



Eurasian Harm Reduction Network submission to the
UN Office of the High Commissioner for Human Rights

on

Drug Policies and Human Rights in Eastern Europe and Central Asia

15 May 2015

Synopsys

This briefing paper aims to highlight five major issues that Eurasian Harm Reduction Network (EHRN) identifies most important for the Eastern European and Central Asian (EECA) region in the context of drug policies and human rights. Issues such as **stigma and discrimination** as an breeding ground for abuse, violence and other human rights violations against people who use drugs will be discussed and analyzed in the context of drug policies in EECA. Additional issues of **women who use drugs** and violence: gender based discrimination, police violence; **right to health**: harm reduction services as HIV prevention, absence of funding; right to privacy: medical confidentiality, drug user registry systems and **access to justice** and fair trial: disproportionate sentencing will also be studied alongside examples and personal experiences of people who use drugs.

Stigma and discrimination

In EECA countries, drug policy is based on stigma and discrimination against drug users, which blocks any open dialogue with people who use drugs and hinders adequate decision-making impacting their lives.¹ This is particularly evident in the context of healthcare for people who use drugs as well as when drug users come in contact with criminal justice systems. Even more, in past years, EHRN has documented state orchestrated stigma in almost all EECA countries that alienates people who use drugs from society. In health services throughout the region, there are widespread reports of negative attitudes towards people living with HIV, who experience rejection as well as a lack of responsiveness towards their needs. Outside of the more specialized HIV services, health providers often have insufficient information or training on HIV prevention and treatment. This results in reluctance to treat HIV-positive people, both because of the inability of health workers to protect themselves from infection and because they lack the confidence, tools, and resources to treat these patients. Ignorance reinforces discrimination and mistreatment towards people living with HIV.²

In Kyrgyzstan, widespread stigma and discrimination toward female drug users by government workers, those close to them, and the public at large, has served to close off this exceptionally vulnerable group.³ Even more, high level officials repeatedly make stigmatizing and discriminatory statements against people who use drugs isolating them from society and contribution to the deeper social stigma.⁴ During the interviews to assess the impact of drug policies in Georgia in 2012, a high level state official stated: ***‘they need to feel disgust and hatred towards themselves, because they do not contribute to the well-being of society. Only in this way can they be awoken and lead drug free life.’***⁵

A long term deliberate exclusion and governmental policy to stigmatise drug user communities has generated hatred and complete mistrust towards these groups. Governmental policies have been severely repressive and reinforce the long-term social exclusion of and stigma against drug users alongside institutionalised discrimination against people who use drugs.

Not only they are deprived of number of human rights on the ground of belonging to certain social group, but also their drug use is perceived as personal fault and social status, which makes it easy for the government to be ignorant to the needs of this particular group of people.

High levels of societal stigma often determine the framework within which human rights violations take place. Human rights violations, such as refuse to provide healthcare and treatment, access to health services, including services that are tailored to specific needs (i.e. in the case of women drug users), breach of right to privacy when sharing personal information between health professionals and police are widespread in EECA countries. Issues of access to justice and proportionality of punishment for drug users are most debated in the context of criminalised framework of drug use and continuing police violence against this particular group.

Women who use drugs and violence: Gender based discrimination, police violence

Women who use drugs are particularly vulnerable group either in society, domestic settings or the state institutions. Through the campaign run by EHRN – Women Against Violence, over 800 cases of various types of violence and abuse cases have been documented only in 5 countries: Ukraine, Russia, Kazakhstan, Georgia and Moldova. EHRN

¹ Ocheret D., Golichenko M., Teplinskaya I., Latypov A., ‘*HIV and the Law in Eastern Europe and Central Asia*’, Eurasian Harm Reduction Network (EHRN), 2011

² The United Nations Children’s Fund (UNICEF), ‘*Blame and Banishment: the underground HIV epidemic affecting children in Eastern Europe and Central Asia*’, 2010, http://www.unicef.org/ceecis/UNICEF_BlameBanishment_WEB_final.pdf, accessed on 7 May 2015

³ ‘*Limited Services and Socio-Psychological Factors Effecting the HIV Prevalence Among Female IDUs in Kyrgyzstan: Report on the Survey Results*’, ‘The Asteria Foundation’, Bishkek – 2010

⁴ <http://www.president.gov.ge/ge/PressOffice/Documents/AnnualReports?p=4951&i=1>; accessed on 31 August 2012; <http://www.president.gov.ge/en/PressOffice/Documents/AnnualReports/?p=7367&i=1>; accessed on 31 August 2012

⁵ Iakobishvili E., ‘*Assessment of Social and Economic Impact of Drug Policies on Injecting Drug Users in Georgia: A Qualitative Insight*’, Georgian Harm Reduction Network, September 2012

has documented violent acts committed against women drug users by police officers that includes sexual abuse, beating, humiliation, recruitment as informants, interrogations and torture, being forced to give false testimonies, falsification of criminal cases against their partners, jailing, extortion, blackmailing, frightening and terrorizing, groundless detention and holding in custody and refusal to provide a lawyer.⁶

Women tend to develop medical and social consequences of drug use faster than men, including having more difficulty in quitting, and being more prone to restarting after quitting.⁷ UN Women has also stated that 'higher stigma faced by female drug users, and lack of gender-sensitive treatment facilities may lead to a deficit in women's access to treatment.'⁸ This increased vulnerability is due not only to biological differences between men and women, but also to gendered discrimination and structural violence that push women into commercial sex work, leave them dependent on (and subordinate to) male counterparts for acquiring and injecting drugs, and subject them to disproportionate levels of stigma due to their drug use.⁹

Unequal gender roles often lead women to blame themselves for the physical and psychological consequences of their drug uses. As a result, women are less likely to seek necessary medical attention, either because they fear that their drug use will be discovered and they will be subject to open discrimination from medical personnel, or because they have internalized the social stigma that surrounds their behavior and believe that they do not require or deserve treatment in the first place. When they do seek care, especially in gynecological and reproductive settings, many women are made to suffer a significant amount of discrimination from medical professionals, who may treat them badly or refuse to treat them at all. Many medical professionals don't even possess a basic awareness of these unique concerns of drug dependent women and are therefore unable to provide them with adequate medical care in the first place.¹⁰

Police violence against people who use drugs is widespread in EECa region. It has had a profound impact on the lives of women in particular who on regular basis experience gender based abuse and violence either in domestic settings or state agencies. A research paper from the Eurasian Harm Reduction Network shows that women who use drugs are systematically subjected to violence from law enforcement agencies responsible for drug law study further describes that 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.¹¹

"I was walking down the street in the afternoon, when a car stopped and police officers got out. They said that I had to go to the police department with them. I refused, so they took me under my arms and dragged me into the car. I resisted and started to scream, and people began gathering around us after they saw the police officers pulling out an electroshock. Having paralyzed me, they pushed me into the car and brought me to a narcological dispensary. The drug analysis was negative, so they fined me with 400 GEL for not obeying police officers"

Women who use drugs testimony from Tbilisi, Georgia

⁶ 'Analysis of Survey on Police Violence Against Women who Use Drugs,' Women Against Violence campaign, EHRN, 2013: http://www.harm-reduction.org/sites/default/files/pdf/Download%20%5BEnglish%5D_3.pdf, accessed on 10 May 2015

⁷ UN Task Force on Transnational Organized Crime and Drug Trafficking as Threats to Security and Stability – Policy Brief on Gender and Drugs, UN Women 2014, 'A gender perspective on the impact of drug use, the drug trade and drug control regimes, UN Women policy brief', July 2014

⁸ UN Task Force on Transnational Organized Crime and Drug Trafficking as Threats to Security and Stability – Policy Brief on Gender and Drugs, UN Women 2014, 'A gender perspective on the impact of drug use, the drug trade and drug control regimes, UN Women policy brief', July 2014

⁹ Eurasian Harm Reduction Network, 'Access of Women Who Use Drugs to Harm Reduction Services in Eastern Europe', Analytical report, 2014. http://www.harm-reduction.org/sites/default/files/pdf/reports/access_of_women_who_use_drugs_to_harm_reduction_services_in_eastern_europe.pdf, accessed on 12 May 2015

¹⁰ Eurasian Harm Reduction Network, 'Access of Women Who Use Drugs to Harm Reduction Services in Eastern Europe', Analytical report, 2014. http://www.harm-reduction.org/sites/default/files/pdf/reports/access_of_women_who_use_drugs_to_harm_reduction_services_in_eastern_europe.pdf, accessed on 12 May 2015

¹¹ Eurasian Harm Reduction Network, 'Submission to UN Special Rapporteur on violence against women: call for immediate action to stop violence against women who use drugs', October 2012

In situations when drug user women also engage in sex work to fund their drug use, the violence heightens and demand for sexual favors, as well as blackmailing, sexual abuse and violence also becomes more frequent.

"I take drugs and provide sex services on the route Kharkiv – Simferopol. I was working when police car with 3 men in uniform drove up from the district department (Kommunarskiy police department) and told me to get into the car. They began to demand money, threaten to impose administrative penalty. I didn't have money, so they took me to the forest and raped all three in turn. They abandoned me there and left. I hardly crawled to the road and then barely got home. I didn't ask for help anyone because I was ashamed "

Women who use drugs testimony from Zaporozhe , Ukraine

The absence of drug treatment services for women who use drugs, including lack of gender specific harm reduction services, HIV and HCV prevention and treatment programmes are largely absent in the EECA region. This is often caused due to small number of women who inject drugs who are then often excluded from relevant health programs.¹² For example, Ombudsman of Georgia in his report in 2013 noted: 'there are no gender-sensitive, accessible, and evidence-based drug treatment programmes in the community both in urban and rural areas. Neither such programmes are discussed to be introduced near future. At the same time, such gender sensitive programmes are largely absent from the places of detention'.¹³ This issue was further discussed by the UN Committee on Elimination of All Forms of Discrimination Against Women (CEDAW) in 2014 recommended that state party should 'provide gender-sensitive and evidence-based drug treatment services to reduce harmful effects for women who use drugs, including harm reduction programmes for women in detention.'¹⁴

In some countries, issues of drug policy and women's rights have been incorporated into the agenda of mainstream human rights defenders such as ombudsman's office. For example, Ombudsman of Georgia, in 2013 noted 'that withdrawal symptoms can cause suffering reaching the level of inhumane degrading treatment prohibited under international human rights standards'¹⁵, hence highlighting the need for the provision of specific treatment. Until now, no policy has been designed, or changed in the country.

Right to health: harm reduction services as HIV prevention, absence of funding

Right to health remains one of the most contentious issues in the context of drug policies and HIV in the entire EECA – region where HIV rates are growing due to injecting drug use in countries such as Russia, Uzbekistan and Ukraine¹⁶. Including two countries, the Russian Federation and Ukraine, account for over 85% of the people living with HIV in the region of EECA.¹⁷

While there is no comprehensive data available on injecting drug use and HIV, HCV and other infectious diseases some available numbers show direct link between the lack of harm reduction services, HIV prevention and treatment services and the growth of HIV. UNAIDS has reported that there are an estimated 2.9 million people who inject drugs in EECA. With more than 1.8 million people who inject drugs living in the Russian Federation¹⁸ — nearly 2.3% of its adult population— this country is estimated to have the highest number of people who inject drugs in the region. HIV

¹² Eurasian Harm Reduction Network, 'Submission to UN Special Rapporteur on violence against women: call for immediate action to stop violence against women who use drugs,' October 2012

¹³ Ombudsman of Georgia annual report 2012, p. 716., <http://ombudsman.ge/files/downloads/ge/iicsizmorgdfkakhkdqvc.pdf>; accessed on 25 July 2013

¹⁴ UN Committee on Elimination of All Forms of Discrimination Against Women, Concluding observations on the combined fourth and fifth periodic reports: Georgia, Adopted by the Committee at its fifty-eighth session (30 June-18 July 2014), para 41.

¹⁵ UN Human Rights Council, Report of special Rapporteur on Torture and Other Cruel, inhuman or Degrading Treatment or Punishment, Manfred Nowak, 14 January 2009, a/HRC/10/44, para. 71 (annual report of Ombudsman of Georgia, p. 717, 2012); <http://ombudsman.ge/files/downloads/ge/iicsizmorgdfkakhkdqvc.pdf>; accessed on 25 July 2013, accessed on 3 July 2014

¹⁶ United Nations Programme on HIV/AIDS (UNAIDS), 'The Gap Report', 2014, pp.104-118., http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf, accessed on 4 May 2015

¹⁷ *Ibid*

¹⁸ Mathers BM, et al., Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. *Lancet*. 2008; 372 (9651): 1733–1745.

prevalence among people who inject drugs in the Russian Federation is between 18% and 31%.¹⁹ In Ukraine, injecting drug use is the key driver of HIV (55% of all officially registered cases as of January 2012) as well as HCV among drug user population. The estimated number of opiate-injecting users in 2011 was 250,000 individuals, and the HIV prevalence rate among people who inject drugs in 2011 was 21.5%.²⁰ In Tajikistan, concentrated HIV epidemic levels exist among people who inject drugs. According to 2014 data, there were 7 176 officially registered persons with 'drug problems'²¹, and 4 837 of them (67%) are those who inject drugs.²² However, unofficially this number can reach 25 000.²³ In Lithuania, Drug use is widespread in prisons: 1/5 of all registered users are in prisons at any given time; estimated 30% of inmates are regular users; 2/3 of them inject drugs.²⁴ In the Russian Federation where the official policy is against providing opioid substitution therapy services for people who inject drugs, the HIV prevalence among people who inject drugs is estimated to be between 18% and 31%.²⁵

Despite such heightened HIV epidemic in the region, existing drug policies in the region are hardly in favour health and human rights based approach to the problem. The provision of opioid substitution therapy remains illegal in the Russian Federation and Turkmenistan, and Uzbekistan halted the implementation of opioid substitution therapy programmes in 2009.²⁶ Others either do not allocate financial means to the services or use criminal justice approach, such as incarcerating people for drug use and other minor drug offending. Data shows that as of 1 January 2014, opioid substitution therapy was offered in nine countries in the region, at 263 sites covering 16 559 clients, reaching less than 1% of people who inject drugs. Armenia, Belarus, Georgia, Kyrgyzstan and Ukraine have all significantly scaled up access to opioid substitution therapy. In Azerbaijan, Kazakhstan, the Republic of Moldova and Tajikistan, opioid substitution therapy is offered at limited scale.²⁷ Opioid Substitution Therapy is available in Tajikistan and it is that it reaches 1% of the entire drug injecting population.²⁸ This includes about 404 patients in total from which 28 are women and 376 are men.²⁹

In most countries in the region the Global Fund has been a major funder for harm reduction services for injecting drug users, which serves as a major HIV prevention tool. In the period of 2012-2013, for instance, in the Republic of Moldova, NSP and OST programmes had been GF funded by 100% and 99,9%, respectively.³⁰ Similarly, in the

¹⁹ United Nations Office on Drugs and Crime. World Drug Report 2014 (United Nations publication, Sales No. E.14.XI.7).

²⁰ Ministry of Health of Ukraine (2012). "Ukraine harmonized AIDS response progress report". Reporting period: January 2010-December 2011. Kyiv. p.p. 27, 46.

http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/progressreports/2012countries/ce_UA_Narrative_Report%5B1%5D.pdf

²¹ Отчет по Результатам оценки Доступности, Приоритетности и качества услуг Снижения Вреда Силами Сообщества Страна: Таджикистан., Организация: СПИН Плюс, неизданное исследование, 2015

²² *Ibid*

²³ APMG. (2009). Report on project: 'Support to national AIDS response to scale up HIV prevention and care services in Tajikistan'. Dushanbe: UNDP Tajikistan.

²⁴ Juodkaite, D., Uscila, R. and Stöver, H., 'Lithuanian Legislation and Policy Analysis on HIV/AIDS Prevention and Care among Injecting Drug Users in Prison Settings', 2008. Available on http://www.unodc.org/documents/baltics/Report_Legal_LT_ENG.pdf

²⁵ Mathers BM, et al., Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. *Lancet*. 2008; 372 (9651): 1733–1745.

²⁶ United Nations Programme on HIV/AIDS (UNAIDS), 'The Gap report', 2014, p. 110.,

http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf, accessed on 12 May 2015

²⁷ Chiu J, Burris S. 'Punitive drug law and the risk environment for injecting drug users: understanding the connections. Working paper.' New York: Global Commission on HIV and the Law; 201

²⁸ Vickerman, P., et al. 'Controlling HIV among people who inject drugs in Eastern Europe and Central Asia: Insights from modelling.' *International Journal of Drug Policy* (2014), <http://dx.doi.org/10.1016/j.drugpo.2014.09.013> ; also, ОТЧЕТ с анализом данных дозорного эпидемиологического надзора среди людей, употребляющих инъекционные наркотики, в Республике Таджикистан в 2014 году Министерство здравоохранения и социальной защиты населения Республики Таджикистан, Государственное учреждение «Республиканский центр по профилактике и борьбе с СПИДом», 2012

²⁹ Canadian HIV/AIDS Legal Network, the Eurasian Harm Reduction Network, NGO 'Volunteer', SPIN Plus, 'Alternative Report to the Committee on Economic, Social and Cultural Rights on Tajikistan's Second and third periodic reports on the implementation of the International Covenant on Economic, Social and Cultural Rights', February, 2015. http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCESCR%2fCSS%2ftJK%2fi9513&Lang=en, accessed on 12 May 2015

³⁰ Preliminary outcomes of the Investment Monitoring Group – expenditure tracking and costing of harm reduction exercise – conducted within the EHRN regional program "Harm reduction works – fund it!" funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria., 2014

Republic of Tajikistan NSP and OST programmes had been by the GF funded for 99,5% and 100%, respectively.³¹

Global Fund and other international donor support for the provision of harm reduction services for the prevention of HIV is fading in EECA, as countries slowly become middle-income – category that does not qualify for donor support anymore. There is a substantiated threat that EECA governments will fail to deliver successful transition from donor to home supported harm reduction programs including providing sustainable funding from national budgets. This further means that harm reduction programmes as a key component in providing access to healthcare, and specifically HIV prevention for people who inject drugs and which today are implemented largely on a pilot level, with often suboptimal quality and coverage, may face funding interruption and fail to provide adequate access to essential health services for people who inject drugs, leading to failure to guarantee the protection of right to health and increasing health gap in EECA.

Right to privacy: medical confidentiality and drug user registries

In most EECA countries, people who use drugs are registered at police, which keeps a centralized drug user registry system, and which extracts information from medical institutions on people who live with HIV and inject drugs, or those who are involved in harm reduction programmes in the country. Drug user registration laws have their roots in legislation developed during the Soviet era with a view to enforcing tight monitoring and control of drug users, often in close cooperation with the police.³² However, even today, these laws are widely applied for controlling and invading personal lives of drug users across the region. The process brands people as drug users for years, sometimes indefinitely, regardless of whether they cease using drugs. Medical personnel are usually required to routinely report those seeking treatment for substance abuse to law enforcement authorities.³³ This is particularly evident in the case of overdose cases, when medical personnel in some countries have an obligation to notify the police first, before providing emergency medical assistance to recover the person. In Georgia, for example, before the ministerial decree (Minister of Health, August 11, 2014) on cancellation of responsibility of medical facilities to provide operative information of structures of Ministry of Interior, overdose cases were rarely reported to the medical personnel due to fear of arrest by police and/or ignorance by medical emergency services.³⁴

Drug users are required to register just to be able to obtain drug treatment or they are forced to through contact with police, this can lead to increased social marginalisation as well as reducing their ability to gain employment or even to drive a car.³⁵ Across the region, people who enrol in public drug treatment programs are added to registries (those who can afford to seek private drug treatment are not). Being listed on the registry often leads to loss of employment, housing, and even child custody. Faced with these consequences, many people don't see public drug treatment as a viable option. Easily accessible information on people's drug use habits, allows police to misuse their power for blackmailing drug users when they try to access harm reduction services and sites. Police presence at or near harm reduction programs drives people away from these services out of fear of arrest or other punishment. In Ukraine, for example, drug users have reported being arrested multiple times at legal needle exchange sites which in some cases have resulted in death cases.³⁶

³¹ *Ibid*

³² The United Nations Children's Fund (UNICEF), '*Blame and Banishment: the underground HIV epidemic affecting children in Eastern Europe and Central Asia*', 2010, http://www.unicef.org/ceecis/UNICEF_BlameBanishment_WEB_final.pdf, accessed on 7 May 2015

³³ *Ibid*

³⁴ Joint Submission of Georgian Harm Reduction Network and Eurasian Harm Reduction Network to the Committee on Human Rights (under CCPR - International Covenant on Civil and Political Rights) 111 Session, http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCCPR%2fCSS%2fGEO%2f17454&Lang=en accessed on 12 May 2015

³⁵ Bobrova N, Rhodes T, Power R, '*Barriers to accessing drug treatment in Russia: a qualitative study among injecting drug users in two cities*'. *Drug Alcohol Depend* 2006; 82:S57–63.

³⁶ E. Iakobishvili, '*No place to live for Ukrainian women drug-injecting users, search for justice for Svetlana goes on*', 18 January 2014: <http://www.hivadvocates.net/advocacy-stories/no-place-to-live-for-ukrainian-women-drug-injecting-users-search-for-justice-for-svetlana-goes-on-2/#sthash.wuTa3Ng7.dpuf> accessed on 12 May 2015; also: News report by Ombudsman of Ukraine: '*Уполномоченным по правам человека открыто производство по делу о нарушении прав и свобод человека по факту смерти жителя г. Черновицов*', 12 August 2014.

Access to justice and fair trial: disproportionate sentencing

It has been estimated that between 56% and 90% of people who inject drugs will be incarcerated at some stage. Arresting and incarcerating men and women living with HIV who are receiving treatment damages treatment retention and adherence, which jeopardizes their health.³⁷ At the same time, people who inject drugs are incarcerated for minor crimes, such as use of drugs (drug use is criminalised in many countries) without any available treatment services in detention. People arrested for drug crimes often have difficulties to access justice, meaning that they cannot afford expensive legal services, and state legal aid often is ignorant to their needs. At the same time, 'abstinence syndrome' experienced in the early staged of detention is used for obtaining confessions from arrestees which than is used against them in the court hearings.³⁸

In countries, where justice systems are abusive, discriminatory, or fundamentally broken for people who use drugs, access to justice takes a wider meaning.

Governments all over the world have attempted to use criminal laws and prisons as a response to social and economic problems. As a result, people who use drugs are disproportionately represented in criminal justice systems. For example, as of 1 July 2012, about 18% of the prison population in Ukraine was composed of people convicted for drug crimes (21,300 out of 118,909)³⁹. Every 6th person convicted in 2011 in Ukraine was convicted for drug crimes (25,457 out of total 154,356). More than 55% of all drug crimes were crimes of possession for personal use.⁴⁰ In Russia, every fifth inmate is in prison for drug crime. Up to two-thirds of all people who use drugs (PWUD) have been in custody at least once in their life.⁴¹ In Georgia, before 2012 (government change), number of prisoners was up to 23,684 in 2010⁴² out of almost 2/3 served drug related sentences (use of drug and possession of drugs for personal use).⁴³ In Georgia, so called 'drug arrests' have been a major source of 'plea bargaining' and an official source of income for the Prosecutor General's office and still remains highly debated political issue in the country.⁴⁴ This also has been addressed by the UN Human Rights Committee in its latest review of Georgia's human rights commitments. The Committee specifically recommended to 'adopt a human rights-based approach in addressing the problem of drug use, with a focus on appropriate health care, psychological support services and rehabilitation for drug users, including drug dependence treatment such as opioid substitution therapy and harm reduction programmes'.⁴⁵

http://www1.ombudsman.gov.ua/ru/index.php?option=com_content&view=article&id=4072:2014-08-12-12-04-14&catid=14:2010-12-07-14-44-26&Itemid=75, accessed on 12 May 2015

³⁷ United Nations Programme on HIV/AIDS (UNAIDS), 'The Gap report', 2014, p. 20.

http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf, accessed on 5 May 2015

³⁸ Andrey Rylkov Foundation for Social Justice and Health and the Canadian HIV/AIDS Legal Network, 'Shadow Report to the UN Human Rights Committee in relation to the review of the 7th Periodic Report of the Russian Federation (CCPR/C/RUS/7)', http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCCPR%2fCO%2fRUS%2f17138&Lang=en, accessed on 4 May 2015

³⁹ Official statistics of the State Penitentiary Service of Ukraine. 5 July 2012. Accessible via

<http://www.kvs.gov.ua/peniten/control/main/uk/publish/article/628075>

⁴⁰ Comments provided by the Representative of the International HIV/AIDS Alliance in Ukraine, Pavlo Skala, during a press conference on 21 May 2012. Accessible via http://www.yurincom.com/ru/legal_news/?id=11324

⁴¹ A. Sarang, 'Drug injecting and syringe use in the HIV risk environment of Russian penitentiary institutions', *Addiction* 2006, 101:1787-1796.

⁴² International Centre of Prison Studies, accessed on 18 October 2013:

http://www.prisonstudies.org/info/worldbrief/wpb_country.php?country=122, accessed on 2 July 2014

⁴³ 'Drug Situation in Georgia: overview,' The Foundation 'Global Initiative on Psychiatry – Tbilisi' (GIP-Tbilisi), 2011

⁴⁴ Joint Submission of Georgian Harm Reduction Network and Eurasian Harm Reduction Network to the Committee on Human Rights (under CCPR - International Covenant on Civil and Political Rights) 111 Session, July 2014.

http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCCPR%2fCSS%2fGEO%2f17454&Lang=en, accessed on 3 May 2015; also: 'Plea Bargaining in Georgia: Negotiated Justice', Transparency International Georgia, p. 10., 15 December 2010, available from

http://transparency.ge/sites/default/files/post_attachments/Plea%20Bargaining%20in%20Georgia%20-%20Negotiated%20Justice.pdf, accessed on 29 June, 2013

⁴⁵ UN Human Rights Committee, Concluding observations on the fourth periodic report of Georgia, CCPR/C/GEO/CO/4, August 2014

In the EECA, every fourth woman is incarcerated for drug related offences.⁴⁶ 20,000 women are imprisoned for non-violent drug offences in Russia alone, more than twice all EU countries combined.⁴⁷ Moreover, women who use drugs and experience violence are denied from access to shelters in almost all countries in the region and no policy exist in this regard.⁴⁸ In Georgia, research found that over 80% of women who use drugs have suffered violence in their homes,⁴⁹ but none of them actually can access the state or NGO run shelters that operate in the country.⁵⁰

There are very few or no police diversion schemes for those arrested for minor drug offences and no treatment services offered either in community or otherwise outside criminal justice systems (such treatment services almost are never offered in detention either). The UN human rights treaty bodies⁵¹ further encourage member states to implement a wide range of non-custodial measures at all stages of the criminal justice continuum from pre-trial to post sentencing, combined with close monitoring and systematic evaluation of new measures. The treaty bodies have expressed concerns about overcrowding of prisons on numerous occasions and recommended states to take measures to alleviate overcrowded prisons⁵² especially for 'crimes of poverty' that are nonviolent, property or drug-related'.⁵³

⁴⁶ E. Iakobishvili, '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, March 2012.

⁴⁷ *Ibid*

⁴⁸ Briefing paper on 'Violence against Women who use Drugs and Access to Domestic Violence Shelters', International Harm Reduction Association, March 2013. http://www.ihra.net/files/2013/03/19/Briefing_Paper_-_Access_to_Shelters_-_with_correct_fonts_07.03.13_.pdf, accessed on 5 May 2015

⁴⁹ Союз «Шаг в будущее» (2012). Насилие в семьях наркозависимых женщин. Грузия. – Гори, 2012, стр. 11

⁵⁰ Joint Submission of Georgian Harm Reduction Network and Eurasian Harm Reduction Network to the Committee on the Elimination of All Forms of Discrimination against Women, 58 Session, July 2014. http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCEDAW%2fNGO%2fGEO%2f17406&Lang=en, accessed on 7 May 2015

⁵¹ The human rights treaty bodies are committees of independent experts that monitor implementation of the UN human rights conventions. For more information please see: <http://www2.ohchr.org/english/bodies/treaty/index.htm>

⁵² UN Committee on the Elimination of Discrimination Against Women (5 February 2010) Concluding observations: Panama, CEDAW/C/PAN/CO/7, para 25; UN Committee on the Elimination of Discrimination Against Women (CEDAW), UN Committee on the Elimination of Discrimination against Women: State Party Report, United Kingdom of Great Britain and Northern Ireland, CEDAW/C/UK/3 and Add.1 and 2; and CEDAW/C/UK/4 and Add.1-, para. 312, 313

⁵³ Report on the progress of the World's Women: In Pursuit of Justice – 2011-2012, UN Women, United Nations Entity for Gender Equality and Empowerment of Women

Information about EHRN:

The Eurasian Harm Reduction Network (www.harmreduction.org) is an NGO with a Special Consultative Status with the Economic and Social Council of the United Nations which operates as a regional network with a mission to promote humane, evidence-based harm reduction approaches to drug use, with the aim of improving health and protecting human rights at the individual, community, and societal level.

Contact person for this submission: Dasha Ocheret, Deputy Director

Address: Svitrigailos St. 11B, Vilnius LT-03228, Lithuania

Tel.: +370 5 2691 600,

Fax: +370 5 2691 601

Email: dasha@harm-reduction.org