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## **Human Rights Violations in Estonia. Situation Overview of Violations Faced by Women who Use Drugs in Tallinn and Ida-Viru County**

### *Draft Briefing Paper*

#### **Introduction**

In August 2017, a research mission to Estonia was organised with a goal to assess the situation with the protection of human rights of women who use drugs. The research project has been organised in partnership between international and local organisations – Eurasian Harm Reduction Association (EHRA), the Canadian HIV/AIDS Legal Network (CHALN), and Estonian Association of People Who Use Psychotropic Substances LUNEST.

Research methodology, developed by EHRA and CHALN, was based on in-depth interviews carried out by international and local experts. 38 Russian and Estonian-language interviews were taken during the field trip to Estonia: 29 interviews have been taken in Ida-Viru County and 9 in Tallinn. One of the interviews has been excluded from data set because of the unstable mental state of the respondent at the time of the survey. 20 interviews were transcribed, and 37 were analysed through thematic content analysis. To ensure personal data protection and participants safety, their names were coded and there is no reference to their real names in the report.

Representatives of local community-based organisations and activists have been involved in the field work planning and acted as gatekeepers to ensure the linkage between researchers and women from the most oppressed groups. Local activists were also important partners in research results' interpretation and subsequent advocacy strategy development.

All of the 37 respondents were female, aged 26 - 46 years old, mean age 35 years. All have either Estonian citizenship or permanent residence permit for Estonia. 33 of respondents had Russian as their first language and four were Estonian native speakers.

The majority of participants (28 persons) live in Ida-Virumaa and nine in the country's capital Tallinn. All participants have housing, including three who are provided with temporary social housing.

Twelve participants have professional education (equal to a college level), 18 have full secondary education and 7 have not finished school. All of the participants are literate. Only eight participants are currently employed.

Four respondents are married and 11 are in civil marriage. 35 participants have children, and seven of them have three or more children.

All of participants are drug depended, and 20 of them were getting opioid substitution treatment at the time of interviews. 21 of the participants reported having HIV infection, and all of them were getting HIV treatment.

Fourteen participants have history of imprisonment, including lengthy number of years spent in prisons (up to 13 years). Two participants reported having a large amount of sentences (16 and 22 court cases). All criminal cases were related to drug possession, drug-related theft or other drug-related crimes.

## **Background**

### **HIV in Estonia**

HIV prevalence in Estonia is one of the highest in Europe (41.9 cases per million, EMCDDA 2017). HIV in Estonia is primarily spread among people who use drugs (50% prevalence in Tallinn and 60% in Ida-Viru county), and women represent 40% of new HIV cases since 2013.

On the one hand, the Government of Estonia should be commended for its progress in scaling up harm reduction services among people who use drugs. However, on the other hand human rights violations, and cases of systematic and egregious discrimination against people who use drugs, including women who use drugs, is hindering this progress.

### **Drug laws in Estonia**

People who use drugs in Estonia, men and women, are equally subject to harsh drug laws. Per capita, Estonia prosecutes more people for drug crimes and offenses than Russia – one of the world renowned leaders in the war on drugs. Due to the social stereotypes and stigma related to narcotics, women who use drugs are the most vulnerable to human rights violations.

In terms of drug laws and drug enforcement, Estonia is more repressive than Russia. A total of 4,982 initial reports on drug-related criminal offenses and misdemeanors were reported in 2015, which was more than in 2014.<sup>1</sup> This indicates that Estonia prosecutes 3.7 persons per 1,000 for drug offenses and crimes. This is much higher than Russia, with 2.3 persons per 1,000 in 2015 (as for Estonia we count the initial reporting, not the final results of drug prosecutions).<sup>2</sup> Around seven out of 10 reported offenses in Estonia were related to use and possession.<sup>3</sup> Repressive drug policies fuel overdoses in Estonia.<sup>4</sup>

As a former Soviet republic, Estonia has significantly reformed its domestic laws, especially since joining the European Union in 2004. However, drug laws remain archaic, with their roots in the Soviet legal system, and resemble those of the Russian Federation.

The consumption or possession of narcotic drugs or psychotropic substances in small quantities is punishable by a fine of up to EUR1,200 or detention of up to 30 days.<sup>5</sup> This fine is large for Estonia, where the current minimum wage is EUR500.<sup>6</sup> People who are convicted also have to pay financial compensation to cover the drug laboratory's forensic examination costs.

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<sup>1</sup> Ibid.

<sup>2</sup> Information about Russian drug crimes statistics is available on the official website of the Ministry of the Interior (<https://xn--b1aew.xn--p1ai/reports/item/7087734/>) and the website of the Judicial Department of the Supreme Court (<http://www.cdep.ru/index.php?id=79>).

<sup>3</sup> Ibid.

<sup>4</sup> Repressive Drug Policies Fuel Overdoses in Estonia – An Interview with Mart Kalvet. DrugReporter. November 20, 2017. Online: <https://drogriporter.hu/en/repressive-drug-policies-fuel-overdoses-estonia-interview-mart-kalvet/>.

<sup>5</sup> According to the Act on Narcotic Drugs and Psychotropic Substances and Precursors thereof § 151 (1). The text is available in English at <https://www.riigiteataja.ee/en/eli/506052016001/consolide>.

<sup>6</sup> According to the Ministry of Justice of Estonia, the average fine for possession of cannabis in 2015 was EUR80, the average fine for possession of any other drugs was EUR100, and the average fine for possession of any and all drugs was EUR90. Presentation “Drugs, crime, and punishment — what, how much, and to whom?” at the conference “Drugs, crime and punishment – where to draw the line?”, Tallinn University, March 2016. Online: [https://www.just.ee/sites/www.just.ee/files/jako\\_salla.pdf](https://www.just.ee/sites/www.just.ee/files/jako_salla.pdf).

Any act of illegal possession or dealing in drugs not intended solely for personal use is considered a criminal offense, regardless of the type and amount of illicit drug.<sup>7</sup> Activities such as the illegal manufacture, acquisition, theft or robbery, storage, transport, or delivery of narcotic drugs or psychotropic substances with the intent to supply are punishable by up to three years' imprisonment for the smallest quantities, and by 6-20 years' imprisonment or even life, depending on the quantities involved and other aggravating circumstances identified, such as organized crime.<sup>8</sup>

Poorly drafted drug laws, especially the ease with which the police can turn any simple possession into a case of trafficking, make people who use drugs very vulnerable to the misuse of police powers, arbitrary detentions, ill-treatment, and other human rights violations, and ultimately prevent the Estonian authorities from respecting, protecting, and fulfilling the right to health of women who use drugs.

## Results

There are three state agencies, which, according to drug laws, family and public health law, hold significant power with respect to women who use drugs:

- The police
- Child protection service (Lastekaitse)
- Medical doctors and public health authorities

These three agencies were reported in every interview as those whose activities either prevent women from making healthy choices or directly violating their human rights, including their right to health.

The right to health is either violated directly, as it is in cases of a lack of access to drug dependence treatment or antiretroviral therapy (ART), or indirectly as a result of the cumulative effect of violations of other interrelated human rights, such as the right to non-discrimination, the right to be free from ill-treatment, and the right to be free from arbitrary detention.

In both cases, the State is violating its obligations to respect, protect, and fulfill the right to health.

The State's obligation to respect the right to health, for example, is gravely and systematically violated in cases when police officers conduct forced street drug testing on drug dependent women; or when child protection services force drug dependent women to stop taking medically prescribed methadone under the threat of termination of their parental rights; or when the police abuse the vulnerability of drug-dependent women, including women with children, to obtain evidence from them; or when child protection services systematically conduct inspections of houses of drug-dependent women with children, in complete disregard of their right to privacy and family life.

The State violates its obligation to protect its citizens and residents when police is ill-equipped to protect women who use drugs from gender-based violence; or when women who use drugs are subject to dubious quasi-judicial drug treatment proceedings; or when the police and health services routinely force women to undergo drug testing with the use of urinary catheters, subjecting them to extreme humiliation, pain and suffering; or when medical doctors and child protection services disclose private medical information to police, members of the public, employers, and family members of women living with HIV and/or drug dependent women.

The State violates its obligation to fulfill the rights of its citizens and residents when the state authorities do not ensure adequate access, and quality of opioid substitution therapy (OST) for women with children; or when drug dependent women have obstacles in accessing HIV

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<sup>7</sup> Penal Code of Estonia, 2001. English text. Online: <https://www.riigiteataja.ee/en/eli/ee/509012018005/consolide/current>

<sup>8</sup> Estonia. Country Drug Report 2017. Drug laws and drug law offences. EMCDDA. Online: [http://www.emcdda.europa.eu/countries/drug-reports/2017/estonia/drug-laws-and-offences\\_lv](http://www.emcdda.europa.eu/countries/drug-reports/2017/estonia/drug-laws-and-offences_lv)

testing, ARVT, or Hepatitis C treatment; or when there is very limited social support for drug dependent women with children, or when no rehabilitation services are available for women with children.

### **Deprivation or restriction of parental rights**

Twenty five women reported the restriction or deprivation of child custody and/or parental rights because a parent was a drug user or a drug dependent person. Four women are or have been at risk of losing the custody of their children because of their drug use. The oldest cases of deprivation of child custody identified during the research, happened around 10 years ago. However, many such cases happened one or two years ago, showing that no improvement of the situation has taken place since.

Child protection services often act in a similar way to the police and as such play a role in drug enforcement. These services quite often become one of the main obstacles for the access to effective drug treatment, including OST for women with children. Although they often act like the police, representatives of child protection services are not bound by any procedural rules. Allegedly, trying to protect the best interests of the child, they visit parents who live with drug dependence to conduct home inspections (for the inspection of a child's living conditions). During the home inspections they conduct a house search, obviously without any search warrant, inspect kitchen refrigerators to see how much food parents have, search wardrobes to see the number of clothes in the household, and talk to neighbors about the parents, often disclosing their HIV status and/or other health conditions, such as drug dependence of parents.

*- Next day, I'm at home and someone starts banging on my door. No one ever banged this hard. And I realized that something bad is going to happen. I said: "Wait, wait, I'm coming already". I was on crutches so it took me 5 minutes to get to the door. ... I opened the door and there were these social workers. They immediately entered the room. They didn't even try to discuss anything with me, they didn't speak at all. Just: "That's it, we are calling your mom. Look at yourself, we can't leave the child with you."*

*(...) She went to the fridge, searched it, then moved to the children's wardrobe all with her shoes on. She opened the fridge - there was food in there, opened the wardrobe - there were clothes. She looked at the crib - it was new, everything was perfect. But: "You are unworthy to be a mother, good bye".*

*- Why?*

*- Because I use drugs. Because my baby was in hospital on methadone since she was born. We went to the social worker with my mom. (...) And she [social worker] told me to write a note saying if I ever use again they will take my children from me and put them in an orphanage.*

**Woman, 28, Kohtla-Jarve**

In one particular case, a woman was deprived of her parental rights because the boyfriend with whom she lived was using drugs:

*- My boyfriend was put in jail. He is the father of my son. He spent seven months in prison. And Lastekaitse [child services] come and say that I should separate with him, otherwise children will be taken away if I do not part ways with him. I began to say that I would not separate with him, because he was in jail. I do not want to do this. They insisted that I should do this.*

*- Wait, did you use [drugs] at the time ...*

*- No, I did not use at that time. I have yet not even touched it. Then he [boyfriend] came out of prison and started to use again (...) And then Lastekaitse came to me and said that they would assign two women who would come and check me. They came twice, checked me, and I did not use it then, really. And they left, my tests were clean. I even signed that they were clean. They left, and a week later Lastekaitse comes and says: you will receive papers that children will be taken away, because your tests show drugs. And because of this, everything went downhill. I still did not use when the children were taken from me. I started using when they were taken to Finland by my daughter's dad.*

*(...)*

*- ... wait, but why did they deprive you of your parental rights? I do not understand.*

- Because I have a boyfriend who is an addict. The civil husband is a drug addict. And I live with him. (...) And they decided that it would be better for the children in the orphanage. I phoned my daughter's dad in Finland and asked him to take our daughter. (...) son's father, he was deprived of parental rights, because he did not go to court. Immediately automatically deprived ...

**Woman, 31, Tallinn**

Medical information about a parents' health condition was shared between the child protection and medical services. Nobody advised these women to enroll in an OST program or other drug treatment or social support programs, even though, according to Estonian laws and practices, OST is available for women during pregnancy. Women who use drugs were afraid of losing custody of their newborn child due to their drug use/dependence. Thus, they either did not inform their gynecologists about their drug use/dependence, or informed them only after the child was born.

*When I gave birth, I was told the following day that I would not see my child, since I was an addict. I asked them how they knew that I was an addict? I did not tell you that I was an addict.*

**Woman, 33, Tallinn**

In a number of cases newborn babies were taken away from their mothers, right after the delivery and placed in a prenatal clinic in Tartu (130-170 km from their birthplace). The mothers were not allowed to participate in any decision-making related to the child's health, and were poorly informed about their status. Despite a lack of legal grounds, they were not permitted to take their children home from the hospital with them. Yet, in many cases, mothers traveled to Tartu to see their babies. Their travel expenses were not reimbursed.

- *With the second child they just took him to an orphanage right from the hospital. ... Just because here in Maardu we have a social worker and she said: "We are taking him until the trial".*

- *Right after the delivery? Did you have to sign anything, any document or they just took him?*

- *They just took him. But I visited him in hospital.*

**Woman, 34, Tallinn**

In several cases women were forced to sign documents to show their 'willingness' to have their parental rights limited. In these cases child protection services said that if the women refused to sign the papers to voluntarily relinquish their parental rights, their other children would be taken away.

*And they said that either my child goes to children's home, or they leave him at grandmother and grandfather, if I write a refusal. Well, I wrote the refusal. Then, when I arrived at prison, I understood what I had done. I sent in an appeal. Then there was a court hearing. In court, they took Sasha from me, and my mother became his temporary guardian. I still had a long time left in the prison. I got out of jail at the age of 26. They told my son that I was dead.*

**Woman, 35, Johvi**

*There was a hearing to give my mother custody. And they told me that they will give my son to my mother if I waive my parental rights. It was my first. I had to do it so that they would not take him to an orphanage. My mom took him. He spent two or three months with her, she also had a little son of her own, he was also two-years old. He was hyperactive, a little bit troubled and my mother couldn't handle it so eventually she gave my son back to an orphanage.*

**Woman, 26, Tallinn**

- *Yes, a woman comes to me and says: "if you don't sign...". At first she was just asking, trying to persuade me.*

- *Who was this woman?*

- I don't know, maybe she was also some kind of social worker, to be honest, I don't remember.
- Did she give you some document to sign?
- Yes, something like that. She wanted me to sign over my parental rights to his grandmother.
- And she was coming every day?
- Everyday, everyday she would come and make me cry. She was following me to the bus station.
- (... ) - In the end she told me: "If you don't do it now your child will end up in an orphanage. I promise".
- And what did you do?
- I signed over my rights.

**Woman, 34, Tallinn**

A mother of three, explains why she has lost custody of all her children under the pressure of child protection services:

*I arrived at children's inspectors, I said that I want to see my child. For that moment, this was the first time I came to them, I only had 10 days of sobriety, it is nothing, in general. They told me that I was eight months pregnant. Let's do it this way -- you write a document that you give up your older children, Sasha and Dima, for a short time. And under these terms we let you keep your newborn... (...)Then [after the youngest baby was taken away] I understood what they have done to me. And I was in a very terrible rage. I remember here these six days of rollercoaster, when I wanted to put hands on myself, I was ready to strangle myself for all of this. And I understood that I was fooled, that I gave up Sasha and Dima for half a year, so that they leave Dan'ka with me. And now I have limited rights with Dan'ka.*

**Woman, 35, Johvi**

Female clients of OST programs are forced to stop OST and get clean, despite the importance of OST for their health and stability. Although a discriminatory provision for the deprivation of parental rights due to the drug dependence of a parent was repealed in 2009<sup>9</sup>, child protection services still consider drug use and drug dependence as reasons for restricting or depriving parental rights, assuming that any substance use puts a child in danger and thus is contrary to the child's interests, even when a parent takes medically prescribed methadone.

According to the study participants, the majority of drug treatment doctors would be ready to provide drug dependence treatment for women before, during and after pregnancy. But the fear of child protection services, to which doctors disclose medical information, is the main obstacle to OST for women with children. The women also report a very poor quality of OST in general, but especially for women with children, in particular because the specific needs of women with children are not accommodated.

Women reported strong evidence of child protection services either forcing them to stop OST under the threat of losing custody of their children, or not allowing a child to stay with another parent because this parent was a methadone patient. Child protection services insist that drug-dependent women stop OST and get clean. This advice in itself is in strike contrast to World Health Organization (WHO) recommendations which state that OST is the most effective type of opioid dependence therapy.<sup>10</sup> However, in addition to this, there is no single drug dependence treatment center for women with children or during pregnancy.

The reason given by child protection services for restricting parental rights was the participation of a parent in a drug treatment program and/or other mental health issues.

*- Lastekaitse - these children's inspectors who then took my child away from me... I recently fought with them for ten days when I gave birth to my second child. When we were transferred to another hospital where she was given sedatives, they did not allow me to stay with her for ten days. I*

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<sup>9</sup>

<sup>10</sup> Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence. Geneva: WHO; 2009.

was not allowed to see her until my tests got clean. But the hospital test will show drugs for 10 days, the drug will keep appearing in urine for ten days. They thought I was using. ... Yes, they offered me rehabilitation, but in order to go there I had to leave my daughter in orphanage. ... I knew that I would never leave my daughter, I will not give her to anyone. And I said that I will not go to any rehabilitation, because my child is dearer to me, because I won't put her in an orphanage.

- Why they didn't let your husband take her? Why not give her to her father?

- Because her father was also on methadone. We both had to go to a rehabilitation to be clean even from methadone.

- Wait, you are not allowed to be on methadone? Or did they have any other reasons?

- No, he did not have any bad tests at all, only methadone, that's it, so they wanted him to be clean from any substance.

**Woman, 26, Tallinn**

Then, in 15 days, when I came for my child, I was told — we will not give [it] to you. Because I am in methadone program, I am from a dysfunctional family. Even though I have a two-room apartment, and with good repairs. And I felt so insulted...

**Woman, 34, Narva**

Where mental health issues were established, psychiatric examinations were conducted without informed consent and with an apparent intention to use the psychiatric diagnosis along with the mother's drug use to substantiate the case to deprive her of her parental rights. No social or medical support was offered in such cases.

I gave birth to him in sobriety. I had already had 1.5 months of sobriety. Yes, I used sometimes. I told them so honestly. Well, I had hopes. I call up children's inspectors. Well, (they say) we had to take him away, for observations, you know, you are a loony. (...) I am shown a paper that I am diagnosed -- manic-depressive syndrome with tendency to suicide. What to do? It turns out that in these 4 days, while I was in the psychiatric hospital, when nobody spoke to me, a psychiatric examination was conducted, which established this horrible psychiatric diagnosis.

**Woman, 35, Johvi**

Women who use drugs are coerced into abstinence in quasi-judicial settings with very limited or no social or legal support. Drug dependence treatment, including opioid substitution therapy is available in Estonia. However the coverage of OST it is assumed to be relatively low (<20 %) <sup>11</sup>.

To regain custody of their children, women have to go to an abstinence-based rehabilitation center for 12 months, immediately find a job (even though the Narva region has an unemployment rate that is double the Estonian average), and equip their apartments to a high standard.

On a number of occasions women lost cases to restore custody of their child because of their low social status (having no regular job) or because there were people with disabilities in their families. There are currently three known cases of women fighting to restore their parental rights and in need of quality legal and social support.

These social services know me since I was a kid and in court they... I said: "You didn't even give me the flat like you were supposed to and now you are saying that I don't have a place to live with my child. Give me the flat, I will get back my child and everything will be fine". And they said that I should choose between the flat and my son. They said that they will give it to me if I waive my parental rights. Even these kind of arguments... they said it in court.

\* The respondent grew up in an orphanage and by law she was entitled to a flat.

**Woman, 33, Tallinn**

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<sup>11</sup> Drug treatment overview for Estonia. EMCDDA. Online: <http://www.emcdda.europa.eu/data/treatment-overviews/Estonia>

- I was on methadone at that time, gave birth on methadone, at that time it was. I didn't have any problems, you know. And then I moved to that new apartment, it was being renovated, it was still in process. And they came. Again only one room was unfinished, everything else was ready. Plus all my clothes from the wardrobe were on my bed and all this was considered to be a mess.

- But the renovation was still in progress?

- Yes. And they came with the police.

- Social workers with the police?

- Yes. And they looked at all this and decided that this place is not suitable for a child.

**Woman, 34, Tallinn**

*Then I was accused that I didn't have a cradle for the second child, so it was. Like, they put it all together, filed a court case. And the court decided that the city, Kochtla Jarve, will take custody of [my] children.*

**Woman, 44, Johvi**

None of these women were provided with effective drug treatment before or during the pregnancy. While a number of participants were receiving opioid substitution treatment before the child has been removed, the quality of treatment was low and social support component was provided. Women did not receive social support such as job placement or housing that they needed to be able to provide quality living conditions for their children.

Child protection services often act together with the police, including to facilitate the extraction of confessions. Home inspections are often conducted along with the police; where the police are there allegedly to ensure the safety of the representatives of child protection services. In practice, the presence of the police inside or outside of a house serves to apply additional pressure on the parents.

During criminal proceedings, accused mothers often have to sign papers to relinquish their parental rights under the threat that if they do not sign, their children would be sent to an orphanage and later to unknown foster parents, instead of to their grandparents, for example.

The police often misuse the fact that an accused person has children to threaten her and extract a confession or an accusation or evidence against somebody else.

*There is this Kolya Kelem in Narva. He has just served five years for selling drugs. (...) My girl was then going to kindergarten, Dashenka was two and a half years old. I was walking on the street in the city and the police took me. (...) They wanted me to testify on Kolya. (...) They say, well, what are we going to do with you? Your child is in the kindergarten, who is going to pick her up, if you have someone to call, call. She [policewoman] started to play with me. I know she can do it. (...) I told her, write whatever you want, I'll sign it. And I signed that I bought drugs in such and such quantities. (...) And the fact that they [the police] are blackmailing is true. Especially if a woman, a girl has a child, she will give evidence.*

**Woman, 32, Narva**

### **Gender-based violence**

Nine respondents out of the 37 interviewed experienced repeated cases of violence by their intimate partners, which often required medical assistance. Most of these women did not trust the police or social services to be in a position to help them in such cases. None of the women who participated in the study had heard about special services designed to help victims of domestic violence such as shelters, case



management, or individual or group therapy. Old and current cases detected in the study demonstrate that no positive shift has taken place, it appears that the police is ill-equipped to protect women who use drugs from gender-based violence (GBV).

*When I was 13, I sort of started to go out. At first my head was sort of split, I was in a coma for 2 days. I was raped when I was 14, I ran away from home. I lived on the streets for half a year.*

**Woman, 35, Johvi**

- Have you experienced violence against you?

- Yes, the person with whom I lived, used to beat me. He used to throw me out on the street so that that I go steal, then I could spend the night at his place.

- And if you did not steal, you could not spend the night at his place?

- Yes. I spent the whole day on the street.

- Have tried going somewhere, to some crisis centre for women? Did you know of any?

- No.

- No? You did not know of such centres?

- I did not know.

- Did you take photos of the beatings? Did you go to the hospital?

- No.

- Why?

- Because I believed that it was normal.

- It is normal that he beats you?

- Yes.

**Woman, 33, Tallinn**

Police practices discourage women with children from contacting the police in cases of GBV. According to several documented cases, when women call the police in situations of aggressive behavior by their male partners, the police often inform child protection services, which may result in the loss of custody of the child. The police may also prosecute a woman for a drug offense, instead of protecting her from GBV. Thus, women who use drugs prefer not to call the police in cases of GBV.

#### **Police ill-treatment and arbitrary detention**

According to four women, police recognized them as being drug dependent persons and stopped them on the street to undergo a saliva drug test. According to these women and other interviewees, if they refuse to have the test, they will be taken to a police station and be forced to have a urinary drug test through a urinary catheter. This procedure is regulated by the Government Decree.<sup>12</sup> If the test is positive, the person needs to pay a fine and also reimburse the cost of the drug test — a total of more than EUR100 — which is unaffordable for women who use drugs, many of whom live below the poverty line.

The use of urinary catheters has significant health risks of infections of the urethra, bladder, and kidney. Depending on the circumstances, the forced urine tests with use of urinary catheters can also be qualified as torture or a form of cruel, inhuman or degrading treatment or punishment.

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<sup>12</sup> Decree of the Government No 88 of June 19, 2014 "Rules for taking bio samples".

The reason for this policing practice is the fact that the faces of people who use drugs are familiar to the police, not any specific behavior or suspicion. This type of random drug testing constitutes arbitrary arrest and has severe consequences for women who use drugs, making them even more vulnerable to losing custody of their children. As a result of such practices women lose their confidence in state services. This lack of trust represents a barrier to drug and HIV prevention, treatment, and care, as well as to effective social reintegration for drug-dependent women.

- *They made me take a test for alcohol, because there were empty beer bottles on the kitchen table. My boyfriend drinks beer. Well, when he does not work, he drinks beer. It is his private affair. The test showed nothing. And then they took a drugs test.*

- *And you did not breastfeed the child for a year already?*

- *No, he is on the formula, what breast...*

- *How did they explain this? Why are they doing this?*

- *Well, how... That they are obliged to do it.*

- *Could you have refused?*

- *This is an interesting question. If I refuse, they take away the child by default. In a moment. And later, nobody knows... Because I remember the first situation, I understand to what it can lead. It is not a fact that I will get him back, therefore I really say: Yes, I use and am afraid... Yes, I was threatened that the child will be taken away. And I agreed, of course, to test. Yes, I played a fool. And the threat is that if they take me to a drug test lab, then they will use physical force. That is, they will take urine with a catheter.*

#### **Woman, 34, Kohtla-Jarve**

- *Everyone at that party had consumed alcohol. Everyone who was there was arrested, including me. That was the first time I came across how a person can be given a runaround. Since I only used drugs during parties, they did not show up in the blood test, and so I was made to run around the Wismari hospital [a hospital in Tallinn, specialising in addiction treatment], through all of the wards, in order to find at least some narcotic substance in me...*

- *You mean, you used so infrequently that it didn't show up in the tests?*

- *Yes. It was not in my blood yet. But since I was admitted in connection with such charges, they put the puzzle together pretty quickly and assumed I was probably a drug addict. They herded me around Wismari hospital, [but] no drugs showed up anywhere. At first they accused me of this, of definitely being [a drug addict], and eventually, many people who were interrogated said that I am using substances. But since the tests didn't confirm this, they could not use it against me.*

- *You mean the police wanted to pressure you into admitting that you're a drug addict?*

- *Yes. I spent, I think, three months in pre-trial detention, and was then released, as there was no solid evidence against me. So they said I would be punished for negligence — because a person was left without assistance. So, they gave me three months for that. Oh, I also got three years on probation on top of that.*

#### **Woman, Tallinn**

- *A police car pulls up and they say: " Your documents. - Sure thing. - Sit down, please, you will take a test for drugs. - Why, what is it? - Well, here, you have a reputation of an addict. - Well, that's all."*

- *And they take you away for a test?*

- *No, right there, in the car. If you refuse, then they take you (to the station). And they take the test once, and it did not show anything, they take the second time, and I have nothing.*

#### **Woman, 44, Johvi**

Despite the HIV treatment guidelines of 2013, which recommend the initiation of HIV treatment at a CD4 count of >500, most of the respondents' HIV treatment was delayed, leading to severe health conditions, lower treatment efficiency, and a higher risk of HIV transmission to their partners. Research studies, including those by the WHO, demonstrate that people who use drugs have low access to HIV testing and ART, and drug dependence treatment, including OST, is poorly connected to HIV services.<sup>13,14</sup>

The women reported that they did not want to get tested or start ART because of the stigma associated with HIV and cases of people's HIV status being disclosed at their workplace or the workplaces of relatives and partners. In the reported cases of disclosure, medical professionals or child protection services acted as if they wanted to protect the public from HIV by sharing information about HIV-positive clients.

In the quote below, the respondent explains why she could not undertake measures to prevent mother-to-child transmission (PMTCT) to her baby:

*Instead, I went to women's consultation only because I have a disease [HIV]... My mother worked in the hospital at that time. Up to the moment when they learned that I had hepatitis, they banished me from all tests. Had they learned that I had HIV, they would have thrown me out immediately. This happens very fast here. They would find any pretext. That's why I did not want somehow.*

**Woman, 34, Kohtla-Järve**

There were 11 cases when women being denied admission to the hospital or being improperly taken care of because of their drug dependence or HIV status.

*I was given a depression assessment test. The test showed 10 out of 10 points, so they told the father of my child to go bring my clothes immediately, because I would be staying there [Psychiatry Clinic]. ... They told me they would admit me. They tried to find out the reasons for my depression, but I refused to talk. ... The next ten minutes went like this: they opened their computer, saw what pills I was taking, and then it became clear to them that I'm actually a drug addict. So they told us that they don't admit drug addicts, and when the father of my child asked what we should do then, they told us to turn somewhere else. [In order to get admitted there,] I would first have to get rid of my drug problem.*

*The father of my child asked: "But you just said that she's at risk of suicide?" And they said to him that we would be lucky to find help before that happens. And then we left.*

**Woman, Tallinn**

- Did you try to kill yourself?

- Yes. It was before my first pregnancy. It was drugs. I knew that this is the end, that it is almost impossible to stop using this drug.

- That's why you cut your veins? And then admitted to the psychiatric hospital?

- Yes. I spent there one day, slept it off. They observed me and saw that I'm a normal, reasonable person, I talked with them like I'm talking with you now. And they let me go home.

- One day? And no psychiatrist?

- No. One or two days, I don't remember. I first swallowed the pills and then cut my veins.

**Woman, 26, Tallinn**

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<sup>13</sup> A study among people who use drugs in Estonia, demonstrated that about half of them had not been tested for HIV in the past year. See Vorobjov S. HIVi levimuse ja riskikäitumise uuring Kohtla-Järve süstivate narkomaanide seas 2012. Uuringu kokkuvõte. [HIV and other infections and related risk behaviours among injecting drug users in Kohtla-Järve. Study report]. Tallinn: National Institute for Health Development; 2014. Estonian. Online: [https://intra.tai.ee/images/prints/documents/139685709195\\_Kohtla\\_Jarve%20systivate%20narkomaanide%20uurung\\_raport.pdf](https://intra.tai.ee/images/prints/documents/139685709195_Kohtla_Jarve%20systivate%20narkomaanide%20uurung_raport.pdf)

<sup>14</sup> World Health Organization Regional Office for Europe. HIV/AIDS treatment and care in Estonia. Evaluation report June 2014. Copenhagen: WHO/Europe; 2014. Online: <http://www.euro.who.int/en/countries/estonia/publications/hivaids-treatment-and-care-in-estonia-2014>

*The only thing I didn't like is that we have a separate room for HIV positive in our hospital in Narva. And everyone knows for whom it is for.*

**Woman, 32, Narva**

*- This a very sensitive topic. But these three pregnancies you had before... they told you that you have to make an abortion?*

*- No, those were just miscarriages.*

*(...)*

*- What did the doctor say to you when it happened?*

*- He said that HIV ate it.*

*- HIV?*

*- Yes, HIV ate my baby."*

*(...)*

*In hospital during labour the doctor that helped me to deliver forced me to put on a mask. It was already hard to breath, and with this mask...*

*They told me to stop panting and put on the mask so I won't spit my HIV on them.*

**Woman, 34, Narva**

According to the women interviewed, child protection services can proactively contact OST patients' family members or employers to inform them that they are receiving treatment. The main reason for such behavior is a misunderstanding of OST by the child support services. Interviewees reported that child protection services stigmatize OST patients, wrongly believing that OST is no better than using street drugs.

For the majority of women who participated in the study, the disclosure of their health status (drug dependence and/or HIV) was the main reason for their unemployment. Unemployment, in turn, decreases their chances for social reintegration and limits their ability to regain custody of their children, given current juridical practice. Six respondents reported violations of their labor rights.

*- I have got a job at a sewing factory. I felt ill, I fainted, I had a nosebleed. Well, they called an ambulance, and they asked if I take any pills or something, so that they can do an injection. Yes, I said that I take pills regularly... I just told the nurse that I take pills. Well, the following day I was asked to leave at my own will.*

*- And how did they explain this?*

*- Well, so not to blow it out of proportion. Since you are an HIV-positive, we do not want [you] — sewing equipment, needles. We will not tell anybody anything, but at the same time you write a resignation letter...*

*- ... And how did they find out?*

*- Well, the nurse told them.*

*- That is, the nurse from the ambulance ... told the authorities, yes?*

**Woman, 34, Narva**

The majority of women who participated in the study were unemployed, and the main reason for this was the widespread disclosure of HIV and drug dependence status. The information is often shared by medical staff of OST clinics and by the child protection services. According to participants' accounts, this problem of HIV status disclosure is less acute than it has been before, while the issue of unlawful disclosure of drug dependency-related data continues to be an issue.

*When I was just employed, I started to work, yes, went to child services and put my job contract on the table. I go to work the following day, I am called in by the owner, person who purchased to me the tool and all. And he says: "Olga, I received a call today, they said that you have problems with drugs."*

Altogether, five respondents reported violation of their medical data disclosure.

*One day my mother and my partner's mother called us and told to immediately come to a family meeting. ... We came, and you know I always lied to my mother that everything was fine. And these social workers, even though they are not allowed to talk about me being in the methadone program, my dose there, they told everything to our parents. Our dose, what our drug tests show, do we use [drugs] or not.*

**Woman, 28, Kohtla-Jarve**

*- Our parents went for a visit. And this doctor lives in the same building, where the parents went. We went with my husband to meet them. Afterwards, this doctor then meets with a woman whom my parents were visiting and tells her: "You must wipe all [door] handles after they left and also disinfect all the buttons in the elevator."*

*- Did these people tell you this?"*

*- Yes. And then these friends told me that this doctor said so when they met her.*

*- And does she still work in a hospital or in a polyclinic?*

*- Yes, she still works in a polyclinic. Kalugina, I can even say, I have nothing to hide, the psychiatrist Kalugina.*

*- Did you try to tell about this to anyone? To the authorities in the clinic?*

*- No, it's useless. She is an Estonian (...) and she is the chief psychiatrist.*

*- And these friends, they knew about your status?*

*- Oh, no.*

*(...)*

*- That's when I went to her for methadone, she wrote out [prescription] for pills for me, I have not seen her since ...*

*- So she knew about you because you went to her?*

*- Yes.*

**Woman, 34, Narva**

Drug treatment in Estonia is organized in such a way that women can hardly combine it with work, as only two options are available: either 12 months at an in-patient rehabilitation center or OST.

Spending 12 months at a rehabilitation center is not viable for women with children. Neither is it viable for the majority of women with temporary work, who cannot be absent for such a long period of time.

OST is a better option for working patients. However, according to national guidelines, the majority of clients have to attend clinics daily. Take-home options are very restricted, even for clients who have to travel for an hour every day to take the medication. It is often impossible to combine such trips with a work schedule, especially considering the desire of OST clients not to disclose their health status to an employer.

**Lack of access to legal and social support services**

The particular vulnerability of women who use drugs or who are drug dependent women is not being addressed in Estonia. All the women interviewed reported very little if any social support, such as job placement or opportunities to improve their housing conditions to meet the standards required by the child protection services. Instead, the child protection services used the lack of good-quality living conditions and/or the lack of a permanent job as a reason for restricting or depriving parental rights and/or taking a child away from the parents.

Women who use drugs often face legal challenges such as police prosecutions, legal proceedings related to the child protection services, and discrimination in labor and public health matters. Yet there is very limited access to free legal support services. Women report that

legal support services related to cases of criminal prosecution are of very poor quality. According to the women interviewed, lawyers provided by the State do not provide a legal defense but rather act as an extension of the police.

Respondents were left on their own to cope with their mental health, social, financial, and juridical problems. The child support services prefer to choose the toughest measure: deprivation of parental rights.

*- Lastekaitse gave provided me some lawyer, but as far as I could see he was on their side. He also didn't want me to have my children back, he also said that I have to have my own flat. I asked why it should be my own if I'm renting a place for more than a year. Why can't I just continue doing that? If it is my permanent residence? He said no, they won't allow it. I don't know what kind of lawyer that was.*

*- What did your lawyer do during the hearings?*

*- I had a lawyer tprovided by this Lastekaitse. What did he say? He said that I should be deprived of my parental rights.*

**Woman, 31, Tallinn**

*Public defender... I remember I had one. ... He didn't even come to the meeting, just discussed it all over the phone with the policeman.*

**Woman, 28, Kohtla-Jarve**

## **Conclusions**

Drug laws and drug enforcement practices, combined with stigma related to drugs and HIV, are the main drivers of systematic and serious violations of the human rights of women who use drugs or who are drug dependent. Stigma and human rights violations undermine the State's efforts in HIV prevention, care, and treatment, and its overall efforts to respect, protect, and fulfill the right to health of women who use drugs or who are drug dependent. For these reasons, the Government of Estonia should address a variety of issues related to the protection of human rights of such vulnerable group of society as women who use drugs.