REPORT

to the Committee on the Elimination of Discrimination against Women (CEDAW)
on the implementation by the Russian Federation of the Convention on the Elimination of Discrimina-
tion against Women (Convention) as it relates to women who use drugs and
drug dependent women.

62nd session (26 October– 20 November 2015)

This report is drafted and submitted by the Public Mechanism for Monitoring Drug Policy Reform in the
Russian Federation

The State party scheduled for consideration: the Russian Federation

This submission can be posted on the CEDAW website for public information purposes.

Introduction

From the onset of this report we would like to express a great concern that the issue of systematic discrimi-
nation of women who use drugs in Russia has neither been covered as part of periodic reports of the Russian
Federation, nor has it been addressed by CEDAW.

This is despite compelling evidence of a special vulnerability of about 425,000 of drug dependent women to
discrimination and violence, including due to their criminalization and oppression by way of the official
state policy.

Summary:

The special vulnerability of women who use drugs to gender-based discrimination, including physical and
structural violence, has already been noted in the UN documents:

- In 2013 the Special Rapporteur on violence against women highlighted their vulnerability to discrimi-
nation in the criminal justice system,
- In 2014 CEDAW has noted their vulnerability to discrimination in access to health care, including re-
productive health services.

Women who use drugs face multiple forms of discrimination, both due to their femaleness, as well as due to
the perception that they violate the accepted gender codes. Criminalization of a health condition which is
often a part of their identity - a drug dependence or drug use - in women who use drugs justifies and san-
cctions discrimination. Criminalization of drug use perpetuates legitimacy for stripping criminalized women
of their basic rights, such as the right to health, the right to be free from violence, the right to be free from
torture, inhuman or degrading, and the right to access to justice.

Recommendations to the Government

We request CEDAW to recommend the Russian Federation the following measures to address violations of
articles 2, 5 and 12 of the Convention:

1 The Mechanism is a consortium of NGOs, activists, scientists and professionals working on issues related to HIV and drug policy related
issues. The Andrey Rylkov Foundation for health and social justice acts as a secretariat for the Mechanism (www.rylkov-fond.org)
2 Report to the UN General Assembly by Special Rapporteur on violence against women, its causes and
Consequences. ‘Pathways to, conditions and consequences of incarceration for women’,
3 Concluding observations of CEDAW on the combined fourth and fifth periodic reports of Georgia. CEDAW/C/GEO/CO/4-5. July 2014.
Para 30.
• To develop and implement evidence-based standards of low-threshold drug treatment and harm reduction services, including OST, for women who use drugs, including pregnant women and women with children.

• Amend article 61 of the Family Code of the Russian Federation to eliminate addiction as a ground for the termination of parental rights, and stop discouraging women from accessible drug treatment and from rehabilitation services for women with children.

• Address social stigma faced by women who use drugs through awareness campaigns and special training for criminal justice actors to increase accountability for law enforcement agencies and officers that commit violence against women who use drugs or do not respond to their appeals.

Below we provide very brief but well referenced evidences about the scope of the problem as well as evidences of violations of articles 2, 5, 12(1) and 12(2) of the Convention committed in the Russian Federation against women with drug dependence.

The scope of the problem: 425,000 of women living with drug dependence in Russia

By official data, 345,015 injecting drug users were registered in Russia in 2013, of whom 17.2% (59,245) were women.4

According to studies conducted in Europe, the proportion of women among the so-called problem drug users (i.e. mainly injecting drug users) stands at about 25%.5 According to UNODC, Russia has an estimated 1.7 million injecting drug users6. By extrapolating the European data to Russia, it can be assumed that approximately 425,000 injecting drug users in Russia are women.

Health condition of women living with drug dependence is criminalized

Criminal and administrative laws in Russia prohibit all types of activities which women who use drugs can be engaged with due to their health condition - drug use or drug dependence:

• Drug use is an administrative offence punishable with imprisonment (section 6.9 of the Code of Administrative Offences of the Russian Federation);

• Possession of drugs can be administrative or criminal offence punishable with many years of imprisonment (section 228 of the Criminal Code of the Russian Federation).

• There is a very fine line between a crime of drug possession and a crime of drug trafficking; police often use entrapment to arrest drug users who hand over small amounts of drugs to their peers in response to multiple requests for help in drug withdrawal7.

Evidence of special vulnerability of women who use drugs to discrimination in the criminal justice system (Article 2 of the Convention).

According to official criminal justice statistics:

• Women convicted of drug-related offenses account for about 40% of all incarcerated women in Russia, whereas the proportion of men imprisoned for drug-related offenses stands at some 20% of the male prison population.8

• In 2013, more than 14% of all Russians serving prison sentences for drug offenses were women, while the proportion of women in the overall prison population in Russia is less than 7%.9

• When facing criminal charges, women who use drugs are more likely than men to have their offenses categorized as serious crimes: in 2013, more than 43% of women convicted of drug-related offenses were

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7 For example, see Bannikova v. Russia. ECHR No. 18757/06, Judgment November 4, 2010; Veselov and others v. Russia. ECHR. Nos 23200/10, 24009/07 and 556/10. Judgment of November 2, 2012.
9 Ibid.
sentenced for drug trafficking, 22% were convicted for particularly serious crimes, and 15% were convicted for crimes committed in complicity. To compare, in the same year, only some 25% of men charged with drug-related offenses were sentenced for drug trafficking, 13% for drug crimes considered particularly serious, and 7% for drug crimes committed in complicity.\(^\text{10}\)

The figures from official judicial and prison statistics quoted above indicate that women who use drugs are criminalized to a much greater extent than women from other segments of the population and also that compared to drug-using men, women who use drugs face more serious charges leading to much tougher sentences.

Women who use drugs often depend on men and tend to use drugs together with their partners; this is the reason why of all women charged with drug offenses, the proportions of those sentenced for crimes in complicity and for running a drug den are double the respective proportions of men charged with drug offenses.

Another factor contributing to disproportional criminalization of women who use drugs is that they face much greater barriers to access to drug treatment and rehabilitation services, since the design of these services in Russia totally fails to address women’s needs (see more about it below). As a consequence, women who become addicted to drugs usually face just two options—either try and overcome the addiction on their own (which is incredibly difficult) or inevitably get caught in the criminal justice system.

**Evidence about the state promoted stigma associated with stereotypical understanding of maternity as a social function (Article 5 of the Convention)**

The State officially declares a need for promoting intolerance towards drug use, which in practice leads to enormous stigma and discrimination against drug users.\(^\text{11}\) Society’s stereotypical understanding of women’s role as mothers aggravates such discrimination. Cases have been reported where the State financed the production of media disseminating inaccurate and extremely stigmatizing concepts that women who use drugs cannot bear healthy children.\(^\text{12}\)

**Evidence about barriers to access to drug treatment and rehabilitation services, and HIV prevention services (Article 12 (1) of the Convention).**

There is not a single public or municipal rehabilitation center in Russia to offer programs which meet the needs of drug using women. For example, there is not a single such center allowing women to attend a drug rehabilitation program together with their children. Moreover, drug addiction is considered legitimate ground for termination of parental rights.\(^\text{13}\) Thus, women’s access to drug treatment and rehabilitation is greatly hindered by the providers’ failure to meet women’s special needs.

In a report published by the E.V.A. Women’s Network in 2015, 88% of women who inject drugs involved in the study reported that they had tried to discontinue or decrease their drug use independently. Respondents chose this independent approach for several reasons, such as

- The distrust in the efficacy of public and municipal drug treatment and rehabilitation programs,
- The requirement to officially register as drug user in free treatment and rehabilitation programs (which can result in the loss of parental rights), or
- The lack of funds to pay for other treatment programs.\(^\text{14}\)

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\(^\text{10}\) Ibid.


\(^\text{13}\) Article 69 of the Family Code of the Russian Federation.

The World Health Organization recommends that “pregnant patients with opioid dependence should be advised to continue or commence opioid maintenance therapy with either methadone or buprenorphine”\textsuperscript{15}. However this type of therapy is under the blanket legal ban in the Russian Federation\textsuperscript{16}.

There is not a single harm reduction program for women who use drugs in Russia. This is despite of the fact that in about 59\% of all newly registered HIV cases in 2014 the unsafe injecting of narcotic drugs was reported as a cause of HIV transmission; and that the number of new cases among women is growing fast in Russia, which includes women who use drugs.\textsuperscript{17}

**Evidence about barriers to access to reproductive health services (Article 12 (2) of the Convention).** According to medical literature, "one out of ten (11\%) pregnant women use narcotic drugs."\textsuperscript{18} No medical protocols are available in Russia to guide the prenatal care of women with drug dependence. Most medications prescribed in Russia for the treatment of drug addiction are contraindicated during pregnancy.\textsuperscript{19} Russian gynecologists are not trained in specific aspects of caring for women with drug dependence. Drug addiction is considered an indication for abortion.\textsuperscript{20} The state-promoted intolerance towards patients with addictions causes medical professionals to pressure drug using women who wish to carry the pregnancy to term into having an abortion by convincing them that their babies would be born with abnormalities.\textsuperscript{21,22}

### Conclusions
The special vulnerability to gender based discrimination of women living with drug dependence in Russia deserves a special duty of care by the Russian authority towards women who use drugs in Russia. The aforementioned recommendations, which we request the Committee to adopt for the Russian Federation, will serve the elimination of some of the most significant factors of the discrimination. Without this the success in the implementation of the Convention by the Russian Federation will remain questionable.

\textsuperscript{15} WHO. “Guidelines for the identification and management of substance use and substance use disorders in pregnancy”. 2014. P. xii
\textsuperscript{16} Article 31 (6) of the Federal Law No 3-FZ of January 8, 1998 “On narcotic drugs and psychotropic substances”.
\textsuperscript{17} The official statistics on AIDS epidemic is available on the website of the Federal AIDS Center at http://www.hivrussia.ru
\textsuperscript{19} Order of the RF Ministry of Health of 28 April 1998, No 140 endorsing the Standards (Model Protocols) for diagnosis and treatment of patients with addictions.
\textsuperscript{20} 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.
\textsuperscript{21} http://rylkov-fond.org/blog/lichnye-svidetelstva/yulia-story/
\textsuperscript{22} http://rylkov-fond.org/blog/press-releases/pr/