



Submission to UN Special Rapporteur on violence against women: call for immediate action to stop violence against women who use drugs

Submitted by the Eurasian Harm Reduction Network

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EXECUTIVE SUMMARY

This is a collective appeal to the Special Rapporteur on Violence against Women on behalf of women who use drugs in Ukraine, Russia and Georgia, harm reduction service providers and human rights activists. We request urgent action to prevent further violence against women who use drugs, and to establish mechanisms to investigate and punish acts of violence against women who use drugs.

Women who use drugs experience systematic and widespread violence, harassment, and sexual abuse at the hands of law enforcement officers. They are not only denied their right to healthcare, but are often forced into drug treatment centers where they are subject to physical and psychological abuse. With nowhere to turn, they find themselves without protection against violence from their sexual partners, parents, and extended families. This violence is facilitated by misguided drug legislation.

While this submission focuses on the direct testimonies of women from Russia and Ukraine, as well as harm reduction service providers in Ukraine and Georgia, other research and informal reports suggest that violence and abuse against women who use drugs is widespread in other countries of the region.

Drug laws that criminalize drug use and possession of small amounts of drugs fuel violence against women who use drugs. As this submission shows, women who use drugs are *systematically* subjected to violence from law enforcement agencies responsible for drug law implementation. Laws prohibiting drug use and possession of drugs for personal use put women who use drugs outside the law, treating them as criminals rather than as people who need health, social and other services. Police often use drug laws to extort information and to fabricate evidence in order to fill arrest quotas. As a result, women are arbitrarily detained, beaten, and bullied:

"No one's going to question it [detention]. If anyone asks, they'll say: 'We detained a prostitute. We're going to write her up for an administrative offense and let her go.' And that's it. It's a nightmare. They beat you constantly. They beat you so as not to leave any bruises on your face. They punch you in the back, in your kidneys, wrap their batons with rags. They you lie there, and die, and piss blood," says a woman from Russia.

The most horrific acts of violence occur due to the overlap of sex work and drug use. In order to sustain their drug habit, some women sell sex. Women working the streets are the most exposed to systematic violence from the police. There is even a slang word for collective acts of police violence against sex workers, "*subbotnik*":

"A 'subbotnik' is when the cops drive up, push the girls into a car, there is nowhere to run. They pick out the girls and then order: 'Get the fuck in the car.' They load us up into a van, like cattle. 10 people in one car. Then they either take us to a 'dacha' [cottage] or to a bath house. There can be 10 or 15 of them. And they'll keep you there for one or two days. All along you're subjected to constant beatings and humiliation," says a woman from Russia.

"After this incident one of us had pneumonia and died, another girl's feet had frost bite and one foot was amputated, a third girl had a nervous breakdown and she took leave of her senses. I also stayed in the hospital with pleuritis that progressed into tuberculosis. As a person living with HIV I am prone to lung diseases," says a woman from Ukraine.

Fearing for their safety, women who use drugs sometimes avoid health services in order not to be visible to the police, who often raid treatment centers and harm reduction sites, and in order to avoid potentially devastating social consequences if their communities learn of their drug use. This contributes to the increasing proportions of women among those testing positive for HIV in EECA. Across the region, UNODC and UNAIDS estimate that more than 85% of all HIV cases among women are attributed to unsafe injecting drug use or unprotected sex with a partner who injects drugs, where 20--30% of all drug users are women. While there has been no systematic review of HIV prevalence among women drug users in EECA, EECA is the only region where the HIV epidemic continues to grow, with women representing an increasing proportion of people testing positive.

Intense social stigma, coupled with a lack of adequate and effective drug treatment interventions in the region, often leads to domestic aggression and violence against women who use drugs.

From 38% to over 80% of women who use drugs suffer from domestic violence from sexual partners, parents or relatives. Domestic violence is often triggered by the social condemnation attached to drug use, especially in culturally conservative regions such as Central Asia or the Caucasus.

"There was a period in my life when I used drugs and my mom was trying to cure me by beating. In other words, she simply beat me. She beat me, and beat me, and beat me every day... She would lock me up and bind me with ropes to the iron bed," says a woman from Russia.

Women who find themselves outside the law due to their drug use accept the violence against them as a given and cannot break out of the cycle of abuse alone. They cannot report police violence because they fear for their lives, fear that they will lose their parental rights, or fear imprisonment for drug use, drug possession or selling sex. They cannot turn to their family members, who are themselves sometimes a source of aggression. Other women do not report violence out of a feeling of self-blame or out of fear of social condemnation if their drug use becomes public knowledge.

EHRN, as an organization representing the rights of women who use drugs in the region of Eastern Europe and Central Asia (EECA) is concerned with the member states' drug policy, which is underpinned by the deliberate stigmatization of people who use drugs, obstruction of access to evidence-based drug treatment and aggressive policing of women who use drugs, which increases women's risks of physical and sexual violence from law enforcement agents. This policy contradicts states' commitment to prevent acts of violence as laid out in the UN Declaration on the Elimination of Violence against Women and the Convention on Elimination of All Forms of Discrimination against Women.

We call on the Special Rapporteur and the Office of the High Commissioner for Human Rights to:

Ensure that international human rights norms are applied at the national level and that national policies and practices are in full compliance with international commitments protecting women who use drugs. This can be achieved through the following steps:

- In order to prevent acts of violence and ill-treatment against women who use drugs, calling on member states to provide wide access to evidence-based health services for women who use drugs, including opioid substitution therapy¹, as well as to other health care and harm reduction programs, rather than relying on punitive methods towards women who use drugs.
- In order to punish acts of violence, to set up commissions, in cooperation with National Human Rights Institutions, investigating acts of violence against women who use drugs committed by law enforcement, as well as acts of torture and abuse committed in health care settings.
- In order to encourage women who use drugs to report acts of violence, making sure that there are safe mechanisms for them to do so without fear of repercussions, humiliation, or breach of confidentiality.

Non-governmental organizations, human rights protection groups and, most importantly, women who use drugs should be equal partners in implementation of the given recommendations.

¹ OST is widely recognized as a most effective way of treating opioid drug dependency. It is endorsed by the Joint United Nations Program on HIV/AIDS, the United Nations Office on Drugs and Crime and UNAIDS, methadone and buprenorphine – substances used for substitution treatment are on the World Health Organization's Essential Medicines List.

I. Drug laws: structural origins of violence against women

While the extent of drug control legislation varies across the Eastern Europe and Central Asia (EECA) region, such legislation usually leads to frequent and intrusive interventions by law enforcement officers in the lives of people who use drugs. This results mainly from the criminalization of people who use drugs.

For example, in Georgia the government adopted legislation in 2006 allowing the police to stop people in the street and bring them in for urine drug testing, with positive results leading to a high fine or imprisonment.² While most countries in the region do not criminalize drug use *per se*, they criminalize the possession of very small amounts of drugs. For example, Ukraine recently significantly reduced the amount of drugs subject to criminal liability, placing anyone in possession of even a few used syringes with trace amounts of drugs at risk of imprisonment for up to 3 years.³

Available data shows that women who use drugs are severely affected by such drug laws. Up to 70% of all female prisoners are incarcerated for drug offences in some countries of EECA. Russia incarcerates over twice as many women for drug offences as all European Union (EU) countries combined. According to data from the Supreme Court of Georgia, a total of 3,543 people were convicted of drug-related offences in 2011, with the absolute majority (95%) convicted of illegal consumption and possession of drugs.⁴ Georgia incarcerates almost four times as many women for drugs as Azerbaijan, a country that has a female population nearly twice as large.⁵ Drug offences committed by women are usually related to drug use and possession of small amounts of drugs, with no intent to sell; most of the women incarcerated have not committed any violent crime.

In addition, laws that either criminalize the possession of very small doses of drugs or fail to set indicative thresholds on what constitutes personal use leave ample room for the police to arrest large numbers of people who use drugs, often resulting in harassment and abuse. The rationale behind such policy lies in the assumption, disproven by research, that a zero tolerance approach towards drugs will deter people from taking drugs. Such an approach, however, fails to prevent or stabilize drug use, as illustrated by both global and regional statistics.⁶ Rather, the focus of drug enforcement on drug use and possession has also led to numerous human rights abuses: people who use drugs, or who are arrested or suspected of drug offences, are frequently subjected to cruel punishments. Common abuses include death threats and beatings to extract information; extortion of money or confessions through forced withdrawal without medical assistance; sexual abuse; and restricted access to health care.⁷

² Otiashvili D. Sárosi P. & Somogyi G.L. (2008), *The Beckley Foundation Drug Policy Programme Discussion Paper Fifteen – Drug Control in Georgia: Drug Testing and the Reduction of Drug Use?*, http://reformdrugpolicy.com/wp-content/uploads/2011/10/paper_15.pdf.

³ For example: Merkinaitė S. (2012) A war against people who use drugs: the costs. Eurasian Harm Reduction Network (EHRN), Vilnius.

⁴ Javakhishvili DJ. Balanchivadze N. Kirtadze I. et al. (2012) Overview of the Drug Situation in Georgia, 2012, Georgian Country Situation Summary, 2012.

⁵ Iakobishvili E. 2012. Cause for Alarm: The Incarceration of Women for Drug Offences in Europe and Central Asia, and the need for Legislative and Sentencing Reform. Harm Reduction International.

⁶ The Global Commission on Drug Policy estimates that opiate use increased by 34.5% percent from 1998 to 2008. Global Commission on Drug Policy (2011). War on Drugs. Report of the Global Commission on Drug Policy. Available at www.globalcommissionondrugs.org/Report. The United Nations Office on Drugs and Crime (UNODC) estimates the total number of opiate users in EECA is between 3.4 and 3.8 million people. The region has the highest regional prevalence of injecting drug use worldwide. UNODC (2011). World Drug Report 2011: United Nations Office on Drugs and Crime: Vienna. Available at <http://www.unodc.org/unodc/en/data-and-analysis/WDR-2011.html>; The Reference Group to the United Nations on HIV and Injecting Drug Use (2010), Consensus statement of the Reference Group to the United Nations on HIV and Injecting Drug Use 2010. Available at www.idurefgroup.org/publications.

⁷ Ocheret D. Golichenko M. Teplinskaya I. Latypov A. (2012) HIV and the Law in Eastern Europe and Central Asia. Vilnius: Eurasian Harm Reduction Network; Stuijke R. Otiashvili D. Merkinaitė S. Sarang A. Tolopilo A. (2009) The impact of drug policy on health and human rights in Eastern Europe: 10 years after the UN General Assembly Special Session on Drugs. Eurasian Harm Reduction Network: Vilnius. Both materials available at www.harm-reduction.org; Pinkham S. Stoicescu C. Myers B. (2012) "Developing Effective Health Interventions for Women Who Inject Drugs: Key Areas and Recommendations for Program Development and Policy," *Advances in Preventive Medicine*, vol. 2012, Article ID 269123, 10 pages, 2012. doi:10.1155/2012/269123.

"Violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life"

- UN Declaration on the Elimination of Violence against Women

The Convention on Elimination of All Forms of Discrimination against Women affirms the need for *states to take appropriate measures to ensure women are free from all forms of violence*. To achieve this, States must develop sanctions in domestic legislation to punish and redress the wrongs caused to women who are subjected to violence. A State not only has a negative obligation to refrain from acts of violence against women, but also has positive duties to prevent and protect women from violence, punish perpetrators and compensate victims of violence.

Article 4 of the UN Declaration on Elimination of Violence against Women requires that States *"condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination."* The States are also required to *"exercise due diligence to prevent, investigate and in accordance with national legislation punish acts of violence against women whether those actions are perpetrated by the State or private persons."*⁸

Specifically in relation to drug laws, the UN Committee on the Elimination of Discrimination against Women expressed the concern over the violation of rights of women who use drugs in the context of national drug legislation⁹. The UN Special Rapporteur on Violence against Women noted: *"[M]any of the drug-related offences for which women are incarcerated...may be more appropriately handled by a community-based system of welfare and social support."*¹⁰

However, drug laws create an environment in which States facilitate stigma, harassment, violence, and other rights violations towards women who use drugs. There is a lack of mechanisms in place to protect women who use drugs from acts of violence, and The punishment centered policies mean that the states fail to adopt political measures to prevent and protect women from violence. The effect of such drug laws can therefore be defined as structural violence. Structural violence, as first identified by J. Galtung, is violence *"built into the structure of society itself,"* oftentimes instituted in legislation that discriminates against groups of people based on characteristics that differentiate them from the rest of the group (such as drug use) and subjects them to political and legal discrimination further reinforcing the social discrimination that generated the legislation. Structural violence is *"visited upon all those whose social status denies them access to the fruits of scientific and social progress."*¹¹ Hence, unequal access to resources, to political power, to education, to health care, or to legal standing is a form of structural violence.¹²

II. Police violence

While drug laws pose many problems, it is the method of their implementation that has the most negative impact on people who use drugs. A number of factors explain how policing practices can lead to

⁸ UN General Assembly (1993) Declaration on the Elimination of Violence against Women, UN Doc. A/RES/48/104. Art. 4, 4c.

⁹ The UN Committee on the Elimination of Discrimination against Women has expressed its concern about the incarceration of women for petty offences, including drug offences. In relation to the United Kingdom, the Committee expressed concern at the number of women *"imprisoned for drug offences or because of the criminalization of minor infringements, which in some instances seem indicative of women's poverty."* The Committee recommended *"that the Government intensify its efforts to understand the causes for the apparent increase in women's criminality and to seek alternative sentencing and custodial strategies for minor infringements."* UN Committee on the Elimination of Discrimination against Women, 'State Party Report, United Kingdom of Great Britain and Northern Ireland' (1999) UN Doc. No. CEDAW/C/UK/3 and Add.1 and 2, and CEDAW/C/UK/4 and Add.1, para. 312 and para. 313.

¹⁰ UN Economic and Social Council (1999) *Report of the Special Rapporteur on violence against women, its causes and consequences, Ms. Radhika Coomaraswamy, in accordance with Commission on Human Rights resolution 1997/44*. COMMISSION ON HUMAN RIGHTS. Fifty-fifth session Item 12 (a) of the provisional agenda, Art. 17. UN Document E/CN.4/1999/68/Add.2

¹¹ Farmer P. (2001) *Infection and Inequalities: the modern plagues*. Berkeley, University of California Press; 2001.

¹² Winter D. D. Leighton D. C. (2001). Structural violence. In D. J. Christie, R. V. Wagner, & D. D. Winter (Eds.), *Peace, conflict, and violence: Peace psychology in the 21st century*. New York: Prentice-Hall.

widespread and systematic human rights violations. These factors include the wide discretionary powers enjoyed by police in targeting people who use drugs, a lack of respect for human rights in the region, the traditional use of violence towards vulnerable groups (i.e. people who use drugs, ethnic and sexual minorities, sex workers, and homeless people), and negative perceptions of people who use drugs by the general public and the government. The negative approach, especially towards women who use drugs, mixed with drug laws providing wide leeway for law enforcement, lead to systematic violence by law enforcement agents. Women who use drugs are especially vulnerable to violence from law enforcement.

There is significant overlap between women's injecting drug use and engagement in sex work, especially sex work that takes place on the street. Sex workers who trade sex for drugs or who work to support a drug habit often work in higher risk situations--for example, on a highway, where they are alone and very vulnerable to violence, including rape.¹³ Moreover, despite being more vulnerable to violence from their clients and increased risks (such as sex without a condom to get money for drugs before withdrawal symptoms start), rather than receiving health and social assistance, women working on the streets experience continuous violence from law enforcement and feel they have no other choice but to suffer silently, because they violate the law through their drug habit as well as by providing sex services.

"Policemen from different police units - Morality Police, Road Patrol Service, Patrol-Guard Service, Special Designation Police Detachment - drove up to us any time, day and night, and we were obliged to pay imposition to anyone who had a police ID card. If we refused to pay, they could fine us, beat us up, detain or arrest us for prostitution. They could do anything to us, anything that a policeman can imagine doing to us!"

- Elana, a woman from Poltava, Ukraine, used opiates for almost 30 years, in OST program since 2012

Systematic abuse occurs during so-called "subbotniks" when law enforcement picks up women on the street:

"A 'subbotnik' is when the cops drive up, push the girls into a car, there is nowhere to run. They pick out the girls and then order: "Get the fuck in the car." They load us up into a van, like cattle. 10 people in one car. Then they either take us to a "dacha" [cottage] or to a bath house. There can be 10 or 15 of them. And they'll keep you there for one or two days. All along you're subjected to constant beatings and humiliation."

- Lena, a woman using drugs from Yekaterinburg, Russia

"I will never forget one incident that happened in December 2010. We were standing as always near the belt line road, it was freezing and getting dark. A minibus drove up to us; several policemen from the Special Designation Police Detachment wearing uniforms grabbed me and the other three girls and pushed us into the minibus. They drove us to the suburbs, stopped by a lake, and despite it being very cold they ordered us to take off all our clothes. Then they poured gas over a pile of our clothes and burnt them. They forced us into oral sex with each of them and then with burning torches they started pushing us into the freezing lake. Then they left and we had to get back to the city with no clothes on.

After this incident one of us had pneumonia and died, another girl's feet turned had frost bite and one foot was amputated, a third girl had a nervous break-down and she took leave of her senses. I also stayed in the hospital with pleuritis that progressed into tuberculosis. As a person living with HIV I am prone to lung diseases."

- Elana, a woman from Poltava, Ukraine, used opiates for almost 30 years, in OST program since 2012

The "subbotnik" is a widespread practice reported by women in both Ukraine and Russia, where interviews with women who use drugs were done.¹⁴ Physical violence and rape is only the most obvious

¹³ Pinkham S. Stoicescu C. Myers B. (2012) "Developing Effective Health Interventions for Women Who Inject Drugs: Key Areas and Recommendations for Program Development and Policy," *Advances in Preventive Medicine*, vol. 2012, Article ID 269123, 10 pages, 2012. doi:10.1155/2012/269123.

¹⁴ Almost the same practices are described by two women interviewed in Russia by the Andrey Rylkov Foundation for Health and Social Justice. Full interview with two women is available at: <http://en.rylkov-fond.org/blog/voices-from-russia/sex-workers-yekaterinburg/>.

form of violence. Harassment, bullying, and intimidation are used by the police as forms of moral condemnation of drug use and display of power.

"Then, when they're piss drunk, when they can't get it up, can't fuck, they start beating and humiliating you. They point their guns at you and shoot them. You stand there against the wall, like a dummy: "Are they going to hit the target or not?" They take us to these 'dachas' and say to us: 'We're going to drown you here and no one's going to find you.'"

- *Lena, a woman using drugs from Yekaterinburg, Russia*

"I use home-made opium. I work on the highway. I want to tell you about the police there. They drive by, demand money from you. If you do not give any money, they will take you to the district department. They beat you up and harass you. They can paint you with brilliant green. They can cut your hair. Pour syrup on you. If you do not want to cooperate with them – they will make you 'work' with them for free. I mean, have sex with them. They threaten you. Overall they treat us like we are not human beings."

- *Lena, 23 year old woman from Zaporozhie, Ukraine*

"Everyone knows you're a drug user. You'll probably die somewhere of an overdose. That's why they treat us the way they do. No one's going to remember your name. That's what they say to us: 'We're going to kill you here and that's it. No one's going to look for you. No one fucking needs you. You're not women, you're not even people. You're only good for wiping feet on...You should've seen it. We had a girl with us. One of the cops cut her cheek with a knife. Or here is another one—when the cops decided that they needed a table. They were just sitting around, these boors, some in their underwear, some without. So this girl stood in front of them on her knees for two hours, on all fours. As a table top. They put hot cups on her body. She'd flinch and they'd beat her."

- *Oksana, a woman using drugs from Yekaterinburg, Russia*

Oksana explains how a police officer tried to get her attention for a while, and finally planted drugs on her to demonstrate his superiority:

"They [police] stopped me near a café. They pull over, start going through my bag. And this same guy pulls out a small bag of something—he planted something on me. I break into tears: 'That wasn't there before, what are you doing?' He planted heroin on me. And he's like: 'No, you're coming with me. You didn't want to be nice then, now you're going to go away for six years. See, how easy it is?' I remember it all. I said: 'Are you crazy? It's not mine! Here's my ID, here is my medical certificate, I'm applying for a job. Take me for a drug test; there are no drugs in my body. Fingerprint the bag!' And he says: 'We will. You'll get everything- a drug test, fingerprints, everything.' That was it. Then he said: 'If I ever see you again, I'm definitely going to fuck you.'"

Oftentimes, police raid the streets and arrest people who look like they are under the influence, or plant small amounts of drugs in order to fulfill arrest quotas. People who use drugs are easy prey, as police know where people buy, sell and use illegal drugs, and can seek them out at harm reduction sites. In order to reach their monthly quotas for administrative and criminal arrests, the police routinely misrepresent available evidence in order to make cases seem more serious than they actually are: possession of drugs for personal consumption turns into 'possession with intent to supply', while social distribution of drugs becomes 'drug sale.' Common methods of fabrication of evidence include procedural violations, provocation of drug sale, planting drugs, and using quasi-witnesses. Police use harassment, intimidation, and manipulation to extort information or get people to confess to crimes.

"A woman who injects drugs was brought to the police to give testimony. In order to get the testimony they kept beating her up and as a result cracked her skull. When they realized the woman had lost consciousness and might die in their hands, they just took her to the hospital and threw her on the front steps, not even calling the paramedics - they just got rid of the body and left. It happened at night, so she was not discovered immediately and it was too late - she died without regaining consciousness. The perpetrators were not punished and continue to remain in their positions."

- *A harm reduction worker from Poltava, Ukraine*

Women who use drugs are threatened with termination of their parental rights,¹⁵ or asked to pin unsolved crimes on their sexual partners. The police search their apartments with no warrant or keep them in pre-trial detention without making any charges. While in custody, the women are deprived of any medical help and are forced to undergo painful withdrawal:¹⁶

"I wasn't let go under my own recognizance- they took me to the temporary detention facility (IVS): I concluded that I was in trouble and this time nobody was going to negotiate with me. On the second day of my detention at IVS, withdrawal began and I did not care about my son or anything else. Bad luck, the investigator did not call me that day. On the third day, withdrawal became unbearable and I was ready to do anything, sign anything, to get some relief. IVS staff ignored my requests to call a medical doctor. Moreover, they openly tormented me: they did not let me go to the washroom (I had diarrhea), they did not give me any pain-killers, they made me clean the floors. Finally, they drove me to the police unit to the investigator. I was in awful condition - as they say, I was on the edge, - the cops calculated for this. I desired only one thing: I wanted all this to end as soon as possible. And I was finally taken to the pre-trial detention centre (SIZO), where there is a medical unit. This is how I decided to give myself up and acknowledge my guilt in order to get the shortest prison sentence."

- *Tatyana, 34 year old woman who uses drugs from Ukraine. Tatyana had a 12 year old son at the time of the incident and initially was uncooperative with the police because of the fear of losing her son.*

"My friends were detained many times and taken to a police station without any grounds for detention or arrest. In the pre-trial detention center, I witnessed a young woman's death. She was an injecting drug user. She had pains in the abdominal cavity, she was screaming all night, but nobody provided medical aid to her. They kept yelling at her, ordering her to stop screaming. The next day, the woman died."

- *Natalya, a women who used drugs for 15 years, is HIV positive, and is undergoing ART in Ukraine*

Left isolated by drug policy and social stigma, most women are too afraid (with good reason) to fight back on their own, to call for help or report the police violence to anyone. They have to deal with the violence, stress, and psychological pressure alone.

"You're not going to get out alive [if you try to file a complaint against the police]. You want to live, so you just take it. And try to smile at them, and do whatever they want. Because you know that if they beat you, you're not going to be able to walk for a week. They'll make you a cripple. If you're lucky.

I tried to fight back once. Yes, the first time I said no. The other girls were telling me: 'What are you, nuts?' And I said: 'I'm not going to do this. I have my clients who pay me, whereas this I have to do for free. What's that about?' They were like: 'You're an idiot, just be quiet.' And I said to the cops: 'No, I'm not going to go anywhere, what are you, crazy?' So they took me to the police precinct. I'm not going to say which one. I sat there in a holding cell for two days. I got beat up so badly, it was something...Usually, you spend a day in the holding cell, and then they take you to a jail. But here I had to wash the floors, they made me wash the toilets. Usually, when you're there, there is a mop and a rag, you put the rag in the toilet and flush and then wash the floors. You don't have to wring it out by hand. But they made me wash the toilets by hand. No gloves, no nothing, it's all covered in shit...Then I had to wash the floors. In short, once I spent two days there, I started going to these 'subbotniks'... No one's going to question it [detention]. If anyone asks, they'll say: 'We detained a prostitute. We're going to write her up for an administrative offense and let her go.' And that's it. It's a nightmare. They beat you constantly. They beat you so as not to leave any bruises on your face. They punch you in the back, in your kidneys, wrap their batons with rags. Then you lie there, and die, and piss blood.

- *Lena, a woman using drugs from Yekaterinburg, Russia*

¹⁵ In some countries of the region, for example in Russia or Ukraine, drug dependence is also statutory grounds for termination of parental rights. For example: Article 69 of the Family Code of the Russian Federation.

¹⁶ According to the UN Special Rapporteur on Torture, "[t]here is no doubt that the withdrawal syndrome can cause severe pain and suffering if medical assistance is not provided accordingly, and that the condition of withdrawal in prisoners creates a strong potential for mistreatment. See *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, Manfred Nowak, 14 January 2009, A/HRC/10/44, para. 57.

A woman from Ukraine reported that she was brought to the police for the investigation, but due to bad health was taken to the hospital in an ambulance. As a result of her mistreatment by police in the emergency room, Svetlana had to undergo surgery on her head. In the end, the police made a deal with her: she would keep quiet about the beatings and they would reduce the sentence for drug possession.

"In the hospital admission room, I was thrown onto the concrete floor. I fainted from time to time and they poured cold water on me. I was freezing. I saw a couch and started crawling toward it, as I could not walk. The policemen noticed this and hit me with their feet, pushing me back into the corner. It was nighttime and I was afraid that they would beat me to death and nobody would see. Then I started screaming, the policemen continued beating me up with more force to make me shut up. The last thing that I remember is the taste of blood and sand on my lips. I regained consciousness in the morning, still lying on the concrete floor."

- Svetlana, a woman from Poltava who used drugs for over 15 years

"Going to the police makes no sense. Do you know how they will respond? That I ventured too far, that normal women would not be treated this way, I should blame myself and that I deserve to be treated this way. They will threaten to accuse and put me in prison if I file a complaint – as if I came to my neighbor and offered him sex for money, because I didn't have the money to buy drugs. So I had to live with this humiliation. No, I won't forgive him and will punish him, but without police involvement. The police are not comrades to us: even if people would be killed in the centre of the city, the police would find ways to accuse us for this crime – drug users. For them we are trash, animals that do not have the right to live. Just allow the police to do what they want and they would put us all against the wall and kill us without investigation or trial."

- Tatyana, 34 year old woman who uses drugs from Ukraine.

The most violent offenders are the police—those who are supposed to protect public safety and protect women from violence in the first place. As a result, women lose any trust towards law enforcement and the State in general.

"There are a lot of sadistic people in uniform out there. The ones who really like to torture. And for some reason, in my experience, most of them work as cops. It's like they're people in uniform, but they're worse than a rapist off the street. There are a few rapists out there. But I think they all work for the police. They would come by every day. Not just for the 'subbotniks.' They'd take our money all the time. Almost every day. You just hand over the money. I don't remember how much. I think around 500 [roubles]. Just for being able to stand there."

- Lena, a woman using drugs from Yekaterinburg, Russia

III. Violence in health care settings

Because women are a minority of people who inject drugs, women are sometimes excluded from relevant health programs. In some countries, for example, anti-retroviral treatment (ART) is made available in detention centers for men, but not women.¹⁷ Women who use drugs may be excluded from women's shelters and other special services for at-risk women;¹⁸ in many countries, women's shelters are closed to women with a history of drug use, or even to women with HIV.¹⁹ In some countries opiate

¹⁷ A. Shapoval and S. Pinkham, *Technical Report: Women and Harm Reduction in Central Asia*, Quality Health Care Project in the Central Asian Republics, Abt Associates Inc., 2011; K. Burns, *Women, Harm Reduction, and HIV: Key Findings from Azerbaijan, Georgia, Kyrgyzstan, Russia, and Ukraine*, New York: International Harm Reduction Development Program of the Open Society Institute, 2009.

¹⁸ S. Pinkham, K. Malinowska-Sempruch, *Women, Harm Reduction, and HIV*, New York: International Harm Reduction Development Program of the Open Society Institute, 2007; C. Stoicescu, ed. *The Global State of Harm Reduction 2012: Towards an integrated response*, London: Harm Reduction International, 2012; K. Burns, *Women, Harm Reduction, and HIV: Key Findings from Azerbaijan, Georgia, Kyrgyzstan, Russia, and Ukraine*, New York: International Harm Reduction Development Program of the Open Society Institute, 2009.

¹⁹ Pinkham S. Stoicescu C. and Myers B. (2012) "Developing Effective Health Interventions for Women Who Inject Drugs: Key Areas and Recommendations for Program Development and Policy," *Advances in Preventive Medicine*, vol. 2012, Article ID 269123, 10 pages, 2012. doi:10.1155/2012/269123.

substitution treatment (OST)²⁰ is available in pre-trial detention and prisons, but in none of these countries is it available in detention centers for women.²¹ Moreover, in some countries, for example Ukraine, treatment sites are used as for law enforcement raids and harassment of clients through threats to withdraw treatment. During such raids, patients are not only subjected to threats and humiliation, but to the disclosure of their confidential medical information.

"I will tell you about one incident that took place about 2 months ago at our [OST] site. This was not a mistake or an exception. Nobody was punished for this. Such incidents became systematic and regular on our site. Our medical establishment gladly supports initiatives of the Drug Control Police Unit – initiatives that aim to discredit and shut down OST programs. So, in August, I and my husband arrived at the OST site to pick up our OST doses. From a distance we saw a crowd of people near the OST site. As we saw later, these were OST patients from this site.

It was clear that something was wrong. When we approached the site, others told us that the Drug Control Police Unit was on the site: checking documentation, looking through the patients' records and medical cards, and creating lists of patients. Some patients did not want to receive their treatment in the presence of drug control officers and were waiting for the police leave, but they were not going to. Because of this, some people were late to work. I entered the room and asked the doctor why unauthorized people were on the site and who gave him the right to disclose information about our health conditions. The doctor responded that he did not really know and they had some sort of warrant, so he couldn't help providing information to them. I asked the police officers to introduce themselves and provide IDs and the warrant that the doctor mentioned. I explained to them that I would complain to the Regional Health Committee and to the Prosecutor's Office about the disclosure of confidential information and provision of this information to third persons as well as about the fact that several patients were late to work or missed it completely, because of the presence of unauthorized people on the OST site. Moreover, some people were experiencing withdrawal symptoms, as they did not receive their medication. After my speech the Drug Control Unit people left the office and I received my dose. But they did not leave, as I thought. When I came out of the doctor's office, they were waiting for me outside and asked me to get into their car. Of course I refused to follow them, as I did not see any grounds for detention. Then they took me under the elbows and forced me toward the car. I resisted, my husband tried to help me, but there were four officers and they were physically much stronger than us. When I was in a locked car with the police, in a rude manner, using swear words, they started asking me why I was so bold as to oppose the Drug Control Unit officers. As they said, they were no suckers: let fools believe that OST changes people for the better and helps people start new lives. For them we were drug users and remained drug users and they did not believe or trust us. So, if they took OST away from us we would go back to stealing, robbing, etc. This is why they were creating lists of all OST patients—they wanted to check them in the police database, to see who had served prison terms and to know where to look for this person if anything happened, and to control all these people. They also added that they could break my courage within 6 seconds, and had the assurance of being right: they would simply detain me for three days to identify circumstances, because I fit the description of a wanted person. Then I would speak differently without my dose. Setting me up and accusing me of being involved in the drug trade (medications from the OST site) would not be difficult for them either. In other words, if I wanted them to let me go, to live free and continue receiving free drugs, I had better never

²⁰ Prescription of opioid substitution treatment (OST) is one of the most effective types of pharmacological therapy for opioid dependence. There is consistent evidence from numerous controlled trials, large longitudinal studies and program evaluations that substitution maintenance treatment for opioid dependence is associated with substantial reductions in illicit opioid use, criminal activity, deaths due to overdose, and behaviors with a high risk of HIV transmission. OST is a cost-effective method of opioid addiction treatment, and has wide political support. It is endorsed by the Joint United Nations Program on HIV/AIDS, the United Nations Office on Drugs and Crime, methadone and buprenorphine are on the World Health Organization's Essential Medicines List. However, in most countries of EECA, coverage is limited due to a lack of systematic scale-up or a negative policy environment.

²¹ Shapoval A. and Pinkham S. *Technical Report: Women and Harm Reduction in Central Asia*, Quality Health Care Project in the Central Asian Republics, Abt Associates Inc., 2011; K. Burns, *Women, Harm Reduction, and HIV: Key Findings from Azerbaijan, Georgia, Kyrgyzstan, Russia, and Ukraine*, New York: International Harm Reduction Development Program of the Open Society Institute, 2009. EHRN also submitted a complaint to the UN Commission on the Status of Women on Access to health care in women's prisons in Georgia, which describes a case of E.G, a woman, who underwent the OST treatment before imprisonment. The treatment was interrupted when she was detained and resulted in permanent damage to her health. The complaint is attached to this submission as an Annex.

interfere with the police. I should simply receive my [OST] drugs and sit still. After this incident the drug treatment doctor has been treating me differently: he is constantly telling me that I am doing something wrong, checking if I violate any rules, looking for any reason to exclude me from the OST program. I did not file any complaints, my husband talked me out of it, as this will not do any good and I will be blamed or accused in the end. I try not to visit the OST site alone and dress so that nobody could plant drugs or anything else on me."

- Oksana, Ukraine, 33 years old, OST patient since 2011

The situation in Russia is even worse; OST is prohibited by law and women who use drugs have nowhere to turn. The only "treatment" available in Russia consists of beatings and abuse in a private "drug treatment" center with prison-like conditions. The drug treatment system offers nothing—no real treatment, no social support. According to the Federal Drug Control Agency, around 90% of people undergoing treatment return to drug use within a year of treatment attempt.²²

The story below is told by a woman who, at the request of her relatives, was abducted at home and taken against her will to the treatment centre "City without Drugs" in Yekaterinburg, which can be equated to imprisonment without any trial or court decision:²³

"When they brought me there, there were not enough beds in the room and they put me on a mattress between two beds. They gave me a pillow and a blanket. And they attached two handcuffs to these beds. All night I was sleeping on a floor, on this mattress chained with handcuffs to the beds. And when they brought a bed, they changed the handcuffs to chains, about 50 cm long, maybe longer. They attached the chain to my leg. This chain they put around one's leg or hand and locked with a small lock.

[On treatment methods applied in the center]: So, for a month, 27 days, you are quarantined and handcuffed. They feed you three times a day with bread and water. Bread was cut into four pieces and each person received one fourth of this brick-shaped bread. Then in about two weeks, this brick-bread was cut into four pieces. So, we received less bread. They kept us on bread and water because after you went through withdrawal you do not think about drugs. Because you so much want to eat. You are looking through a magazine and feel that you are very hungry. Girls there, who had a birthday, those girls that already went through the quarantine and were unchained, would give us one candy and we were so happy. Then after you are unchained and let go from this quarantine regime, they start feeding you ... but your stomach is no longer used to having food. So, I had liver pain, and overall I felt that I was going crazy. ... [Once] two girls escaped from there. We called them, searched for them, could not find them. [One of these girls] either went home or was sitting in a bar; the treatment centre people found her and brought her back. Two guards gave her 400 hits with two belts. 400 times she was beaten with these belts. We were sitting and counting.

The unavailability of effective drug treatment services is one of the systematic violations of the rights of women who use drugs to health. Moreover, the absence of drug treatment and care is a form of torture inflicted on women by the State.²⁴

IV. Domestic violence

²² Директор ФСКН РФ Иванов (16 сентября 2009 года). Интервью РИА Новости: www.ria.ru; Профессор Т.В. Клеменко (2009). «О государственной антинаркотической стратегии Российской Федерации» <http://stratgap.ru/includes/periodics/comments/2009/1124/3841/detail.shtml>

²³ Full interview was conducted by Sarang A. in 2010. The interview can be found in Russian on the site of the Andrey Rylkov Foundation for Health and Social Justice at: <http://rylkov-fond.ru/blog/2010/03/15/gbnrus/>

²⁴ The violations occurring in the health care setting, including torture by non provision of care, provision of wrong medical information and stigma and discrimination against women who use drugs on behalf of health care providers are described in the EHRN Submissions to the UN Commission on the Status of Women on Russia and Ukraine provided as an Annex to this submission.

Stigma associated with drug use feeds into the culture of domestic violence typical of the EECA region, making family aggression against drug-using women a widespread phenomenon. Studies indicate that 81% and 76% of women who use drugs in Georgia and Azerbaijan suffered violence in their homes; 38% of women drug users in Kyrgyzstan reported being victims of physical or sexual abuse from family members.²⁵ The perpetrators of domestic violence toward women who use drugs are usually either parents or sexual partners, who generally also use drugs.

In EECA, women often live with their parents until they get married or enter a civil union. The atmosphere of contempt toward people who use drugs and portrayal of drug use as a failure of character puts enormous pressure on people who use drugs and their parents. They are left with confusion, self-imposed blame, frustration, and anger. With nowhere to turn, these feelings often transform into aggression against drug-using children, especially against daughters, who are arguably easier targets than sons.

Parental abuse against women who use drugs takes several shapes. Some parents, especially in more 'westernized' societies of the region, actively try to 'help' their daughters quit. However, due to limited availability of treatment options, its ineffectiveness as well as limited coverage of existing treatment services, parents force their daughters into prison-like 'rehabilitation centers' or lock them up at home. Parents may also subject their daughters to occasional or regular beatings as a way to 'cure' them of their dependence. Below is an illustration of such a parental strategy from Russia:

"There was a period in my life when I used drugs and my mom was trying to cure me by beating. In other words, she simply beat me. She beat me, and beat me, and beat me every day. When I was home, she would find me and beat me. She would lock me up and bind me with ropes to the iron bed...because I smoked and injected. And then they put me in jail. So she stopped beating me. It would be no use [trying to fight back]. It was better to grin and bear it. I said, 'I will report you to the police'. And she said, 'You are a bitch.' And even more. She was chasing me with sticks. She beat me in front of the entire street."

- A woman who uses drugs from Yekaterinburg, Russia

Other parents, overwhelmed with the shame of having a female drug user in the family, especially in traditional societies of the South Caucasus and Central Asia, expel the drug-using women from household, cutting them off from any financial or emotional support. If a drug-using woman living with her parents has small children, her relatives may try to strip her of parental rights. Fearing unwanted publicity, the family seldom initiates an official court procedure, but isolates the mother from the child by pushing the mother out of the house or prohibiting her from any interaction with her own child. This is an example of such punishment from Georgia:

"My acquaintance, a woman who injects drugs, lives with her parents and her child. They are a family, living under the same roof, but they do not let her sit at the same table with her child. They do not even let her look at her own child."

- A harm reduction worker from Tbilisi, Georgia

Violence from the sexual partner, targeted at the drug-using woman, is often triggered by the mere involvement of the couple in illicit drug use. As in other parts of the world, in EECA women occupy the

²⁵ Data on Georgia from: Bidzinashvili K. (2012) *Results of domestic violence survey conducted within the framework of the Step+ project*. Union "Step to the Future: Gori, Georgia, (unpublished); on Azerbaijan and Kyrgyzstan, from: Burns K. (2009) *Women, Harm Reduction, and HIV: Key Findings from Azerbaijan, Georgia, Kyrgyzstan, Russia, and Ukraine*, New York: International Harm Reduction Development Program of the Open Society Institute.

lowest positions in the drug economy.²⁶ Men use their female partners for delivering drugs or as a source of income by forcing women to sell sex. As a rule, the drug-using woman, who may depend entirely on her partner for her drug supply, follows the expected scenario. Such a situation sometimes devolves into exploitation and even slavery, as illustrated by this personal story from Ukraine:

"When I was 15 and started using drugs, my foster parents expelled me from home. I was unmarried, but periodically, in between my prison terms, lived with domestic partners who were also drug users – because I had no other place to live. More often, they were my pimps, and I had to make money to get a fix for myself and my partner/pimp. If I did not make enough money to buy drugs for both of us, my partner could easily beat me up, send me to make more money even when I was in withdrawal, or offer my services to his acquaintances. At the same time, he did not do anything criminal himself, fearing to go to prison again. We lived and injected on the money that I made selling sex. And the most interesting thing in the behavior of all my partners is that all of them tried to humiliate me, insult me for my sex work, though they lived at my expense. That was a very painful and offensive situation, but I had to bear it because I had no other place to go."

- *Elana, a woman who uses drug from Poltava, Ukraine*

Women also become victims of the partner's aggression when they violate unwritten rules of 'family life' linked with drug use. Such rules may include the requirement for women to be 'second on the needle' or not use drugs or alcohol outside the home. Below are two examples of such aggression reported by harm reduction workers from Georgia:

"I know one woman who injects drugs, she has a child. She was recently beaten up by her husband who is also a drug user. She visited her female friend, they had some drinks. He came, did not say anything, and started silently beating her up, drugging her across the floor like a mop. Her tooth got broken, she was completely covered in bruises. Even her ears were bruised, can you imagine? I have never seen something like that before." A harm reduction worker from Tbilisi, Georgia

A female participant of our program and her husband used drugs together. Her husband (he is now in prison) had been hiding a fix in the house. She used it first and gave her husband the leftovers. And because of that, he beat her up so badly that she had to stay in bed for two weeks. In other words, it was punishment. The man is entitled to use first, and the leftovers are meant for the woman."

- *A harm reduction service provider, from Gori, Georgia*

At the same time, reports from the field demonstrate that mechanisms intended to assist victims of domestic violence – the police, healthcare settings, and crisis centers – are ineffective or inaccessible for victims who use drugs. Women drug users are reluctant to seek help from law enforcement out of fear of disclosure of their drug use status and consequent arrest, extortion, and sexual or physical abuse from the police. In Azerbaijan, a survey found that 85% of drug-using women who suffered domestic violence did not inform the police.²⁷ In Georgia, 77% of drug-using women surveyed knew about the country's law protecting the victims of domestic violence, but only 12% of women or their relatives had ever sought help from police.²⁸

Women drug users are also afraid to seek medical assistance for injuries incurred as a result of physical assault. A survey in Azerbaijan revealed that less than 10% of drug using women beaten by their partners

²⁶ Stoicescu C. ed. (2012) *The Global State of Harm Reduction 2012: Towards an integrated response*, London: Harm Reduction International.

²⁷ Burns K. (2009) *Women, Harm Reduction, and HIV: Key Findings from Azerbaijan, Georgia, Kyrgyzstan, Russia, and Ukraine*, New York: International Harm Reduction Development Program of the Open Society Institute, 2009.

²⁸ Bidzinashvili K. (2012) *Results of domestic violence survey conducted within the framework of the Step+ project*. Union "Step to the Future: Gori, Georgia, (unpublished).

sought medical treatment afterwards.²⁹ This is partially because in some countries of the region doctors are instructed to inform the police about cases of domestic violence, and partially out of stigma, as illustrated by this story from Russia:

"Perhaps I was partially guilty. I came home late from a birthday party and my spouse was simply... I have not seen him in such a condition for 12 years. The man was not himself. One word led to another, and he did it to me, roughly speaking...this ended not very well...I was walking to the emergency room. On my way there I met the police. They asked: 'Are you all right?' It was written on my face that I was not all right. My nose was broken, OK, not broken, but displaced... The police saw my condition. They simply said, 'OK, girl, go.' So I entered the emergency room, sat down, and the doctor was not paying particular attention to me. 'What happened?' - 'I was beaten up, this is it.' And then she was staring at my last name, because I had previously broken my arm. Next moment, she knew I was a drug user. She knew that I had sores. She moved away from me and sat on the edge: 'OK, what do you want?'"

- A drug-using woman from Yekaterinburg, Russia

Few of the region's crisis centers and shelters for victims of domestic violence are designed to meet the needs of drug-using women, and they are even less prepared, or willing, to meet the needs of drug-using women with children. Some crisis centers decline entry for women suspected of active drug or alcohol use. For example, in Georgia such an informal policy is carried under the pretext of 'evaluating the applicant's mental health':

"Counselors working in the shelter simply visually assess whether the woman uses drugs or alcohol or not. They say, 'We are concerned for those who already live in our center. If we enroll a mentally unstable person, she will disturb the others. We do not want that, we will not allow that.' Thus, they do not enroll women dependent on alcohol and drugs...How one can be deemed 'mentally stable' even if she is not using alcohol or drugs, but was beaten up? Of course, she is stressed, she will cry, she will break something, and do other things - this ought to be understandable. I do not think those centers have this rule in writing: 'If the person uses drugs, she cannot be let in.' They would not receive grants - this is discrimination."

- A harm reduction worker from Tbilisi, Georgia

Though drug-using women seldom report domestic violence through official channels, it poses a significant threat to their health and human rights. Each case of domestic violence makes a drug-using woman even more vulnerable, causing sometimes life-threatening injuries, further pushing the woman into poverty, homelessness, and forced sex work, violating her maternal rights, prompting riskier types of drug use, making her more susceptible to HIV and Hep C, and increasing psychological trauma and self-loathing. The situation is further aggravated by the lack of working mechanisms to protect women drug users and the fact that the very same official agencies that are supposed to protect victims of domestic violence - the police and healthcare establishments - impose, on a daily basis, structural violence against drug using women, as was demonstrated earlier.

²⁹ Burns K. (2009) *Women, Harm Reduction, and HIV: Key Findings from Azerbaijan, Georgia, Kyrgyzstan, Russia, and Ukraine*, New York: International Harm Reduction Development Program of the Open Society Institute.

About EHRN

Eurasian Harm Reduction Network (EHRN) is a regional network of harm reduction programs and their allies from 28 countries in the region of Central and Eastern Europe and Central Asia (CEECA). Together, we work to advocate for the universal human rights of people who use drugs (PUD), and to protect their lives and health.

The Network was established in 1997 and is governed by its Steering Committee. The Steering Committee is formed of elected representatives from CEECA sub-regions and community of people who use drugs. In 2001, the Steering Committee established the Secretariat, which is based in Lithuania and carries out the programmatic and administrative activities of the Network. EHRN holds a Special Consultative NGO Status with the Economic and Social Council of the United Nations (ECOSOC).

The Network unites over 350 institutional and individual members, tapping into a wealth of regional best practices, expertise and resources in harm reduction, drug policy reform, HIV/AIDS, TB, HCV, and overdose prevention. Given the Network's core competencies as an advocate and technical assistance provider, EHRN is uniquely positioned to build the capacity of civil society and community-based organizations to contribute to the process of improving the quality, scale-up and delivery of a range of harm reduction services in CEECA.

As a regional network, EHRN plays a key role as a liaison between local, national and international organizations. EHRN ensures that regional needs receive appropriate representation in international and regional forums, and helps build capacity for service provision and advocacy at the national level. EHRN draws on international good practice models and on its knowledge about local realities to produce technical support tailored to regional experiences and needs. Finally, EHRN builds consensus among national organizations and drug user community groups, helping them to amplify their voices, exchange skills and join forces in advocacy campaigns.

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