

Committee on the Elimination of Discrimination against Women
Pre-Sessional Working Group
Report for the List of Issues
in relation to 9th Periodic Report of
the Russian Federation CEDAW/C/RUS/9

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This report was drafted on behalf of the Russian Civil Society Mechanism for Monitoring of Drug Policy Reforms by the Andrey Rylkov Foundation for Social Justice and Health with technical assistance of the Canadian HIV/AIDS Legal Network and in cooperation with the Eurasian Harm Reduction Association¹

¹ Please see information about these organizations in Annex I

For more information about the adverse impact of drug policy on women's rights, please see two policy briefs prepared by University of Miami School of Law Human Rights Clinic.^{2,3,4}

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Summary and the proposed issues to be included in the List of Issues Women who use drugs, especially injecting drug users, are among the most discriminated against, vulnerable and marginalized groups of women in Russia. Their right to equality, right to health and right to be free from torture and cruel treatment are systematically violated. Using drugs is among the most denounced behaviors in the society and women who use drugs face much stronger negative consequences than men, because this behavior goes against the gender role assigned to them.⁵ This leads to intersecting forms of discrimination based on gender, using drugs, diseases associated with drug use (HIV, hepatitis C, tuberculosis), etc.

Drug policy in Russia, which is promulgated in the State Anti-Drug Strategy,⁶ is based on repressive measures aimed at “forming intolerance towards non-medical use of drugs”.⁷ This discourse officially promoted by the state encourages stigma and discrimination, violence and violations of basic human rights of drugs-users, with women drug users suffering the most.

In Russia, there is no anti-discrimination legislation, no state-supported mechanisms of monitoring human rights violations or gender-sensitive integrated support services for women who use drugs. At the same time, NGOs performing such monitoring and providing limited support, face pressure and prosecution on behalf of the state.⁸ Moreover, the state itself encourages discrimination and stigmatization of women who use drugs by means of criminalization, “zero tolerance” policy and repressive, gender-blind drug policy in general.

Increased vulnerability of women who use drugs to gender-based discrimination has already been mentioned in UN documents. In particular, CEDAW Committee recognized women who use drugs as a disadvantaged group, who face intersecting forms of discrimination,⁹ including discrimination in access to healthcare.¹⁰ The Special Rapporteur on

² Drug policy and the fundamental Human Rights of women who use drugs. Online: <https://harmreductioneurasia.org/report-drug-policy-and-rights-of-women-who-use-drugs/>

³ Women who use drugs around the world: Key issues, violations, and recommendations. Online: <https://harmreductioneurasia.org/report-women-who-use-drugs/>

⁴ Harm Reduction and women: An international Human Rights approach. Online: <https://harmreductioneurasia.org/report-harm-reduction-and-women/>

⁵ UN Office of Drugs and Crime (2018), “Women and Drugs: Drug Use, Drug Supply and Their Consequences, World Drug Report 2018”, p. 20, available at: www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_5_WOMEN.pdf

⁶ State Anti-Drug Strategy, adopted by the Decree of the President of the Russian Federation No 690 of June 9, 2010, available at: <https://www.novreg.ru/region/social/AntiDrugs/>

⁷ Ibid

⁸ Talkingdrugs (2020), “Russian NGO Accused of “Narco-Propaganda” Over COVID-19 Advocacy For People Who Use Drugs”, available at: <https://www.talkingdrugs.org/russian-ngo-accused-of-%E2%80%9Cnarco-propaganda%E2%80%9D-over-covid-19-advocacy-for-people-who-use-drugs>

⁹ CEDAW Concluding observations on the fourth periodic report of Kyrgyzstan (2015), para 33

¹⁰ CEDAW Concluding observations on the combined fourth and fifth periodic reports of Georgia (2014), para 30

Violence against Women stated that national and international anti-drug policies are the main reason behind the growing number of incarcerated women around the globe, with particular reference to Russia: “The Russian Federation has a high rate of incarceration for drug-related offenses. Police violence against female drug users is common; the acquittal rate in drug cases is less than 0.5 per cent; more than 70 per cent of cases are adjudicated with the so-called simplified procedure, without a trial; the courts do not take into account the conditions that make women vulnerable to drug use. According to the UN Special Rapporteur on the Violence against Women the global “war” on drugs has led to numerous violations of women’s human rights” and the enforcement of drug laws consists of one of major pathways to prison for women.¹¹

In the light of the foregoing, we urge the Committee to request the Russian Federation to provide information about all measures undertaken to reduce vulnerability of women who use drugs to discrimination and violence.

Questions for the List of Issues:

Article 2: How does the State Party ensure equal protection and non-discrimination for women from disproportionate drug enforcement?

Article 5: What measures does the State Party employ to address specific vulnerability of women who use drugs to gender-based discrimination and violence?

Article 12: What measures were undertaken by the State Party to implement 2015 CEDAW recommendations to ensure to substitution therapy programs for women who use drugs?

Article 12: How did implementation of Article 69 of the Family Code of the Russian Federation (deprivation of drug dependent people of their parental rights) affect implementation of Article 12 (2)?

Article 12: Which measures does the State Party undertake in order to protect women who use drugs from discrimination when enforcing social restrictions related COVID-19?

Hereinafter, we provide further information about these issues.

1. Discrimination against women who use drugs due to the disproportionate use of criminal and civil sanctions (Article 2 of the Convention)

Drug use per se as well as any activity related to drug use, including possession of any amount of drugs, is an offence according to Russian legislation.¹² However the harshest impact on people who use drugs is inflicted by by employing long prison terms for the possession of drugs in quantities that are less than a single dose. According to article 228 part 2 of the Criminal Code states possession of such small as 2.5 grams of heroin or one gram of amphetamine regardless of purity is punishable by imprisonment for up to 10 years.

¹¹ Rashida Manjoo, the Special Rapporteur on violence against women, its causes and Consequences (2013), “Pathways to, conditions and consequences of incarceration for women”

¹² Articles 6.8, 6.9 Code of Administrative Offenses of the Russian Federation, articles 226.1, 228.2, 228.3, 229, 229.1, 230, 231, 232, 233, 234 of the Criminal Code of the Russian Federation.

Punishment for the distribution in any amount, including in cases of sharing drugs with peers (so-called “social supply”¹³) and sale by “user-dealers”¹⁴, is up to 20 years imprisonment.

Drug criminalization has a negative impact on all drug users. However, its implication on women who use drugs is particularly adverse due to gender-specific patterns of behavior:

- women who use drugs often depend on men and tend to use drugs together with their partners;¹⁵

- women are often engaged in criminal activities as a result of pressure or even violence and threats on behalf of their partners;¹⁶

- women are often incited to perform low-ranking, low-paying and high-risk activities for purchase of drugs for collective consumption and drug-dealing;¹⁷

- decreased economic opportunities and lower political status also contributes to women's involvement in drug use and drug trade;¹⁸

- women are often convicted for complicity in crimes committed by their partners in which they had participated unknowingly or minimally;¹⁹

- men more often than women possess information for plea bargaining, which is why they can receive lighter punishment other things being equal;²⁰

- women have more difficulties with quitting to use drugs due to higher barriers in access to narcological treatment (see below);

- women with children are especially vulnerable to psychologically manipulative practices by the police because drug use and drug dependence can lead to deprivation of parental rights (see below).

These factors are not taken into consideration in criminal prosecution of women for drug-related crimes by law-enforcement agencies and courts, leading to gender asymmetry as reflected in judicial statistics:

¹³ “In this situation, there could be a designated buyer among a social group who will purchase drugs and share them among the group for minimal, if any, financial gain” — from the report by The Global Commission on Drug Policy “2016 - Advancing Drug Policy Reform: a new approach to decriminalization”, p. 24, available at: https://www.globalcommissionondrugs.org/wp-content/uploads/2016/11/GCDP-Report-2016_RUS.pdf

¹⁴ “a term typically used to define those who deal in order to support their problematic drug use” — from the report by The Global Commission on Drug Policy “2016 - Advancing Drug Policy Reform: a new approach to decriminalization”, p. 24, available at: https://www.globalcommissionondrugs.org/wp-content/uploads/2016/11/GCDP-Report-2016_RUS.pdf

¹⁵ S. Arpa (2017), “Women who use drugs: Issues, needs, responses, challenges and implications for policy and practice. Background paper commissioned by the EMCDDA for Health and social responses to drug problems: a European guide”, p. 5, available at: https://www.emcdda.europa.eu/system/files/attachments/6235/EuropeanResponsesGuide2017_BackgroundPaper-Women-who-use-drugs.pdf

¹⁶ Rashida Manjoo, the Special Rapporteur on violence against women, its causes and Consequences (2013), “Pathways to, conditions and consequences of incarceration for women”, para 10-11.

¹⁷ 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”, p. 4, available at: https://www.unodc.org/documents/ungass2016/Contributions/UN/Gender_and_Drugs_-_UN_Women_Policy_Brief.pdf

¹⁸ Ibid., p. 3.

¹⁹ Rashida Manjoo, the Special Rapporteur on violence against women, its causes and Consequences (2013), “Pathways to, conditions and consequences of incarceration for women”, para. 11.

²⁰ Ibid., para 26

- 40.6% of incarcerated women are convicted of drug-related crimes, as compared to 27.5% for men²¹;

- 38.4% of women convicted of drug-related offenses were sentenced for selling drugs, as compared to 20% for men;²²

- 30.2% of women convicted of drug-related offenses were sentenced for particularly serious crimes, as compared to 17% for men;²³

- 18.8% of drug-related crimes were committed by women in complicity, as compared to only 9.5% for men;²⁴

- the overall number of women among the prison population is 7.8%, while among those convicted of drug-related crimes it is 11.1%.²⁵

Thus, women who use drugs are criminalized to a much greater extent than women from other segments of the population and to a much greater extent than drug-using men. Incarceration contributes to further violations: women who use drugs have difficulties accessing proper treatment in places of detention, they face increased risk of physical and sexual violence.²⁶ Long-term imprisonment leads to breaking up of family ties, overall deterioration of health, while the status as a former convict makes legal employment and social engagement upon release almost impossible.²⁷

In 2018, the Eurasian Harm Reduction Association interviewed 26 women who use drugs in Russia (the women had a median age of 36 years old, median experience of drug dependence of 10 years; 20 of the interviewed women had children). These women reported the following widespread practices:

- Arbitrary arrests by the police because they looked like drug users; after arrest police officers intimidated women to cooperate and become informants;
- Disclosure of personal and medical data by medical doctors to the police;
- Infliction of unnecessary pain and suffering on women due to the lack of effective drug dependence treatment in pre- and post-natal care facilities;
- Permanent termination of parental rights based solely on the diagnosis of drug dependence, according to Article 69 of the Family Code of the Russian Federation.²⁸

Thus, criminalization bears much graver consequences for women who use drugs, leading to further marginalization and desocialization.

²¹ Official website of the Federal Prison Service, “Characteristics of adults who are imprisoned in correctional facilities for adults”, available in Russian at: <http://fsin.su/structure/inspector/iao/statistika/Xarka%20lic%20sodergahixsya%20v%20IK/>

²² Data from the Judicial Department of the Supreme Court for 2019, available at: <http://www.cdep.ru/index.php?id=79&item=5259>

²³ Ibid.

²⁴ Ibid.

²⁵ Official website of the Federal Prison Service, “Characteristics of adults who are imprisoned in correctional facilities for adults”, available in Russian at: <http://fsin.su/structure/inspector/iao/statistika/Xarka%20lic%20sodergahixsya%20v%20IK/>

²⁶ S Pinkham, B Myers, C Stoicescu (2012), “Developing Effective Harm Reduction Services for Women Who Inject Drugs,” pp. 126-135, available at: http://www.ihra.net/files/2012/07/24/GlobalState2012_Web.pdf

²⁷ Kasia Malinowska-Sempruch and Olga Rychkova (2016), “The Impact of Drug Policy on Women”, p. 9.

²⁸ EHRA (2019), “Legal analysis of human rights violations against women who use drugs in Russia”, available at: <https://harmreductioneurasia.org/analysis-of-human-rights-women-russia/>

Case of U.K., a pregnant woman living with drug dependence, HIV, and HCV in Yekaterinburg, Russia.²⁹

In April 2017, U.K. was sentenced to 200 hours of mandatory labor for helping two fellow drug users to purchase 0.25 grams of a synthetic cannabinoid online. No medical help, educational or social support was offered to her. In June and July 2017, the police stopped U.K. twice next to her house to check whether she was intoxicated and/or possessed any drugs. During the last engagement with the police in July 2017 U.K. had 0.53 grams of a synthetic cannabinoid with her. This was categorized as a large amount of drugs. She had hepatitis C and diabetes mellitus, had recently learned about her HIV status and was at an early stage of pregnancy. Because of her health conditions, U.K.'s defense filed a non-custodial application. She already had an agreement with a private rehabilitation centre to undergo rehabilitation. No medical help or social support was offered to U.K. by the state. The court sentenced her to three years in prison. After being sentenced, U.K. was left in the pre-trial detention, where she was not provided with adequate medical care which resulted in premature delivery with severe negative impact on the child's health.

Question for the List of Issues

How does the State Party ensure equal protection and non-discrimination for women from disproportionate drug enforcement?

2. Gender-based violence against women who use drugs (Article 2, 5 of the Convention)

As stated above, gender-based violence is among the reasons for women's engagement in drug use and offenses related to drug use. However, there is also a reverse causality: criminalization and stigmatization of women who use drugs makes them more vulnerable to gender-based violence inflicted by their parents, partners and acquaintances, as well as law-enforcement officers.³⁰ Because of criminalization, stigmatization and previous experience of abuse and inhumane treatment by state authorities, women who use drugs avoid contacting the police,³¹ in fear of more abuse by police officers.

2.1. Domestic violence

Violence against women is very common in Russia. While traumatic experience of violence is often mentioned by women among the reasons for using drugs,³² women who use drugs have no access to support services. Using drugs is incompatible with the ideas about the expected gender role of a woman as a wife and a mother, normalizing forced interventions and control, which leads to higher prevalence of domestic violence against women who use drugs as compared to women in general.³³ Verbal, psychological and physical violence

²⁹ CEDAW Case 137/2018 Uliana Koneva.

³⁰ UNAIDS (2019), "Health, Rights and Drugs: Harm Reduction, Decriminalization and Zero Discrimination for People Who Use Drugs", p. 14, available at: https://www.unaids.org/sites/default/files/media_asset/JC2954_UNAIDS_drugs_report_2019_en.pdf

³¹ Kasia Malinowska-Sempruch and Olga Rychkova (2016), "The Impact of Drug Policy on Women", p.16.

³² Ellen Tuchman (2010), "Women and addiction: the importance of gender issues in substance abuse research", *Journal of Addictive Diseases*, vol. 29, No. 2.

³³ Simonelli A, Pasquali CE, De Palo F. (2014), "Intimate partner violence and drug-addicted women: from explicative models to gender-oriented treatments", available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4163756/>

committed by relatives and partners is commonly used to discipline or punish women who use drugs.

Opportunities to get help in the context of domestic violence in Russia are extremely limited, as there's no effective response system or mechanisms to defend victims, the law on prevention of domestic violence has not been adopted.

Women who use drugs and suffer from domestic violence are excluded from limited existing support systems: drug treatment institutions do not provide support in cases of violence while the few existing crisis centers exclude women suffering from addiction.³⁴

2.2. Sexual violence

Collective consumption of drugs makes women more vulnerable to sexual violence. Women who use drugs often depend on their male partners to get access to drugs. Because of this, refusal of a woman to have sex as a form of gratitude can lead to violence from her partner.

*“It is often the case that when guys invite a girl to a party with drugs, it is assumed that she will “give back”. Usually both sides understand this more or less, but if the girl needs drugs, she will agree” — E.K., drug user from Saint-Petersburg, Russia.*³⁵

Sexual violence is especially widespread against women who use drugs and provide sexual services in exchange for money and/or drugs.³⁶ Sexual, physical and psychological violence against sex workers by clients and police officers is widespread in Russia.³⁷

2.3. Police violence

Arbitrary detention, forced collaboration with police, extortion, psychological, physical, sexual and verbal violence by police officers against women who use drugs are routine practices well documented in research.³⁸ Criminalization of behavior related to drug use circumscribes opportunities of women who use drugs to defend themselves from abuse by the police.

³⁴ For example, Internal Regulations of the Crisis Assistance Center for Women and Children state that presence in the Center in the state of drug intoxication is a ground for expulsion, information about such cases is transmitted to the police, available at: <http://www.krizis-centr.ru/about/informatsionnaya-otkrytost/normativnye-dokumenty>

³⁵ Information obtained during an interview with E.K. for the present report on 18 May 2020.

³⁶ S. Arpa (2017), "Women who use drugs: Issues, needs, responses, challenges and implications for policy and practice. Background paper commissioned by the EMCDDA for Health and social responses to drug problems: a European guide", p. 5, available at: https://www.emcdda.europa.eu/system/files/attachments/6235/EuropeanResponsesGuide2017_BackgroundPaper-Women-who-use-drugs.pdf

³⁷ A. Sarang, V. Akulova (2012), "Narcopolitics and violence against women in Russia", available in Russian at: <https://www.yumpu.com/xx/document/read/33412141/->; Andrey Rylkov Foundation (2017), "The cost of freedom. Online survey about bribes for the police in relation to drugs in Russia", available in Russian at: <http://rylkov-fond.org/files/2017/11/tsena-svobody.pdf>; Sarang A., Rhodes T, Sheon N, Page K. (2010), "Policing Drug Users in Russia: Risk, Fear, and Structural Violence. Substance Use and Misuse".
³⁸ A. Sarang, V. Akulova (2012), "Narcopolitics and violence against women in Russia", available in Russian at: <https://www.yumpu.com/xx/document/read/33412141/->; Andrey Rylkov Foundation (2017), "The cost of freedom. Online survey about bribes for the police in relation to drugs in Russia", available in Russian at: <http://rylkov-fond.org/files/2017/11/tsena-svobody.pdf>; Sarang A., Rhodes T, Sheon N, Page K. (2010), "Policing Drug Users in Russia: Risk, Fear, and Structural Violence. Substance Use and Misuse"; EHRA (2019), "Legal analysis of human rights violations against women who use drugs in Russia", available at: <https://harmreductioneurasia.org/analysis-of-human-rights-women-russia/>

Case of E.S., 34 years old, drug dependent woman living with HIV in Orenburg, Russia³⁹

As a result of sexual violence at the age of 14 and subsequent bullying by her peers, E.S. started using drugs (marijuana and methamphetamine) at a young age. Later on, an acquaintance who wanted her to depend on him hooked her on hanka [opium]. As her drug addiction progressed, E.S. turned to injecting heroine.

Subsequently, E.S. repeatedly faced threats and violence by her intimate partners and other men around her: they took away her money, drugs and jewelry, committed physical and sexual violence, kidnapped her, tried to force her to sell sexual services and to sell away her apartment, stored weapons and stolen goods in her apartment without her consent. When sharing a syringe during collective consumption of drugs, E.S. was always the last one in the “queue”, as a result she got HIV soon. She was forced to visit pharmacies alone to buy components for drugs; one day ataxi driver identified her as a drug user and raped her.

E.S. could not rely on any help from the police. When her apartment was robbed, police officers were reluctant to register her complaint because they knew that she was using drugs. In the end, a local precinct officer threatened her with criminal prosecution and forced to have sex with him. E. was convicted for drug crimes and sentenced to imprisonment. In places of detention she faced disparaging attitude because of her drug addiction and HIV-positive status. She repeatedly suffered from physical and sexual violence by prison staff.

Question for the List of Issues

What measures does the State Party employ to address the specific vulnerability of women who use drugs to gender-based discrimination and violence?

3. Barriers to access to health services for women who use drugs (Article 12 of the Convention)

3.1. Violation of the right to health, to be free from discrimination and to be free from ill treatment against women who use drugs in the public healthcare system (Article 12 of the Convention)

Because of criminalization and stigma faced by women who use drugs, medical specialists treat them as second-class human beings who do not deserve medical care. For many women the lack of access to effective drug dependence treatment causes preventable pain and suffering due to adverse consequences of street drug use. Verbal violence, harassment, arbitrary refusal to provide medical care and coercion to have an abortion are widespread.⁴⁰

Case of A.N., a woman living with drug addiction and HIV in Togliatti, Russia.⁴¹

In January 2020, A.N. was hospitalized with pneumonia. Her treatment was successful and after two weeks she was ready to be discharged. Before discharge,

39 Information obtained during an interview with E.S. for the present report on 29 May 2020.

⁴⁰ A. Sarang, V. Akulova (2012), “Narcopolitics and violence against women in Russia”, available in Russian at: <https://www.yumpu.com/xx/document/read/33412141/-;>

⁴¹ Information was provided by T. Kochetkova, head of NGO “Project April”, for the present report on 27 May 2020.

she was prescribed a drip infusion with a medication that has many side effects. When she started feeling worse, the medical staff ignored her complaints, saying the pain resulted from her using drugs, although A.N. was in remission at that time. Around 4 a.m., A.N. was found dead near her wardmate's bed where she crawled to call for help. None of the medical staff were held accountable for this case.

Pregnant women who use drugs are especially vulnerable to violations of the right to health. At least one out of ten (11%) pregnant women uses narcotic drugs.⁴² Despite 2015 recommendations of the Committee, the government has not undertaken any measures to develop programmes of substitution therapy for women drug users. OST — the golden standard of care for pregnant women with opioid dependence — is still legally banned in Russia. The report by the Russian Government, which mentions this issue (para 141⁴³), does not take into consideration the fact that the current treatment under the paradigm of “drug-free atmosphere” is unavailable to pregnant individuals due to high toxicity of the medicines used according to the Standards of Providing Narcological Care.⁴⁴ In fact, no medical protocols are available in Russia to guide the prenatal care for women with drug dependence. Russian gynecologists are not trained in specific aspects of caring for women with drug dependence. Drug addiction is considered an indication for abortion.⁴⁵ The state-promoted intolerance towards patients with addictions causes medical professionals to put pressure on women who use drugs and wish to carry their pregnancy to term into having an abortion by wrongly convincing them that their babies would be born with abnormalities. The lack of narcological, as well as gynecological care results in these women being excluded from the healthcare system, endangers their life and health and carries risks to the fetus. The Government's inability to meet the needs of pregnant women who use drugs is a violation of their fundamental rights, including the right to health and the right to be free from cruel treatment, and a type of gender-based discrimination.

The system of narcological care as a whole is focused on men and ignores specific needs of women,⁴⁶ including their reproductive and parental rights. For example, there are no rehabilitation centers for women with children. Thus, despite formal gender equality in access to treatment, disregarding specific needs of women makes narcological care less accessible for them, resulting in negative consequences for their health and social well-being.

*Case of O.S. 38 y.o. woman, single mother, with chronic opioid dependence, HIV, tuberculosis, and hepatitis C.*⁴⁷

From 2011 to 2015, O.S. was unsuccessfully trying to cope with her chronic drug dependence by way of resorting to abstinence-based drug dependence treatment, available in Russia. In 2011, she suffered from pain due to the lack of access to OST during pregnancy. In 2015 and 2016, the police forcibly entered O.S.' apartment and criminally prosecuted her for preparing and possessing 0.33 grams of narcotic drug

⁴² E. Aylamzyan et al. (2009), “Obstetrics. National Guidelines”, p. 488, available at: http://med-books.by/books/Aylamzyan_Natsionalnoe_rukovodstvo_Akusherstvo.pdf

⁴³ Ninth periodic report submitted by the Russian Federation under article 18 of the Convention, due in 2019.

⁴⁴ Standards of Providing Narcological Care, available at: <https://narcologos.ru/4910>

⁴⁵ Order of the RF Ministry of Health and Social Development of 3 December 2007, No. 736 endorsing the List of medical indications for termination of pregnancy.

⁴⁶ S. Arpa (2017), “Women who use drugs: Issues, needs, responses, challenges and implications for policy and practice. Background paper commissioned by the EMCDDA for Health and social responses to drug problems: a European guide”, p. 4, available at:

https://www.emcdda.europa.eu/system/files/attachments/6235/EuropeanResponsesGuide2017_BackgroundPaper-Women-who-use-drugs.pdf

⁴⁷ CEDAW case 129/2018 Oksana Shpagina.

dezomorphine with no intention to sell and for systematically providing her apartment for drug use. She was sentenced to three years in prison. O.S. died on January 10, 2019 soon after her release from prison.

State-run harm reduction services are still nonexistent in Russia, not to mention appropriate gender-sensitive and gender-specific services. This poses further risks to health for women who use drugs.

Question for the List of Issues

What measures were undertaken by the State Party to implement 2015 CEDAW recommendations to ensure to substitution therapy programs for women who use drugs?

3.2. Discrimination of women in healthcare due to disproportionate use of family law provisions to terminate parental rights of women who use drugs (Article 12(2) of the Convention)

Russian family law mentions the diagnosis of drug addiction as a sole ground for the deprivation of parental rights.⁴⁸

Drug-dependent women with children avoid healthcare institutions because being treated leads to registration in a drug registry and a risk of being deprived of parental rights. At the same time, state child protection services provide no support to drug using mothers, they exercise an oversight function and initiate removal of children from families and deprivation of parental rights, without taking into consideration the best interests of the child and often without evidence of improper care.

In the case of Y.I. v. Russia, ECHR concluded that deprivation of parental rights on the grounds of the diagnosis of drug addiction is an unjustified intrusion of the State in private life in violation of Article 8 of the European Convention.⁴⁹

Question for the List of Issues

What is the impact of implementation of Article 69 of the Family Code of the Russian Federation (deprivation of drug dependent people of their parental rights) on implementation of Article 12 (2) of the Convention?

4. The impact of measures taken by the State party in response to the COVID-19 epidemic on the rights of women who use drugs

The response by the Government to COVID-19 not only failed to provide support to women who use drugs, but made their situation significantly worse:

1) While the data shows that the prison population (one third of whom is convicted for drug-related offences, including women) is at a particular risk of contracting COVID-19, the Government did not adopt any measures for an early release. On the contrary, the number of individuals detained in Moscow during the outbreak in March-April 2020 was significantly higher than during respective periods in previous years, the majority of court sentences during this period were about drug-related offences.

48 Article 69, para 5 of the Family Code of the Russian Federation.

49 Judgement of the European Court of Human Rights, of 25 February 2020, Application no. 68868/14, available at: <http://hudoc.echr.coe.int/eng?i=001-201326>

*“In May 2020, a young woman receiving social support from our organization was sentenced to 2.5 years for possession of two a small amount of heroine with a trace amount of carfentanyl”.*⁵⁰

2) Narcological treatment has become even less accessible due to closure of narcological hospitals for quarantine or because such hospitals were converted for treating patients with coronavirus.⁵¹ Women's wards suffered most from this process.⁵²

3) In the majority of regions of Russia, NGOs providing HIV prevention and drug-related harm reduction services were not included on the list of organizations that could continue working during the ‘high-alert’ regime, meaning they temporary had to stop their work under the threat of administrative liability and high fines.

4) The State did not undertake any measures in response to the growing number of cases of domestic violence caused by self-isolation.⁵³

5) Organizations which provide targeted support to women who use drugs, such as the Andrey Rylkov Foundation for Social Justice and Health in Moscow, faced smear attacks on behalf of pro-governmental media during the coronavirus outbreak and on behalf of lawmakers, in particular the chairperson of the State Duma's Committee on Security and Anti-Corruption. As a result of these attacks, the NGO had to limit access to its information resources, which provide vital information to women who use drugs.⁵⁴

Question for the List of Issues

What measures does the State Party undertake in order to protect women who use drugs from discrimination when enforcing social restrictions related COVID-19?

5. Conclusions

The Russian Federation fails to fulfill the international obligations under CEDAW convention without addressing the disproportionate effects of drug criminalization on women who use drugs. Drug criminalization prevents equal access of women who use drugs to health services and drives vulnerability of women who use drugs to gender-based discrimination, including gender-based violence. The State Party does not provide independent mechanisms of monitoring of human rights violations against women who use drugs. Moreover, the State Party persecutes civil society organizations that conduct such monitoring. Following 2017 CESC recommendations (E/C.12/RUS/CO/6, paras 50-51), the State Party should consider

⁵⁰ German Urykov, social worker at NGO “Stanovlenie”, Kaliningrad, personal interview for this report, May 2020.

⁵¹ Mediazona (2020), “Thousands in methadone withdrawal. How the quarantine impacted drug users”, available in Russian at: <https://zona.media/article/2020/04/03/covid-19-vs-hydra>

⁵² Meduza media outlet (2020), “One on one with your own head. People who use drugs are one of the most discriminated groups in Russia. Due to coronavirus it became even more difficult for them to receive support”, available in Russian at: <https://meduza.io/feature/2020/06/02/odin-na-odin-so-svoey-golovoy>

⁵³ Deutsche Welle (2020), “Coronavirus and quarantine: domestic violence blooms in self-isolation” Available in Russian at: www.dw.com/ru/коронавирус-и-карантин-в-самоизоляции-процветает-домашнее-насилие/a-53222169

⁵⁴ Talking drugs (2020), “Russian NGO Accused of “Narco-Propaganda” Over COVID-19 Advocacy For People Who Use Drugs”, available at: <https://www.talkingdrugs.org/russian-ngo-accused-of-%E2%80%9Cnarco-propaganda%E2%80%9D-over-covid-19-advocacy-for-people-who-use-drugs;>

Meduza media outlet (2020), “One on one with your own head. People who use drugs are one of the most discriminated groups in Russia. Due to coronavirus it became even more difficult for them to receive support”, available in Russian at: <https://meduza.io/feature/2020/06/02/odin-na-odin-so-svoey-golovoy>

decriminalizing drug possession for personal consumption and ensure that women who use drugs have access to gender-sensitive harm reduction and other health-related, social and family support services without discrimination.

Annex I



Andrey Rylkov Foundation for Health and Social Justice (www.rylkov-fond.org) is a grass-roots organization from Moscow, Russia with the mission to promote and develop humane drug policy based on tolerance, protection of health, dignity and human rights. The Foundation engages in 4 key strategies to advance its mission: advocacy, watchdog, service provision and capacity building of affected communities and individuals.

Address: 17-82 Marshala Biryzova street, Moscow, Russia, 123060



The Canadian HIV/AIDS Legal Network (www.aidslaw.ca) promotes the human rights of people living with and vulnerable to HIV/AIDS, in Canada and internationally, through research and analysis, advocacy and litigation, public education and community mobilization. The Legal Network is Canada's leading advocacy organization working on the legal and human rights issues raised by HIV/AIDS. (An NGO with Special Consultative Status with the Economic and Social Council of the United Nations).

Address: 1240 Bay street, Suite 600, Toronto, Ontario, Canada, M5R 2A7

Tel: 1(416)595 1666; Fax: 1 (416) 595 0094



Eurasian Harm Reduction Association (EHRA) (<http://harmreductioneurasia.org>) is a non-profit public organization, uniting 251 organizational and individual members from 29 countries of the Central and Eastern Europe and Central Asia region (CEECA). The EHRA's mission is the creation in CEECA region of favorable environment for sustainable harm reduction programs and decent lives of people who use drugs.

Address: Verkių g. 34B, office 701 LT – 04111, Vilnius, Lithuania