Halting HIV by Reducing Violence against Women: The Case for Reforming Drug Policies in Eastern Europe and Central Asia

Summary of the problem: the devastating consequences of unmitigated gender-related violence[1]

> "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

Violence puts women and girls at risk of HIV and prevents them from accessing essential services. The situation is especially dire for women and girls on the fringes of mainstream society. Within that group, women drug users and sex workers in Eastern Europe and Central Asia (EECA) fare worse than most. Violence affects them extensively throughout the region due to a combination of repressive drug laws; patriarchal societies; limited or nonexistent opportunities to report abuse; lack of access to adequate health care; and insufficient legal, social, psychological and treatment support. Women who use drugs are often involved in sex work, and those women face even greater barriers because they are viewed as being guilty of the "double crime" of using illicit drugs and sex work.

Of note is that much violence against these women is state-inflicted, through discriminatory policies and law enforcement practices. Systematic violence occurring at the hand of state institutions indicates a clear and persistent refusal of governments to recognize and uphold basic human rights. The widespread stigma against women who use drugs and sex workers encourages self-stigma, thereby reinforcing their inability to seek and obtain protection from violence.

One urgent message must be recognized and acted upon**: drug policies provoke violence against women who use drugs and are involved in sex. These policies therefore must be reformed.** Legal, social and political changes are needed to create conditions in which all women—drug users or not—are less threatened, safer and have consistent access to the full range of comprehensive health and other services available to all others in society.

The individual and public health consequences of the status quo are alarming for numerous reasons, including that EECA is, as noted by UNAIDS, "the only region where HIV prevalence clearly remains on the rise".[2] EECA countries will never be able to reverse the spread of HIV without reforming current policies that do nothing to address—and in some cases essentially promote—violence against women.

> "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 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 (testimony taken in 2012)"

Main types of violence in the region

The Eurasian Harm Reduction Network (EHRN) considers the issue to be among its top priorities. Community-level discussions with people who use drugs and/or live with HIV in recent years, organized with partners across the region, have highlighted shocking stories of violence perpetrated against women drug users and sex workers. The type and scope of violence—which can include physical, emotional or sexual abuse, as well as denial of vital services—range widely. Some of the more important ones are listed in the bullet points immediately below.

- **Police violence.** Women who use drugs experience regular and widespread violence, harassment, and sexual abuse at the hands of law enforcement officers. 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.

> "A 'subbotnik' is when the cops drive up, push the girls into a car, there is nowhere to run... 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 bathhouse. 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.—A woman who uses drugs in Yekaterinburg, Russia (testimony taken in 2012)

> A van pulled up and a few SWAT cops jumped out. They grabbed me and another three girls and pushed us into their van. Then they took us out of town to some lake that I don't know and despite the cold made us strip naked. Our clothes they doused with gasoline and burned, and we were first forced to take turns giving them blow jobs and then they threatened us with burning torches and pushed us into the lake that was just beginning to freeze over. Then they drove away and we were left to make our way back to town, start naked—A woman who uses drugs in Poltava, Ukraine (testimony taken in 2012)"

Violence in healthcare settings. Due stigma and stigma, women are sometimes excluded from relevant health programmes. In some countries, for example, antiretroviral treatment (ART) is made available in detention centres for HIV-positive men, but not for women in need.[3] Women who use drugs may be excluded from women's shelters and other special services for at-risk women[4]; in many countries, women's shelters are closed to women with a history of drug use, or even to women with HIV[5]. Access to harm reduction services (see Box 1) is limited in most countries in the region, thereby denying many drug-using women critical support to safeguard their health and the health of others in their lives[6].

> "When they brought me there [to the drug-treatment centre], 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.— From an interview conducted in 2012 by staff from the Andrey Rylkov Foundation for Health and Social Justice. The interviewee was a woman incarcerated against her will in Yekaterinburg, Russia"

▪ **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. Studies indicate that 81 percent and 76 percent, respectively, of women who use drugs in Georgia and Azerbaijan suffered violence in their homes; 38 percent of women drug users in Kyrgyzstan reported being victims of physical or sexual abuse from family members.[7] Unfortunately, services for women who have experienced domestic violence are rare in the EECA region, and women who use drugs are often excluded from those that do exist. Moreover, women often do not report domestic violence due to self-stigma and the assumption, based on discriminatory policies and structures, that they will be ignored or subject to even greater abuses at the hand of police and other government institutions.

> "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.—A woman who uses drug in Yekaterinburg, in Russia (testimony taken in 2012)"

Box 1. Harm reduction and substitution treatment: vital for women drug users, but often not available

Harm reduction is a public health philosophy and intervention that seeks to reduce the harms associated with drug use, including the transmission of blood-borne viruses such as HIV and hepatitis. Among the interventions often provided as part of harm reduction services are i) increasing sterile syringe access through syringe exchange programmes and non-prescription pharmacy sales, and ii) drug replacement and maintenance therapy (e.g., opioid substitution treatment, or OST).

Compared with much of the rest of the world, including Western Europe and North America, people who use drugs in Eastern Europe and Central Asia face significant challenges in obtaining harm reduction services. Government policies often block or restrict the provision of such services. Even where they are available, potential clients are often afraid to use them because of the risk of police harassment or arrest. The end result from such restrictive policies and procedures is that many drug users and sex workers have no access to health-saving commodities and support, from condoms to clean syringes to legal advice.

OST refers to the administration of a prescribed daily dosage (orally) of medicines to patients with opioid dependence under medical supervision. The most common drugs used in substitution therapy are methadone and buprenorphine. OST is an internationally recognized and supported harm reduction intervention because it helps users move away from injecting, an especially risky practice in regards to HIV transmission and drug overdose. Yet in some countries, notably Russia, OST is not available to anyone: national laws ban the use of methadone and similar medicines for any purpose.

In other countries where OST is available, meanwhile, women's access to it is disproportionally low. According to findings from an EHRN mapping undertaken in late 2012 (unpublished as of November 2012), only 19 of 1,544 individuals receiving OST in Georgia were women. In Azerbaijan, none of the 151 people on OST at the time were female.

Most significant obstacle: repressive legal regimes and punitive drug policies

> "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 neighbour and offered him sex for money, because I didn't have the money to buy drugs. So I had to live with this humiliation."—A woman who uses drugs in Poltava, Ukraine (testimony taken in 2012)

A number of factors make women who use drugs and sex workers in the EECA region susceptible to such multi-faceted and destructive forms of violence, thereby fuelling HIV epidemics. Unquestionably the most important is the repressive legal regime. While the extent of drug control legislation varies across the region, most laws are punitive and harsh. 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.

Available data show that women who use drugs are severely affected by such drug laws. Up to 70 percent of all female prisoners are incarcerated for drug offences in some countries of EECA. Russia, for example, incarcerates over twice as many women for drug offences as all European Union (EU) countries combined. Such draconian responses are not only excessive and morally reprehensible from a human rights and health perspective, but seem far out of proportion to the relatively minor violations for which they are detained and sentenced. 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.

The violations are not confined to incarceration either: people who use drugs, or who are arrested or suspected of drug offences, are frequently subjected to cruel punishments even if they are not eventually charged. 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.

Box 2. Holding governments accountable under international law

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. These obligations are spelled out most clearly and forcefully in the UN Convention on the Elimination of all Forms of Discrimination against Women (CEDAW).

Also, according to the UN Committee on Economic, Social and Cultural Rights, state parties (signatories) must take special care to ensure that women and girls have equal access to health services. This obligation is particularly important given that men's and women's clinical needs with respect to drug dependence treatment may differ substantially. Evidence from throughout Eastern Europe and Central Asia indicates that most governments are disregarding their commitments under such global agreements. Given the realities of the region's HIV epidemics, their failures in this regard mean they also are negligent in following through on the Political Declaration of the UN General Assembly Special Session on HIV/AIDS (UNGASS).

Governments in the region must be held accountable for failing to protect, defend and support all women and girls.

Call for action: recommendations to effect reform

EHRN and its allies in the region, notable community groups and organizations, seek support to mitigate violence against women from the UN Office for the High Commissioner for Human Rights, UNAIDS and other multilateral agencies; non-governmental organizations (NGOs) focusing on women's and human rights; and NGOs and bilateral and multilateral entities that promote harm reduction and comprehensive HIV prevention and treatment access. An essential overarching priority is to ensure that international human rights norms are applied at the national level. In practice, this means that national policies and practices should be in full compliance with international commitments protecting women who use drugs. This can be achieved through the following steps:

- **To prevent** acts of violence and ill treatment against women who use drugs and sex workers, calling on all UN member-states (especially those in Eastern Europe and Central Asia) to reform punitive and discriminatory drug policies that contribute to abuses and HIV risk. All women who use drugs should be provided wide access to evidence-informed health services, including opioid substitution therapy (see Box 1), as well as to other health care and harm reduction programmes.
- **To punish** acts of violence, setting up special commissions, in cooperation with national human rights commissions and similar institutions in the region (e.g., ombudsman's offices), to investigate acts of violence against women who use drugs committed by law enforcement as well as acts of abuse committed in healthcare settings.
- **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.

UNAIDS and its sister UN agencies are essential players in this effort. It is important, though, that NGOs, human rights protection groups and (most importantly) women who use drugs are equal partners in the implementation of the recommendations.

1The factsheet is based on the Submission to the Special Rapporteur on Violence against Women, submitted by EHRN in October, 2012. The submission can be accessed in English at: http://www.harm-reduction.org/images/stories/News_PDF_2012/ehrn_submission_to_special_rapporteur_on_violence_1.pdf.
2 As cited on the UNAIDS website: www.unaids.org/en/regionscountries/regions/easterneuropeandcentralasia/ (accessed 29 November 2012).
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5 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.
6 A. Shapoval and S. Pinkham (2011), Technical Report: Women and Harm Reduction in Central Asia, Quality Health Care Project in the Central Asian Republics, Abt Associates Inc.; K. Burns (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.
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Eurasian Harm Reduction Network (EHRN) is a regional network of harm reduction programs and their allies from across 29 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, and to protect their lives and health.

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. 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.

Since 2008 EHRN hosts the Civil Society Action Team (CSAT) in CEECA. CSAT is a civil society-led global initiative that coordinates, brokers and advocates for technical support to civil society organizations implementing or seeking grants from the Global Fund to Fight AIDS, TB and Malaria.

Become an EHRN Member: EHRN invites organizations and individuals to become part of the Network. Membership applications may be completed online at:
www.harm-reduction.org/become-a-member.

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