

The vast majority of women drug users are of child-bearing age, and many will eventually become pregnant. OST with methadone or, more recently, buprenorphine is the internationally recognized best practice for pregnant opiate users (20). If a woman does not choose to enter OST, medically managed withdrawal is recommended. Whatever treatment is selected, it is important to use only drugs that are safe in pregnancy.

- None of the five countries have comprehensive, evidence-based protocols of medical care and drug treatment for pregnant women who use drugs and their newborn children, though Georgia is in the process of implementing standards (3, 4, 5, 6, 7, 28).
- OST is not available in the Russian Federation and is actively opposed by the government. This severely compromises the health of opiate users and their children. Pregnant women can undergo detox that may involve drugs not approved for use in pregnancy (11).
- In Kyrgyzstan, pregnant women are prioritized for acceptance to OST. However, detox is done according to the same protocols used for other patients, and doctors are not sure of how to manage pregnant drug users (3).
- Although pregnant women have priority for entry into OST in Ukraine, strict regulations can make it difficult or impossible to receive OST in maternity hospitals or other inpatient settings. Women may go through withdrawal or have to visit the OST clinic immediately after giving birth. In some areas, however, advocacy efforts have ensured provision of OST in maternity hospitals (6, 13).
- In St. Petersburg, staff at maternity wards and women's health clinics reported that fear of being charged with promotion of illegal drug use prevented them from offering clean needles, providing referrals to harm reduction sites, or even discussing the subject of harm reduction or drug use unless patients asked about it themselves (18). This clearly compromises the provision of accurate information and timely care to pregnant drug users, and prevents the open communication between doctor and patient that promotes better maternal and child health outcomes.
- Some drug treatment programs in the Russian Federation do not accept pregnant women or women with HIV, do not accept women at all, or do not provide women with separate facilities (4, 29). The St. Petersburg Municipal Drug Addiction Treatment Center does not accept women experiencing domestic violence, homeless women, or women whose partners or close relatives are active drug users (18).
- Lithuania uses a more supportive model that facilitates women's access to multiple types of care. Pregnant women can begin OST immediately. When a patient enters the program, she is helped by a social worker/case manager, a psychiatrist, a psychologist, and other experts. The social worker develops a plan for assistance and accompanies the woman to the gynecologist and to other specialists as needed (7).

Police abuse

Police abuse is one of the biggest problems faced by drug users and sex workers in Eurasia, regardless of gender. Women drug users are especially vulnerable, in part because of the overlap between drug use and sex work (1, 22, 23). Sex work is an administrative offense in Lithuania, the Russian Federation and Ukraine and, while not regulated in Georgia and Kyrgyzstan, is a marginalized activity in all countries (22). The extortion, harassment, wrongful incrimination, and physical and sexual violence reported by women drug users and sex workers in the five countries are clear human rights abuses that reduce women's ability to access health care, practice less risky behavior, and prevent and prosecute crimes against them.

States Parties to the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), have binding legal obligations to protect women and girls from sexual and other forms of gender-based violence perpetrated by state agents and private actors alike (24).

- In a Kyrgyz study, almost half of women drug users surveyed had experienced violence from police officers. Women reported having to pay bribes, inform on others, and provide free sexual services in order to avoid police violence (16).
- In Georgia, an assessment found that more than one in ten women drug users surveyed had been propositioned for sex by police officers during arrest (25).
- Research from St. Petersburg suggested that fear of police abuse contributed to women's unwillingness to visit harm reduction services (18). One episode of physical or sexual abuse can be a trauma that endures for years.
- In Kyrgyzstan, Lithuania, Russia and Ukraine, sex workers reported being physically assaulted by police and forced to pay bribes. In Kyrgyzstan, Russia and Ukraine, they also reported being sexually assaulted and forced to provide free sexual services. Only a small minority of sex workers in the four countries felt they could report violence to the police (4, 23). Women drug users in Georgia, Kyrgyzstan and Russia have also reported physical and sexual abuse by police (3, 4, 23, 25).

Domestic violence

States are obligated to take measures to eliminate violence against girls and women.³ Domestic violence is a frequent occurrence in the lives of women drug users, and can contribute to increased drug use and greater vulnerability to HIV. Unfortunately, services for women who have experienced domestic violence are rare in Eurasia, and women who use drugs are often excluded from those that do exist.

- In Georgia, active drug users are not accepted into women's shelters (8).
- In Kyrgyzstan, drug users and HIV-positive women are excluded from women's shelters (3).
- In the Russian Federation, it is common for women's shelters to have signs on the doors refusing entry to anyone under the influence of alcohol or drugs (27).
- Lithuanian women's shelters do not always accept women with HIV, and drug users may be accepted only based on willingness to undergo rehabilitation (32).

3 General Recommendation 19 of the CEDAW Committee states that violence against women, including violence against the family, is discrimination within the terms of CEDAW: CEDAW Committee, "General Recommendation No. 19: Violence Against Women" (Eleventh Session, 1992), UN Doc. A/47/38, 1993, paras. 24(b) and (k).

Prisons

Access to even basic health care is extremely limited in prisons throughout Eurasia. There are fewer women than men in prison, and what scarce health care services exist are often unavailable to female prisoners.

- About 40% of women prisoners in Georgia and Kyrgyzstan are incarcerated for drug-related crimes. Methadone is available to some male prisoners in both countries, but not to women prisoners (3, 5).
- In the Russian Federation, women who give birth in prison often lose custody of their children immediately; if not, children can stay with them until they turn three, when they are sent to a children's home. Women are often unable to fulfill requirements to regain custody of their children when they are released from prison, or cannot win custody back from family members. They find it almost impossible to find employment; ex-prisoners are often accepted only for manual labor, and women are excluded from this type of work. Unemployment further contributes to difficulties regaining or caring for children (4, 11).
- In Ukraine, children can stay with their mothers in prison until age three. Upon release, women may have difficulty regaining custody; for example, they are required to show proof of employment before they can have their children back (30). This can be an almost insurmountable obstacle for a woman with a police record, and can mean her child is institutionalized indefinitely. It has been reported that sick children in prison with their mothers are not given medication unless their mothers are able to pay for it (31).

Recommendations

The following recommendations are key in responding effectively to the epidemics of injecting drug use, HIV and hepatitis in the region. Though they may not immediately appear to be gender-specific, all have profound effects on the rights and health of women who use drugs in Eurasia.

Abolish drug user registries in Kyrgyzstan, Lithuania, the Russian Federation and Ukraine. Make all forms of drug treatment confidential.

Base child custody decisions on parents' actual treatment of their children rather than on their status as current or former drug users.

Make OST available to all people dependent on opiates, with special attention to pregnant women, and increase the coverage and accessibility of treatment by allowing provision of OST by prescription or at local pharmacies.

Guarantee uninterrupted access to OST in inpatient health care settings (including maternity hospitals), and make it easier for hospitals to receive permission to provide OST medications when necessary.

Develop evidence-based national guidelines and protocols on health care for pregnant women who use drugs, and use them to train obstetrician/gynecologists, narcologists, HIV specialists, pediatricians, and primary care providers.

Protect the confidentiality of medical information of drug-using women and their children. Prohibit discrimination at women's shelters, schools, and other institutions based on sex, drug use or HIV status.

Abolish fines for sex work in Lithuania, the Russian Federation and Ukraine, to reduce sex workers' vulnerability to police harassment and abuse and improve their ability to care for their health and access services.

Actively investigate and prosecute police abuses against women who use drugs and sex workers, and establish mechanisms by which people can safely report police abuses.

Train police on issues related to drug use, HIV, sex work, and legal and human rights, and encourage them to help drug users and sex workers contact health services.

Provide equitable access to health care in women's prisons, including OST, HIV diagnostics and treatment, and medical treatment for children in prison with their mothers. Reduce the number of people imprisoned for non-violent drug crimes, in order to reduce the harms to individuals, families and communities associated with imprisonment.

Abolish legal provisions banning "promotion/facilitation of illegal drug use" that can be used to prosecute people giving health advice or safer injecting supplies and therefore discourage providers in women's health and other settings from providing needed information.

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This work is based on the assessment conducted in five countries and would not have been possible without input from country respondents.

The publication is released with support from the **Global Drug Policy Program, Open Society Institute**. The views expressed in the publication do not necessarily reflect the official position of the donor.

Designed and published by Ex Arte, Vilnius.

For reference:

Eurasian Harm Reduction Network (2010) Women and drug policy in Eurasia, Vilnius: EHRN, 2010.



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