

Review of the Republic of Moldova under the International Convention on Economic, Social, and Cultural Rights

Shadow report ahead of the the List of Issues

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Eurasian Harm Reduction Association (EHRA) is a non-for-profit public membership-based organization uniting harm reduction activists and organisations from Central and Eastern Europe and Central Asia (CEECA). Its mission is to actively unite and support communities and civil societies to ensure the rights and freedoms, health, and well-being of people who use psychoactive substances in the CEECA region.

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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, develops and implements sustainable and qualitative innovative interventions that respond to society's challenges 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 organization works to ensure access to equal rights, create a safe environment, and implement progressive policies for people using drugs in all their diversity. We make the voice of the community of people using drugs significant, unite the efforts of all interested parties, ensuring access to equal rights.

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Shadow Report

Section I. Executive summary & Recommended question

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 the Republic of Moldova under the International Convention on Economic, Social, and Cultural Rights.
2. The report is based on a focus group consultation with people who use drugs in Moldova, supplemented by desk research and the extensive experience of the contributing organizations. We have included the direct recommendations of people who use drugs throughout the report.
3. Our report documents the pervasive discrimination faced by people who use drugs in the enjoyment of their economic, social, and cultural rights. This discrimination is the result of a highly punitive legal framework that effectively criminalises drug use, widespread stigmatisation by public officials, healthcare and social workers, and a system of compulsory registration that is used to label, surveil, and limit the right to work of people who use drugs.
4. While this report focuses on a broad range of topics, the main section concerns the lack of available, accessible, adequate, and quality harm reduction services for people who use drugs. Although 2.14% of the population aged 15 to 49 is estimated to inject drugs, and over 40% of respondents in a recent survey reported having experienced an overdose in the prior 12 months, the coverage of life-saving opioid agonist treatment such as methadone is at just 5%. On top of that, services are trying to adapt to the use patterns and harms associated with synthetic drugs (normally called 'New Psychoactive Substance' or 'NPS'), which now represent a majority of drug use in Moldova.
5. A separate section of this report addresses the particularly serious situation in the Transnistrian Region, where an extremely punitive framework and the lack of any form of harm reduction has brought a human rights and public health emergency for people who use drugs.
6. Considering the content of this shadow report, we recommend that the Committee incorporates to the List of Issues the following question, modelled after prior questions related to drug policy:

'31. Please provide information on the steps taken to adopt a human rights- and evidence-based approach to drug policy, for instance by effectively decriminalising drug use and possession for personal use, removing the compulsory registration of people who use drugs and its related limitations on the right to work, expanding coverage of harm reduction services for injecting drug use and for New Psychoactive Substances, and addressing stigma and discrimination against people who use drugs, particularly amongst law enforcement and providers of health care and social 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 people who use drugs are at its heart. It included an initial desk-based review and knowledge exchange among the submitting organisations; a focus group consultation held on 2 May 2025 with Moldovan women who use drugs; and 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: The punitive legal framework against people who use drugs in Moldova

Data on people who use drugs in Moldova

8. According to IBBS data from 2024, an estimated 21,800 persons in Moldova inject drugs¹, totalling 2.14% of the population aged between 15 and 49 years. This is the second highest prevalence of injecting drug use in the entire EECA region. According to an official estimate, an additional 50,000 people use drugs through means other than injection, such as smoking, inhaling, or oral intake², representing approximately 4% of the population aged 15 to 49.
9. The forms of drug use have changed in recent years, due to the emergence of 'New Psychoactive Substances' or 'NPS'. NPS are synthetic substances designed to mimic the psychoactive effects of plant-based drugs such as cannabis or heroin³. According to official data, NPS represent over 50% of all estimated drug use in Chisinau⁴, and more than 70% of all injecting drug use.
10. Moldova does not collect data on drug use disaggregated by gender. However, the submitting organisations women report that women represent approximately 20% of users of harm reduction services

The 'de facto' criminalisation of people who use drugs

11. Throughout the consultations held for this shadow report, people who use drugs have made clear that a necessary step to protect their economic, social, and cultural rights - particularly the right to health - is to reform the punitive legal framework with regards to drug use. The clearest example of this punitive framework is the 'de facto' criminalisation of people who use drugs.

Recommendation from people who use drugs:

¹ IBBS 2024, yet to be released.UNAIDS (2024)

² UNAIDS (2024), *UNAIDS Data 2024*,

https://www.unaids.org/en/resources/documents/2024/2024_unaids_data , p. 163.

³ Kurcevic, E. & Lines, R. (2020), 'New Psychoactive substances in Eurasia: A qualitative study of people who use drugs and harm reduction in six countries', *Harm Reduction Journal* **17**,
<https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00448-2>

⁴ Ministry of Health of the Republic of Moldova (2022), *Illicit drug use and trafficking, Annual Report 2022*, https://www.euda.europa.eu/drugs-library/illicit-drug-use-and-trafficking-annual-report-2022_en, p. 23.

‘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’.

12. 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 and very 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).
13. However, in practice Article 217 of the Criminal Code is used to 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’ under Article 217 of the Criminal Code is extremely low and does not match the minimal amounts that any person who uses drugs would normally possess. 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 a single dose use.
14. As a result, people who use drugs report that they are often labelled as criminals and stopped or arrested by the police, even if they are not involved in drug sales or in trafficking. Police pressure materialises in the form of surveillance and harassment, threats of pecuniary fine and incarceration (although the ordinary consequence of drug use is a fine), as well as widespread practices of police extortion, blackmail, and planting of evidence.

Testimonial: Experience of criminalisation for drug possession for personal use

Woman, 28 years old

‘Although she was arrested for drug use, after her arrest she was charged with distribution and use. When she 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”.’

15. 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 only⁵.
16. The criminalisation of drug possession for personal use creates a barrier to accessing critical health services for people who use drugs, who shun any interaction with systems of health and care to avoid punishment and stigmatisation. A broad range of human rights treaty bodies have recommended that Member States decriminalise drug possession for personal use, including the

⁵ 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>

CESCR committee (reviews of Cyprus⁶, Iceland⁷, or Kyrgyzstan⁸ all in 2024 only). Similar recommendations have come from the Special Rapporteur on the right to health⁹, the Working Group on Arbitrary Detention¹⁰, and the OHCHR¹¹.

The pervasive and discriminatory impact of drug user registration¹²

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, which takes place under Article 171(8) of Law No. 713¹³. People who use drugs experience deep fear of being added to the drug user registry, as it entails important restrictions on the right to work, and there are frequent breaches of confidentiality. As a consequence, they will shun away from help and support, including from opioid agonist treatment, in order to avoid registration.
18. People 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. Some forms of treatment without registration can only be accessed through the payment of a fee, but that option is not available in cases of opioid agonist treatment. Individuals can also be included in the registry at the request of relatives, acquaintances, or the police; when somebody shows aggressive behaviour; or in situations of driving under the influence of drugs, amongst others.
19. A person can be removed from the registry in a range of cases, including recovery (defined as stable therapeutic remission for more than 3 years), abstinence from use and absence of addiction throughout the entire period of medical observation, or total refusal to access treatment.
20. The theoretical purpose of drug user registration is to keep track of persons with drug use problems, and secure access to treatment. In reality, they operate as systems of surveillance that

⁶ CESCR (2024), *Concluding observations for the seventh periodic report of Cyprus*, <https://uhri.ohchr.org/en/document/499e3729-4ddf-4399-b3de-48ed5fd7294b>

⁷ CESCR (2024), *Concluding observation for the fifth periodic report of Iceland*, <https://uhri.ohchr.org/en/document/91f178a6-48b7-44c6-83bf-b599b390190f>

⁸ CESCR (2024), *Concluding observations for the fourth periodic report of Kyrgyzstan*, <https://uhri.ohchr.org/en/document/b593d337-1eda-453d-97a0-7c52ab1ded82>

⁹ 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>

¹⁰ 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.>

¹¹ 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-counteracting>

¹² 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>

¹³ Legis (Website), ЗАКОН № 713 от 06-12-2001, https://www.legis.md/cautare/getResults?doc_id=140245&lang=ru (Accessed: 15 June 2025)

label and stigmatise people who use drugs across all spheres of interaction with society and with state services, and employers. As we shall see below, registration entails serious limitations on the right to work and to an adequate standard of living.

21. Drug user registries are 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

Section IV. The economic, social, and cultural rights of people who use drugs in Moldova

IV.1. Harm reduction and the right to health (art. 12 ICESCR)

Harm reduction and the right to health of people who use drugs

22. Harm reduction is often defined 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'¹⁵.
23. The Committee on Economic, Social, and Cultural Rights has used a large number of country reviews to recommend that States expand access to harm reduction. The current UN Special Rapporteur on the right to health has described harm reduction interventions as 'essential for persons who use drugs', and has recommended that they are made available 'as an integral part of the right to health'¹⁶. So did the two prior mandate holders.
24. Within the context of injecting drug use, the World Health Organization has indicated that harm reduction includes¹⁷:
 - a. Needle and Syringe Programmes (NSPs), which supply sterile injecting equipment in order to reduce transmission of HIV and other blood-borne infections¹⁸.
 - 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 overdosing¹⁹.

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.

¹⁵ Ibid, para. 59.

¹⁶ UNSR Health (2024), *Drug use, harm reduction and the right to health*, <https://docs.un.org/en/A/HRC/56/52>, para. 60.

¹⁷ 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>

¹⁸ 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>

¹⁹ WHO (Website), Opioid agonist pharmacotherapy used for the treatment of opioid dependence (maintenance),

- c. Naloxone, which is an opioid antagonist that reverses the effects of opioid overdose and is critical to prevent deaths caused by overdoses²⁰.

25. The need for harm reduction services in Moldova is stark. The prevalence of HIV amongst people who inject drugs is estimated at 11.4%, whereas the prevalence of Hepatitis C is estimated at 49.8%, and that of Hepatitis B at 5.1%²¹. The coverage of Antiretroviral Therapy for people with HIV is estimated at only 70.3%²². During 2022, Moldova registered 220 deaths related to drug use amongst persons included in the drug user registry; given that these are just a fraction of the total number of people who use drugs, the number of drug-related deaths is likely to be higher²³.

26. According to the results of a 2020 survey amongst people who inject drugs, over 14% of all respondents in Chisinau had experienced an overdose in the prior 12 months²⁴. When the same survey was conducted in 2022, the figure had risen to over 40%, which may be attributable at least in part to the rising presence of NPS.

Lack of access to traditional harm reduction interventions for injecting drug use

27. Coverage of Opioid Agonist Treatment in Moldova remains very low, representing less than 5.5% of the total estimated number of opioid drug users²⁵. During the consultation for this submission, participants reported that access was relatively good in Chisinau; residents of the city could get take-home doses of OAT, and availability had improved recently. However, outside Chisinau coverage is low, and in the experience of the submitting organisations OAT is only available in 10 out of the 36 regions in Moldova. Doctors are under-resourced, and doses of OAT can only be taken in clinics, making it inaccessible for those who are unable to physically travel there every day. Some people who used drugs also avoid OAT programmes to stay off the drug user registry, which severely limits their right to work.

28. Naloxone is not accessible in pharmacies, although it is possible to get it in all harm reduction services.

Testimonial: First respondent explains how ambulance refuses to use naloxone

Woman, 40 years old.

<https://www.who.int/data/gho/indicator-metadata-registry/imr-details/2718> (accessed 21 May 2025)

²⁰ WHO (Website), Opioid overdose, <https://www.who.int/news-room/fact-sheets/detail/opioid-overdose> (accessed 21 May 2025)

²¹ UNODC data, available at: https://www.unodc.org/unodc/en/data-and-analysis/wdr2022_annex.html

²² UNAIDS Data 2024.

²³ Ministry of Health of the Republic of Moldova (2022), *Illicit drug use and trafficking, Annual Report 2022*, https://www.euda.europa.eu/drugs-library/illicit-drug-use-and-trafficking-anual-report-2022_en, p. 37.

²⁴ Ibid.

²⁵ 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/>

'The beneficiary called and asked me to come, since her friend had an overdose. On the way, while I was driving, I called an ambulance. When I got there, I found the ambulance doctors - who did not have naloxone with them - were going to leave, patting the beneficiary on the cheeks and giving her some kind of injection (they did not tell me what exactly). But the beneficiary was still feeling bad and after about five minutes she lost consciousness again. I had naloxone with me and asked the doctors to give her an injection. To which they refused and were going to either hospitalize the patient or leave. I had to give myself an injection of naloxone - and ask the doctors not to leave. But the ambulance anyways, having advised the patient (who couldn't hear them) not to use drugs. A few minutes after the injection of naloxone she came to her senses'.

29. Needle and Syringe Programmes. In the experience of the submitting organisations, there are currently 30 Needle and Syringe Programmes in Moldova, with an estimated coverage of 14,000 persons. This suggests a significant lack of coverage compared to the total estimated population of people who inject drugs (21,800).
30. Moldovan partners also reported that people who use drugs who are HIV positive but are in good health are not provided Antiretroviral Therapy, and are not informed of available visits.
31. In the preparation of this report, women who use drugs reported that there are not sufficient gender-sensitive harm reduction services tailored to the needs of women who use drugs. Whilst many 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 services, especially when male clients or staff were present, including due to shared toilets and a perceived lack of privacy.

Harm reduction for New Psychoactive Substances

32. As explained above, New Psychoactive Substances or NPS are synthetic drugs that mimic the effects of plant-based drugs, and are taking a large share of the Moldovan illegal drug market. According to the results of a focus group with people who use NPS²⁶, NPS can have specific harmful effects including paranoia, panic attacks, convulsions, overdose, unprotected sexual intercourse, physical and mental exhaustion and psychotic conditions. Unsafe injecting practices can also lead to vein damage, bacterial infections, and the transmission of blood-borne viruses. Other harms include respiratory issues such as throat and lung damage from smoking, especially when people use makeshift smoking equipment.
33. All focus group participants knew of a person who had experienced a fatal overdose due to NPS, with death resulting from heart failure or cerebral oedema.

²⁶ Kurcevic, E. & Lines, R. (2020), 'New Psychoactive substances in Eurasia: A qualitative study of people who use drugs and harm reduction in six countries', *Harm Reduction Journal* **17**, <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00448-2>

34. In that focus group²⁷, the consensus was that traditional harm reduction services for opioid/injecting drug use, whilst critical, did not fully meet the needs of people who use NPS. Additional interventions to cover these needs would include services and safer equipment for non-injecting drug use (such as smoking), the provision of more diverse injecting supplies, information on the specific use and risks associated to NPS, peer-based programmes, drug checking services, mental health support services (psychologist, psychiatrist support in the low thresholds facilities), and training on NPS for health workers.
35. Injecting drug use is a common requirement to take part in harm reduction programmes in Moldova, which means that people who use NPS non-intravenously are underserved. Some harm reduction services for injecting drug use also provide service for non-injecting smokers, but overall coverage is low.. The national harm reduction program reportedly includes plans to introduce services tailored to NPS use, but there is no confirmation yet whether these services will actually be procured or implemented.

Harm reduction in prisons

36. 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 there are frequent interruptions due to shortages or logistical issues, such as medical personnel not available on bank holidays.
 - b. 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 reported that they were sometimes not provided HIV treatment in time within prison settings, or were not informed about available treatment options.
 - 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 participated in the focus group reported that they often receive no encouragement or information, due to the staff’s own stigmatising views. They also stated that in their view health professionals working in prisons often lack training, compassion, or knowledge—especially on HIV and OAT. Institutional partners did not think this is a systemic issue.
 - f. Community monitoring of prison settings is nearly impossible. However, the ombudsman and the NPM can access prisons.

²⁷ Ibid.

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

37. Ensuring that people continue to access OAT after their release from prison is also a significant challenge. 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 the Transnistrian Region, 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.

38. 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. As of the date of this report, the issue of how the retreat of international funding (particularly from the Global Fund) will affect OAT and related psychosocial services is currently under discussion, and organisations are still waiting for more clarity from national stakeholders.

Stigma against people who use drugs in health care settings - particularly women

39. Across many health care settings people 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’ interventions to address drug dependence over OAT, despite national guidance²⁹.
40. Rehabilitation and reintegration services for women are almost non/existent because women are not seen as capable of recovery or reintegration.
41. The consultation conducted for this submission 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. 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.

²⁹ 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>

Testimonial: Experience of stigma in health care.

Woman, 42 years old.

'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, said with 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'.

IV.2. Discrimination against women who use drugs & lack of gender equality (art. 3 ICESCR)

42. Wrongful gender stereotypes against women who use drugs compound the harms of the punitive legal framework and the lack of appropriate harm reduction services. Combined, they result in serious and systematic discrimination against women who use drugs.
43. 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 towns and in the Transnistrian Region. This materialises in a general assumption that women who use drugs are sexually promiscuous, neglectful, or shameful, leading to social exclusion.
44. Concerningly, these attitudes are very present amongst public employees and providers of health care and social services. They often label women who use drugs as manipulative, unworthy, or beyond help. Women consulted for this report mentioned rude or dismissive treatment in medical settings, lack of professional conduct, and failure to provide timely HIV services or access to opioid agonist treatment such as methadone.
45. This stigma is harshest 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.
46. The stigmatisation of women who use drugs has been recognised by the CEDAW Committee in recent reviews of Armenia (2023)³⁰, Egypt (2021)³¹, Indonesia (2021)³², or Russia (2021)³³.

³⁰ CEDAW (2024), Concluding observations for the 7th periodic report of Armenia, <https://uhri.ohchr.org/en/document/5badc4b5-952f-42e1-9f61-78d2ed4bce5a>

³¹ 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>

³² CEDAW (2021), Concluding observations for the 8th periodic report of Indonesia, <https://uhri.ohchr.org/en/document/5f67e1a2-0296-415f-8aa2-61c36a04bb57>

³³ CEDAW (2021), Concluding observations for the 9th periodic report of the Russian Federation, <https://uhri.ohchr.org/en/document/80aa8259-f9b0-4a54-870e-fd1d111dfdc3>

47. 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. They were often encouraged to 'reconcile' with abusers rather than offered protection. Access to shelters and services and temporary accommodation is often conditional upon abstinence from drug use, leaving women who use drugs with no protection and recourse.

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.'

IV.3. Discrimination against mothers who use drugs and the right to enjoy family protection (art. 10 ICESCR)

48. While there is no legal provision that automatically removes custody in drug use cases, under Article 67 of the Family Code parents can be deprived of parental rights simply because they have a drug addiction³⁴. Women who use drugs, especially those on OAT or who have been in prison, live with constant fear of losing their children even though there is no 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 was also reported to be enough for social workers or courts to initiate child protection proceedings.
49. 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. There is no real reintegration support for women returning from incarceration or treatment, neither psychosocial nor legal.
50. 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.

³⁴ Legis Moldova (Website), *Codul Familie*, https://www.legis.md/cautare/getResults?doc_id=138943&lang=ro (accessed 21 May 2025)

51. The CEDAW Committee has expressed concern for the removal of parental rights for women who use drugs in the recent reviews of Kyrgyzstan (2021)³⁵ and Ukraine (2022)³⁶. 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)³⁷.

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’.

IV. 4. Drug user registration and its impacts on the rights to work and to an adequate standard of living (art. 6 and 11 ICESCR)

The effects of drug user registration

52. Being listed on the drug user registry severely restricts a person’s right to work. Registration is automatically shared with state authorities, and it leads to exclusion from employment in healthcare, education, public service, transportation, and security³⁸. 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.

53. 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. It is important to highlight the arbitrary nature of these limitations. Current drug use or drug dependence, past drug use, or receiving treatment methadone does not automatically make a person unfit. Any limitation on such rights should be based on an individual assessment of a person’s abilities, rather than on a blanket ban.

54. People who use drugs reported that there are cases when their employers or potential employers request them to provide certificates stating that they are drug-free, although such requests are not legal. This practice is likely to target people on the basis of assumptions related to their appearance or behaviour. There are also reports of employees being fired for being in the registry.

³⁵ CEDAW (2021), *Concluding observations for the 5th periodic report of Kyrgyzstan*, <https://uhri.ohchr.org/en/document/056438da-eac1-4a0f-9af3-02eb1b9595fc>

³⁶ CEDAW (2022), *Concluding observations for the 9th periodic report of Ukraine*, <https://uhri.ohchr.org/en/document/18baae2e-a7de-45b2-8a51-31d5ce5db244>

³⁷ 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).

³⁸ 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>

55. Informal stigma against people who use drugs is widespread in the job market. Thus, even if a person is not legally excluded from a profession, registry status or past imprisonment can lead to exclusion. As a result, the rates of unemployment amongst people who use drugs are very high.

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

56. 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 person’s ability to return to the workforce. Many employers treat all criminal records as equal, with no distinction between low-level possession and trafficking. This is yet another reason to urgently decriminalise drug possession for personal use.

57. Furthermore, no state support is available for people who have been incarcerated. Women reported a complete absence of re-entry or reintegration programmes. This exacerbates the stigma and discrimination experienced by people who use drugs.

IV. 5. Cross-cutting: Lack of participation of people who use drugs in policy making

58. The participation of people who use drugs - in particular women who use drugs - in the articulation of drug policies is the centerpiece of an effective human rights approach to drugs. 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’³⁹.

59. 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..

60. Even when the ANTIDROG Commission was operative, women who use drugs were not invited or seen as legitimate stakeholders. Their voices were considered non-technical, unreliable, or too

³⁹ UNSR Health (2024), *Drug use, harm reduction, and the right to health*, <https://docs.un.org/en/A/HRC/54/53>, para. 68(k)

politically inconvenient. 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.

Section V. The situation of people who use drugs in the Transnistrian Region

61. A major concern that emerged throughout the consultation was the extreme seriousness of the situation faced by people who use drugs in the Transnistrian Region, a territory outside the control of the government of Moldova due to a frozen conflict. Drug policies are even more punitive than in government-controlled territory, whilst harm reduction services are completely absent, and people who use drugs - particularly women - face extreme stigma and discrimination. The frozen conflict situation makes it difficult for international health bodies such as the Global Fund and UNAIDS to exercise oversight in the region. This further contributes to a systemic human rights and public health emergency.

62. Participants in the consultation from the Transnistrian Region 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. There were also reports of police corruption, blackmail, and extortion.

63. There is no opioid agonist treatment in the Transnistrian Region, putting people who use drugs at a heightened risk of blood-borne diseases such as HIV, tuberculosis, and hepatitis C, and difficulting their transition out of injecting behaviour.

64. People who use drugs in the Transnistrian Region often cross borders to get treatment in government-controlled territory. If caught transporting even a single dose for personal use by the authorities in Tiraspol, they risk arrest and incarceration. Those consulted for this report were concerned that people who use drugs may be subject to urine testing when entering the Transnistrian Region, and in that case they would face the risk of punishment if OAT medication was found in their blood.

65. In the Transnistrian Region, 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. Women on the drug user registry in the Transnistrian Region 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.

66. Participants emphasized that NGOs and human rights organizations are not welcome in the region, especially since the beginning of the war in Ukraine. Community-led monitoring of prisons or social services is impossible due to legal and administrative restrictions. In sum, there is no involvement of affected communities in drug policies and programmes.