

Joint Submission to the United Nations Committee on the Elimination of Discrimination against Women (CEDAW) on the Sixth periodic report on Georgia

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Jointly submitted by:



An international non-governmental organization with a network nature. Geography of representation: countries of the region of Central and Eastern Europe and Central Asia. UnMode's mission is to ensure access to justice as an effective human rights tool for prisoners/ex-prisoners with a history of drug use in the region.



Harm Reduction International is a leading NGO dedicated to reducing the negative health, social, and legal impacts of drug use and drug policy. HRI promotes the rights of people who use drugs and their communities through research and advocacy to help achieve a world where drug policies and laws contribute to healthier, safer societies.

The organisation is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations.

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Introduction

UnMode and Harm Reduction International, welcome the opportunity to submit information to the UN Committee on the Elimination of Discrimination Against Women (CEDAW) ahead of its sixth periodic review of Georgia.

This submission follows the structure of the List of issues and questions (CEDAW/C/GEO/Q/6), and provides information regarding the structural and systemic violence and discrimination suffered by women who used drugs in Georgia, illustrating different ways in which they are criminalised and marginalised, and the impact on their access to the right of the highest attainable standards of health and other human rights. Particular attention will be paid to:

- Access to justice and prison condition;
- Access to harm reduction services; and
- Impact of COVID-19 on economic vulnerability and domestic violence.

The information provided in this submission is based on monitoring by and field experience of the submitting organisations as well as secondary sources, such as statistics provided by state institutions, and national policy documents, among others.

Background

Although the prevalence of drug use is comparative high in the country, the access to harm reduction services remains low and little information is recorded about its accessibility, availability and quality. There are an estimated 51,500 people who inject drugs in Georgia, with an estimated 1.6 HIV prevalence, and an estimated 62.4% Hepatitis C prevalence¹. Research suggests that lifetime use of illicit drugs (other than marijuana) such as sedatives, inhalants and new psychoactive substances (NPS) is twice higher than the average of other EU countries, with the number of people who inject drugs (PWID) increasing steadily over the years². Indeed, UNODC (2017) estimates that the number of PWID represents the third highest prevalence of injection drug use globally. According to Council of Europe statistics, as of 2021 around 24% of sentenced prisoners in Georgia were incarcerated for drug offences.³ However, key harm reduction services such as Opioid Agonist Therapy (OAT) and Needle and Syringe Programs (NSP) are available in the country, although limited information exists on their accessibility. Only limited services exist in prisons, with OAT reportedly only provided for detoxification purposes.⁴

Harm reduction has been recognised as an essential component of the right to health for people who use drugs by several UN agencies⁵ and mechanisms⁶. In her 2022 report on human rights and HIV, the United Nations High Commissioner for Human Rights, Michelle Bachelet, noted the barriers to harm reduction access created by the criminalisation, stigmatisation and marginalisation of people who use

¹ https://hri.global/wp-content/uploads/2022/11/HRI_GSHR-2022_Full-Report_Final-1.pdf

² Beselia A., Gegenava V., Kirtadze I., Mgebrishvili T., Otiashvili D., Razmadze M., Sturua L., Kutelia L., Javakhishvili J. (2019). The Drug Situation in Georgia 2018. Tbilisi, Georgia, page 3, doi <https://altgeorgia.ge/drug-situation-in-georgia/>

³ Page. 9

⁴ https://hri.global/wp-content/uploads/2022/11/HRI_GSHR-2022_Full-Report_Final-1.pdf

⁵ Including OHCHR, UNODC, UNAIDS, WHO and the UN common position on Drug Policy

⁶ Including the Special Rapporteur on the Right to Health and the Special Rapporteur against Torture

drugs, highlighting the human rights violations faced by women and trans people who use drugs⁷. This Committee has in the past highlighted the importance of shifting from a punitive to a public health and harm reduction approach to drug control,⁸ and expressed concern for the criminalisation of drug possession for personal use.⁹ In its previous review of Georgia, the Committee specifically urged the country to provide “gender-sensitive and evidence-based drug treatment services to reduce harmful effects for women who use drugs, including harm reduction services for women in detention.”¹⁰

Women’s rights and gender equality in relation to the pandemic and recovery efforts (question 2)

The COVID-19 pandemic highlighted the socio-economic vulnerability of women in Georgia. As also acknowledged by UN Women,¹¹ unpaid (domestic work by women has increased; while remittances to households have decreased. In addition, local civil society reports that women have been particularly hard hit by changes in the labor market, as they are more employed in some of the most affected sectors, in particular those characterized by a high level of informality.

Many women who use drugs or live with drug dependency in Georgia are married, or have partners in a civil union, as well as children, and tend to be disproportionately impacted by poverty and/or financial dependence on a male partner. Informal reports indicate that these issues worsened during COVID-19, also because of dearth of economic opportunities. According to the same reports, to overcome the financial problems, some women who use or are dependent on drugs became involved in sex work to support their drug use, and their livelihood.

According to local civil society, as the pandemic began in Georgia, more and more cases of COVID-19 infection began to be recorded, including among women who refrained from seeking medical help, because of the complete control of male partners they experienced during many months of lockdown and self-isolation (as a preventive measure). Heightened isolation also contributed to a dramatic increase in domestic violence (also reported among women in general¹².

Women who use drugs experience domestic violence because of unique reasons, related to their drug use. Indeed, women who use drugs in Georgia carefully hide it, including to their partners and family. In a context of heightened isolation such as the one brought about by the pandemic, it became harder for women to manage their drug use in secret, leading to many having their drug use exposed and ‘punished’ by their partner and/or family. Such punishment manifests itself in several forms, including not only moral condemnation, but in some cases also cruel treatment in the form of isolation or expulsion from home, as well as in the deprivation of economic and moral support.

Access to justice (question 4)

Women who use drugs suffer from severe violations of rights, including limited access to justice, over-incarceration driven by Georgia’s punitive approach to drugs, and poor conditions of detention. A study conducted by UnMode and Akeso, a local organisation in the country, in September 2019 among

⁷ Harm Reduction International (2022), 50th Session of the Human Rights Council: Drug Policy Highlights.

⁸ CEDAW/C/CAN/CO/8-9

⁹ Among others, CEDAW/C/KGZ/CO/5

¹⁰ CEDAW/C/GEO/CO/4-5, para 31.

¹¹<https://georgia.unwomen.org/sites/default/files/Field%20Office%20Georgia/Attachments/Publications/2020/RGA-UNW.pdf>; also <https://iset-pi.ge/en/blog/2937-a-georgian-womans-burden-how-pandemic-affected-distribution-of-household-work-between-men-and-women-and-why-it-matters>

¹² https://idfi.ge/public/upload/Blogs/COVID-19_ENG.pdf

women who use drugs in Georgia,¹³ found that all of them had experienced incarceration for drug offences.

All respondents reported experiencing arbitrary detentions, as in none of their cases a protocol of detention was drawn up. More specifically, their rights were not explained to them. In one case, the respondent was detained in the investigator's office, where she was allegedly threatened with deprivation of parental rights and other forms of reprisal if she did not admit to selling drugs.

The respondents also reported that they were detained for, in average, a day before meeting with a lawyer. The long gap between the moment of arrest and the first contact with lawyers makes women in condition of vulnerability particularly exposed to the risk of psychological and physical violence, and to forced confessions. One woman reported that: "The second instance of the court handed down 4 years of imprisonment, I was forced to agree and signed a confession that I did not commit."

The study also revealed that in 12 cases, women underwent interrogations while experiencing withdrawal symptoms, and were blackmailed by officers to give "necessary" testimony. They experienced psychological pressure ranging from coercion to confess to committing a crime that was not committed, coercion to testify against other persons, refusal to make a phone call to relatives, threats to use physical force against loved ones, coercion to participate in a control purchase, threats to disclose the diagnosis, threats to disclose the fact of bringing to criminal responsibility, threats to bring to criminal responsibility for a more serious crime, coercion to give confessions, to threats to plant drugs. Notably, "the Committee against Torture, the Human Rights Committee, the Working Group on Arbitrary Detention, and the Special Rapporteur on torture have found that the use of violence by law enforcement officials and the withholding of opioid substitution therapy or otherwise inducing withdrawal to coerce confessions or obtain information – for example, about other people who use drugs or to reveal dealers or suppliers – constitute ill-treatment and possibly torture."¹⁴

One of the most severe consequences of this phenomenon is that women are afraid to defend their rights and choose to submit to fate instead of fighting back. This happens for various reasons, such as the fear of losing a job, home, family and children. The situation is exacerbated by the fact that only few local organisations are open to defending the rights of women who use drugs, because of widespread stigma and discrimination.

Women human rights defenders (question 6)

Civil society reports that during the pandemic, the work on NGOs in Georgia was paralyzed, as there was a strict ban on movement with very large fines, the level of family violence increased, and women who use drugs activists became even more afraid, which neutralized all previous efforts to work with women and their legal education.

Akeso conducts educational work among women on a daily basis, uses online counseling, banners and leaflets for this, thereby this work causes a negative both from state bodies and from other NGOs, because of the patriarchal thinking of the public in Georgia. A very small number of women are free to get help in Akeso, because the very appeal for protection of their rights already causes condemnation. Despite this, there are now 1,500 female beneficiaries in Akeso.

¹³ Attended by 22 women who use drugs. 12 respondents age up to 35 years old, 8 respondents are between 36 – 50 years old, and two respondents are above 50 years old),

¹⁴ Commentary to the International Guidelines on Human Rights and Drug Policy, https://www.humanrights-drugpolicy.org/#obligations-cite_ref_359.

Health (question 17)

During the study conducted by UnMode and Akeso in September 2019, sixteen respondents mentioned that they have chronic diseases, which includes HIV, but none of them were given the medication that they need.

Harm reduction services have been recognized as effective and essential to protect the health of people who use drugs, including from the risk of contracting HIV/AIDS, both in the community and in detention settings. Key harm reduction interventions such as opioid agonist therapy (OAT), needle and syringe programs, and HIV testing and treatment are among the comprehensive package of interventions for HIV prevention, treatment and care in prisons and other closed settings recommended by UN agencies.¹⁵

Nevertheless, women who use drugs in Georgia cannot access OAT although the service is available in male prisons in the country Georgia. According to UnMode's study, in 12 cases, women were experiencing opioid withdrawal symptoms and they asked for medical assistance from the Ministry of Internal Affairs.

Local civil society reports that to cope with painful opioid withdrawal symptoms, women who use drugs in prison have committed suicide or self-mutilation. In some cases, they are then transferred to medical clinics and anesthetized, but this is a short-term solution and far from consistent with best scientific practice.

The abovementioned study by UnMode reported the illustrative case of Ellen (not her real name), a Georgian woman incarcerated for drug possession. She started experiencing withdrawal symptoms while in detention, but she was denied OAT and anesthesia, and was told to "endure" the pain. Ellen's pain was so severe that she decided to cut her veins. Only then she was brought to a prison hospital and provided OAT, but after the wound healed, she was again deprived of OAT and transferred to a general prison.

Akeso made requests to a government body in 2019 on the OAT situation in women prisons, and the lack thereof. The formal answers that they received is that there is not a large number of women and thus there is no need to introduce OAT in women's prisons.

In addition to being denied essential health services, women who use drugs in prison also reported being denied sleeping supplies and water, and not receiving permission for a medical examination by a doctor. Five respondents to the abovementioned study reported experiencing physical violence, including beatings, and denial of food, water, medicines, and sleep.

¹⁵ https://www.unodc.org/documents/hiv-aids/HIV_comprehensive_package_prison_2013_eBook.pdf