

Švitrigailos str, 11B • Vilnius LT-03228, Lithuania
t +370 5 2691 600 f +370 5 2691 601, email: office@harm-reduction.org
www.harm-reduction.org

INEQUALITY IN ACCESS TO COMPREHENSIVE SERVICES FOR WOMEN WHO USE DRUGS IN AZERBAIJAN

Introduction

In Azerbaijan, gender-related issues pertaining to drug use and dependency are complex and poorly understood. Women who use drugs (WUD), which includes (female) injecting drug users are more stigmatized than their male counterparts and face various forms of discrimination.

WUD are confronted with limited access to health and social-care services including opioid substitution treatment (OST), such as methadone. As a result, WUD have extremely limited access to prevention, screening and treatment for HIV, viral hepatitis and other sexually transmitted infections (STIs). Due to this pervasive stigma and discrimination in Azerbaijan, WUD rarely seek medical help, especially where it concerns reproductive health, pregnancy and STIs.

Azerbaijan does not collect and collate statistics on termination of pregnancy, birth and antenatal-care for pregnant WUD. As such, no information is available, either to local institutions or international organizations (NGOs, etc) regarding programs associated with this target group.

WUD encounter a number of issues (including gender-based violence) and structural barriers to health and social-care services, especially if they are involved in sex work. Stigma and discrimination leads to a violation of their rights to access these services, including prenatal care and delivery. This restricted access heightens vulnerability and the risks for WUD - making them more likely to be exposed to various STIs and consequently, more likely to contract HIV. Therefore, there is a most urgent need for WUD to be enabled equitable access to quality-assured services related to reproductive and sexual health, in conjunction with HIV screening and ARV treatment, harm reduction and OST.

Impact and Data

As a result of limited access to health and social-care services, along with other cross-cutting factors (including an increased likelihood of WUD engaging in sex work, and also encountering gender-based violence), they face a number of serious health problems, not least HIV and viral hepatitis infection.

Drug use, in itself, is often the cause for gender-based violence and rights violations - in obtaining comprehensive care and necessary treatment. In comparison to men, WUD are even more stigmatized - not only in hospitals / medical settings but also within society. Most importantly, the gender characteristics of drug use are poorly studied and defined; currently failing to be recognized within existing harm reduction programs.

The lack of gender sensitive and gender-specific services (relating to HIV prevention programs) not only restricts availability for the target group but also creates an information deficit. For instance, within harm reduction programs in Azerbaijan, one cannot find basic gender-disaggregated data on WUD. Equally, there is no data on services related to counselling WUD during pregnancy and childbirth.

In official documents, the needs of WUD are virtually ignored and they are rarely seen as a separate target group (with different needs) to men. Even in the progress report of the UN General Assembly (UNGASS), 2012, which covers all the HIV prevention work carried out in Azerbaijan, the data only reflects the situation of HIV-infected pregnant women and vertical HIV transmission. In fact, HIV prevalence amongst WUD is listed, as 0.0% and women as a share of total (registered) HIV cases are cited as being 'not applicable'. This lack of data, and negligence shown towards the needs of women, is quite shocking. Indeed, no women are listed as being OST clients and there is no evidence of gender-sensitive services being provided, including 0 maternity clinics and 0 women's prisons providing OST. All the while, statistics show that the total number of women living with HIV increases year on year (Legal Development and Democracy, 2012).

This is a grave indictment of how women are (so casually) overlooked and an indication of the difficulties faced by WUD in obtaining general medical services, reproductive healthcare, HIV prevention and harm reduction services.

In addition to this, Azerbaijan has very harsh drug policies whereby possession of drugs leads to incarceration where there is neither treatment nor rehabilitation for women who use drugs. Repressive drug laws result in disproportionate imprisonment of WUD whilst seriously limiting their ability to access comprehensive information and services which reduce drug-related harms and thus, exacerbating human rights violations including lack of access to health, social-care and legal services, which ultimately fuels the transmission of HIV. This prevailing disregard by the authorities leads to inadequate services and lack of appropriate implementation, which constitutes a violation of international law.

Services in Azerbaijan

According to the report from the working group of Azerbaijan State Commission on Combating Drug Trafficking, 2011, the country registered 26,716 people as drug users, including 15,310 people who inject drugs; 350 of whom are women who use drugs although the proportion of those who inject drugs is not quantified.

Being widely discriminated against and consequently, marginalized, WUD do not have general access to existing HIV prevention and harm reduction programs. In 1996, Azerbaijan started a methadone program - 150 male clients accessed this service but only 5 women. The country's lack of rehabilitation programs for people who use drugs also affects WUD integration into society and ways of making a meaningful contribution to society. As afore-mentioned, there are no maternity clinics (or prisons) which provide OST – (treatment for dependent drug users). Drug use, per se, makes a woman more vulnerable, especially if she is in need of health and social-care services. The services provided for WUD (related to reproductive and sexual health), are mainly confined to the following (although access and engagement remains very low): STI prevention and screening; provision of condoms and other means of contraception, termination of pregnancy; adoption services;

information on safer sexual relationships; prevention of mother to child (vertical) transmission of HIV infection (PMTCT), etc.

Once it is clear that a woman is using drugs, the attitude of health workers changes dramatically. Such patients often refuse medical services when providers treat them with contempt or if they are pressurized to stop using drugs. Such attitudes are entrenched and become a reason for refusal or reluctance to seek reproductive and sexual health (or harm reduction) services. In most cases, WUD have to pay for health services in public healthcare facilities: mainly for termination of pregnancy and antenatal care, including ultrasound investigations, etc. As such, cost (and indifference) poses a significant threat to access and women's opportunities to obtaining medical care, when needed, are extremely limited.

WUD are usually coerced into having a termination of pregnancy since medical professionals (and society per se) do not perceive her to be a responsible human being – i.e. a woman who is able to give birth, educate and nurture her children. Pregnant WUD tend to present to the hospital late - at the onset of labor or following an unsuccessful attempt to induce a miscarriage. Furthermore, in the Republic of Azerbaijan there are no clinical protocols for the management of pregnancy in WUD.

In addition to this, WUD encounter considerable legal issues within health services, i.e. a lack of necessary documents, which becomes an insurmountable obstacle to registration for admission into obstetric / gynaecological and drug treatment centers. Female respondents have admitted that they often give birth at home and many prefer to terminate the pregnancy via spontaneous abortion (i.e. inducing a miscarriage), which is made to occur in a non-medical manner at home, with the help of friends / family. In that, WUD remain marginalized and isolated by these dangerous, structural barriers.

Case Studies

Solmaz, 33 years old: "after another meeting my partner called me - swearing that he had picked up some disease. He yelled at me to go for a test and then let him know the results. I was very afraid because I didn't want to lose him; he paid

me well and bought me drugs. I went to get tested in the hospital infections ward, where I was known and where my confidentiality was not respected... A female nurse in the lab said to me: "because of you we may lose all our patients, come on Saturday, when there will be fewer people here" and then she told me the price for the screening. It was twice as much as the "normal" price for their customers..."

Aliya, 39 years old: "The obstetricians stated that I had to accept that I would give birth to an unhealthy child with multiple physical and developmental problems because of my drug use. I was also told that I did not have the capacity to give birth and raise children... that, the Government would take my child away anyway. It was demeaning and horrible to listen to their words. I was angry – they frequently came to my room to 'share' their judgmental 'advice' - but I wanted this child... I've already had two children removed from my custody - even following treatment in an OST clinic when I was successfully detoxified and became drug free. I was abstinent! – So, that child was everything to me but despite this, I couldn't convince the doctor that I could give up drugs for the sake of the baby and be a fit mother. The whole month was very stressful and I was constantly in tears. I hated myself for trying to cause a miscarriage; I carried heavy things around and was taken to the hospital by a friend – bleeding from my vagina... My husband and I had really wanted that baby. Maybe it would have changed our lives forever! The baby was my hope for the future..."

International regulations

The *concept of reproductive health* was developed and affirmed by various international human rights' declarations: E.g. Article 12 of the 'Convention on the elimination of all forms of discrimination against women' (ratified by Azerbaijan on 10th July, 1995) and Article 24 of the UN Convention on the Rights of the Child (which Azerbaijan joined in 1992), etc.

In order to fully realize the rights to health for all children, state parties are obliged to ensure that children's health is not undermined as a result of discrimination which is a significant factor contributing to overall vulnerability. A number of grounds on

which discrimination is proscribed are outlined in Article 2 of the Convention, including the child's and parent's gender identity and health status, e.g. HIV status.

Among the key determinants of children's health - nutrition and development are the culmination of the mother's right to health. A significant number of infant deaths occur during the neonatal period; these are associated with poor maternal health during pregnancy and the post-partum period, including suboptimal breastfeeding practices. The health and health-related behaviors' of mothers have a major impact on children's health and well-being. Therefore, the afore-mentioned barriers for WUD accessing services, alongside the poor quality of services and severe, negative attitudes of health professionals are a serious breach of human rights particularly with regards discrimination. - (Article 2 of the Universal Declaration of Human Rights) - as "everyone is entitled to all the rights set forth in this declaration, without distinction of any kind", followed by violation of the "right to life" - (Article 6 of the International Covenant on Civil and Political Rights, ratified by Azerbaijan in 1992), and the "right to the enjoyment of the highest attainable standard of physical and mental health" - (Article 12 of the International Covenant on Economic, Social and Cultural Rights to which the Republic of Azerbaijan is a State Party from 1992).

Recommendations

-A solid commitment to moving the inequality in access to harm reduction and healthcare services for women who use drugs in Azerbaijan higher on the international and human rights agenda's.

-Country-wide mapping of the incidence of WUD (including female injecting drug users) and those who are living with HIV and/or viral hepatitis (HBV and HCV).

-Development and implementation of gender-sensitive services within harm reduction and OST programs – this will require an investment in training such providers.

-Publication of guidelines and delivery of training which promotes non-discriminatory practice and effective psycho-social interventions.

- A pledge to strengthen partnerships and capacity of in-country players to participate in high-level dialogue on achieving equality of access to health and social-care services for WUD.
 - Specialist training of staff from obstetrics and gynaecology services.
 - Clear protocols around confidentiality and information sharing.
 - Good practice should be enforced with the introduction of evidence-based clinical guidance on drug use, reproductive health and pregnancy.
-

Reference

Legal Development and Democracy (2012) Access of women who use drugs to services which protect reproductive and sexual health and drug treatment in Azerbaijan. In Russian Available online from http://harm-reduction.org/images/stories/News_PDF_2013/Eu_Projects_Pdf/assessment_azerbaijan.pdf (Accessed: July 26, 2013)