

Review of Moldova under the Convention on the Elimination of Discrimination Against Women

Shadow report ahead of the List of Issues

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The Public Association "Union for Equity and Health" is an organization that actively promotes human rights in the context of health and public security, in the Republic of Moldova.

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The Public Association "Community PULS" was created and is managed by representatives of the community of people using drugs.

The submitting organisations grant permission for the publication of this shadow report in the OHCHR website for public information purposes

Shadow Report

Section I. Executive summary & Recommended questions

1. The Eurasian Harm Reduction Association (EHRA), Union for Equity and Health, and Community Puls welcome the opportunity to present this shadow report ahead of the preparation of the list of issues for the review of Moldova under the Convention to Eliminate all Forms of Discrimination Against Women.
2. This shadow report documents the pervasive discrimination and human rights violations faced by women who use drugs in Moldova. These issues stem from the combination of a highly punitive legal framework on drug use, and harmful gender stereotypes. As a result, women who use drugs are not only criminalised by the law but also stigmatised by public officials, health care and social providers, the justice system, and society at large for defying traditional gender norms.
3. While discrimination permeates all aspects of the lives of women who use drugs, this report focuses on six key areas: gender stereotypes; gender-based violence; access to healthcare, particularly harm reduction and sexual and reproductive health; employment; discrimination in family life - particularly the fear of losing parental rights - and participation in policy making.
4. In addition, a cross-cutting section addresses the particularly serious situation in Transnistria, where an extremely punitive framework and the lack of any form of harm reduction has brought a human rights and public health emergency for women who use drugs.
5. Considering the content of this shadow report, we recommend that the Committee incorporates to the List of Issues one paragraph with questions on the situation of women who use drugs. We suggest that these comes in the section on 'Women facing intersecting forms of discrimination', with the following recommended text:

'Please provide information on measures taken to adopt a human rights-based approach to drug policy, remove the criminalisation of people who use drugs, and prevent and eliminate discrimination against women who use drugs, particularly on the contexts of access to treatment and harm reduction, protection against gender-based violence, protection from the removal of parental rights, and discrimination in the contexts of employment, and public participation. Please provide separate information addressing these issues with regards to women who use drugs in Transnistria'.

6. In addition to that, we recommend adding references to women who use drugs in the following sections of the List of Issues:
 - a. On the section on 'gender stereotypes'. Suggested reference:

- i. 'Please provide information on efforts, including awareness-raising initiatives and educational and media campaigns, to address gender stereotypes and intersecting forms of discrimination against women based on age, disability status, migrant status, drug use, or other grounds'.
- b. On the section on 'gender-based violence'. Suggested reference:
 - i. 'Please provide information on efforts made to eliminate practices of harassment, extortion, and violence against women who use drugs in the context of law enforcement and the justice system'.
 - ii. 'Please provide information on efforts made to ensure that women who use drugs who have experienced gender-based violence have access to effective mechanisms of protection and redress, and that they are not discriminated by or excluded from existing services'.
- c. On the section on 'health'. Suggested reference:
 - i. 'Please provide statistical information and disaggregated data on access to drug treatment, particularly opioid agonist treatment, in both prisons and the community.'
 - ii. 'Please provide information on measures taken to eliminate discrimination against women who use drugs, including pregnant women who use drugs, by doctors and other health care providers.'
- d. On the section on 'Marriage and family relations'. Suggested reference:
 - i. 'Please provide information on measures taken to ensure that women who use drugs are not automatically deprived of their parental rights on the basis of drug use'.
- e. On the section on 'Participation in political and public life'. Suggested reference:
 - i. 'Please provide information on measures taken to facilitate the participation of women who use drugs in drug policies and programmes, particularly in the design and implementation of gender-adequate treatment and services'.

Section II. Methodology

7. This shadow report has been developed through a three-stage process that has aimed to ensure that the voices, experiences, and recommendations of women who use drugs are at the heart of this shadow report:
 - a. An initial desk-based review and knowledge exchange among the submitting organisations, all of which have decades of experience working with women who use drugs in Moldova.
 - b. A focus group consultation held on 2 May 2025 with Moldovan women who use drugs. The outcome of this consultation was then used to prepare a first draft of the shadow report.
 - c. A review of the draft shadow report by community and civil society organisations working in the drug policy and harm reduction fields.

Section III. Background: Women who use drugs in Moldova and the punitive legal framework

Data on women who use drugs in Moldova

8. The authorities of Moldova do not collect data on drug use disaggregated by gender. However, it is reasonable to assume that thousands of women inject drugs in Moldova, given that the country is estimated to have a total population of 27,500 people who inject drugs¹, and women constitute 10% of all persons with access to opioid agonist treatment such as methadone². As a general rule, women face higher barriers than men in accessing services and are systematically underrepresented in methadone programmes. Therefore, it can be presumed that more than 10% or of all people who inject drugs in Moldova, or at least 2,750 individuals, are women.
9. In addition, many more women use drugs through non-injecting methods such as smoking, inhalation, or oral consumption. However, this report focuses primarily on women who inject drugs due to the severe criminalisation, stigma and discrimination they face.

The 'de facto' criminalisation of women who use drugs

10. Throughout the consultations held for this shadow report, women who use drugs have repeatedly stated that a necessary step to address the discrimination they face is to reform the punitive legal framework with regards to drug use. The clearest example of this punitive legal framework is the 'de facto' criminalisation of people who use drugs.

¹ UNAIDS (2024), *UNAIDS Data 2024*, https://www.unaids.org/en/resources/documents/2024/2024_unaids_data, p. 163.

² EHRA, APH, SOS Project, 100% Life (2023, *РЕСПУБЛИКА МОЛДОВА: повторный анализ устойчивости программ поддерживающей терапии агонистами опиоидов в контексте перехода от донорской поддержки к национальному финансированию*, <https://region.aph.org.ua/ru/respublika-moldova-povtornyj-analiz-2/>, p. 51.

Recommendation from women who use drugs:

‘Reform laws to ensure that personal use without intent to sell is not criminalised, including a review of quantity thresholds that define “large-scale” possession’.

11. In theory, the possession of small quantities of psychoactive substances without the purpose of distribution or supply is an administrative offense and is punishable by a fine of up to 75 euros or 72 hours of community service (Article 85 of the Code of Administrative Offenses). Only the possession of large quantities is a criminal offense that entails higher fines, a criminal record, and the possibility of imprisonment for up to 1 year in the case of large quantities, or between 1 to 6 years for very large ones (Article 217 of the Criminal Code).
12. However, in practice Article 217 of the Criminal Code is used to police, arrest and prosecute people who possess drugs for personal use only. That is because the definition of the quantities that are to be considered ‘large’ is extremely low. For instance, the possession of 0.01 grams of heroin, 0.35 grams of cocaine, or 0.05 grams of MDMA, are all defined as ‘large scale’, although they all fall under what one person would use in as a single dose.
13. As a result, women who use drugs report that they are often labeled as criminals and stopped or arrested by the police, even if they are not involved in drug sales or in trafficking. This has pervasive harmful consequences. In the consultation women who use drugs reported that law enforcement officials weaponise these laws to surveil, harass, and demand bribes, and to plant evidence on them

Testimonial: Experience of criminalisation for drug possession for personal use

Woman, 28 years old

‘The beneficiary is a drug user and she was arrested for drug use. However, after her arrest she was charged with distribution and use. When the beneficiary asked why that was the case when there was no evidence for distribution, the police answered: ‘you are a drug addict and since you use it, that means you distribute it’.

14. These testimonies are reinforced by data pointing that in 2020 69% of cases brought to courts for drugs were about possession ‘without purpose of alienation’, i.e. for personal use only³.
15. The criminalisation of drug possession for personal use is contrary to international standards on human rights and drug policy, as it impinges on the right to be free from arbitrary detention and on the right to health and creates a barrier to accessing critical health services for people who use drugs,

³ Promolex (2022), *Drug laws and policies in the Republic of Moldova and their impact on the enjoyment of human rights*, <https://promolex.md/wp-content/uploads/2021/12/DRUG-LAWS.pdf>

16. A broad range of human rights treaty bodies have recommended that Member States decriminalise drug possession for personal use, including the CEDAW Committee (review of Kyrgyzstan in 2021⁴), and the CESCR committee (reviews of Cyprus⁵, Iceland⁶, or Kyrgyzstan⁷ all in 2024 only). Similar recommendations have emerged from the UN Special Rapporteur in the right to health⁸, the UN Working Group on Arbitrary Detention⁹, and from UN agencies such as OHCHR¹⁰, UNAIDS¹¹, and UN Women¹², amongst others.

The pervasive and discriminatory impact of drug user registration¹³

17. A second central element in the punitive legal framework in Moldova is the compulsory listing of people who use drugs in a drug user registry. Women who use drugs experience deep fear of being added to the drug user registry, as it entails important restrictions on individuals rights. As a consequence, women will avoid seeking help and support in order to avoid being in the register.
18. The use of registries of drug users still exists in several countries as a legacy of the Soviet era. The UN Special Rapporteur on the Right to Health expressed concern at this practice in 2010, noting that: *'Use of drug registries — where people who use drugs are identified and listed, and their civil rights curtailed — also may deter individuals from seeking treatment, as violations of patient confidentiality are documented frequently in such jurisdictions'*.¹⁴

⁴ CEDAW (2021), *Concluding observations for the fifth periodic report of Kyrgyzstan*, <https://uhri.ohchr.org/en/document/056438da-eac1-4a0f-9af3-02eb1b9595fc>

⁵ CESCR (2024), *Concluding observations for the seventh periodic report of Cyprus*, <https://uhri.ohchr.org/en/document/499e3729-4ddf-4399-b3de-48ed5fd7294b>

⁶ CESCR (2024), *Concluding observation for the fifth periodic report of Iceland*, <https://uhri.ohchr.org/en/document/91f178a6-48b7-44c6-83bf-b599b390190f>

⁷ CESCR (2024), *Concluding observations for the fourth periodic report of Kyrgyzstan*, <https://uhri.ohchr.org/en/document/b593d337-1eda-453d-97a0-7c52ab1ded82>

⁸ UNSR Health (2024), *Report on harm reduction for sustainable peace and development*, <https://www.ohchr.org/en/documents/thematic-reports/a79177-report-special-rapporteur-right-everyone-enjoyment-highest>

⁹ UN Working Group on Arbitrary Detention (2021), *Study on drug policies*, <https://www.ohchr.org/en/documents/thematic-reports/ahrc4740-arbitrary-detention-relating-drug-policies-study-working-group#:~:text=Summary,arbitrary%20detention%20and%20makes%20recommendations>.

¹⁰ OHCHR (2024), *Human rights challenges in addressing the world drug situation*, <https://www.ohchr.org/en/calls-for-input/2023/call-inputs-ohchrs-report-human-rights-challenges-addressing-and-countering>

¹¹ UNAIDS (2019), *Health rights and drugs*, https://www.unaids.org/sites/default/files/media_asset/JC2954_UNAIDS_drugs_report_2019_en.pdf

¹² UN Women (2014), *A gender perspective on the impact of drug use, drug trade, and the drug control regimes*, https://www.unodc.org/documents/ungass2016/Contributions/UN/Gender_and_Drugs_-_UN_Women_Policy_Brief.pdf

¹³ The information from this section is taken from: EHRA (2022), *О медицинском наблюдении за потребителями наркотиков и влиянии наркологического учета на доступность и приемлемость лечения наркозависимости в Республике Молдова*, <https://ehra-uploads.s3.eu-central-1.amazonaws.com/87c327f2-b994-4232-8a17-980b5ff19a0f.pdf>

¹⁴ OHCHR (2015), *Study on the impact of the world drug problem on the enjoyment of human rights*, https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/30/65, para. 24.

19. The theoretical purpose of drug user registration is to keep track of persons with drug use problems and their use of treatment services. In practice, registries operate as systems of surveillance that label and stigmatise people who use drugs across all spheres of interaction with society and with state services, including the police, health and social care providers, and employers.
20. Women are included in the drug user registry when they access public drug treatment, or when a doctor visits them and identifies them as having a drug dependence. Women can also be included in the registry at the request of relatives, acquaintances, or the police.
21. Anonymous treatment can only be accessed through the payment of a fee, leaving people with less resources exposed to registration.
22. There is no evidence that drug user registration produces positive results for people who use drugs, or for the general public¹⁵. Registration often results in limited access to work, loss of parental rights, increased social stigma and encouragement of government abuse. At the same time, people in the register are barred from practicing certain jobs, and from getting a driving license.
23. These restrictions apply for as long as a person is listed in the drug user registry, regardless of changes in their drug use or dependence. They amount to arbitrary interference with basic human rights, as past drug use, current drug use, or receiving treatment like methadone does not automatically make someone unfit to work or drive. Any such restrictions should be based on an individual assessment of the person's abilities.
24. The registry of drug users also raises very serious privacy concerns, as there are many examples of doctors sharing registration data with the government, relatives, and employers, exposing women who use drugs to discrimination.

Section IV. Different issues impacting women who use drugs in Moldova

Wrongful gender stereotypes against women who use drugs

25. Wrongful gender stereotypes against women who use drugs compound the harms of the punitive legal framework. Combined, they result in serious and systematic discrimination against women who use drugs in all forms of interaction with state and society.
26. Women who use drugs consulted for this submission explained that there's a strong undercurrent of moral judgment across society, often rooted in Soviet-era mentalities, and especially in smaller

¹⁵ UNDP Moldova (2021), *Assessment of the legal framework in the field of HIV in the Republic of Moldova*, <https://www.undp.org/ro/moldova/publications/evaluarea-cadrului-legislativ-domeniul-hiv-republica-moldova>, p. 23.

towns and in Transnistria. This materialises in a general assumption that women who use drugs are sexually promiscuous, neglectful, or shameful, leading to social exclusion.

27. Concerningly, these attitudes are very present amongst public employees and providers of health care and social services. These often stigmatise women who use drugs precisely at the moment and in the situations where they should be supported, labeling them as manipulative, unworthy, or beyond help. This results in failure to provide timely HIV services or access to opioid agonist treatment such as methadone.
28. This stigma is hashest for women who are understood to challenge norms and expectations, such as pregnant women who use drugs, or women who have been released from prison.
29. These findings are supported by broad evidence pointing to general stigmatising and discriminating attitudes towards women who use drugs across the world, with the High Commissioner for Human Rights noting in 2023 that ‘Women face higher levels of stigma and discrimination than men who use drugs’¹⁶. The stigmatisation of women who use drugs has also been recognised by the CEDAW Committee in recent reviews of Armenia (2023)¹⁷, Egypt (2021)¹⁸, Indonesia (2021)¹⁹, or Russia (2021)²⁰.

Recommendation from women who use drugs:

‘It is essential to address institutional stigma through training for social workers, medical professionals, and judges’.

Gender-based violence against women who use drugs

30. In the consultations ahead of this report, women who use drugs have reported different forms of gender-based violence in the following spheres of interaction:
 - a. Gender-based violence in family settings;
 - b. Gender-based violence in health care and social services, particularly through aggressive and disrespectful interactions with service providers, institutional neglect, and coercion’
 - c. Gender-based violence at the hands of the police, materialised as surveillance of women who use drugs, harassment, extortion, and blackmail, as well as disrespect in judicial settings.

¹⁶ OHCHR (2024), *Human rights challenges in addressing the world drug situation*, <https://docs.un.org/en/A/HRC/54/53>, para. 45.

¹⁷ CEDAW (2024), Concluding observations for the 7th periodic report of Armenia, <https://uhri.ohchr.org/en/document/5badc4b5-952f-42e1-9f61-78d2ed4bce5a>

¹⁸ CEDAW (2021), Concluding observations for the combined 8th and 10th periodic reports of Egypt, <https://uhri.ohchr.org/en/document/9ca15074-e794-45ec-9dc6-c942b1420415>

¹⁹ CEDAW (2021), Concluding observations for the 8th periodic report of Indonesia, <https://uhri.ohchr.org/en/document/5f67e1a2-0296-415f-8aa2-61c36a04bb57>

²⁰ CEDAW (2021), Concluding observations for the 9th periodic report of the Russian Federation, <https://uhri.ohchr.org/en/document/80aa8259-f9b0-4a54-870e-fd1d111dfdc3>

Testimonial: Gender-based violence by law enforcement officials

Woman, 29 years old

'The client was at the club with her friends. For some time she went to a secluded place to use drugs; as soon as she came out, a man took her by the arm and rudely led her out into the street. The client was very indignant, but the man introduced himself as a police officer. The client was indignant because of the way she was taken out of the club, she did not do anything illegal, to which she heard the answer: "because I want it that way!" Immediately the client saw a police car and that some of the club's visitors were put in this car, and then her. Everyone was taken to the Internal Affairs Directorate, where a personal search was carried out and the institution's paramedic examined the client and said: 'So she is dead, on drugs'. The client was detained overnight [which is a violation of the 3-hour maximum arrest period] and in the morning she was taken to the office of an operational officer. The operative began asking her in a rude manner how long she had been using drugs, what exactly she was using and where she was getting it. He used obscene language and called her a 'slut' several times. The client burst into tears and was confused. The operative said that she will be released as it's the first time, but now she has to convey to him all the information he was interested in. The client was also issued a fine.

31. All of these forms of gender-based violence are inextricably linked to the specific stigma and stereotypes faced by women on account of their drug use, and are exacerbated by the punitive laws against people who use drugs.
32. Women who use drugs in Moldova also reported that they are often not taken seriously as victims of gender-based violence. Their complaints are dismissed simply due to their drug use history, or their reliance on intimate partners.

Testimonial: Lack of appropriate response to violence by intimate partner

Woman, 41 years old

'XXX was raped by her former partner. The police officer, knowing about her activities and the fact that she had previously been in a relationship with this person, showed sarcasm towards her using the phrases: "Well, he was a roommate, now he became a client", and "Lovers quarrels are soon mended". He began to wonder who uses and distributes drugs and where she buys them. Then he called another employee, said that she would need to invite her former partner for a conversation and asked him to take her to the exit.'

33. Last but not least, access to shelters and services is often conditional upon abstinence from drug use, leaving women who use drugs with no protection and recourse.
34. As a result, women who use drugs will often either refrain from engaging with existing services, or simply be turned down by them. There is a need for services for survivors of gender-based

violence that are accessible, free of stigma, and that can be ultimately trusted by women who use drugs.

Recommendation from women who use drugs:

‘Ensure access to shelters and protection services regardless of drug use status. Prohibit social workers and police from discouraging complaints or pushing for “reconciliation”.’

Health of women who use drugs

35. For the thousands of women who use drugs in Moldova, the provision of accessible and gender-sensitive harm reduction services is essential to realise their right to health, and to protect their lives.
36. The Committee on Economic, Social, and Cultural Rights has used dozens of country reviews to recommend that States expand access to harm reduction services in both community and prison settings.
37. In 2024, the current UN Special Rapporteur on the right to health defined harm reduction as ‘a wide range of policies, programmes and practices that are aimed at minimizing the negative health, social and legal impacts associated with drug use and drug laws and policies’²¹. Within the context of injecting drug use, the World Health Organization has indicated that harm reduction includes²².
 - a. Needle and Syringe Programmes (NSPs), which supply sterile injecting equipment to people who use drugs to reduce transmission of HIV and other blood-borne infections²³.
 - b. Opioid Agonist Treatment (OAT), often also called substitution treatment (OST), which involves the provision of opioid agonist medicines such as methadone to manage opioid dependence and avoid injecting drug use, thus minimising both the risks of transmitting blood-borne diseases, and the risk of overdosing²⁴.
 - c. Naloxone, which is an opioid antagonist that reverses the effects of opioid overdose and is critical to prevent deaths caused by overdoses²⁵.

Lack of gender-sensitive treatment and harm reduction

²¹ UNSR Health (2024), *Drug use, harm reduction and the right of health*, <https://docs.un.org/en/A/HRC/56/52>, para. 59.

²² WHO, UNODC, INPUD (2023), *Recommended package of HIV, viral hepatitis and STI prevention, diagnosis, treatment, and care for people who inject drugs*, <https://iris.who.int/bitstream/handle/10665/366820/9789240071858-eng.pdf>

²³ WHO (2007), *Guide to starting and managing needle and syringe programmes*, <https://www.who.int/publications/i/item/guide-to-starting-and-managing-needle-and-syringe-programmes>

²⁴ WHO (Website), Opioid agonist pharmacotherapy used for the treatment of opioid dependence (maintenance), <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/2718> (accessed 21 May 2025)

²⁵ WHO (Website), Opioid overdose, <https://www.who.int/news-room/fact-sheets/detail/opioid-overdose> (accessed 21 May 2025)

38. In the preparatory consultation for this report, women who use drugs reported that in Moldova there are not sufficient gender-sensitive harm reduction services tailored to the needs of women who use drugs.
39. Whilst many harm reduction services have female outreach workers and strive to provide gender-sensitive care, some participants in the consultation explained that they were still afraid or embarrassed to access the services, especially when male clients or staff were present, including due to shared toilets and a perceived lack of privacy.
40. There is limited involvement of affected communities, including women who use drugs, in the design and implementation of harm reduction programmes, and this greatly limits accessibility and take-on.

Stigma and stereotyping within health care settings - particularly sexual and reproductive health services

41. A cross-cutting reality across all health care settings, including but not only harm reduction, is that women who use drugs are spoken to with condescension or aggression, especially in prisons or when seeking services related to drug dependence, HIV, or reproductive health. This is evidenced by a 2020 survey that found that 27% of OAT staff in Moldova preferred not to work with OAT clients and prioritised detoxification and so-called 'will-power' interventions²⁶.
42. Rehabilitation and reintegration services are almost nonexistent because women are not seen as capable of recovery or reintegration. Authorities and medical staff often do not believe in women's motivation or potential to improve, discouraging engagement with support services.
43. The consultation emphasised that pregnant women who use drugs face particularly judgmental attitudes, and some are outright denied sexual and reproductive health services, or discouraged from seeking care. They are sometimes reportedly denied access to OAT, or receive inadequate care in healthcare settings. The same applies to women living with HIV.
44. There is no specific counseling or prenatal care adapted to the needs of women who use drugs, who instead face a tone of moral policing.

Testimonial: Experience of a woman who uses drugs stigmatised in health care settings.

Woman, 42 years old.

²⁶ Stuykite, R. et al (2024), 'Sustainability of opioid agonist therapy programmes in Belarus, the Republic of Moldova, Tajikistan and Ukraine in the context of transition from Global Fund support during 2020–2023', *Harm Reduction Journal* **21**, <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-024-01050-6>

‘Due to loss of consciousness and a panic attack, an ambulance was called. On the way to the hospital, the crew personnel, having collected an anamnesis, expressed indignation that it would be better for them to go to another call than to provide services to a drunk drug addict. Upon arrival at the emergency room, XXXX was not provided with emergency assistance. The medical staff rudely stated that if she had problems with her head, then she should not use (drugs). The patient felt a sense of panic. The medical staff used physical force against her to restrain her. The police officers who arrived at the scene began to twist her arms and take her out of the emergency department. As a result, the condition worsened, but no one paid attention to it and no help was provided. There are many abrasions and bruises left on the body’.

General shortcomings in access to OAT

45. OAT coverage in Moldova remains low, representing less than 5.5% of the total estimated number of opioid drug users²⁷. Women reported that in Chisinau access is relatively good: working women can get take-home doses, and availability has improved recently. However, in other regions there are significant barriers and coverage is low. Doctors are under-resourced, and OAT can only be taken in clinics, making it inaccessible for those with jobs or mobility issues and are unable to physically go to clinics every day.
46. Many women avoid OAT to stay off the drug user registry, which severely limits their employment and civil rights.
47. Furthermore, many respondents were concerned about the impact of the recent cuts in international funding on access to OAT and connected psychosocial services that are critical for women who use drugs, particularly given the important financing role of the Global Fund.

Health in prison settings

48. Moldova has long been put forward as a ‘good example’ in terms of access to harm reduction services in prisons, including both NSP and OAT²⁸. However, women who use drugs consulted for this shadow report still highlighted many problems.
 - a. While OAT is available in some prisons, access is not uniform, and uptake remains suboptimal.
 - b. Even women with long-term engagement in OAT (i.e. 10 years on methadone) reported being denied doses in prison settings, often at the discretion of doctors and with no justification.
 - c. Women who use drugs who live with HIV are often not provided HIV treatment in time within prison settings, or are not informed about available treatment options.

²⁷ EHRA, APH, SOS Project, 100% Life (2023), *РЕСПУБЛИКА МОЛДОВА: повторный анализ устойчивости программ поддерживающей терапии агонистами опиоидов в контексте перехода от донорской поддержки к национальному финансированию*, <https://region.aph.org.ua/ru/respublika-moldova-povtornyj-analiz-2/>

²⁸ Harm Reduction International (2021), *Availability, accessibility, acceptability, and quality of harm reduction services in Moldova*, <https://hri.global/publications/report-moldovan-prisons/>

- d. There is a lack of professional health staff in places of detention, and the few services that exist often hold stigmatising attitudes towards people who use drugs.
 - e. Women who want to change their lives or access therapy receive no encouragement or information, due to the staff's own stigmatising views. Health professionals working in prisons often lack training, compassion, or knowledge on HIV and OAT.
 - f. Community monitoring of prison settings is nearly impossible. Only ombudsman institutions with Ministry of Justice approval can access prisons.
49. Ensuring that women continue to access OAT after release from prison is also a significant challenge, affecting their continuity of care. This is particularly concerning because the days and weeks after release from prison are when people are at the highest risk of experiencing overdoses.

Recommendations from women who use drugs:

- Secure funding for harm reduction and women-centered support programs—currently at risk due to declining international aid.
- Expand OAT availability across all regions (not only in big cities), including in prisons and Transnistria, where OAT is currently unavailable.
- Ensure that OAT is accessible without coercion to register or face employment discrimination.
- Train healthcare and social service providers to eliminate stigma and bias toward women who use drugs, especially in SRH and maternity care.

Family relations and women who use drugs

50. One of the most alarming and persistent concerns amongst women who use drugs in Moldova is the stigma and discrimination they face as mothers, and the risks of losing their parental rights.
51. While there is no legal provision that automatically removes custody in drug use cases, this is allowed by the law, as according to Article 67 of the Family Code, parents can be deprived of parental rights simply because they have a drug addiction²⁹. Women who use drugs, especially those on OAT or who have been in prison, live with constant fear of losing their children, even in the absence of abuse or neglect.
- Women on OAT like methadone are presumed to be unfit parents and risk quasi-automatic loss of custody.
 - Being on the drug user registry is also enough for social workers or courts to initiate child protection proceedings.
52. Social services often treat women who use drugs - especially single mothers - as inherently unfit mothers, and push for their formal registration with narcology services, which further stigmatises them.

²⁹ Legis Moldova (Website), *Codul Familie*, https://www.legis.md/cautare/getResults?doc_id=138943&lang=ro (accessed 21 May 2025)

53. Relationships with partners or relatives can become coercive: men often use women's drug use against them, including with the aim of manipulating custody proceedings. Within family settings, women face more scrutiny and stigma than men for drug use. Men are often perceived as more stable or acceptable parents, even if they also use drugs.
54. The CEDAW Committee has expressed concern for the removal of parental rights for women who use drugs in the recent reviews of Kyrgyzstan (2021)³⁰ and Ukraine (2022)³¹. In the latter case, the Committee recommended that authorities 'Provide support to mothers with disabilities and mothers who use drugs and refrain from automatically depriving them of custody of their children'. A similar concern has been expressed by the CESCR committee in the review of Estonia (2019)³².
55. Legal aid is limited or nonexistent, and women typically receive only verbal advice at the side of a judicial proceeding, not legal defense. Women are often not informed about their rights or how to challenge custody-related decisions. Even when removal does not take place, surveillance and pressure from social workers can be intense and long-term. Registry status also affects employment and housing, undermining a woman's ability to provide for her children, which can then be used against her.

Recommendation from women who use drugs:

'Reform laws and practice to ensure women who use drugs are not automatically at risk of losing custody of their children. Provide legal support for mothers facing loss of parental rights, especially those on OAT or with a drug use history'.

Employment and education

The effects of drug user registration

56. Being listed on the drug user registry severely restricts women's rights and opportunities in the context of employment. Registration is automatically shared with state bodies, which leads to exclusion from employment in healthcare, education, public service, transportation, and security.
57. Listing in the drug users registry also leads to loss of eligibility for a driving license, which limits both employment and the daily mobility necessary for an independent life. Some employers illegally demand a certificate proving a person is not on the registry as a condition for hiring.
58. Any business owner may require an employee or potential employee to provide a certificate stating that he or she is drug-free, which is common practice in the Republic of Moldova. The

³⁰ CEDAW (2021), *Concluding observations for the 5th periodic report of Kyrgyzstan*, <https://uhri.ohchr.org/en/document/056438da-eac1-4a0f-9af3-02eb1b9595fc>

³¹ CEDAW (2022), *Concluding observations for the 9th periodic report of Ukraine*, <https://uhri.ohchr.org/en/document/18baae2e-a7de-45b2-8a51-31d5ce5db244>

³² CESCR (2019), *Concluding observations for the 3rd periodic report of Estonia*, <https://docs.un.org/E/C.12/EST/CO/3>, paras. 44(e), 45(e).

request for a mandatory drug record certificate for certain activities leaves most people in the registry unemployed . There are also reports of employees being fired for being in the registry.

59. Daily or weekly mandatory check-ins for treatment or to receive OAT can take a long time, and limit the capacity of actually holding a normal work position.
60. Informal stigma against women who use drugs is widespread in the job market. Thus, even if a woman is not legally excluded from a profession, registry status or past imprisonment can lead to informal exclusion. Women often choose not to register for OAT to avoid this discrimination.

Testimonial: Experience of stigma and discrimination in the job market

Woman, 45 years old.

‘The client is registered at a drug treatment center and takes substitution therapy. She has been registered for 5-6 years, she regularly visits the site in the XXX region, she decided to get a job in a store. The store security service made it clear that her data, that she was registered, was leaked to them’.

The impact of criminal records for drug possession and absence of state support

61. The group consulted in preparation for this submission reported that a criminal record, even when it is simply for the possession of drugs for personal use, can seriously undermine a woman’s ability to return to the workforce. Many employers treat all criminal records as equal, with no distinction between low-level possession and trafficking. It is therefore essential that drug possession for personal use is decriminalised.

Recommendation from women who use drugs: End the practice of requiring certificates of non-dependence for job applicants. Clarify that employers cannot legally demand drug users registry information.

The situation of women who use drugs in Transnistria

62. A major concern that emerged throughout the consultation was the extreme seriousness of the situation faced by women who use drugs in Transnistria. Drug control policies and practices in Transnistria are even more punitive than in government-controlled territory, whilst harm reduction services are completely absent, and women who use drugs face extreme stigma and discrimination. The lack of involvement or oversight by international health bodies such as the Global Fund or UNAIDS (who have to operate in the region in a discreet or informal manner) is also contributing to a systemic human rights and public health emergency.

Criminalisation

63. Participants in the consultation from Transnistria reported that individuals are incarcerated for mere drug use, not for distribution or trafficking. Courts routinely sentence people who are drug dependent to prison, even when they are seriously ill. The threshold quantities that define 'large-scale possession' remain extremely low and outdated, resembling Soviet-era norms.
64. Women from Transnistria reported that the punitive legal framework, combined with the harmful stereotypes against women who use drugs, has become an instrument of police corruption, blackmail, and extortion.

Lack of OAT

65. There is no opioid agonist treatment in Transnistria, putting women who use drugs at a heightened risk of blood-borne diseases such as HIV, tuberculosis, and hepatitis C, and difficult their transition out of injecting behaviour, which carries a much higher risk of overdose.
66. People who use drugs are placed on an official register, which is used to systematically exclude them from employment and public services. At the same time, they are pressured into a detoxification treatment with medications that simply do not work, which they have to pay out of their own pocket. A proposed programme of OAT for the region was recently halted.
67. During the consultation, even basic health infrastructure was described as inadequate and not adapted to women's needs. Shared toilets, lack of privacy during testing, and deeply stigmatizing behavior from medical personnel make harm reduction services inaccessible to women.
68. As a consequence, women who use drugs in Transnistria often cross borders to get treatment in government-controlled territory. In doing so they face enormous risks. If caught transporting even a single dose for personal use by the authorities in Tiraspol, they risk arrest and incarceration. Furthermore, when entering Transnistria women might be subject to urine testing and if OAT medication is found in their blood/urine, then Transnistria laws will be applied.

Gender-based violence and family relations

69. In Transnistria, domestic violence laws are effectively inactive. Women who use drugs and experience intimate partner violence often do not report abuse out of fear of losing custody of children or facing further stigmatization. Local law enforcement may discourage formal complaints, promoting reconciliation with abusers instead. The result is systemic re-victimisation and impunity for perpetrators.
70. Women on the drug user registry in Transnistria live under constant threat of losing parental rights, with no legal safeguards or support. Partners or relatives can report a woman to child protection authorities simply for being registered as a drug user, often leading to state intervention and loss of parental rights.
71. Participants emphasized that NGOs and human rights organizations are not welcome in the region, especially since the beginning of the war in Ukraine. There are virtually no independent

oversight mechanisms. Community-led monitoring of prisons or social services is impossible due to legal and administrative restrictions. Access to prison is only allowed for ombudsman offices - working closely with authorities. This excludes people with criminal records, including many people who use drugs, from participating.

Participation in political and public life

72. The participation of people who use drugs - in particular women who use drugs - in the articulation of drug policies and programmes should not be an afterthought or a box-ticking exercise, but a centerpiece of an effective human rights approach to drugs. In that regard, the OHCHR recommended that Member States:

‘Meaningfully engage civil society organizations, people who use drugs, affected communities and youth in the design, implementation and evaluation of drug policies, to ensure that their knowledge and experiences are considered’³³.

73. At the moment, Moldova has no adequate mechanism to allow for the effective participation of civil society and people who use drugs in the design and implementation of drug policy. The ANTIDROG commission, which operates under the Ministry of Internal Affairs, had provided in the past a relatively good framework for civil society engagement, but it became inoperative from 2021 to 2023 due to lack of budget. In 2024 the Commission was revived and is now in the process of adopting a new strategy, so this is a good moment to ensure that it enables the meaningful involvement of women who use drugs.

74. Women consulted for this shadow report explained that, even when ANTIDROG was operative, women who use drugs were not invited or seen as legitimate stakeholders. Their voices were considered non-technical, unreliable, or too politically inconvenient.

75. Reinstating the ANTIDROG Commission with a strategy that involves women who use drugs is crucial to ensure that policies reflect the needs and experiences of those directly affected. Community participation can lead to more effective and responsive policies.

76. Community monitoring of services and prisons is restricted unless officially sanctioned, which excludes many women who use drugs due to criminal records.

Recommendations from women who use drugs:

Ensure that the ANTIDROG commission enables meaningful participation of community representatives, including women who use drugs. Enable community-led monitoring of drug services, prisons, and health facilities, removing legal and administrative barriers (e.g. ban on participation by those with criminal records).

³³ UNSR Health (2024), *Drug use, harm reduction, and the right to health*, <https://docs.un.org/en/A/HRC/54/53>, para. 68(k)