Prepared by Club Eney and the Women and Harm Reduction International Network

for the 83rd CEDAW Session.

**SHADOW REPORT**

**9th Ukraine CEDAW review.
On discrimination against women who use drugs in Ukraine, 2022**

The State must be required to reflect the evidence base and good practice approaches recommended in this shadow report and also endorsed by the 2021 Political Declaration on HIV and AIDS, (OHCHR, UNODC, UNAIDS, WHO), and as outlined in the UN Common Position on drug policy; recognising harm reduction and decriminalisation as key components of the right to health for women who use drugs. The 8th periodic review of Ukraine in 2017 included a multi NGO shadow report onthe situation of women who use drugs, women living with HIV, sex workers, and lesbian, bisexual women and transgender people in Ukraine providing clear evidence and case studies with actionable recommendations. However, the resulting concluding observations have not directed the State to address sex worker discrimination beyond human trafficking contexts only (as with the 2010 7th set of concluding observations) while women who use drugs are only mentioned once as follows: “39. c *Intensify … strategies to* ***combat alcoholism and drug consumption among women***”*[[1]](#endnote-1)*. Limiting discussion of women who use drugs to the recovery context and sex work to the context of human trafficking comes at the compromise of using evidence, rights and agency based language and approaches to sex work and drug use.

For this the 9th CEDAW review of Ukraine, while it is acknowledged that the Committee will be processing a range of issues coloured heavily by the invasion of Ukraine and resulting conflict and impacts on women, this can no longer obscure the particular disadvantages faced by women who use drugs as a criminalised population facing intersecting, gendered violations all sharply exacerbated by war conditions. We implore CEDAW to prioritise inclusion and specific mention of harm reduction approaches for women who use drugs in providing instruction to the State as guided by this shadow report which is built on recent citations together with the voices of Ukrainian women who use drugs accounts, all of which were collected over 2022 by Club Eney (a Kyiv based NGO led by women who use drugs).

**Violence**

Women who use drugs experience elevated rates of gender based violence at the hands of intimate partners as well as community and state perpetrators, including law enforcement - while also facing restricted access to services and resources that would otherwise enable restitution and safety.[[2]](#endnote-2) Women who use drugs face multiple health risks and barriers when trying to access services intended for survivors of gender-based violence. For example, Ukrainian organisational requirements for women’s shelters exclude women who use drugs.[[3]](#endnote-3) Similarly, State run shelters are regulated by Ministerial Decree No.655, 2018 which stipulates that “…*women with alcoholic or drug intoxication are not accommodated in the shelter*”[[4]](#endnote-4), essentially amounting to discrimination against women who use drugs who are forced to remain in violent environments. Women who use drugs also report difficulty in accessing legal aid (including assistance in obtaining a security order, divorce, child custody) and housing programs, which may be due to a high level of stigma and discrimination against women who use drugs in the community, with the lack of inclusive services and tolerant specialists. Despite the high prevalence of violence, all women who use drugs experience gaps in access to such essential services.[[5]](#endnote-5) The service gaps also include lack of childcare assistance, difficulty enrolling for opioid agonist therapy (OAT), unemployment, lack of knowledge and skills to receive help. [[6]](#endnote-6)

Violence against women who use drugs in Ukraine has further increased, without commensurate measures, as a result of COVID pandemic conditions and of the Russian invasion with disrupted service provision, loss of income, restrictions on public transport, limiting access to social and medical services and specialist consultations (narcologist, surgeon, psychologist, lawyer, traumatologist, gynecologist, psychiatrist).[[7]](#endnote-7), [[8]](#endnote-8)

We recommend that Ukraine:

* Create government sponsored shelter models for women who use drugs and revise existing government shelters for women to include access to crisis respite for women who use drugs.
* Include training for all gender based violence, health and law enforcement services to build capacity for working with women who use drugs
* Ensure meaningful participation of women who use drugs in the development and delivery of all training and services impacting their community.

**High level of gendered stigma and discrimination**

Women who use drugs are a heavily marginalised community facing multiple health risks and barriers when trying to access services, experiencing gendered social stigmatisation daily.[[9]](#endnote-9),[[10]](#endnote-10),[[11]](#endnote-11) A 2018 survey among women who use drugs showed that 75% faced discrimination during their lifetime. Women who use drugs constantly feel that society is turning away from them, and that they are blamed or ignored when help is most needed.[[12]](#endnote-12)

A more recent survey of 97 women who use drugs from different regions across Ukraine found that 41% had faced violations of their rights by police officers and that only 4% had received help from the police when they applied for it. 51% of respondents indicated that they do not consider it useful to turn to the police with 35% stating that they would be seen as ‘guilty’ of the violence they had experienced because of the fact that they use drugs. [[13]](#endnote-13)

*A woman who uses drugs in Kyiv said that she was stopped by the police to check her documents, because her description fitted with that of the girl they were looking for. She had a prescription for OAT with her. When they saw the script, they just took it and tore it up and didn't explain anything. They started threatening and asking if she had any drugs with her. The woman was very frightened. They did not find anything in her. After some time, they released her, but she remained without a prescription*

Criminalisation and discrimination prevent Ukrainian women who use drugs from seeking help from social, medical and other institutions including particularly law enforcement agencies.[[14]](#endnote-14) Women who use drugs are compelled to avoid registering appeals for help from law enforcement agencies due to low level of trust founded on negative experience of such appeals in addition to other adverse events with police and justice systems[[15]](#endnote-15), which collectively present a normative barrier to obtaining official protection and documentation of cases of violence. [[16]](#endnote-16)

We recommend that Ukraine:

* Decriminalise drug use
* Include themes of tolerance, gender equity and understanding in working with women who use drugs in all training for the health workers, police, teachers and journalists.
* Create targets and indicators to support improved reach and quality of assistance to women who use drugs from the health and law enforcement systems.
* Institute information campaigns to prevent stigma and discrimination, ensuring meaningful involvement of women who use drugs in development and delivery.
* Add an article on women who use drugs in the national anti-discrimination law including gender and drug user-sensitive/friendly mechanisms for violation responses.
* Include the issue of violation of the rights of women who use drugs within the scope of work of the State Bureau of Investigation.

**The war situation**

The war has negatively impacted access to essential healthcare, including HIV treatment and prevention, and OAT[[17]](#endnote-17),[[18]](#endnote-18), with women who use drugs often finding their needs dismissed as secondary concerns. Initially, private clinics quickly closed, leaving hundreds of people without access to life-saving treatment. Since the beginning of the war, medical aid sites have not been working and there has been a shortage of medicines. NGOs like Club Eney have scrambled to connect their clients to government organisations to enable some continuity of care but logistical challenges persist. [[19]](#endnote-19) A survey with 150 women who use drugs in the war torn region showed that over half had not been able to receive drug treatment, while one in eight were denied medical treatment because of their drug use. Among those who knew they had viral hepatitis, 92% had never been treated. Despite the fact that one-third of women had experienced an opioid overdose, only one in 25 had received naloxone during the past year. A quarter of OAT clients surveyed had to interrupt treatment because of the conflict. [[20]](#endnote-20)

The armed conflict has worsened the risk and incidence of violence faced by women who use drugs who are already among those most at risk of violence in the context of war[[21]](#endnote-21), experiencing detention, torture, beating, harassment and other violence. Among evacuees, the level of stigma against women who use drugs has increased because their drug use becomes more visible to society. Steep declines in employment along with the constant threat of missile attacks means women and their partners are constricted to closed living quarters leading to increased domestic conflict and violence. Like all Ukrainian women, those who use drugs may have to make difficult decisions and move far from their emotional and social support systems. Given pre-existing and worsening economic and social marginalisation, women who use drugs are particularly at risk as well as particularly lacking the resources to survive such threats. [[22]](#endnote-22) Despite the large numbers of women facing sexual or physical violence, women’s crisis centres do not provide services for women who use drugs. [[23]](#endnote-23)

The [Special Procedures](https://www.ohchr.org/EN/HRBodies/SP/Pages/Welcomepage.aspx) of the Human Rights Council recently underscored focus on the need to “*ensure that women and girls are protected against discrimination and violence and that they can access life-saving services in times of crisis, including sexual and reproductive health services and goods”* – also noting the *“…. importance of meaningfully including women in all processes that affect their lives, security, freedoms and fundamental rights”.[[24]](#endnote-24)* It is vital that these imperatives be inclusive of women who use drugs in Ukraine.

We recommend that Ukraine:

* Factor the circumstances of women who use drugs into plans to address the consequences of war at the state level.
* Oblige medical and social institutions to adapt and implement such plans at local levels.
* Ensure meaningful involvement of women who use drugs in the development and delivery of the plans.

**Article 2: Policy measures to eliminate discrimination**

Official statistics and estimated numbers of women who use drugs vary widely with no recent data on the number of women who use drugs in Ukraine, including prisoner estimates. However, in 2018-2020, the size of the adult population injecting drugs, mostly opioids, was estimated at 350,000 people*.[[25]](#endnote-25)* Data on numbers of women who use drugs are likely underestimated due to enormous gendered stigma amounting to taboo in Ukraine. However, in the absence of population size estimates, it is suggested that there are over 115,000 women who inject drugs in Ukraine (one third of total people who inject drugs population).[[26]](#endnote-26)

While specific data is not available, very high incarceration rates are experienced among women who use drugs. In there are currently no alternative measures for women arrested for non-violent petty crime other than imprisonment, despite the fact that Ukraine is a signatory to the Bangkok Rules . There is also no system of state legal support for women who use drugs to protect their rights.Only 2 out of 12 women's prisons have conditions that accommodate small children, and none provide sexual and reproductive health programmes, OAT or harm reduction services.

Women who use drugs face an increased risk of abuse and ill-treatment in prisons. For example, law enforcement officers knowingly exploit the pain and suffering associated with withdrawal to "coax" confessions from detainees. Human rights organisations assert that the use of withdrawal symptoms to obtain information or confessions, or as punishment, is tantamount to torture. [[27]](#endnote-27) A 2018 study on gender based violence among convicted women with experience of drug use in Chernihiv and Kachaniv prisons found that the offences committed by the interviewed women were mostly petty, related to property or drug possession. Among all respondents, 23% were serving sentences for crimes related to possession and use of drugs and 27% for crimes related to property.[[28]](#endnote-28)

**Lack of harm reduction programs in prisons and detention centres**

The prevalence of HIV among prisoners in Ukraine is 8%, which is 8 times higher than among the general population, yet there are still no harm reduction programs in Ukrainian prisons. The government recognises the need and has begun to respond by providing OAT – but at very low scale and only in men’s facilities.[[29]](#endnote-29),[[30]](#endnote-30) OAT remains unavailable to incarcerated women in Ukraine.

**Stigmatisation of women in courts**

It is difficult for women to achieve objective consideration of the case and fair trials in courts. Judges often consider the use of drugs as an aggravating factor, and self-defence as inflicting bodily harm.[[31]](#endnote-31)

**Mandatory rehabilitation**

Women who use drugs are forced into mandatory rehabilitation and exposed to violence during the process and in the centers. According to the data of the General Prosecutor's Office of Ukraine, hundreds of people are illegally detained in institutions associated with coerced ‘treatment’, torture, illegal deprivation of liberty, infliction of grievous bodily, murder, illegal medical treatment and illegal possession of a passport/ personal documents. 24.6% of women who use drugs in Ukraine have had at least one experience of forced rehabilitation. [[32]](#endnote-32)

We recommend that Ukraine:

* Decriminalise drug use
* Provide sex disaggregated population size estimates (including prisoner data) for accurate official data to enable appropriate resourcing and services for women who use drugs.
* Ensure the key participation of women who use drugs in the development and delivery of research.
* Implement the Bangkok Rules, including alternatives to incarceration for low level non-violent offences.
* Develop and provide a system of state legal support for women who use drugs to protect their rights.
* Ensure that the safety of women is prioritized over low level offences including drug possession.
* Establish regulations and information campaigns to prevent mandatory rehabilitation
* Develop monitoring and evaluation systems to regulate rehabilitation facilities in Ukraine.
* Ensure meaningful participation of women who use drugs in the development and delivery of evidence based drug dependence treatment services.

**Article 3: Guarantee of basic human rights and fundamental freedoms**

While medical confidentiality regulations exist in Ukraine, negligence in application with people who use drugs is commonplace. Decriminalisation is required as patient confidentiality and service provision is not guaranteed while the criminal framework is positioned above the treatment based/health outcome based objectives of policies. Further, information on drug records and other information containing medical data is transferred to the police and social services and may lead to deprivation of parental rights.

*The woman contacted social worker in Kyiv and said that she has been living with HIV for a long time and has been taking antiretroviral therapy (ART), but no one ever knew about this, because she kept this information a secret. However the woman's family doctor violated her rights and told her mother about the fact that she has HIV. The client is desperate and didnt want her mother to know as the mother is elderly and has heart problems. Now she is afraid that the family doctor may tell someone else.*

* Medical confidentiality safeguards and accountability mechanisms must be strengthened to apply to all people irrespective of HIV and drug use status (and applied also to OST clinics).

**Article 5: Gender stereotypes and harmful practices**

Gender-sensitivity in service design is not evident in the Ministry of Social Policy of Ukraine standards for: "Social Rehabilitation of Persons with Intellectual and Mental Disorders"[[33]](#endnote-33), illustrating the male or gender blind orientation in services for people who use drugs where gender stereotypes and expectations of women have led to denial and concealment of women who use drugs in the community. [[34]](#endnote-34) Those identified as women who use drugs are subject to isolation, discrimination, violence and multiple human rights violations for challenging gender norms.

A study conducted in 2017/18 with 41 service providers and 37 women who use drugs in Polvata and Slovyansk, showed that expectations are thoroughly gendered, with women judged more harshly than men for their ‘failure’ to perform constructed roles.[[35]](#endnote-35) Gendered stigma remains a central barrier for women who use drugs in receiving state-guaranteed medical and social services including obstetric and gynaecological care.[[36]](#endnote-36), [[37]](#endnote-37)

We recommend that Ukraine:

* Improve Social Rehabilitation standards to mandate gender sensitive services.
* Expand coverage for comprehensive harm reduction services designed for women, including sexual and reproductive health rights services.
* Create information campaigns to address and prevent stigma and discrimination against women who use drugs.
* Oblige medical and social institutions to develop safe spaces for women, including women with children.

**Article 7: Political and public life**

In the Ukrainian Parliament, women who use drugs are usually only mentioned in a negative context. The statement from the Deputy Minister of Social Policy at the parliamentary hearings on Preventing and Countering Discrimination of Women from Vulnerable Social Groups is considered to be a big achievement considering the high level of stigmatization of women who use drugs in Ukrainian society. [[38]](#endnote-38)

We recommend that Ukraine:

* Develop standards for inclusion of women who use drugs voice in local coordination councils.
* Ensure the key participation of women who use drugs in coordination councils at national, regional and local levels.

**Article 11. Employment**

In Ukraine, mandatory drug registration restricts the rights of women who use drugs, in particular from obtaining a driver's license and medical examination certificates required for obtaining a job.[[39]](#endnote-39) Women who use drugs face additional barriers to basic essential care because of stigma, discrimination and unemployment.[[40]](#endnote-40) Given that most women who use drugs do not have documents and often work informally, they are excluded from receiving any social benefits and compensations, including for children, when they lose their jobs. [[41]](#endnote-41),[[42]](#endnote-42)

*Another woman said that she couldn't find a job for a long time. As soon as an employer found out that she used drugs or OAT, they immediately fired her without explaining the reason. They only apologised and said that you are not suitable. Women can't officially seek work because most women have a criminal record for drugs, so they are immediately excluded. Finding any kind of work for women who use drugs is a big problem.*

A 2018 survey among people who use drugs found that 68% of the interviewed men and 50% of the women had a permanent job (official or unofficial) or casual earnings. Women are much more likely than men to be on leave to take care of a child, a family member or to be housewives. The surveyed men who use drugs are more economically active compared to women, who more often relied on help from the state, their family and their partner. [[43]](#endnote-43) During restricted conditions associated with the invasion and the pandemic, discrimination and limited access to services including childcare has meant that women who use drugs were the first to lose their jobs, in turn increasing dependance on sometimes abusive partners. [[44]](#endnote-44)

We recommend that Ukraine:

* Create a quota for the inclusion of women who use drugs in public and private sector employment services, including adult education.
* Establish a non-stigmatising system to assist women who use drugs with lack of housing and documents.

**Article 12: Health**

**Access to medical services**

Women who use drugs in Ukraine are systematically excluded from full engagement with services that should be available to them; including drug, HIV and other health and social services including women-specific services such as maternal health. They must navigate stigmatising service contexts and narratives of deservingness that award some social benefits to women with the ability to demonstrate “good” or “improved” behavior.

*A woman who uses drugs, in Mikolaiyv, turned to a gynecologist for help because she was bleeding, but the doctor answered the woman with contempt and insults. The woman could not stand it and went home without receiving the necessary help.*

A 2018 survey conducted among women who use drugs showed that only 38% of women who use drugs received quality service in women's counseling.[[45]](#endnote-45) An earlier 2017 study showed that women who use drugs experience a number of challenges in receiving medical services. Among them: refusal to provide medical assistance, violation of rights by medical workers and stigmatising treatment by medical personnel, with 45% reporting cases of rejection. Only 24% of those who used drugs and were positive for hepatitis C or HIV said that their doctor provided professional care during service delivery.[[46]](#endnote-46)

*A woman who uses drugs in Poltava named Tatyana went to the state dental clinic with acute pain. The dentist demonstrated dissatisfaction with providing services to a woman who uses drugs. "Really, where does a drug user get the money from?" the dentist commented to the nurse in the office, biting her lip in disgust. Tatyana could barely hold back tears from the insult and humiliation.*

Another 2018 survey among women who use drugs demonstrated that the majority of respondents faced problems in being registered in case of pregnancy. Only 14% received completely satisfactory medical services when the doctor knew that the patient was using drugs and/or had a positive hepatitis C or HIV status. 7% did not register for pregnancy at all. [[47]](#endnote-47)

As a result of lockdown and war conditions, many specialist services – including sexual and reproductive health and rights (SRHR) and HIV services – remain closed or significantly reduced in their operations. For example, during COVID lockdown, legal advice and medical screening were only available to women survivors of violence with negative COVID-19 tests, but marginalised women could not afford the tests.[[48]](#endnote-48)

**Low level of women's participation in OAT programs**

Almost 15,700 people were receiving Opioid Agonist Therapy (OAT) in May 2021 in Ukraine.[[49]](#endnote-49) 2,490. 16% were women[[50]](#endnote-50), well short of the estimated 33% proportion of women who are opioid dependent among all people who inject drugs in Ukraine. In some regions of Ukraine, people must be hospitalised for 21 days in order to enrol into OAT, posing a significant and unnecessary access barrier, especially for women with children.[[51]](#endnote-51) Moreover, in being registered as an OAT client, deprivation of parental rights can be imposed along with potential confidentiality breaches around drug use and HIV status. [[52]](#endnote-52) Doctors often require women to be admitted to a hospital for a diagnosis of "drug addiction" if a woman wants to enter OAT program. If a woman is given such a diagnosis in a hospital, she is put on a drug registry. If a woman is registered on a drug registry, and she has children, this may lead to the deprivation of parental rights.

In addition, women may not access OAT due to fear of harassment from male clients, inconvenient dose scheduling which interferes with childcare (kindergarten, school) and homework hours as well as education, vocational training and employment, and stigma from medical workers related to gender stereotypes that drug use runs counter to social expectations of women.[[53]](#endnote-53),[[54]](#endnote-54) There is no intimate safe space for women at OAT sites. Women client feedback confirmed that women’s personal space is not respected, with no separate women's toilets at the clinics, and in the common toilets it is not even possible to close the door from the inside, which makes women feel unsafe.[[55]](#endnote-55)

**Low level of women's participation in HIV services**

HIV prevalence (according to 2016 data) was 27.6% for women who use drugs and 20.5% for their male counterparts.[[56]](#endnote-56) In Ukraine, women constitute a third of all new HIV infections and shared injecting equipment accounts for nearly half of all HIV infections among women. [[57]](#endnote-57) Diminished access to services exacerbates HIV risks for women who use drugs.[[58]](#endnote-58)

Women who use drugs have identified the largely unmet need to consult with psychologists and doctors; to have gender-sensitive services in harm reduction projects; women only safe spaces; and activities that would contribute to a feeling of confidence and usefulness. [[59]](#endnote-59) A survey conducted among women who use drugs, by Charitable Foundation "Hope and Trust", 2018, showed that, in some cities, women involved in harm reduction programs are 8-10 times fewer than men despite the estimate that one in three people who use drugs is a woman.[[60]](#endnote-60) [[61]](#endnote-61) Gender sensitive harm reduction services must be expanded as a critical element in addressing the HIV epidemic in Ukraine.

We recommend that Ukraine:

* Create targets and indicators for HIV prevention, testing, treatment, care and support coverage, ensuring meaningful involvement from women who use drugs.
* Include sexual and reproductive health medical consultations for women in harm reduction programs.
* Provide free COVID tests for women who use drugs.
* Abolish deprivation of child custody as an automatic consequence of enrollment for OAT.
* Configure more convenient dosing schedules and separate women’s facilities at OAT sites in standards of service
* Develop and implement low threshold, gender sensitive OAT provision for women who use drugs, including take home dosing for stable clients.
* Create targets and indicators for improving OAT access for women.
* Develop gender sensitive harm reduction programs in all cities.
* Establish safe spaces for women who use drugs in HIV prevention programs

**Article 16: Marriage and family relations**

**Restriction of women's rights to medical services**

Studies show that HIV-positive women who use drugs in Ukraine are almost 50% less likely to receive services to prevent vertical transmission of HIV compared to other women due to pressure from male family members.[[62]](#endnote-62) A 2018 survey conducted among women who use drugs showed that in families where a couple both use drugs, it is not uncommon for the husband to forbid women from becoming a harm reduction clients - so that no one knows that the wife is drug dependent or has HIV status. As a result, women remain without necessary treatment.[[63]](#endnote-63)

Women with children, fearing loss of child custody, are particularly at risk of limited service access. As stated in the International Guidelines on Human Rights and Drug Policy: “*Ensure that a woman’s drug use or dependency is never the sole justification for removing a child from her care or preventing reunification with her child, as this may deter access to necessary drug-related health care services and prejudice the woman’s right to family life and the child’s right to remain in the care and custody of their parents”.[[64]](#endnote-64)*

*Not long ago a woman in Odessa contacted our organisation about her husband who does not use drugs. She often gave him the child because she was busy looking for money for her next dose. Her husband had decided to file a lawsuit against her, and wants to deprive her of parental rights.*

We recommend that Ukraine:

* Ensure all relevant authorities do not assume drug use alone as an indicator of reduced parenting capacity
* Provide parenting supports rather than separating children from their mothers.
* Facilitate access to discrete, women only clinics and outreach services for women who use drugs.
* Develop protections and innovate opportunities to facilitate independence of movement and service access for women who use drugs.
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