

Submission from the civil society organizations from the Russian Federation for the 46th session of the Commission on the Elimination of Discrimination against Women (CEDAW)

New York, USA
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Alternative report

Discrimination against women from vulnerable groups, including women who use drugs and/or engage in sex work in the Russian Federation

Summary

This report seeks to highlight the systematic discrimination experienced by women from marginalized groups, including women who use drugs, in Russia. They are particularly vulnerable to HIV infection and violence, and at the same time face very high barriers to realization of their fundamental rights. The report pays particular attention to violations of vulnerable women's right to health, their sexual and reproductive rights, as well as the right to be free from discriminatory and degrading treatment.

Many women who use drugs are involved in sex work, and frequently lack the identification papers and residence registration documents which are needed in order to access state-provided medical care and social support. They are stigmatized by health care workers, social service providers, and law enforcement. Discrimination against these women is most frequently manifested in the denial of treatment, or in the provision of substandard services. Women drug users are also highly susceptible to violence, including domestic violence and abuse by police. Russia's combined sixth and seventh periodic report contains no reference to vulnerable groups of women who use drugs and/or sell sex, and no recognition of their specific needs especially with regard to the high risks of HIV infection and violence that they face. This alternative report is based on research, reports and documented cases of women drug users' rights violations, which were provided by non-governmental organizations (NGOs) directly working with this group of women. The report was structured in line with Articles of the Convention on the Elimination of Discrimination against Women.

In this report we:

- Appeal to members of the Committee on the Elimination of All Forms of Discrimination against Women to carefully assess the extent to which the provisions of the Convention are being implemented with respect to vulnerable women, including women affected by the epidemic of drug use and HIV, and make appropriate recommendations to the Government of Russia in Concluding Observations.

We call upon the Russian government to:

- Pass legislation that explicitly defines, recognizes and prevents domestic violence and other forms of violence against women, as well as develop, in partnership with NGOs, an effective response to prevent and mitigate the effect of domestic violence. This response should include expansion of and increased funding for crisis centers and shelters, and the

- Take measures to address widespread sexual and physical violence perpetrated by police against women drug users and sex workers, including the issuance of specific instructions to police on appropriate conduct with these groups.
- Ensure that vulnerable women, including women drug users and sex workers without internal residence (propiska) documents and passports, can access basic medical and social services.
- Provide funding and support for NGOs that provide reproductive health services and other critical social, medical and other support to marginalized women in Russia, including women who use drugs and/or are involved in sex work.
- Increase accessibility of voluntary and evidence-based treatment for drug dependence suitable for women, including facilities that enable treatment of women with children.
- End the practice of using registration as a drug user—currently imposed on women seeking drug dependence treatment and those apprehended by police—as grounds for loss of child custody.

Introduction

There are an estimated 5 million people who use drugs in Russia.¹ The number of opiate users is estimated to be as high as 1.6 million, and women are estimated to make up 20 to 40% of drug users². The HIV prevalence rate among injecting drug users ranges from 8 to 64 %³. At the same time, according to WHO experts, Russia has 150 000 to 300 000 women involved in sex work. The prevalence of HIV infection among this group of women ranges from 15% in Moscow and Yekaterinburg to 48% in St. Petersburg.

However, government institutions do not account for the specific vulnerabilities of women who use drugs and women engaged in sex work, in their planning, development and implementation of social and health programs, excluding these women from participation in state provided social and medical services and other benefits.

This alternative report was prepared by five NGOs from different regions of Russia, who work with women drug users and sex workers within the framework of harm reduction programs.

Article 1: Definition of Discrimination

Article 1 of the Convention defines discrimination against women as any distinction, exclusion or restriction made on the basis of sex, which nullifies the recognition and realization of women's human rights and fundamental freedoms in any field.

¹ Interview of the Director of the Federal Drug Control Service of the Russian Federation. Rossiyskaya Gazeta, Federal issue, Nr5101 (22), February 4, 2010

² World Drug Report 2009, p.55

³ National Report of the Russian Federation on the Implementation of the Declaration of Commitment on HIV/AIDS, adopted at the 26th special session of the UN General Assembly in June 2001. Reporting period: January 2006 - December 2007. Russian Federation. Federal Service for Supervision of Consumer Rights Protection and Human Welfare. Moscow, 2008.

Women who inject drugs and/or are engaged in sex work are a particularly high risk group for HIV infection and violence, but they face systematic barriers in the realization of their basic rights, including the right to the highest attainable standard of health, reproductive and sexual rights, right to due representation and protection in court, and the right to decent treatment, free of humiliation and violence.

The sixth and seventh periodic report of the Russian Federation contains virtually no reference to vulnerable women, including women who use drugs and/or involved in sex work. Women drug users and sex workers are not mentioned in the sections of the report dealing with the state response to violence against women or the HIV epidemic, despite the high HIV prevalence rates in this group. Thus, a wide range of measures taken by Russia to the advancement of women, does not include women who use drugs or who are engaged in sex work and does not take into account their special vulnerability and needs.

Recommendations:

We appeal to members of the Committee on the Elimination of All Forms of Discrimination against Women to carefully assess the extent to which the provisions of the Convention are being implemented with respect to vulnerable women, including women affected by the epidemic of drug use and HIV, and make appropriate recommendations to the Government of Russia in Concluding Observations.

Article 2: Policy Measures to Eliminate Discrimination

In accordance with Article 2 of the Convention, States Parties undertake to pursue a policy of eliminating discrimination against women, including establishing legal protection of women's rights and taking all measures to eliminate discrimination by any persons or organizations, as well as the elimination of discriminatory laws, practices and customs (paragraphs c), e), f)).

Women who use drugs and/or are involved in sex work, are systematically subjected to violence at the hands of police, but lack the means to defend and protect themselves from their abusers, including in court, especially in cases when violence is committed by law enforcement officials.

In the Russian Federation, both drug use and prostitution are considered administrative offences and are punished by extraction of a fine⁴. The police often use this as justification to harass or abuse women who use drugs and/or are involved in sex work, to extort money from them or force them to provide sexual services, exposing women to physical and psychological violence. During these raids, police officers do not make any records or protocols of the arrest, while threatening and intimidating women into paying money or forcing them to provide sexual services. According to one woman sex worker, police invited her to their car to check her documents, but instead, threatening that they will plant drugs on her, forced her to have sex⁵. NGOs working with women who use drugs frequently collect such stories from their clients. Given that women in this group are particularly vulnerable to other forms of violence, including domestic violence, harassment at the hand of police discourages women from seeking protection and redress in court, reduces their ability and willingness to access health care and social services, and contributes to their further marginalization, as well as their children and other family members.

Recommendations:

⁴ RF Code of Administrative Offences (CAO RF) from 30.12.2001 N 195-FZ, art Article 6.9. Consumption of narcotic drugs or psychotropic substances without a doctor's prescription, Article 6.11. Prostitution

⁵ Client story, documented by Positive Wave, an NGO working with women drug users and sex workers in Leningrad Oblast, Russia, 2009.

- Eliminate fines for drug use or sex work, which would decrease the opportunities for abuse of authority by police.
- Issue instructions to police officers on appropriate conduct with sex workers and drug users, and enforce their observance
- Provide funding for training programs on HIV, drug use and human rights, that would encourage closer cooperation of police with social, medical and legal services (including those provided by NGOs) to refer women from vulnerable groups for assistance and treatment.

Article 3: Enjoyment of human rights and fundamental freedoms

Article 3 of the Convention emphasizes that States Parties shall take in all fields, in particular in the political, social, economic and cultural fields, all appropriate measures to ensure the full development and advancement of women.

The sixth and seventh periodic report of the Russian Federation to CEDAW points out that Russia "provides state support for families, mothers and children, [...] through welfare and other social security guarantees." However, access to health care and social services is contingent upon residency registration (*propiska*). Women drug users and/or sex workers often lack basic identification documents, including passport and residency registration. The lack of residency registration makes it impossible to obtain medical insurance, and thus greatly limits access to specialized medical care, such as sexual and reproductive health care or drug treatment. Women drug users and/or sex workers without residency registration are also unable to enroll their children in school or secure public housing.

Notwithstanding the guarantees of voluntary and anonymous drug treatment under Russian law⁶, individuals must officially register as drug users in order to obtain free drug treatment. Data from drug user registries are known to be frequently shared with social services, other health care services, as well as law enforcement authorities, which has a particularly negative impact upon women and may lead to deprivation of parental rights⁷. Family law explicitly states that "addiction to alcohol or narcotic drugs" can be used as grounds for terminating parental rights. As a result, women drug users are frequently pressured by health care providers to abandon their infant in the care of the state right after delivery, without giving the mother a chance to bond with her infant, and without providing women with proper counseling and support. Pregnant women registered as drug users are often told to terminate their pregnancy. Cases have been reported when mother's status as a drug user has been marked in her child's medical record, which lead to stigmatization of the child in school⁸. As a result, women who use drugs often avoid contact with the medical system, including antenatal care, which reduces opportunities to address critical health needs, including early enrollment in anti-retroviral treatment to prevent mother to child transmission (PMTCT) of HIV for HIV positive women.

Recommendations:

⁶ Federal Law on Narcotic Drugs and Psychotropic Substances, Article 31,

⁷ Family Code on December 29, 1995 N 223-FZ, Section IV. Rights and obligations of parents and children, Chapter 12. Rights and obligations of parents, Article 69. Termination of parental rights.

⁸ Client story, documented by a harm reduction NGO in Naberezhnye Chelny, 2010.

- Simplify the procedure for obtaining health insurance, and ensure that vulnerable groups including women drug users and/or sex workers can access basic health and social services without residency registration (propiska).
- End the practice of using drug user registries for non-medical purposes, as well as ensure the confidentiality and privacy of any information concerning the status of the patient, including their drug user status and HIV status.
- Revisit family law provisions on parental rights to ensure that criteria used for removal of children from their original families are based on a rigorous assessment of the ability of the parent to care for the child, and not on the drug user record of the parent.
- Develop and implement a series of trainings or educational curriculum for medical and social workers on social and medical aspects of working with mothers who use drugs, taking into account the recommendations and experience of nongovernmental organizations.

Article 4: Temporary special measures aimed at protecting maternity

Article 4 Adoption by States Parties of special measures aimed at protecting maternity shall not be considered discriminatory.

Russia's maternal and child health policies do not take into account the needs of particularly vulnerable women, including drug users and/or sex workers. This leads to their exclusion from health and social care in pregnancy and childbirth, and increases the risk to the health and well-being of mother and child.

According to the sixth and seventh periodic report, pregnant women are guaranteed access to specialized medical care and social support⁹. However, for women drug users, access to health care during pregnancy and childbirth is extremely limited. Most of the prenatal clinics and maternity hospitals do not have addiction specialists on staff and therefore are limited in their ability to provide pregnant women drug users with needed care. Drug treatment clinics are not equipped and usually refuse to treat pregnant women, because existing substance abuse treatment protocols call for the use of medication, which is, for most part, contraindicated in pregnancy, is dangerous for the mother and fetus' health, and can lead to serious complications or miscarriage¹⁰. Opioid maintenance treatment, which is internationally accepted to be used for pregnant opiate users and is pronounced safe by WHO¹¹, is banned by law in Russia¹², depriving pregnant women drug users from one of the few available safe treatment options. The inability to obtain good-quality, evidence-based drug treatment inhibits access to other essential medical services during pregnancy, including prenatal care or PMTCT, leaving the woman without proper care when she is most vulnerable and open for change. This is a violation of women's right to safe motherhood.

⁹ Combined sixth and seventh periodic reports of States parties, Russian Federation, Article 12.

¹⁰ A. Meylakh, P. Meylakh. *Women, drug use and harm reduction in Georgia, Russia and Ukraine* (Russian case study on the example of Saint-Petersburg). Center for Independent Social Research. With the participation of Charitable Foundation Humanitarian Action, St. Petersburg, 2008.

¹¹ WHO/UNODC/UNAIDS position paper on Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention (2004)

¹² Federal Law on Narcotic Drugs and Psychotropic Substances, Article 31, 1997

The lack of opportunities for effective drug treatment during pregnancy is aggravated by widespread stigma against women drug users and/or sex workers, based on the persistent stereotype that women who use drugs can not and should not mother children. This stigma is directly linked to lack of awareness of hospital staff that drug using women can give birth to healthy babies provided the mother has access to adequate support and care, and ignorance about what support and care these women need¹³. Women from this group regularly receive recommendations when seeking care such as "abort immediately, or you will give birth to a freak"¹⁴. Stigmatization and discrimination from health service providers further discourages women with substance abuse problems from seeking medical help, including prenatal care.

Recommendations:

- Revise existing standards for drug abuse treatment for pregnant women, in order to bring them in line with the guidelines of the World Health Organization (WHO), international practices and evidence-based medicine. This work must be accompanied by a broad and open scientific discussion and include experiences of non-governmental organizations.

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Article 5: Elimination of prejudices and stereotypes surrounding the roles of men and women.

Article 5 of the Convention calls to achieve the eradication of prejudices, which are based on stereotyped roles for men and women.

The combined sixth and seventh periodic report of the Russian Federation states that " One important way to overcome gender stereotypes [...] lies in prevention of domestic violence"¹⁵. Nevertheless, in Russia there is still no separate legislation on domestic violence, and no legal definition of family and domestic violence or violence against women. Violence against women and children in the family setting is often regarded as the private affair of citizens. This approach and the failure to adopt a domestic violence law violate the principles of this Convention.

The absence of legislation recognizing and prohibiting domestic violence as a special category of crime against individuals allows violence against women to go unpunished in Russia. Due to stereotypes and stigma surrounding the lives of women who use drugs and/or engage in sex work, they are particularly vulnerable to various forms of violence, including domestic and gender-based violence. Research on domestic violence conducted among mothers with HIV infection¹⁶, showed that 49% of women suffer from various forms of violence, and almost 10% reported sexual violence. Reports of harm reduction service providers working with women who use drugs and/or engage in sex work, confirm that a vast majority of their clients suffered from some forms of sexual violence¹⁷. In most cases, women do not turn to law enforcement agencies for fear of

¹³ Helena Zabina, a Dmitry Kissin, et al, *Abandonment of infants by HIV-positive women in Russia and prevention measures*, Reproductive Health Matters 2009; 17(33):162–170

¹⁴ Interview with NGO Tomsk Anti-AIDS staff, 2010.

¹⁵ Combined sixth and seventh periodic reports of States parties, Russian Federation, Article 5 (35)

¹⁶ Bogoliubov O.N, Zakharov K.A., et al, *Domestic violence and psychological problems among HIV-positive women*. Abstracts. The Third Conference on HIV / AIDS in Eastern Europe and Central Asia, Volume 1. Moscow, 28-30 October 2009

¹⁷ Interview with a social worker, NGO Tomsk Anti-AIDS, Tomsk, 2010

persecution on the grounds of their drug user or sex worker status, as well as confidence in the fact that it is impossible to reach a just decision of the court¹⁸.

As a State Party to the Convention to Eliminate all Forms of Discrimination against Women, the Russian Federation is obligated to respond to domestic and gender-based violence. To date, its efforts have been sporadic rather than systematic and comprehensive, which is unacceptable given the scale of the problem. . In its combined periodic report, the Russian government reported that the response measures included setting up crisis centers, social hostels and telephone hotlines for the victims of domestic violence. However, the number of such services remains extremely inadequate: in many cities, there are no such crisis centers or shelters. Most of the existing crisis centers are not equipped to work with women drug users and deny them access and services.

Recommendations:

- Enact legislation without delay that recognizes and prohibits domestic and other forms of gender-based violence; the experiences of NGOs working with victims of domestic violence, including women from vulnerable groups, should be used to develop this legislation.
- Prioritize expansion of the network of crisis centers and shelters for victims of domestic violence, and ensure adequate state funding for these facilities.
- End policies that prevent women drug users from admittance to domestic violence shelters.

Article 12: Health care and family planning

Article 12 of the Convention requires States parties to take all appropriate measures to eliminate discrimination against women in health care, in particular with regard to family planning, including appropriate services during pregnancy, childbirth and the postpartum period.

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Women from marginalized groups face multiple barriers to care¹⁹. Those who have access to harm reduction programs often receive their first counseling and testing for sexually transmitted infections (STIs) or information about birth control from these programs. However, these programs are limited in their capacity to reach women who most need them as they are operated by nongovernmental organizations, are rarely, if ever, supported by the state, and are not integrated into social and medical care.²⁰ Lack of low-threshold sexual and reproductive health programs in the state health care system deters women from seeking counseling and care on time, which leads to complications in cases of STIs, unplanned pregnancies and late term abortions.

¹⁸ Interviews with NGO staff, harm reduction NGOs in Tomsk, St Petersburg, Leningrad Oblast, 2010

¹⁹ See also comments on Article 3, above.

²⁰ A. Meylakhs, P. Meylakhs. *Women, drug use and harm reduction in Georgia, Russia and Ukraine* (Russian case study on the example of Saint-Petersburg). Center for Independent Social Research. With the participation of Charitable Foundation Humanitarian Action, St. Petersburg, 2008.

In its concluding observations to the fifth periodic report of the Russian Federation, the Committee expressed concern that abortion continues to be used as a method of birth control and few women use effective contraceptives. Russia leads the world in the number of abortions performed annually.²¹ Recent changes in its family planning policies that were intended to reduce the number of abortions instead made it even more difficult for women from marginalized groups to access birth control and appropriate care.²² In the absence of free condoms and information about other contraceptives outside of HIV prevention programs, abortion often remains the only available option of birth control for women who use drugs. However, due to restrictions put in place in 2003, abortion is illegal after 12 weeks of pregnancy, except under very limited circumstances. Because many drug-using women find out about their pregnancy past the twelfth week, they must resort to illegal and therefore unsafe abortion that can lead to complications or death.²³

Though the Russian government claims that free abortions are available as part of the subsidized insurance plan²⁴, women undergoing the procedure are frequently charged for anesthesia and other accompanying services. Having to find the money for these services is another reason why drug-using women delay the procedure past the state-permitted twelfth week.

Those women who seek abortions during the legally permitted time frame report stigma and mistreatment, and NGOs report that women drug users are very unlikely to receive proper counseling and support during abortion, including counseling on contraception²⁵.

Recommendations

- Provide government funding and support for low-threshold harm reduction programs that work with women drug users [perhaps 'integrate low-threshold harm reduction programs that work with women drug users into state-run healthcare' – but not sure what the possibly negative implications of this would be]
- Involve NGOs in the design and implementation of low-threshold sexual and reproductive health care for vulnerable women
- Make condoms and other contraceptive options, as well as information about these options, freely available for marginalized women
- Revise current regulations to ensure that safe abortions are available after 12 weeks of pregnancy.

²¹ <http://pewforum.org/Abortion/Abortion-Laws-Around-the-World.aspx>

²² These have now been reduced to four: Rape, Imprisonment, Death or severe disability of husband, or a court ruling stripping of woman of parental rights

²³ 70,000 maternal deaths a year are due to unsafe abortions. Source: Guttmacher Institute, <http://www.guttmacher.org/pubs/gpr/12/4/gpr120402.html>

²⁴ Combined sixth and seventh periodic reports of States parties, Russian Federation, Article 12 (98)

²⁵ Interview, staff of the harm reduction NGO Tomsk Anti-AIDS, 2010