

THE SOCIAL IMAGINARY ON WOMEN WHO USE DRUGS: DECODING CONTEMPORARY DRUG DISCOURSES IN THE RUSSIAN FEDERATION

By

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Abstract

This thesis analyzes how official discourses in the Russian Federation construct women who use drugs. Furthermore, it examines the responses of two NGOs, the Andrey Rylkov Foundation and the E.V.A. Women's Network, towards official discourses and their social consequences. Asking how NGO counter discourses construct women who use drugs, this thesis explores the emergence of an alternative social imaginary on this group. The research uses discourses analysis as a theoretical and methodological framework, complimented with theories on the social imaginary and gender. Official and NGO drug discourses are analyzed through materials including text, images, and semi-structured interviews. This thesis finds that the two NGOs included here, ARF and E.V.A., resist official drug discourses and offer an alternative social imaginary on women who use drugs. While official drug discourses frame women in terms of invisibility, failed motherhood, and crime, the counter discourses of these NGOs' construct women in terms of acceptance and respect, motherhood as a right and a challenge, and recognize the vulnerability and diversity of women who use drugs. Finally, this thesis discusses the types of advocacy utilized by ARF and E.V.A., and offers recommendations for comprehensive, mainstreamed gender-sensitive harm reduction services.

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List of Abbreviations

AIDS - Acquired Immune Deficiency Syndrome

ARF – The Andrey Rylkov Foundation

CEDAW - The Convention on the Elimination of all Forms of Discrimination Against Women

EMCDDA - European Monitoring Centre for Drugs and Drug Addiction

E.V.A. – E.V.A. Women's Network

HIV – Human immunodeficiency virus

INPUD – International Network of People who Use Drugs

IDU – Injection Drug User

NGO – Non-Governmental Organization

OHCHR - United Nations Human Rights Office of the High Commissioner

OSI – Open Society Institute

STI – Sexually Transmitted Infection

TB - Tuberculosis

UN – United Nations

Introduction

I stood outside of a discount pharmacy on the outskirts of Moscow waiting for two outreach workers from the Andrey Rylkov Foundation. I was there that evening to help them distribute needles and naloxone.¹ The air was hot with the scent of summer in the city, a blend of fresh air and fragrant trash. I was nervous, as I usually was during street outreach, unsure of what to expect and how the outreach participants would behave. I resented my own anxiety; it amplified the fact that I felt drug users were different than me; somehow frightening and unsafe. About a dozen people were hanging out by the pharmacy entrance and parking lot. I tried to distinguish who might be a drug user, assuming that some of the women and men were waiting to get free needles.

Even though I was there to assist with the evening outreach, I felt more like an observer. I didn't engage with the people standing outside of the pharmacy. Instead, I kept to myself. Dalya and Kaya arrived a few minutes later carrying large plastic bags overflowing with needles, pamphlets and little boxes of naloxone. There was a sudden flurry of energy as the people I had been observing began to gather towards the outreach workers. They were smiling and hugging as packs of needles began to get distributed. I sensed that this was more than a simple exchange between outreach worker and drug user. It was a community. There was warmth, familiarity and understanding. I knew that the distance between the participants and me was of my own making, and it was based on fear; a fear of difference informed by negative stereotypes and discourses on drug users.

Later that evening, some of the participants were asked to share their opinions on Russian drug policy as part of the "Support. Don't Punish." campaign.² One woman, a mother and an injection drug user who was attending outreach for the first time, immediately spoke up

¹ Naloxone is an opioid overdose treatment.

² "Support. Don't Punish" is a global campaign aimed at improving drug policy, with an emphasis on human rights and public health.

about the discrimination and stigma faced by people who use drugs. She said “it would be nice if they treated addicts instead of mocking them. The current situation is like this – people see drug users and they shy away from them like they are lepers – why?” This statement pushed me to question why it was that I still held stigma towards this group. Furthermore, I began to consider how I was part of reproducing stereotypes that oppressed drug users. I looked towards Dalya and Kaya, two women whose own identities and approach towards outreach was so different from mine. They not only resisted reproducing stigmatizing discourses about people who use drugs, but they were also part of constructing a new image on people who use drugs, and even more specifically, on women who use drugs.

This experience amplified for me the need for a conversation about contemporary drug discourses in the Russian Federation for two reasons. Firstly, it emphasized the power of official discourses in constructing the dominant social imaginary on women who use drugs. While I considered myself supportive and understanding towards drug users, this event made me realize that I was still reproducing stigma towards this group. Moreover, witnessing the way that the outreach workers interacted with drug users, I could see that they were actively part of a counter drug discourse that was constructing an alternative image of people who use drugs.



Photos taken during street outreach for the "Support. Don't Punish." Campaign

In the Russian Federation there are an estimated 5 million drug users (Golichenko et al. 2011, 138). Furthermore, the country has one of the highest rates of injection drug use in the Eastern European and Central Asian region, which is estimated to be 2.29% of the national population (United Nations Office on Drug and Crime 2014, 16). The approach of the Russian state towards drug users has been described as a form of “heavy-handed enforcement” that overlooks basic human rights principles (Golichenko et al. 2011, 137). This style of drug policy relies heavily on law enforcement and punitive measures, rather than on medical and social services and evidence-based harm reduction methods. While there are indicators that drug users in the Russian Federation are subject to human rights violations (idem), for women who use drugs this discrimination is amplified. Women account for 59,245 of the 547,000 official registered drug users in the Russian Federation, making them a minority within the drug using community (Atayants et al. 2015, 5; Golichenko et al. 2011, 138). This number is considered very modest, and it is believed that the number of drug using women may actually be upwards of 425,000 (Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation 2015, 1). Due not only to their minority status within the drug using population, but also to stereotyped gender norms, the gender-specific needs of women who use drugs are largely overlooked by national policy and social-medical protocols. The 2015 CEDAW shadow report, submitted by the Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation, argues that, “women who use drugs face multiple forms of discrimination, both due to their femaleness, as well as due to the perception that they violate the accepted gender codes” (idem, 1).

The aim of this thesis is to explore official discourses on women who use drugs in the Russian Federation, and to identify the prominent themes within the construction of the dominant social imaginary on this group. Furthermore, I intend to discuss how the NGOs ARF and E.V.A. counter this hegemonic drug discourse, thereby constructing an alternative social

imaginary on women who use drugs. Having worked with both ARF and E.V.A., I have direct experience within the field of harm reduction and specifically, with women-sensitive harm reduction projects. Through these experiences, I have learned about the access barriers that women who use drugs face in utilizing state medical and social services. When I began to research this topic further, I realized that these access barriers are connected largely to the stigma and stereotyped gender roles that demonize women who use drugs. This developed my interest in understanding how structures of knowledge production construct women who use drugs in Russia in certain ways, and produce the social consequences that harm reduction NGOs try to address.

In Chapter 1, I situate my research within the larger body of literature on gendered approaches towards drug use and drug addiction. More specifically, I utilize the classification of classical and post-classical approaches towards research on drug use and drug addiction, offered by Nancy Campbell and Elizabeth Ettorre in their book *Gendering Addiction: The Politics of Drug Treatment in a Neurochemical World* (2011). Positioning my research within the post-classical approach, I utilize a feminist, interdisciplinary, post-positivist research paradigm. This paradigm draws heavily from the theoretical framework offered by Ilana Mountain in *Cultural Ecstasies: Drugs, gender, and the social imaginary* (2013). This interdisciplinary theoretical framework provides a platform for analytical research that integrates the concept of the social imaginary, discourse analysis, and gender.

Chapter 2 of this thesis outlines historical and contemporary approaches towards drug use. Beginning with drug policies and treatment practices in the Soviet Union, I discuss how approaches to drug use were connected to notions of social hygiene and utilized different psychiatric practices, including the specifically Soviet form of neuropsychiatry known as narcology. Turning towards the post-Soviet period, I describe the development of drug policy until the current period, which is marked by criminalization of drug use rather than treatment.

Finally, I discuss the emergence of harm reduction NGOs and programs within the post-Soviet period and explore their contentious relationship with the state.

In Chapter 3, I explain my research design and the methodology. I begin by providing a description of the qualitative mixed method approach that I utilize, which includes different research methods and information sources. Furthermore, I discuss how discourse analyses and semi-structured interviews are methodologically approached and employed in this thesis. I also offer an explanation of the different source materials selected for my research, including the two NGOs, ARF and E.V.A.

I begin my analysis in Chapter 4. This chapter focuses on official discourses on women who use drugs in the Russian Federation. Here, I identify the major themes (re)produced by official drug discourses. I then discuss how these themes construct the social imaginary on women who use drugs in the Russian Federation.

In Chapter 5, I analyze the responses of the NGOs ARF and E.V.A. towards official discourses on women who use drugs. I look at the service provision and advocacy projects of ARF and E.V.A., as well as interviews conducted with NGO staff and board members to examine how ARF and E.V.A. (re)produce or resist official discourses. Finally, I discuss how the counter drug discourses of these NGOs indicate an alternative social imaginary on women who use drugs.

I conclude the findings of my research by reflecting on the principles of gender-sensitive harm reduction. Comparing how an additive women-sensitive approach differs from a mainstreamed gender-sensitive approach, I ask how the projects of the NGOs fit within this framework. From this platform, I offer basic recommendations on how gender-sensitive harm reduction services can challenge gender stereotypes, show acceptance and respect, and develop a process-oriented approach towards harm reduction.

In this thesis I refer to official drug discourses and NGO drug discourses. I want to emphasize that this differentiation is not meant to indicate that these discourses are completely separate and fixed entities. As Mountain argues, “discourses are always in transformation. They refer to meanings and significations, to the mechanisms and structures that produce knowledge (power)” (Mountain 2013, 17). In this sense, I chose to differentiate between official and NGO discourses in order to illustrate them both as structures and strategies that produce knowledge on the topic of women who use drugs. In doing so, I aim to analyze how “a multiplicity of discursive elements...can come into play in various strategies”, while recognizing that these institutions and discourses are intermingled, co-constitutive, and fluid (Foucault 1998, 100).

Finally, I hope that my thesis will be part of challenging the stigma and negative stereotypes constructed through official discourses on women who use drugs. Furthermore, I seek to demonstrate how the counter drug discourses of ARF and E.V.A. are actively developing an alternative social imaginary on women who use drugs that emphasizes acceptance and respect, while addressing the social consequences of current drug policy in the Russian Federation. Furthermore, I aim to promote a gender-sensitive and human rights based approach to drug policy and harm reduction services.

Chapter 1: Literature Review and Theoretical Framework

1.1. Classical and Post-classical approaches towards drug use

Research on the topic of drug use and drug addiction is both vast and diverse. Despite the existence of a wide body of research on the topic, there have been few gender-sensitive approaches (Ettorre 1992). Furthermore, these approaches often utilize individualistic and pathologising analysis, which disregards social structures, power imbalances, and the specificities of vulnerable groups (Mountain 2013, 7). While there is a growing body of interdisciplinary scholarship on gender and drug use, as well as new theoretical approaches to the field (Campbell 2000, 2007; Coomber and South 2004; Ettorre 1989, 1992, 1997, 2004, 2007, 2010; Gomez 1997; Measham 2002; Murphy and Rosenbaum 1999; South 1999; Zerai and Banks 2002), there is a gap in localized research regarding drug discourses and the social imaginary on women who use drugs, as my literature review will demonstrate. Below I will discuss the two approaches towards studies of drugs and addiction, namely the classical and post-classic approach. Situating my thesis within the post-classical approach, I then offer an overview of the theoretical framework employed for this research, which is based on theories regarding the social imaginary, discourse analysis and gender.

1.1.1. Classical Approach

Nancy Campbell, who studies the intersection between science, drug policy and gender, and Elizabeth Ettorre, a sociologist and expert on drug use research and feminist approaches towards the field, classify drug use and addiction research in two categories: the classical approach and the postmodern approach (2011). Within their co-authored book *Gendering Addiction: The Politics of Drug Treatment in a Neurochemical World* (2011), they define the classical approach as research that analyses drug use through a medical discourse of disease. Such scholarship considers addiction to be a “chronic relapsing brain disease” (idem, 12).

Classical studies on drugs and drug use have been conducted by scientists, policy makers, psychiatrists and medical experts, and they each offer different explanations for the causes of drug addiction and solutions for treatment and policy. Within most of this research, gender is either ignored or is essentialized, as are ethnicity, class, disability and age (Coomber and South 2004; Harding 2006; Littlewood 2002). As Campbell and Ettore state, “Here in the classical mode of knowledge, drug use subsumes all other forms of difference and becomes the most salient dimension of identity” (2011, 15).

Epidemiological studies within the classical approach have largely shaped current drug treatment and educational approaches globally, and have relied on stereotypes that reinforce the notion of drug users as social deviants (Caan and deBellerroche 2002; vanWormer and Davis 2003). This approach has fuelled the War on Drugs³ and punitive approaches towards drug users (Ettore 2004). The Single Convention on Narcotic Drugs, an international treaty passed in 1961 by the United Nations (UN), defines drug use as “a serious evil for the individual...fraught with social and economic danger to mankind,” and asks that all signatories be “conscious of their duty to prevent and combat this evil” (UN 1961). While this classical approach claims to have an objective, scientific standpoint towards the study of drug use and addiction, statements such as those from the UN are not value-free. They are highly moralizing and politicized (Vreko 2010). Moreover, such research and policies overlook social factors and (re)produce meanings of drug use and addiction that, while propagated as legitimate and factual, are culturally and historically situated (Campbell 2010). Furthermore, framing drug users as social deviants with a brain disease establishes drug users in contrast to normalized “healthy” subjects. This promotes an abstinence only approach towards treatment that promises

³ The War on Drugs was a term coined by U.S. president Nixon in 1972. It is argued that the policies resulting from the U.S. War on Drugs have had great global influence in establishing drug use as a “danger”. (Mountain 2013, 53).

drug users their rights as citizens on the condition that they terminate their drug usage (Campbell and Ettore 2011).

1.1.2. Post-Classical Approach

In contrast to the classical approach, Campbell and Ettore (2011) outline the post-classical approach towards drug use and addiction. Such research can be described as using a feminist, post-disciplinary, post-positivist research paradigm (Campbell 2000, 2007; Coomber and South 2004; Ettore 1989, 1992, 1997, 2004, 2007, 2010; Gomez 1997; Measham 2002; Murphy and Rosenbaum 1999; South 1999; Zerai and Banks 2002). Through this interdisciplinary approach “cultural and social awareness, as well as sustainable treatment and prevention programmes, are viewed as crucial routes to improved knowledge and treatment outcomes” (Campbell and Ettore 2011, 21). Beyond the consideration of cultural and historical specificity, post-classical studies also take into account race, class, gender and sexuality by using an intersectional framework (Griffin 1997; Zerai and Banks 2002).

Abandoning the grand narratives of classical research on drugs and drug use, post-classical research seeks to tell local narratives utilizing the voices of drug users themselves. This has resulted in scholarship, services, and policies that are receptive to social inequalities and are not based on the termination of drug use as the only legitimate goal (Campbell and Ettore 2011). These kinds of studies emphasize human rights and a harm reduction based approach towards drug treatment (Ettore 2004). Harm reduction services avoid judgement and a moralistic approach to treatment, instead, providing syringe exchange, substitution therapy, safe injection rooms, HIV services, and overdose prevention (Cheung 2000; Einstein 2007).

1.1.3. Situating analysis of discourses on women who use drugs

It is crucial to recognize that both the classical and post-classic approaches towards research within the field of drug use and addiction are co-occurring and co-constitutive.

Despite this, as Campbell and Ettorre (2011) argue, “the postclassical/epistemological mode of knowledge is more humane...the voices of drug users are heard...social inequalities and power differentials are more readily acknowledged as having effects on who drug-using women are than passed over or disavowed” (idem, 24). From this standpoint, I position my research within the post-classical framework.

From a postclassical approach, I examine discourses on women who use drugs in the Russian Federation. Specifically, I examine official drug discourses and NGO discourses. Based on the theories of Michel Foucault (1972), discourse analysis has the ability to reveal hidden power relations that are (re)produced through language. Therefore, analysis of discourses on women who use drugs has the potential to deconstruct allegedly objective and realist knowledge on drug use, thereby demonstrating social inequalities that are (re)produced and legitimized through particular discourses and their impact on social imaginary constructions of women who use drugs. It is important to clarify how I use the term discourse within this thesis, particularly in the way that I refer to official drug discourses and NGO drug discourses. I want to emphasize that the differentiation between these discourses is not meant to indicate that these discourses are separate and fixed entities utilized by one group or another. As Ilana Mountain argues, “discourses are always in transformation. They refer to meanings and significations, to the mechanisms and structures that produce knowledge (power)” (2013, 17). In this sense, I chose to differentiate between official and NGO discourses in order to illustrate them both as structures and strategies that produce knowledge on the topic of women who use drugs. In doing so, I aim to analyze how “a multiplicity of discursive elements...can come into play in various strategies”, while recognizing that these institutions and discourses are intermingled, co-constitutive, and fluid (Foucault 1998, 100).

In order to achieve such analysis, I utilize the theoretical framework proposed by Ilana Mountain (2013) in her book *Cultural Ecstasies: Drugs, Gender and the Social Imaginary*. As

a clinical psychologist, Mountain identifies a gap within classical approaches towards addressing the social issue of drugs and drug users, which are chiefly utilized within medical and legal fields. She argues that, “mainstream discourses on drugs are often situated in the interplay between medical and religious discourses, and consequent legislative imperatives, thereby allowing us to unravel ethical and moral aspects in which these discourses are embedded” (idem, 3). Furthermore, Mountain integrates the concept of the social imaginary into her theoretical framework. Broadly, the social imaginary can be defined as “images, fantasies, illusions...[that] both constitute and are constituted by society” (Mountain 2009, 205). The emphasis on images and illusion strongly parallels the critical focus of discourse analysis of language, images and texts and their connection to power relations and the (re)production of society (Parker 1992).

While Mountain is a theoretical pioneer regarding the integration of discourse analysis and the social imaginary as analytical tools in drug use and addiction research, a growing body of scholarship on drug discourses does exist. These include studies on the construction of drug use as a ‘problem’, which use a ‘recovery’ discourse (Lancaster et al. 2015), analysis of drug discourses within online platforms (Bilgrei 2016; Barrat et al. 2014), within international and human rights law (Lippi 2013), within education (Tupper 2008), in HIV/AIDS research and prevention (Sultana 2012) drug use and trafficking as a global enemy (Karolewski 2014). Beyond these studies, there is also recent scholarship on the analysis of drug discourses through a gendered lens (Fleetwood 2015; Mann, et al. 2014; Martin 2015; Moore, et al. 2015). It is important to note that these studies are not limited to a ‘Western’ regional focus, but are taking place globally.

Contemporary research on drug discourses in the Russian Federation is limited. One study was published that mapped mainstream discourses about drugs and drug use in Russia (Kovalev, et al. 2014). This study approaches the topic from a public health point of view, with

the intention of developing effective HIV/AIDS and drug prevention programs for youth. Currently this text is available only in Russian. My Lilja conducted a more comprehensive and critical study in her PhD dissertation *Drug Discourses in Contemporary Russia* (2007). Lilja's research contrasted representations of drugs and drug users within the Russian national press, defined as state-funded news agencies, with discourses amongst local NGOs. Primarily, her findings illustrated two major patterns consistent between the press and NGOs: defining drug use as a youth problem and identifying heroin as the greatest danger (idem, 181-182). Despite these similarities, NGOs were found to construct the drug problem within the framework of harm reduction. Alternatively, within the press there was almost no mention of this term or its meaning. Lilja argues that this "difference between the state and the non-state actors...is due to the differences in social practices which influence how the discourses are formulated" (idem, 183). While Lilja's research indicates patterns in these two contrasting discourses, she does little to discuss whether these social practices indicate a greater ideology at work. Additionally, Lilja offers no critical analysis of gender within Russian drug discourses.

For this reason, my research on discourses surrounding women who use drugs in the Russian Federation builds upon the existing, albeit limited, scholarship on Russian drug discourses, and offers a more critical approach that goes beyond observations on patterns of discourse. Rather, through the theoretical framework offered by Mountain (2013), this thesis seeks to examine the ways in which these discourses (re)produce and legitimize specific historical and cultural ideologies and their social consequences. Approaching this research with a gendered lens, I will show that drug discourses in the Russian Federation are, in fact, not gender-neutral, but rather rely on traditional notions of masculinity and femininity. Furthermore, these discourses construct the dominant social imaginary on women who use drugs, resulting in structural discrimination and stigmatization towards this group and the violation of their basic human rights.

1.2.The Social Imaginary

The interdisciplinary theoretical framework Ilana Mountain (2013) offers conceptualizes how the social imaginary and discourse analysis can be integrated as analytical tools of research. The social imaginary is a psychoanalytic concept that draws from Jacques Lacan's real-symbolic-imaginary triad and Cornelius Castoriadis' notion of the imaginary institution of society. Complimenting this framework, I will incorporate gender as a social category, allowing me to examine the ways in which the dominant discourses and social imaginaries on drug use rely on specific notions of gender that are simultaneously neutralized and naturalized. Examining the intersection of gender and drug use highlights how women who use drugs experience multiple forms of oppression, resulting in complex marginalization and the pressing need for gender-sensitive drug policy and harm reduction services.

1.2.1. Lacan and the Imaginary

The concept of the imaginary was introduced by the French psychoanalyst, Jacques Lacan (1991a), as one dimension of the triadic structure that, he argued, shapes human existence. This triad is composed of the Real, Imaginary, and Symbolic dimensions. Each of these dimensions serves a particular function within the subject, and is fundamentally what creates the human as a subjective being. Beyond simply coinciding within the individual, these dimensions are continually intermingling and influencing one another to create the world of the subject's making (Lacan 1968, 161).

The Real, distinct from external 'reality', is that which exists prior to consciousness within the subject. Clarified by Lacan, the Real, "resists symbolisation absolutely" (1991b, 66) and "is without fissure...that hypothetical state...of the subject right at the start" (1991a, 98). Ultimately, the Real, cannot be conceptualized, because to do so would require representation.

Once the Real is represented or symbolized, it ceases to be ‘real’ and enters into consciousness and the Symbolic.

The Symbolic order is the discursive or linguistic dimension (Lacan 1968, xii). This concept derives from Levi-Strauss’ notion of the “symbolic function”. This theory posits that, “unconscious social laws regulating marriage ties and kinship are structured like language...the subject-to-be already has his place in the kinship structure before he is born. He is already situated as an element in a complicated, mostly unconscious, network of symbols” (Benvenuto and Kennedy 1986, 88). In this sense, the pre-history that defines a subject’s social relations parallels the pre-existing Symbolic Order through which subjects will define or construct themselves.

Because the Symbolic structures and signifies both the Real and the Imaginary, it can be understood as the primary dimension (Lacan 1968, 161). Language is the gateway into the symbolic dimension, through which the real becomes conceptualized or remade into categories, distinctions and abstractions made by the conscious mind. The symbols, or signifiers of this dimension do not themselves contain inherent meaning, but rather “acquire value only in their mutual relations, and forming a closed order” (Lacan 1978, 279). Therefore, the process of expressing experience through language or symbols is really the expression of a reworked or remade experience (Parker 1997, 187). A divide between the conscious and unconscious mind is created within the Symbolic, a split unified only by the Imaginary (idem, 209).

The Imaginary is associated with signification and identification. Developed within the mirror stage, the imaginary comes to exist as the subject goes through a process of identification, establishing the subject’s image. Lacan states that the function of this stage “is to establish a relation between the organism and its reality” (2006, 97). When the child is an infant she becomes aware of her form and understands herself to animate that exteriority. A

discord between the inner self and the exterior self emerges and the child becomes an object unto herself (idem, 95-96). Attempting to reconcile the fissure of the self, the child identifies with the image in the mirror. This identification and the subsequent formation of the ego, or a whole and complete self, is an illusion and, therefore, belongs to the Imaginary realm.

At this moment the child becomes alienated from herself and establishes herself as an object, which will serve as a platform for all future identifications (Lacan 1968, 160). Furthermore, this self-objectification establishes not only an Imaginary 'I' but also a social 'I', which "decisively tips the whole of human knowledge...into being mediated by the other's desire" (Lacan 2006, 99). This subjective image, or identity, is always established in relation to others, through desire and the gaze. Parker states that, "This imaginary mediation is compounded by the entry into language, into the symbolic order in which there is mediation not only of self-identity but also of the identity of others" (1997, 219). Therefore entry into the symbolic also means entry into a sexed and gendered identity and network of relations that is perceived to be natural, or an aspect of the Real dimension.

Within this framework, identity categories such as gender, as well as the categories of drugs and drugs users must be understood as socially established and imaginary. Given that these categories always exist in contrast with the Other, they are defined not necessarily by what they are, but what they are not. By examining the Symbolic dimension of these categories, or the language and images used to represent them, and their content, we can see the fantasies and imaginaries that give meaning to such identities and symbols.

1.2.2. Castoriadis and the Social Imaginary

Castoriadis' theory of the imaginary (1991) draws from Lacan's real-imaginary-symbolic triad and is also characterized by signification and the development of the subject as a social being in contrast with the 'Other'. He establishes the relation between the subject and

society stating “the individual is not...anything other than society. The individual/society opposition, when its terms are taken rigorously, is a total fallacy...the psyche is not the individual; the psyche becomes individual solely to the extent that it undergoes a process of socialization...” (1991, 161). In Castoriadis’ view, the imaginary is a social imaginary forms and is informed by the institution of society. This institution is self-created through language, practices and norms that are deeply embedded within each subject. Significations within the social imaginary, such as gender, nation and drugs, comprise a network of meaning that is lived and embodied by the institution of society (Mountain 2013, 14).

Castoriadis rejects a functionalist and structuralist approach towards the study of society and history. He argues that these approaches reduce society to a collection of individuals and individual relations to others and things. Furthermore, according to Castoriadis, “that which is not social in the ‘individual’...is the nucleus of the psyche...which also would be incapable of surviving...without the violent imposition upon it of the social form ‘individual’” (Castoriadis 1997, 6). In this sense, arguing that any aspect of a person is truly ‘individual’ fails to capture the fact that individuals exist only because of society.

Rather than individuals constituting a larger social body, Castoriadis states that society is unified by its own institution, and the composite of specific institutions including, language, values, and procedures. Individuality itself is an institution that is broken down by different categories and forms such as gender, class and nation (Castoriadis 1997, 6). The network of meaning animated and conveyed by the institution of society is termed the “‘magma’ of social imaginary significations” by Castoriadis (Mountain 2013, 15). These significations are not determinate, nor tied to ‘reality’ or nature, but are both social and imaginary because they are created, perpetuated and instituted by an anonymous collective (Castoriadis 1997, 7-8). It is through infinite referral that these significations produce and reproduce their meanings and are perceived as social givens.

The Institution of Society, according to Castoriadis, is social-historical and is comprised of both the instituting society, or the social imaginary, and the instituted society (Mountain 2013, 14). The social imaginary of the instituting society is what Castoriadis terms the “radical imaginary”. This “emerges as otherness and as the perpetual orientation of otherness, which figures and figures itself...the creation of ‘images’ which are...figurations or presentifications of significations or meanings” (Castoriadis 1987, 369). Individuals create a world of meaning and being that institutes and is instituted by society through the internalization of social imaginary significations (Castoriadis 1997, 206).

The significations discussed by Castoriadis are distinct from signifiers, in that the former carry meaning and value, while the latter offers representations. Moreover, because symbols are established not merely regarding what a thing is, but also regarding what it is not, the capacity to see outside of this framework is diminished. In this sense, Castoriadis argues that “society does constitute its symbolism, but not with total freedom (1987, 125). The content of representation, or what symbols seek to represent, does not pre-exist representation. Rather the content of a symbol exists because the symbol exists and is imbued within meaning inside of an institution that posits it as given and universal (idem, 124).

Within the framework of Castoriadis’ social imaginary, institutions, including the state, laws, language, individuals, and particular types of individuals, exist only because they are created and instituted by society. Their content or meaning is perpetuated by endless referral, force or consensus. Therefore, examining the social imaginary on drug use is an examination of the instituting society of drug use. This explores not only the construction of drug use as a category of identity, but also calls into question the representations, images, discourses and values associated with it.

1.3.Discourse

The framework of the social imaginary demonstrates that discourses on drugs and gender occupy both the symbolic and imaginary dimensions. The language and images within these discourses are signifiers that, through signification, produce and reproduce meaning. Because the Symbolic and Imaginary dimensions are intertwined and co-constructed, the language and images of drug use and gender discourses are never neutral or value free, but are shaped by the imaginary institution of society. Uncovering the signifiers and significations at play within drug and gender discourses de-naturalizes and de-neutralizes these discourses, exposing specific ideologies and assumptions at play. Mountain suggests “the social imaginary as a framework for critical research development here shares many aspects in common with discourse analysis” (2009, 214). The parallel between the social imaginary analysis and discourse analysis compliments the larger framework of social constructionism.

1.3.1. Social Constructionism

Social constructionism is a broad theory of knowledge that encompasses studies such as critical psychology, discourse analysis, deconstruction and poststructuralism. While there is no singular definition of social constructionism, it can be understood as a ‘fuzzy set’ comprised of theories with shared characteristics (Burr 1995, 2). As a framework, social constructionism rejects the notion of objectivity, identifies knowledge as something historically and culturally specific, and argues that this knowledge is maintained through social processes. Social constructionism calls into question institutions as well as individual interactions as (re)producers of situated and constructed knowledge (idem, 3-5).

By rejecting the assumption that some knowledge is unbiased or objective, social constructionism calls into question essentialized categories such as gender. It shows that categories are not based on reality or nature, but are social constructions (Burr 1995, 3).

According to this critical standpoint “there are portions of the real world, objective facts in the world, that are only facts by human agreement. In a sense there are things that exist only because we believe them to exist...things like money, property, governments, and marriages” (Searle 1995, 1). Not only are categories, concepts and institutions created, but also they are culturally and historically specific. Therefore, no set of knowledge or construction of the world and society can be said to have a greater or more genuine value than another (Burr 1995, 3).

Vivien Burr, a scholar in the field of social psychology and social constructionism, argues that these structures of knowledge are sustained through social interaction and processes. She states “it is through the daily interactions between people in the course of social life that our versions of knowledge become fabricated. Therefore, social interactions of all kinds, particularly language, are of great interest to social constructionists” (1995, 4). Knowledge is not a static or determinate entity, and shifts in this knowledge equate to shifts in social action. In this sense, by observing behaviour we can observe dominant sets of knowledge and cultural ways of being. Furthermore, these observations can indicate and illustrate shifts in knowledge.

Because, as Burr identifies, language is one of the primary forms of human interaction, the study of language allows us to study culturally and historically situated knowledge. Knowledge must be understood not only as something one obtains, but also rather something that one does (Burr 1995, 8). This takes an anti-essentialist and anti-realist approach towards the study of socially constructed practices, while maintaining that language is an action and a pre-condition for human thought (idem, 6). Therefore, discourse analysis within the framework of social constructionism illuminates how “different discourses construct social phenomena in different ways, and entail different possibilities for human action” (idem, 15). Linking the theory of social constructionism to Cornelius Castoriadis’ concept of the institution of society, dominant sets of knowledge are comprised of social imaginary significations. They are

legitimized through social interaction, or through endless repetition, which allows them to become cultural givens. Examining the relationship between the symbolic and the imaginary, therefore, parallels the social constructivist study of discourse analysis.

1.3.2. Discourse Analysis

Situated within the broader context of social constructionism, discourse analysis is both a methodology and an epistemological resource for analysing how particular sets of knowledge are socially constructed. Broadly, a discourse can be understood as “a system of statements which constructs an object” (Parker 1992, 5). Moreover, discourse analysis points to value systems and power relations within the specific social-historical context that they are (re)produced. Ian Parker suggests that, “discourses do not simply describe the social world, but categorize it” (idem, 4).

Essential to the theory of discourse analysis is the work of Michel Foucault (1972). Extending the claim discourses shape subjectivity, thoughts and human agency, Foucault argues that discourses have political implications due to their embeddedness in power relations (Burr 1995, 62). Because knowledge constructs the world in specific ways, through value and categorization, certain groups obtain power through the establishment of certain types of knowledge. The power Foucault speaks of must be understood not as repressive power, but as productive power, or the power of knowledge production (idem, 64).

Discourse analysis, Foucault writes, should ask, “how is it that one particular statement appeared rather than another” (1972, 27). In this sense, it is not only what is said or written or symbolized that illustrates a phenomena and its associated values, but it is also what is excluded or made invisible by these discourses. Such analysis requires identification of what is said and not said, as well as an investigation of continuities, discontinuities, categories, rules and repetitions (Mountain 2013, 16-17).

Discourses are constituted not merely through language and words, but are shaping and shaped by social structures and centres of knowledge production. Discourse analysis is interested in more than the Symbolic dimension, and also examines content, meaning, and significations, or the Imaginary dimension. Because objects, practices and images are created through discourse, Mountain argues that discourses can be perceived as productive and performative (2013, 17).

Discourse analysis is a key element in the study of gender and drug use, and the discourses that construct these categories. Not only does such analyses illustrate the socially constructed nature of categories, but it also explores the power relations involved in their creation. In this sense, universalized, ‘common sense’ knowledge about gender and drug use can be interpreted as part of a specific ideology, social imaginary and institution.

1.4. Gender

As theories on the social imaginary, discourse and social constructionism argue, social identity categories, such as gender, are specific sets of knowledge that are produced and maintained through taken-for-granted knowledge that repeats and maintains their validity through imaginary significations, social interactions and specific discourses. Hence, within this thesis, the categories of gender and drug use will be approached from a non-essentialized, non-realist standpoint. This standpoint argues that sex and gender are not biological truths, but rather are performative (Butler 1999). As Judith Butler argues, “gender is not a noun, but neither is it a set of free-floating attributes...the substantive effect of gender is performatively produced and compelled by the regulatory practices of gender coherence” (idem, 34). Gender as a category of identity is tied to power relations and dominant sets of knowledge, specific behaviours, performances and social roles are naturalized and required. A similar perspective can be taken towards other social categories such drug use. In these cases there are also social

roles and spaces that are reserved for people belonging to a certain identity groups. Therefore, while these categories are exposed to shifting meanings, they too are embedded within specific power relations.

By utilizing the theories of social imaginary analysis and discourse analysis with a gendered lens, I analyse how the social imaginary on women who use drugs in the Russian Federation are constructed through discourses. By differentiating between official drug discourses and NGO drug discourses, I identify these as specific systems of knowledge production that interact and co-construct one another. Moreover, this framework emphasizes that knowledge surrounding women who use drugs is not value-free, objective, nor truth. Rather, these discourses and the social imaginaries they construct exist within specific ideologies that are historically and culturally based.

Finally, I want to emphasize that while I refers to women as a generalized group within this thesis, I do not seek to homogenous them. Because of the narrow scope of this thesis, I am able only to analyse the ways in which gender and drug use co-construct the identities of women who use drugs and the social imaginary on this group, although certainly other social categories such as class and ethnicity are also part of this co-construction.

Chapter 2: Approaches Towards Drug Use in the Soviet Union and the Russian Federation

Drug discourses and the social imaginary on drug users in the Russian Federation are embedded within a particular social and historic context; therefore, analysis of contemporary drug discourses must be situated within the legacy Soviet and historical Russian drug discourses and treatment protocols. In this chapter I offer an overview of drug policy within the Soviet Union and the Post-Soviet Period until today. This historical perspective allows me to demonstrate the transformation of approaches towards drug use, specifically regarding drug treatment methods and law enforcement practices. Furthermore, I ask how gender was taken into account within Soviet approaches towards drug use. Finally, I examine contemporary approaches towards drug use, including a summary of state policy and practices as well as the emergence of harm reduction NGOs and programs.

2.1. Soviet Period

Within the Soviet Union, official drug discourses associated drug use with capitalism and immorality (Morvant 1996). The Soviet citizen was described as “morally superior” and, therefore, unaffected by the temptation of drugs (Kramer 1991, 94). In 1959, Soviet psychiatrist L. Bodganovich went to far as to claim that “drug addiction does not present any serious danger in our country. The transformation of our way of life has removed its footing” (Bodganovich quoted in Miller 2015, 45). Because, until the period of *glasnost and perestroika* in the 1980s, drug use was largely absent from public discussion, known cases of drug addiction were often attributed to the medical mismanagement of injury and illness (My 2007, 13). Despite this official discourse, emerging research indicates that there were some discussions on drugs and drug policy even from the establishment of the Soviet Union (Miller 2015; Latypov 2011; Shelley 1996; Battle 1988).

The archival work of Brandon Gray Miller (2015) indicates that, prior to the First World War, narcotics, including opiates, cocaine and cannabis, were legal and widely available throughout the European region, which includes the territory of the Russian Empire. Primarily, these substances were sold for medical purposes or as popular remedies and were used by men and women alike. In the 1920s, as drug consumption peaked, countries across Europe and North America began to restrict their previously lenient policies. Following the First World War and the Russian Civil War, drug use and addiction were recognized as a social issue within the Soviet Union (idem).

Through the 1920s, medical and psychiatric experts were extensively debating approaches towards drug treatment in Soviet Russia (Miller 2015). Upon the founding of the Soviet Union, social medicine and social hygiene was introduced by Nikolai Semashko, the People's Commissar of Public Health. Semashko defined social hygiene as “the science of the influence of the economic and social conditions of life on the health of the population and on the means to improve that health” (Semashko quoted in Latypov 2011, 2). From this standpoint, social and mental hygienists broke with clinical psychiatrists and traditional methods for treating mental health and addiction, instead, began to focus their efforts on causes over consequences.

In 1924, shortly after the establishment of the Soviet Union, the first *narkodispenser*, or narcological dispensary, was opened in 1924 under the umbrella of social hygiene neuro-psychiatric dispensaries (Latypov 2011). The *narkodispenser* utilized a unique method to address drug addiction, namely, these clinics approached drug addiction through the method of outpatient treatment that included programs such as lectures from specialists, oxygen therapy, active psychiatry and social assistance (idem, 4). While mainstream thought and psychiatry perceived drug users to be psychopaths, mentally ill, and dangers to society, social hygienists and narco-psychiatrists argued that drug users were the product of a specific social milieu or a poor upbringing. Therefore, it was believed that cultural work would cure drug

addiction, rather than inpatient treatment in an asylum. By 1930, as tensions between narco-psychiatrists and clinical psychiatrists increased, it was decided that narkodispensers were generally ineffective. Consequently, these clinics were integrated into existing psychiatric centers.

Despite the victory of clinical psychologists in the drug treatment debate, there were still different treatment approaches towards addiction in operation. In Leningrad, a drug maintenance research program was introduced in 1930. This program offered a controlled daily dose of opiates for opium, heroine and morphine addicts (Latypov 2011, 11). The practicality of this method was recognized for several reasons. It allowed drug users to continue working, minimized crime related to acquiring drugs, and was useful for treating pregnant women. Despite such results, maintenance was considered a temporary solution to the elimination of drug use within the Soviet Union and was, therefore, not adopted as standard practice. In 1940 the first textbook on the topic of drug addiction treatment was published in the Soviet Union. The model proposed within the textbook argued that for severe cases of addiction, there should be compulsory inpatient, labor therapy treatment for drug users. These drug users were considered mentally abnormal and anti-social. This model held that labor therapy would make addicts “accustomed to ‘socially productive life’” (idem, 9). Throughout the following decades, models of compulsory treatment and labor therapy continued, while simultaneously, punitive measures were increased for drug related crimes (Shelley 1996).

The post-Stalin years saw an increase in drug use and drug related crimes. The issue was generally considered a youth problem that affected men under the age of thirty (Miller 2015). Miller argues that drug use came to define a new form of “rough masculinity” that departed from the standard of the “Soviet Man” (idem, 62). Furthermore, based on the primary findings from his archival research, he states that “little is mentioned...about female drug use outside of the corrupting influence of *pritony* (drug dens)...as authorities worried that

intoxication would lead young Soviet women down a path to extramarital sexual relations, pregnancy, and ultimately prostitution” (idem, 64). The perpetuated social imaginary on drug users as immoral and a danger to society led to the establishment of a registration system for drug users in 1957 (idem).

The Collegium of the USSR Ministry of Health passed a health proposal in 1975 reintroducing narcological services, independent from traditional psychiatric centers that would assist those struggling with alcoholism and drug abuse (Babayan and Gonopolsky 1985, xiii). In 1985 the USSR Ministry of Public Health published the *Textbook on Alcoholism and Drug Abuse in the Soviet Union*. The textbook describes the methods of the redesigned dispensaries, which were staffed by psychiatrist-narcologists and had wards including consultations room, sobering-up stations, and psychiatric services (idem). The location of these dispensaries, near places of work or at larger polyclinics, was important not just for accessibility, but also because “receiving therapy in the evening enables the patients to combine work at their regular place of employment with treatment and rest” (idem, 58). Gender was also cited as an important factor within the treatment of drug and alcohol abuse. For this reason, specific wards within narcological dispensaries existed for women, as well as women-specific treatment protocols (idem). Due to what the textbook defines as women's “moodiness, with a predominance of depressive and hysterical reactions,” women received additional sedatives and antidepressants during their treatment (idem, 246).

The approach towards drug treatment and drug related crimes within the Soviet Union was neither consistent nor unified throughout the period. At times drug users were perceived to be “demons of humankind” who were corrupting society (Latypov 2011, 8). At other times they were approached through a medical rather than moral discourse that argued they were “sick people and invalids who had systematically taken narcotic preparations...and have become addicted” (Babayan and Gonopolsky 1985, 30). Despite the different discourses and methods

used to address drug use and addiction, drug users were never mere criminals. Instead, they were approached through a combination of psychiatric, social, medical and punitive measures. Furthermore, while this summary of Soviet approaches towards drug use does not offer a comprehensive gender analysis, it does indicate that women's needs were somewhat considered within the different treatment models. At the same time, many of these programs relied on an essentializing definition of women that (re)produced stereotyped gender roles surrounding motherhood and hysteria.

2.2.Post-Soviet Period

After the fall of the Soviet Union, studies on the topic of drugs and drug use greatly increased. These included international surveys, school surveys, regional studies, injection drug use studies, and research on injection drug use and HIV (Lilja 2007, 41-45). Such studies indicated that from the 1980s there was a dramatic increase in drug use and the variety of drugs available. In response, new legislation was implemented to fight growing drug use in the Russian Federation (idem). In 1993 the declaration "The Concept of State Policy on Drugs Control in the Russian Federation" was passed by the state parliament (Gilinskiy and Zobnev 1998, 120). While the document did not abolish the Soviet legacy of compulsory treatment, labor treatment centers were abolished (idem). This declaration set the foundation for contemporary Russian drug legislation (Butler 2003). Following this legislation, in 1998, a law on "narcotic drugs and psychotropic substances" was passed (Morvant 1996). This embraced the terms on narcotic and psychotropic substances of UN drug conventions and renewed drug prohibition and punitive measures towards drug use (idem, 22). In 2001 the Code of the Russian Federation on Administrative Violations was established, which included regulations on the consumption of narcotic and psychotropic substances (Butler 2003). This code criminalized consumption and possession of "small amounts" of substances with a fine, short-term imprisonment or treatment (idem, 125).

Looking towards drug discourses in the Post-Soviet period, in 1998 a law was passed that prohibited “drug propaganda” (Butler 2003, 138). The regulation defined this propaganda as “activities: towards the dissemination of information concerning the means, methods of developing, manufacture and use, places of acquisition of narcotic means, psychotropic substances...and also the production and dissemination of a book product, product of the mass media, and dissemination in computer networks of the said information or commission of other actions for these purposes shall be prohibited” (idem).

2.2.1. Rehabilitation Model

State drug treatment and rehabilitation centers have offered services to drug users free of charge since the establishment of the Russian Federation. However, due to economic hardship in the 1990s, many medical centers lacked proper funding, staff, training, and beds within state rehabilitation centers (Paoli 2000; Gilinskiy and Zobnev 1998). This led to the establishment of numerous private drug rehabilitation centers throughout Russia (Levinson 2003, 55). These centers provided many of the same services as state clinics, but were barred from providing medical treatment of addiction (Butler 2003, 46). While these private clinics addressed the need for more rehabilitation resources, they came at quite a high price. It is estimated that one month of treatment in such a clinic could cost up to 5,000 USD. This high price meant that access to such centers was limited only to those with extensive financial means and thereby established “the commercialization of narcology” (Levinson 2003, 55).

2.2.2. Harm Reduction Model & HIV Prevention

Harm reduction programs began operating the Russian Federation in 1996 (Rhodes et al. 2004, 9). Harm reduction is defined as “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use,” and a “a movement for social justice built on a belief in, and respect for, the rights of people who use drugs” (Harm Reduction Coalition

n.d.). This definition excludes programs and services that utilize an abstinence only or moralizing approach towards drug users. By 2003 there were an estimated 75 harm reduction organizations and programs throughout Russia (Rhodes 2004, 10). Most programs were supported by international organizations, such as the Open Society Foundation, which funded 51 of the projects, while local governments funded others (idem, 11). These harm reduction activities included street outreach, needle exchange, condom distribution, medical support, counseling services, and HIV / STI testing (My 2007, 54-55).

In 2009 the Russian minister of health stated that needle exchange and distribution programs “stimulates social tolerance of drug addicts, and violates the Criminal Code of the Russian Federation” (Rhodes et. al 2010, 2). The State Anti-Drug Strategy, adopted in 2010, amplified this discourse. This strategy outlines the national strategy for combating illicit drug use, drug related crimes, and drug trafficking until the period of 2020 (State Anti-Drug Strategy of the Russian Federation n.d.). Furthermore, the document takes an explicitly antagonistic approach towards harm reduction and organizations that promote harm reduction principles. The “generation of tolerable social attitude to illicit drug trade, discrediting of the anti-drug activities of the relevant federal authorities...intensification of efforts to legalize the substitutive addiction treatment using narcotic drug preparations and promotion of drug use under the pretext of syringe replacement...” are labeled as risk factors towards the success of the State Anti-Drug Strategy (idem). These statements indicate the state’s increasing intolerance for harm reduction principles, such as substitution therapy and needle exchange, as well as the organizations that promote these ideals.

While the services provided by harm reduction organizations and projects are not explicitly illegal in the Russian Federation, NGOs and experts in the field have argued that the Russian policies have hampered the development of harm reduction projects (Butler, 2003). According to Anya Sarang (2014), the director of ARF, until 2010 NGOs believed that harm

reduction programs would eventually be adopted and operated by the state. This was based on the fact that research published by the NGOs illustrated the efficacy of harm reduction projects, specifically in terms of reducing the negative consequences of drug use in the Russian Federation, such as the spread of HIV and other infectious diseases. Yet, the state never adopted these approaches. Instead, NGOs continued to lead the fight against HIV and to provide other harm reduction services during the early 2000s, still supported and funded by international organizations. Not only did these NGOs provide services and prevention programs for vulnerable populations including drug users, sex workers, and MSM (men who have sex with men), they also advocated for improved state-funded services and preventative measures for people who use drugs and people living with HIV (idem).

Sarang describes this period from 2010 as “a decisive shift in policy against harm reduction....an era began of active ideological opposition to people who use drugs...” (Sarang 2014). Furthermore, the pressure to cooperate with the state was amplified by a law passed in 2012 that required NGOs receiving foreign funding and engaged in political activity “to register as ‘foreign agents’.... The definition of ‘political activity’ under the law is so broad and vague that it can extend to all aspects of advocacy and human rights work” (Human Rights Watch 2015). NGOs reacted in one of two ways to this ideological shift. Either they persisted in providing evidence based harm reduction services, worked for policy change through hard advocacy, and risked conflict with the government, or they cooperated with the government, avoided topics such as harm reduction and substitution therapy, sought policy change through soft advocacy, and protected themselves from state scrutiny (Sarang 2014). While these categories are somewhat narrow and do not comprehensively describe the complex services and advocacy work of harm reduction NGOs in the Russian Federation, they allow us to see trends with NGO responses to the state.

This chapter demonstrates the shifts in state approaches towards drug users from the Soviet Period up to current legislation and rehabilitation protocols. It is clear that elements of the Soviet approach have carried over into the Post-Soviet period. These include mandatory registration with the state for drug users, select principles of narcology, and demonizing discourses. At the same time, while the Soviet approach can generally be considered as a more comprehensive and holistic approach that relied on a combination of law enforcement efforts and social rehabilitation, current legislation has abandoned most of the principles of social rehabilitation. Rather, drug policy today in the Russian Federation relies heavily on punitive measures. Additionally, NGOs that have pursued service provision and advocacy measures as an alternative to the state approach have largely failed to reform current drug policy and, instead, face increasing pressure from the state.

Taking into considering gendered approaches towards drug use, while the Soviet Union did offer basic women-sensitive programs and protocols, these are largely absent from the current approach. Instead, drug users are more harshly stigmatized, especially if they are women. A discussion of gender within the current paradigm of drug policy and treatment will be discussed further in Chapter 4 of this thesis.

Chapter 3: Methodology

This chapter presents the methods I use to address the main question of this thesis. In section 3.1 I will describe the methodological perspectives used to gather source materials and for analysis. The source materials that will be analyzed in this thesis will be discussed in section 3.2, including a description on how and why these materials are suitable for the purpose of my research. Furthermore, I will provide a detailed outline of the process employed for interviewing staff members of the NGOs ARF and E.V.A. This includes information on how the semi-structured interview guide was developed, who was selected for an interview and how interviews were conducted. Finally, in sections 3.3 and 3.4 I will reflect on my position myself as a researcher, taking into account ethical considerations and limitations within this thesis.

3.1.Methods

To address the main questions of this thesis, I utilize the research method of triangulation. A qualitative research approach, triangulation is a mixed method model that attempts “to secure an in-depth understanding of the phenomenon in question” through the use of multiple research methods, theories, information sources, or observers (Denzin 2012, 82). In doing so, it “adds rigor, breadth complexity, richness and depth to any inquiry” (idem). Within the framework of triangulation, I utilize two research methods - discourse analysis and semi-structured interviews, and six types of sources - state policy, government websites, mass media, NGO websites, NGO reports, and interviews with NGO staff members. In this section I outline my approach to discourse analysis as research methodologies and semi-structured interviews.

3.1.1. Discourse Analysis

While discourse analysis is often conceived of as a theoretical framework, it can also be used as a methodology. I have drawn from different scholars who write on discourse analysis to frame discourse analysis as a methodology and outline my analytical procedure (Jorgensen and Phillips 2002, Burr 1995, Fairclough 1992, 1995a, 1995b).

Discourse analysis can be utilized to deconstruct text, speech, and images, thereby illustrating dominant discourses and themes within discourses (Burr 1995, 166). Burr argues, “deconstruction refers to attempts to take apart texts and see how they are constructed in such a way as to present a particular image of people and their actions” (idem, 164). In this sense, the deconstruction of my selected sources can be used to reveal how women who use drugs are constructed through official discourses and, alternatively, through NGO discourses. By doing so, assumptions that are purported to be natural and neutral, are exposed as subjective elements of existing power relations (Jorgensen and Phillips 2002, 21). The aim of such research is not to reveal truths or intentions behind discourses, but rather to illustrate their existence, contents, consistencies and inconsistencies, and the subsequent social implications. In this sense it is important as an analyst not to approach a text with specific categories in mind. Rather source material should be analyzed openly and without previous assumptions (idem).

It is also important to recognize that discourses may not manifest themselves as complete, unified entities. Rather, specific words or phrases may appear in two different discourses, as discourses co-constitute one another and are in constant fluctuation (Rytterbro 2002, 24). Burr writes that “Words or sentences do not of themselves belong to any particular discourse: in fact, the meaning of what we say rather depends upon the discursive context, the general conceptual framework in which our words are embedded” (1995, 50). From this perspective, patterns, inconsistencies and contradictions within a text, speech or image must be contextualized within the broader cultural and historic framework.

When approaching source materials for discourse analysis, texts, speech and images should be closely read multiple times (Burr 1995, 168). While reading, I looked for “coherent sets of statements or phrases which appear to talk about or represent events in similar ways...for words which seem loaded with meaning” (idem). Taking into considering the social, historical, and cultural context in which these statements occur, patterns indicate a specific discourse at work. I did not approach the texts and videos with pre-conceived categories or discursive themes. Rather, the themes through which I organized my analysis were identified only after several close reading of the materials.

3.1.2. Semi Structure Interviews

In addition to discourse analysis of text, speech and images from both official and NGO discourses, I conducted semi-structured interviews with staff members of the NGOs, ARF and E.V.A. This allows me to gain greater insight into the activities of the NGOs’ that related to women who use drugs. Therefore, in addition to descriptions of NGO activities obtained from websites and published reports, I learned about the experiences of staff members regarding specific projects, their personal responses to official drug discourses and, in some cases, their experiences *as* women who use drugs.

I primarily utilized H. Russell Bernard’s guide “Unstructured and Semistructured Interviewing” from his book *Research Methods in Anthropology* (2006), to develop interview techniques and the interview guide (See Appendix 1). This method is useful for one-time, in-depth interviews and requires an interview guide that lists questions and topics that should be discussed with the interviewee. Bernard writes that during semi-structured interviews, “you keep the conversation focused on a topic, while giving the informant room to define the content of the discussion” (idem, 212). This approach is particularly useful for my research as it allowed me to probe interviewees about specific projects, policies, and social constructions on

women who use drugs, while also permitting them the room to share their personal experiences with or as women who use drugs.

All of the interviewees were informed about my research topic and aims, and gave permission for the interview to be used within this thesis. I interviewed eight NGO staff members, five from ARF and three from E.V.A. (See Appendix 2). I chose interviewees based on their involvement in projects related specifically to women who use drugs and, of course, their availability and willingness to be interviewed. Because I worked with both NGOs, I knew all of my interviewees beforehand, which allowed the interviews to be more comfortable and in-depth. Furthermore, I assured each interviewee anonymity within my thesis. Therefore, the eight NGO staff members that I interviewed will be referred to as Respondents 1-8.

I conducted the interviews between June 2015 and March 2016 in a number of different settings. Five of the interviews were conducted in person, either at the respondent's home, my home, or in a park. Three of the interviews were conducted via Skype, as respondents were not available to meet in person. Based on the language preference of the interviewees, I conducted the interview in English or Russian. In most cases I was able to record the entirety of the interview, which was then translated into English, if necessary, and then transcribed. Two interviews were not recorded, although I took detailed notes during and after the interviews.

3.2.Selection of Sources

As Vivien Burr states, “anything that can be ‘read’ for meaning can be thought of as being a manifestation of one or more discourses” (1995, 51). This includes text, speech, and images. As already mentioned, within the framework of triangulation, I will analyze multiple material sources. With regard to official discourses, these sources include state legislation, material from state websites, drug treatment and rehabilitation protocols, and mass media materials. Looking towards NGO discourse, I will focus my research on articles published on

the websites of ARF and E.V.A., reports written by the NGOs, and interviews with staff members. In this section I detail how source materials are chosen for the purpose of this thesis.

3.2.1. Official Drug Discourses

I will examine different demonstrations of official discourses on women who use drugs, primarily text and images. Drawing on a number of different sources allows me to better analyze what patterns exist across the spectrum of official discourses and what inconsistencies are also present. From this perspective, I have chosen not to limit my analysis of official discourses to policy documents only, but to also include material from state mass media. The inclusion of mass media illustrates official drug discourses that are presented to and consumed by the public. I argue that state funded media has immense influence in constructing the mainstream social imaginary on women who use drugs.

Beginning with current legislation, I gathered all articles of the Code of Administrative Offences No. 195-F3 (2001)⁴ and the Criminal Code No. 63-FZ (1996)⁵ that relate to the use, possession, sale, and advertisement of drugs. Drugs refer to those listed in the Federal Law No. 3-FZ “On Narcotic Drugs and Psychotropic Substances” (1998)⁶. I then identified other existing policies that relate to the use, possession, sale, and advertisement of drugs. This included the Family Code of the Russian Federation (1995)⁷, the Order of the Ministry of Health of the Russian Federation N 500 on the “Protocol for the Management of Drug Rehabilitation” (2003)⁸, and the Order of the Ministry of Health of the Russian Federation N

⁴ The Code of Administrative Offences No. 195-F3 is available in English at:

<http://www.wipo.int/edocs/lexdocs/laws/en/ru/ru073en.pdf>

⁵ The Criminal Code No. 63-FZ is available in English at:

http://www.wipo.int/wipolex/en/text.jsp?file_id=202465

⁶ Federal Law No. 3-FZ “On Narcotic Drugs and Psychotropic Substances” is available in Russian at:

<https://www.kadrovik.ru/docs/fzot08.01.98n3-fz.htm>

⁷ The Family Code of the Russian Federation is available at:

<http://www.jafbase.fr/docEstEurope/RussianFamilyCode1995.pdf>

⁸ The Order of the Ministry of Health N500 is available in Russian at:

<http://old.lawru.info/legal2/se3/pravo3250/page6.htm>

929n on the “Protocol for the Treatment of Drug and Alcohol Abuse” (2012)⁹. Some of these documents I have translated from Russian to English, which have been reviewed by native Russian speakers, while others were available in English.

Looking beyond drug discourses within state legislation, I expanded my scope towards other manifestations of official drug discourses. A clear choice was material published by the State Anti-Drug Committee of the Russian Federation. This is a department of the Federal Drug Control Service. The website of the State Anti-Drug Committee, available in English and Russian, outlines the State Anti-Drug Policy Strategy. The strategy is to be implemented from 2010-2020 with primary objectives to:

Reduce the drug supply and demand, scales of consequences of their illicit trafficking, create a state drug situation development monitoring system in Russia, state non-medical drug use preventive system, modern system of treatment and rehabilitation of drug addicts, effective system of counteraction to drug trafficking at the territory of the Russian Federation, reliable state control over licit circulation of drugs and their precursors (State Anti-Drug Committee of the Russian Federation n.d.)

This strategy is influential in shaping legislation on the criminalization of the use, possession, sale and advertisement of drugs, approaches towards state rehabilitation and drug treatment services, and anti-drug propaganda and education. Therefore, it is crucial to include the strategy and the expert opinion used to establish the strategy within this thesis.

There are an extensive number of drug discourse manifestations present within the Russian mass media. These include articles, images and videos from state newspapers, news channels, and anti-drug campaigns. Because of the limited scope of this thesis, I have narrowed my selection to a single anti-drug campaign video and a single news story. The state funded anti-drug video was part of a 2010-2012 campaign in the region of Krasnoyarsk Krai that produced twelve videos about drug use (“The Administration of Krasnoyarsk Krai paid

⁹ The Order of the Ministry of Health of the Russian Federation N 929 is available in Russian at: <http://www.rg.ru/2013/04/25/narkologiya-dok.html>

420,000 rubles for 12 shocking video clips” 2010). The particular video I analyze has been used within several reports, including the 2013 Report to the UN General Assembly by Special Rapporteur on violence against women in the Russian Federation and the approved 2015 CEDAW shadow report submitted by the Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation. Furthermore, it is one of the few anti-drug campaign videos to actually depict a woman who uses drugs.

The news story I analyze, published by RIA Novosti (РИА Новости), a state news agency, is titled “Nanny, suspected of murder, could have been under the influence of drugs” (2016). I chose this story for two reasons. Firstly, to date it was one of the most talked about stories within the Russian media in 2016. There were more than 150 articles written on the topic by RIA Novosti alone, from March 1 2016 until March 14, 2016. Secondly, Viktor Ivanov, the head of the State Anti-Drug Committee of the Russian Federation was involved in and commented on the case. This is particularly interesting considering that the case was outside of his jurisdiction.

Finally, I will draw from several research reports and reports submitted to UN agencies. While these reports are not themselves manifestations of official discourse, they report on the experiences of women who use drugs within state institutions. I thus examine how the official discourse on women who use drugs is (re)produced not only within legislation, anti-drug strategies, and state-funded mass media, but also (re)produced within the state institutions that offer service women who use drugs themselves. How official discourses are reflected within services and specific institutions is crucial for a comprehensive analysis of these discourses and their social consequences.

3.2.2. NGO Drug Discourses

While there are an estimated 50 harm reduction NGOs in the Russian Federation, I focus my research on two, ARF and E.V.A. (Non-Profit Partnership ESVERO n.d.). By

selecting just two NGOs in the Russian Federation to analyze, I will be able to offer a comprehensive analysis of their objectives and programs. Furthermore, they are both prominent NGOs within the field of harm reduction and have projects directly related to women who use drugs, therefore, they fit the sphere and purpose of my study. ARF and E.V.A. each have a different relationship with the government, which I argue, has a direct effect on their approaches to advocacy and service provision. Finally, because of my previous experience working with both ARF and E.V.A., I have in-depth knowledge about both organizations, as well as ease of access to source materials and interviews. The source materials selected are discussed in detail below.

As discussed in Chapter 2 of this thesis, the State Anti-Drug Strategy adopted in 2010 still shapes the current approach towards drug users today. Around this time, between 2009-2010, both ARF and E.V.A. were established. These NGOs illustrate the two different responses to the state's ideological shift in harm reduction. I categorize these responses into hard advocacy and soft advocacy. Hard advocacy can be understood as active ideological opposition to the state, which includes projects such as strategic litigation, rights campaigns and monitoring cases of human rights violations. Alternatively, soft advocacy relies more on cooperation with the state and activities such as negotiations with the state and service provision. ARF takes a hard advocacy approach, indicated by their refusal to cooperate with the state and lack of state funding, continued advocacy for substitution therapy, use of the term "harm reduction", and primary focus on drug users. Alternatively, the projects of E.V.A. can be described as soft advocacy. While some of the organization's projects fall within the category of harm reduction, they do not use the term and do not openly advocate for substitution therapy on their website. Furthermore, they cooperate with the government and receive state funding for some of their projects. Their primary focus group is women living with and affected by HIV and other socially significant infectious diseases.

To identify the key focus areas of ARF and E.V.A., I gathered material published on their websites regarding their primary objectives and strategic planning goals. With regard to E.V.A., this includes the briefing of the 2015 General Assembly Meeting, during which the strategic goals of the organization until 2020 were set. I also include their published position documents. Documents that illustrated the strategic objectives of the ARF were accessed from the organization's website and include the general summary of their activities and the most recent annual report, which outlines their past and upcoming goals and activities.

Linking the goals of the organizations with implemented projects, I examine both past and present projects of the organizations, as listed on their websites, as well as published research and policy reports. All of E.V.A's projects are targeted towards women living with, or affected by HIV. Because there is a strong link between drug use and HIV status in the Russian Federation (King et.al 2013), it could be argued that all of their projects are somewhat related to women who use drugs. In order to avoid this assumption, I gathered only project descriptions that clearly identify women who use drugs as a target group. Five projects were included in this group: "Employment for Women from Vulnerable Groups", "Retention of Patients on HIV Treatment", "Improving access to TB treatment for patients with HIV/TB co-infection in the Russian Federation" and "E.V.A. Caring". Additionally, the organization conducted a research project from 2013-2015 and published a report titled "Other Patient Syndrome" that focused on access to state medical and social services for pregnant women who use drugs.

ARF's website also provides a comprehensive list of its projects, both present and past. While a majority of the organization's projects, whether service based or advocacy related, are aimed at serving both men and women who use drugs, I chose to focus my analysis on projects specific for women who use drugs. This included the project conducted from 2012-2015, "Strengthening the response to the growing needs of women who use drugs." This is connected

to the health and rights protection of women who use drugs in Russia. Furthermore, I included the CEDAW shadow report that the CEDAW committee approved in 2015, which ARF submitted on behalf of the Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation. This report focuses on gender-based human rights violations towards women who use drugs in the Russian Federation.

3.2.3. Interviews

I selected my eight interviewees based on their availability to be interviewed, and their involvement in projects related to women who use drugs. Of the five interviewees from ARF, four were outreach workers and one was an ARF board member. Two of these outreach workers were open about their experience as women who use drugs during the interview. While I did not directly ask interviewees if they had experience using drugs, due to the semi-structured nature of the interview, there was space to bring it up. Of the three interviewees from E.V.A., two were staff members, while one was a board member involved in specific harm reduction projects.

3.3. My position as a researcher

My position as a researcher was a crucial consideration for me throughout the process of researching and writing this thesis. This is largely due to my work history with both NGOs and my position as a non-Russian citizen. I worked for the E.V.A. Women's Network from 2013-2014. Therefore, not only do I have a close relationship with many of its staff members, but I have also been directly involved in a number of different advocacy and service provision projects. Of the projects discussed in this thesis, I was involved in past strategic planning meetings, "Retention of Patients on HIV Treatment", "Improving access to TB treatment for patients with HIV/TB co-infection in the Russian Federation", and the report "Other Patient Syndrome". With regard to the Andrey Rylkov Foundation, I worked for the organization in

2015. During this time I got to know many of the NGO's outreach workers through participation in street outreach, and I drafted the 2015 CEDAW shadow report.

Beyond my personal investment in both ARF and E.V.A., I seek to be reflective about my position as a non-Russian citizen and as someone who does not identify as a woman who uses drugs. This brings into question my power position as a researcher and the ways in which I stand outside of the country and community that I study. Therefore, I seek to clearly situate myself in relation to my research, rejecting the notion that I am an objective or neutral observer. With this in mind, I tried to avoid assumptions and pre-conceived opinions or conclusions. For example, as a U.S. citizen I tried to avoid imposing my own experience of a different drug policy paradigm. Furthermore, I did not want to discount or "other" my interviewees and the approaches of the NGOs due to my own perspective and opinions on drug policy and harm reduction. Rather, I approached materials openly, and interviewed respondents as peers from whom I could learn.

3.4.Limitations

While I have a comfortable level of Russian (spoken and written), as a non-native speaker, I experienced some language barriers when conducting interviews and gathering data. To compensate for this, I had a translation of my semi-structured interview guide proofread by a native speaker to ensure that my questions were clear. Furthermore, I recorded all interviews done in Russian to ensure accurate translation. A native speaker proofread all translated interviews. Finally, as drug use is a sensitive topic, additional time to build rapport with the street outreach participants would have been useful for more communication with women who use drugs. I hope that within this thesis, through the methodological perspectives utilized and the diverse source materials gathered, I can provide a comprehensive analysis of official drug discourse and NGO drug discourses from the Russian Federation through a gendered lens

Chapter 4: Analysis of Official Drug Discourses in the Russian Federation

This chapter analyzes official discourses on women who use drugs in the Russian Federation in the period from 2010 to 2016. Limiting my research to source material from the last six years provides a more acute picture of contemporary drug discourses, and focuses the study on the programs and policy changes resulting from the State Anti-Drug Strategy introduced in 2010. Official discourses are those utilized, promoted and (re)produced by official state institutions. The materials that I analyze include current legislation on drugs, drug use, and drug-related services, statements published on the State Anti-Drug Committee of the Russian Federation Website, government funded anti-drug campaigns, articles from state-operated new agencies, the several reports published on the topic of institutional discrimination towards women who use drugs. Through critical discourse analysis of these materials, three major themes of the social imaginary on women who use drugs were identified: invisibility, failed motherhood, and crime. I will discuss these three themes in the sections below.

4.1. Invisibility

One of the most prevalent themes that I identified within official discourses on women who use drugs was invisibility. In other words, women who use drugs are largely absent from the source material. This became clear in two ways. Either the texts utilized supposedly gender-neutral language, or they used masculine-specific language. Women's absence indicates that current criminal codes, rehabilitation protocols, and current anti-drug strategy within the Russian Federation does not have a gender-sensitive approach and often consider their target population to be men who use drugs. Examination of the following materials illustrates that women who use drugs are often forgotten or overlooked within official discourse.

4.1.1. Legislation: Criminalization

The Code of Administrative Offenses (2001) and the Criminal Code of the Russian Federation (1996) outline a number of drug-related criminal offenses and their legal consequences. Article 6.9 criminalizes the use of illegal drugs or psychotropic substances, which can result in either a fine or arrest (*idem*). An exception is made to this article for individuals who voluntarily enroll in a “treatment-and-prophylactic institution” (*idem*). Additionally, Article 6.9 states that “any person recognized in the established procedure as a drug addict may be sent, with their consent, for medical and social rehabilitation” (*idem*). Therefore, people who use drugs who are arrested can attend rehabilitation or drug treatment as an alternative to incarceration or the payment of a fine. Several other articles in the Code of Administrative Offenses outline consequences for the promotion or advertisement of drugs, as well as the production, possession and trade of illegal substances.¹⁰ Additionally, the possession of drugs can be treated as more serious criminal offense resulting in harsher punishments such as years of imprisonment as indicated in Section 228 of the Criminal Code of the Russian Federation (1996).

All of these articles of the Code of Administrative Offenses and the Criminal Code use completely gender-blind language. This illustrates that legislation regarding drug criminalization universalizes drug users and does not take gender into account.

4.1.2. Legislation: Rehabilitation

The Ministry of Health “Protocol for the Treatment of Drug and Alcohol Abuse” (2012) provides regulations and guidelines regarding drug treatment. The document primarily utilizes gender-neutral language and does not offer any specialized protocol for women. The single

¹⁰ These include Article 6.13: Promoting or unlawful advertising of drugs; Article 6.16: Violation of the Rules for the Turnover of drugs; Article 6.16.1: Illegal Acquisition, Storage, Transportation, Making, Sale or Dispatch of drugs; Article 20.20: Drinking of Beer and Drinks Manufactured on its Base and of Alcoholic and Spirituous Products or Consumption of Narcotic Drugs or Psychotropic Substances in Public Places

exception to the gender-neutral protocol is the recommendation that for each 100 beds designated for women at inpatient, public or municipal drug treatment clinics and departments, one obstetrician-gynecologist should be on staff (*idem*). The same recommendation is not made for outpatient, medical and social rehabilitation centers.

Furthermore, the Ministry of Health “Protocol on the Management of Drug Rehabilitation” retains a gender-blind approach towards drug rehabilitation protocols (2003). There are no gender-specific specifications regarding rehabilitation. This includes the absence of protocols regarding women’s health and reproductive health services (*idem*).

Discourse analysis of state drug treatment and rehabilitation protocols within the Russian Federation illustrates a gender-neutral approach towards services for drug users. While this might indicate that these official discourses construct and conceive of the drug user as gender-neutral, I would argue that, in fact, such policies construct the drug user as a man. Considering that drug treatment and rehabilitation centers provide health services, the lack of protocols specific to women’s health indicates that men’s health is seen as standard, or neutral, while women’s is additive. By universalizing the drug user as a man, women who use drugs become invisible within these official discourses.

4.1.3. State Anti-Drug Committee of the Russian Federation

The State Anti-Drug Committee of the Russian Federation describes the situation of drugs, drug use in the following statement:

[The] modern drug situation in Russia is characterized by widening of scales of illicit trafficking and non-medical use of highly concentrated drugs such as heroin, cocaine, amphetamine-type stimulants, medicinal preparations, possessing psychotropic effect as well as their impact on spread of HIV-infection and viral hepatitis. All of this presents a serious threat to the state security, country economy and population health (State Anti-Drug Committee of the Russian Federation n.d.).

In order to address the “serious threat” of the drug situation, the Committee identifies three key mechanisms through which they hope to improve the situation by 2020. These include reducing

the supply of drugs available in the Russian Federation, reducing the demand of illicit drugs, and improving cooperation within international drug control mechanisms (idem).

As with state legislation on drug criminalization and drug treatment/rehabilitation protocols, fully gender-neutral language is utilized. There is no mention of gender-specific issues relating to the drug situation, or of gender-specific protocols to address and improve the situation of drug use and trafficking.

4.1.4. Expert Opinions on the State Anti-Drug Committee of the Russian Federation.

Since 2010, the website of the State Anti-Drug Committee of the Russian Federation has published thirteen expert opinions regarding the anti-drug strategy. From amongst these expert opinions, five utilize masculine-specific language when discussing drug users and those trafficking drugs and one offers a singular reference to teenage girls. The rest use gender-neutral language when referring to drug users. The overall pattern within these publications illustrates that women who use drugs are almost completely invisible within official drug discourses. Furthermore, as I will show below, the universalized drug user, as constructed through these discourses, is masculine, young and lacking ambition.

When discussing the drug user, the experts utilize either fully gender-blind language or refer to the individual as a man. V.K. Doronkin, a social worker and *narcomania* (drug addiction) specialist, discusses the need for improved socio-medical rehabilitation programs. He claims that, “coming back from the hospital or specialized clinic, the man gets into the same ambience, which previously supported his addiction to drugs.” Rather, these services should enable “him to work and readjust himself” (Doronkin 2011). Similarly, Y.T. Zhuchkov, a psychologist and Chairman of Vologda Regional Public Organization on Psychological Help to Persons having chemical and other addictions, states that drug treatment services should be supporting “the young man and helping him in his self-realization of his own life intention”

(Zhuchkov 2011). These excerpts of expert opinions clearly establish an image of the drug user as a young man without employment, ambition or meaning in his life.

The theme of youth within official discourses is prevalent and recurring within these publications. In addition to the aforementioned examples, B. Tuchin, a psychiatrist-narcologist, recommends the “Testing of the youth in universities and those of upper grades at schools” (Tuchin 2011). A.A. Balzhirov, a member of the Russian Federation Public Chamber, states that, “drug addicts’ groups of population [have] become ‘younger’” and that drug use is increasing amongst “teen-girls” (Balzhirov 2011). The specific mention of teen girls implies that the youth being discussed in these opinions, although sometimes referred to with gender-neutral language, are in fact referring to teen boys. Again, when women are mentioned it is additive, thereby revealing the non-neutral nature of the universalized drug using youth.

Every expert opinion on the website of the State Anti-Drug Committee argues against harm reduction approaches towards drug treatment, such as substitution therapy, and instead frames drug use as a moral, spiritual and national problem. Balzhirov writes that “the great majority of drug addicts lose their human face...these are the fall of moral principles, criminality, prostitution, diseases, AIDS, corruption, family decline, absence of responsibility and aims, absolute heartlessness” (Balzhirov 2011) From this perspective, the drug user is no longer human but has become something immoral and dangerous to the nation. The solutions offered by these options, besides socio-medical rehabilitation emphasize preventative education for youth as the primary solution of the ‘drug problem’ in Russia. In this sense, those who are already drug addicts are not seen as part of the solution. They are already lost. One expert, Yevgeniy Yevgeniyovich Achkasov, writes that the “formation of spiritual and moral values in the teenagers’ environment shall be the basis of prevention of initial drug abuse” (Achkasov 2011). In parallel to this claim, Leo Bokeriya of the Russian Federation Public Chamber argues that compulsory, “comprehensive spiritual-moral and patriotic education and

upbringing” should be taught in state schools (Bokeriya 2011). The emphasis on spirituality and morality is repeated by Anatoliy Kucherenia’s statement that he has “great expectations on the Russian Orthodox Church and other traditional confessions to take part in drug addiction fight” (Kucherenia 2011) These texts illustrate not only what a drug user *is* within official discourse, but also what he *is not*. He is something not human and practically beyond recovery. Furthermore, if morality and spirituality are the things that will guard young people from drugs, then these are things that drug users do not embody.

The discursive patterns identified within state legislation on drug-related crimes, rehabilitation protocols, and the expert opinions offered on the State Anti-Drug Strategy illustrate the absence of a neutral drug-using subject. Rather, the consistent tendency to “add on” women to gender-neutral policies and statements reveals that the neutral subjects which such policies refer to and are constructed around, are men who use drugs. Furthermore, the expert opinions discussed here identify a very specific subject within official drug discourse. Not only is this subject a man, but also he is young, without a job or purpose, and moreover, he lacks any kind of morality. This very specific image exemplifies not only specific drug discourses, but also a social imaginary on drug users. Within this discourse and social imaginary, women are made almost entirely invisible.

4.2. Failed Motherhood

While official drug discourses in the Russian Federation are largely gender-blind, thereby rendering women who use drugs as invisible, when women do appear within this discourse, it is often within the theme of failed motherhood. This shows that women who use drugs are thought to be physically and morally unfit to have and raise children within official discourses. This is reflected within government legislation, state-funded anti-drug campaigns, and reports of institutional discrimination against women who use drugs.

4.2.1. Legislation

As the legislation listed in section 4.1.2 of this thesis discussed, within neither the Protocol for the Management of Drug Rehabilitation (2003) nor the Protocol for the Treatment of Drug and Alcohol Abuse (2012) are there specialized services or practices for women who use drugs. This includes the absence of rehabilitation and drug treatment protocols for women who use drugs that are pregnant or who are the primary care providers for children. Furthermore, current drug treatment methods within these protocols are a contraindication with pregnancy (Order of the RF Ministry of Health and Social Development 2007, section 736). Therefore, pregnant women who access state or municipal drug treatment facilities are either denied treatment or pressured to have an abortion by medical staff prior to beginning drug treatment (*idem*).

There is not a single public or municipal rehabilitation center that allows children to reside with their parents during the course of inpatient treatment. Moreover, Article 69 of the Family Code of the Russian Federation (1995) cites drug addiction as legitimate grounds for the deprivation of parental rights. Women who enroll in municipal or state rehabilitation programs are required to officially register with the state as drug users. Therefore, on the basis of accessing public rehabilitation centers, they lose their parental rights.

While these are gender-blind policies, women who use drugs are disproportionately affected by such legislation. A study conducted in Saint Petersburg, Russia interviewed 152 HIV positive individuals at two HIV referral sites (Vasquez et al. 2013). Of those interviewed, 73 were men and 79 were women. 80.3% of men reported the use of injection drugs and 48.7% of women used injection drugs. Interviews revealed that 63% of these women had at least one child and 49.5% were raising their children in their home. Comparatively, 31.5% of men had at least one child, and just 15.3% reported caring for children at their residence (*idem*, 304-305). While these statistics are limited in terms of location and HIV status, they illustrated that

women who use drugs are more likely to have children and to be the primary care providers for their children than are men who use drugs. Therefore, women who use drugs face greater difficulty in accessing rehabilitation centers due to their status as a parent and primary care provider.

These articles of state legislation and drug treatment and rehabilitation protocols indicate that, within official drug discourses, drug use and motherhood are a contradiction. Not only are women registered as drug users stripped of their parental rights, but they are also prevented from having children through systematic force or coercion to have an abortion. Additionally, the lack of reproductive services at rehabilitation and drug treatment centers illustrates that services are more than gender-blind; they are blind to the possibility of women who use drugs having children. Therefore, official drug discourses in the Russian Federation frame women who use drugs as failed mothers.

4.2.2. Discrimination towards pregnant women who use drugs by state institutions

Official drug discourses found within Russian drug legislation and drug treatment protocols illustrates the theme of failed motherhood. Furthermore, reports of discrimination towards pregnant women who use drugs by state institutions reflect the (re)production of such discourses by medical professionals. The case of a woman living with HIV, hepatitis C and opioid dependence is discussed Annex III of the 2013 report to the United Nations Human Rights Office of the High Commissioner (OHCHR) “Pathways to, conditions and consequences of incarceration for women.” Specifically, this woman reported discrimination from the staff of municipal health clinics during her pregnancy to the public health authorities. Her case was not investigated by these authorities and the district court and court of appeals failed to accept her claim of human rights violations. In the section below I will outline the case of this woman, using the initials O.S. to maintain her anonymity throughout my analysis.

At sixteen to seventeen weeks of pregnancy O.S. had an ultrasound at the maternity ward in Tagarnog, Russia, which showed a healthy pregnancy. In the twentieth week of her pregnancy, she visited the gynecologist with the results of her ultrasound. The gynecologist stated:

What kind of baby do you think you are going to give birth to, with such health defects? You are 30 years old. Your baby will be HIV and hepatitis C positive. You won't be able to deliver a healthy baby... You will give birth to a defected child and then you will start injecting [illicit drugs] and your child will be taken from you. (OHCHR 2013b)

The gynecologist then instructed O.S. to have an abortion and to visit the drug treatment clinic in order to receive a medical document stating the she was drug dependent. Ultimately, O.S. chose not to have an abortion, but the stress, vulnerability, and lack of medical support drove her to consider suicide and eventually to she began using injection drugs again. She decided to enroll in a drug treatment clinic, but was denied access due to her pregnancy and the possible adverse effects of the medication on the fetus. The report then states that in order to be admitted in the drug treatment clinic "she lied and told the gynecologist that she would have an abortion immediately after drug treatment" (*idem*).

Following a week of drug treatment, during which O.S. was given medication for her withdrawal symptoms and no other services, she was released and told to visit the Center of AIDS. This, reportedly, is the only state institution, which provided her with support and accurate information about her pregnancy, including HIV anti-retroviral treatment and the prevention of mother to child transmission. O.S. had a cesarean section at twenty-nine weeks and gave birth to a healthy HIV and Hepatitis C free baby (OHCHR 2013b).

O.S. filed a complaint to the district court arguing that her basic human rights had been violated, including the right to health, freedom from discrimination and ill treatment. The court determined that these rights were not violated because the medical staff followed national

protocol and the baby was ultimately born healthy, therefore the medical staff performed their proper duties (OHCHR 2013b).

This case shows not only the violation of O.S.'s human rights on the basis of her gender and status as a drug user, but also illustrates the theme of failed motherhood within the official discourse on women who use drugs. Furthermore, this indicates that the speech and practices of medical professionals at state institutions also contribute to (re)producing the theme of failed motherhood. The words of the gynecologist demonstrate extreme discrimination towards pregnant women who use drugs. The gynecologist not only provided misinformation about the health of the fetus to O.S., she also pressured her to have an abortion. Considering that this is standard protocol within healthcare institutions in the Russian Federation, women who use drugs and who are seeking reproductive and pre-natal healthcare are told that they cannot be mothers or that they will fail as mothers due to their drug use.

The report "Other Patient Syndrome", published by E.V.A., further indicates the prevalence of the theme of failed motherhood within official drug discourses. In the study 213 women who use drugs and were pregnant or had been pregnant were interviewed (Atayants et al. 2015). The research revealed that many of the women had received negative care from doctors based on their status as a drug user (idem) For those that had had abortions, more than half felt pressured by their doctor or family members. Of the 213 women, 20% tried to enroll in drug treatment, but most were denied treatment due to their pregnancy (idem, 5). Ultimately 88% of women attempted to terminate their drug use independently. They did so for several reasons, including distrust in the efficacy of public and municipal drug treatment and rehabilitation programs, the requirement to official register as a drug user in state programs, or lack of funds to pay for other treatment programs (idem).

This report from E.V.A. confirms that the experience of O.S., as a pregnant woman who uses drugs, within both Russian healthcare and drug treatment institutions is not a singular

incidence. Rather, the construction of women who use drugs as failed mothers through official discourse is systematically (re)produced. Therefore, legislation, healthcare institutions, and medical staff themselves all maintain, legitimize and (re)produce this discourse.

4.2.3. State Anti-Drug Media Campaigns

In a state-funded anti-drug video campaign titled, “Comprehensive measures to combat the spread of drug dependency and alcoholism in Krasnoyarsk Krai in 2010-2012,” there was a single video that portrayed a woman who uses drugs (“The Administration of Krasnoyarsk...” 2010). This video depicted fetuses preserved in jars, each with a severe developmental disability. The jars of fetuses surrounded a girl, who then called out the name of each fetus, and stated the type of drug (marijuana, ecstasy, heroine, etc.) that she was using when she gave birth to them. The video clip finishes with the statement “Any dose of any drug at any time before pregnancy results in birth defects” (idem).

Video campaigns such as this illustrate one of the government’s common approaches towards anti-drug propaganda and women who use drugs. Not only is the information in this video scientifically inaccurate, it also reproduces two concerning gender-based stereotypes. Firstly, that the primary function of women is as mothers, and secondly that women who use drugs are not fit to be mothers. As part of the state’s official discourse on women who use drugs, the video emphasizes that women who use drugs, no matter what type of drug they use, cannot succeed in the role of motherhood.

The theme of failed motherhood within official drug discourses is prevalent within legislation, rehabilitation and drug treatment protocols, the practices of medical staff, and state anti-drug campaigns. While women are often invisible within this discourse, when they do appear, it is as failed mothers. The social consequences of this discourse are clearly evidenced through the experience of O.S.. The constant reinforcement of her inability to be a fit mother led to a drug relapse, extensive stress and trauma. Furthermore, as her case illustrates, the state

fails both to recognize and to reform its policy and stance on women who use drugs in order to address the social consequences of its current discourse. Furthermore, as with the previously discussed video campaign, such discourses are disseminated amongst the public, thereby influencing the mainstream discourse and social imaginary on women who use drugs.

4.3. Criminals

Women in the Russian Federation who use drugs are often framed as criminals through official drug discourses. This social imaginary connects women with drug-related crimes, as well as violent crime and sex work. I want to clarify here that I am not arguing that women who use drugs do not commit crimes, but rather that this image is (re)produced by official discourses and integrated into the practices of state institutions. Furthermore, the entitlement to basic rights is or can be lost within this discursive construction (Mountain 2013, p. 94). Therefore, I argue that the imaginary association drawn between women who use drugs and crime is used to justify institutional rights violations towards women who use drugs. In sections below I analyze how official drug discourses frame women who use drugs as a criminals and indicate these discourses' social consequences.

4.3.1. Drug-related crime

The construction of women who use drugs as criminals is evidenced by high incarceration rates and harsh sentences for women's drug-related crimes. Women who use drugs account for 40% of all incarcerated women in Russia, as compared to 20% of all incarcerated men in Russia (Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation 2015, 2). This shows that women who use drugs are disproportionately represented within the Russian prison system as compared to other portions of the Russian population. Furthermore, "statistics from the Judicial Department of the Russian Supreme Court illustrate that women who use drugs are more frequently charged with offenses categorized as serious

crimes than are men” (idem). Evidence of harsher sentences for women than men¹¹ indicates that there is increased discrimination from law enforcement, and that women’s involvement in drug-related crimes is treated more seriously than is men’s.

While it could be argued that women do tend to commit more serious drug related crimes, the 2015 CEDAW shadow report claims that it is actually gendered drug-using behaviors that put women at greater risk within the criminal justice system, rather than the frequency or gravity of criminal activity. It states that women who use drugs, “tend to use drugs together with their partners” which increases their likelihood to be charged “for crimes in complicity and for running a drug den,” both of which get harsher sentences than possession of narcotics (Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation 2015, 3). Further, the report also claims that because women who use drugs lack proper rehabilitation and drug treatment options on the basis of their gender, they “usually face just two options—either to try and overcome the addiction on their own (which is incredibly difficult) or inevitably get caught in the criminal justice system” (idem). In this sense, gendered social behaviors surrounding women’s drug use disadvantage them within the criminal justice system. Furthermore, the access barriers that prevent women who use drugs from terminating or treating their drug use also put them at greater risk within law enforcement institutions, as they have few options to cease illicit drug use.

Beyond the aforementioned factors that contribute to the proliferation of the imaginary on women who use drugs as connected with crime, Respondent 5 from ARF argued that women who use drugs are punished more harshly due their stereotyped role as morals keepers of the nation. Ilana Mountain identified a similar discourse within her research, claiming that, “Drug

¹¹ According to the 2015 CEDAW report, “In 2013, over 43% of women charged with drug-related crimes were sentenced for drug trafficking. 22% were charged for particularly serious crimes, and 15% convicted of complicit crimes. In contrast with statistics regarding convictions of men who use drugs, just 25% of men convicted of drug-related crimes were sentences for drug trafficking, 13% charged for particularly serious crimes, and only 7% for drug crimes committed in complicity.”

use by women is often regarded as a deviation of their social stereotypes, in which they are seen as unfeminine. This contrasts with men who are expected to be aggressive” (2013, 106). In this sense, women who use drugs are emphasized as criminals more strongly than are men, whose criminal behavior is treated less harshly.

4.3.2. Violent Crime

Looking towards the construction of women who use drugs as criminals with regard to violent crime, I examine the case of Gylchehra Bobokulova. Specifically, I look at the article “Nanny, suspected of murder, could have been under the influence of drugs” in which Viktor Ivanov, the head of the State Anti-Drug Committee of the Russian Federation, argues that for such a violent act to occur, the woman must have been under the influence of drugs (2016). This case shows that official drug discourses establish an association between women who use drugs and violent crime.

On 29 February 2016, RIA Novosti (РИА Новости), a state-operated news agency, broke the story of a child murdered gruesomely by her nanny in Moscow. The headline of the article described the situation stating that, “a woman is suspected of the brutal murder. According to media reports, she has been detained; she was holding the child’s head and threatened to blow herself up. The motives behind the crime are still unclear” (“In a burnt out apartment in Moscow a dead baby was found, the nanny arrested” 2016). From February 29 until May 25 2016, RIA Novosti wrote 77 different articles covering the case, many discussing the possible involvement of drugs.

One day after the story broke, on 1 March 2016, the article “Nanny, suspected of murder, could have been under the influence of drugs” was published by RIA Novosti (2016).

Within the article, Ivanov commented that:

‘Based on her appearance, she could have been on drugs.... This is not the first time: in Nizhny Novgorod, Kazan, Tomsk, brutal murders have already

occurred...this is due largely to these people using the synthetic drug PCP...a person loses a critical attitude towards their own actions.’ (idem).

It is important to note that there was no evidence that Bobokulova used drugs, other than what Ivanov describes as her “appearance”. Furthermore, until it was eventually determined that drugs did not play a factor in the murder, the Federal Drug Control Service remained somewhat involved in the case.

While the comments of Ivanov were not made specifically about women who use drugs, but rather on people who use drugs, I argue that gender was a large factor in the story’s suggestion of drug use. Considering that there are no notable cases of violent crimes committed by men that have been linked to drug use based only on “appearance” rather evidence, it is worth exploring how this link was established. I argue that the “brutal” nature of the crime and the fact that it was committed by a woman led to the association with drug use. In this sense, Bobokulova and her crime were only intelligible if she was on drugs. Because violence defies stereotyped gender norms that uphold women as moral and nurturing, Bobokulova’s actions, as a woman, had to be blamed on drugs use. In this sense, official drug discourses accept and (re)produce the idea that women who use drugs are violent, thereby constructing this connection within the social imaginary.

4.3.3. Sex Work

The theme of crime within official discourses on women who use drugs is also (re)produced with regard to sex work. These discourses rely on the assumed link between sex work and drug use, which not only promotes further stigma towards women who use drugs, but also denies them their basic human rights, especially with regard to health rights.

As Balzhirev stated in his expert opinion published on the State Anti-Drug Strategy website, “the great majority of drug addicts lose their human face...these are the fall of moral

principles, criminality, prostitution...absence of responsibility and aims, absolute heartlessness” (Balzhinov 2011). Firstly, this statement establishes an initial assumption that drug use leads people down an inevitable path of crime, sex work and “heartlessness”. While Balzhinov utilizes gender-neutral language, it is undeniable that the concept of “prostitution” is gendered, with specific implications for women. Secondly, he speaks about the innate link between drug use, crime and prostitution in an extremely moralizing way. In doing, Balzhinov’s statement establishes an unquestioning link between women who use drugs and sex work.

Balzhinov’s statement indicates that the association between gender, drug use and sex work is a prominent theme with official discourses and the social imaginary on women who use drugs. Moreover, this manifestation of official drug discourses has specific social consequences for women who use drugs and who are sex workers. The 2013 study “The Influence of Stigma and Discrimination on Female Sex Workers’ Access to HIV Services in St. Petersburg, Russia” examines the treatment of sex workers who use drugs within state medical institutions. The article states that approximately 40% of injection drug users in Saint Petersburg are women and that 32-37% of women who use injection drugs do some form of sex work (King et al. 2013, 2597). Moreover, the article argues that these women are often denied care due to stigma surrounding drug use, sex work and HIV status. Within the study, 139 female sex workers were interviewed regarding their experiences accessing state medical services, specifically HIV services in St. Petersburg. The finding was that 31% of the women were refused treatment from doctors on the basis of their status as a sex worker. Additionally, 51% of the women stated that they had been refused treatment because of their drug use. This further illustrates the moralizing discourse within state medical institutions surrounding sex work and drug use, especially when these overlap. Of the interviewees, 49% were unwilling to discuss their involvement in sex work with medical professionals, and 58% had, at some point, avoided visiting doctors due to fear of mistreatment (*idem*).

The social imaginary construction that women who use drugs are criminals, not only regarding drug-related crimes but also including violent crimes and sex work, can be understood as (re)productive of itself. By this I mean that the social consequences of this image increase women's vulnerability within the criminal justice system and denies them the rights and services needed to address their drug use. Additionally this image is used to legitimize rights violations against women who use drugs and access barriers within social-medical services. By demonizing women who use drugs through official drug discourses, the social imaginary on women who use drugs leads to larger stigma towards this group.

Chapter 5: NGO Responses to Official Drug Discourse in the Russian Federation

In this chapter I analyze how the two NGOs, ARF and E.V.A., respond to official discourses on women who use drugs in the Russian Federation. By examining source materials from the NGOs, including website materials, published reports, and interviews with staff and board members from both ARF and E.V.A., I discussed whether they (re)produce or resist these official drug discourses. Based on my analysis of the NGOs' counter discourse, I analyze how ARF and E.V.A. frame women who use drugs within an alternative social imaginary. I argue that this alternative image of women who use drugs is connected to the themes of acceptance and respect, motherhood as a right and a challenge, vulnerability, and diversity.

5.1. NGO responses to official discourses on women who use drugs

Through analysis of source materials from ARF and E.V.A., I show the different ways in which official drug discourses are either (re)produced or resisted by these two NGOs. I look specifically at the dominant themes used to construct women who use drugs within official discourses, as identified in Chapter 4 of this thesis. These themes include invisibility, failed motherhood, and crime. I also explore the relationship that ARF and E.V.A. have with the state, and discuss whether they cooperate with the state, receive state funding, or make a decision to not cooperate with the state. I then demonstrate how their responses to official drug discourses in the Russian Federation are influenced by their relationship with the state.

5.1.1. Invisibility

The response of ARF towards the theme of invisibility within official drug discourses is evident in both their staff structure and projects. Not only does the NGO employ and involve members from the community of drug users, but the majority of the NGO staff and outreach

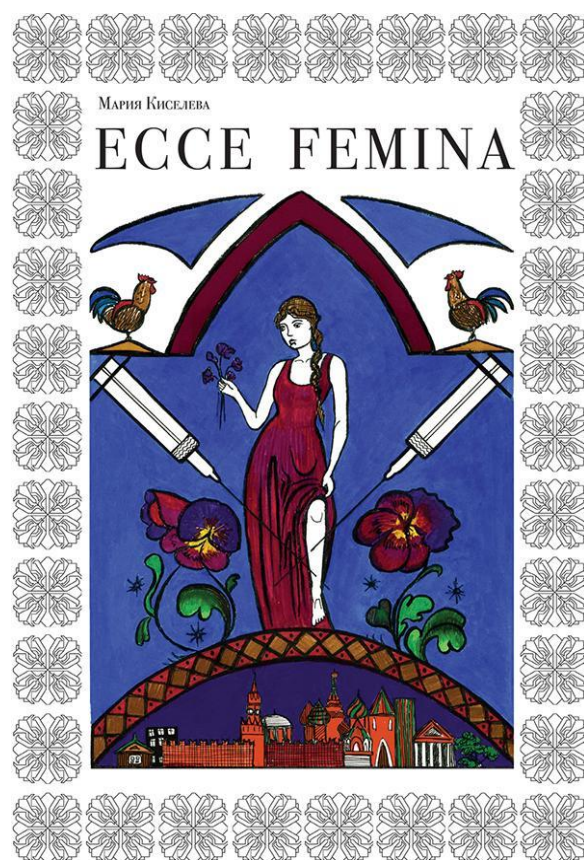
workers are women who use drugs or are affected by drug use. While participating in street outreach, of the fifteen outreach workers that I worked with, nine were women. Furthermore, the president of the NGO, and six of the eleven staff members are also women. In this sense, the voice of women who use drugs is integrated within the leadership of the NGO. This has a direct effect on the women-specific projects and services provided by ARF.

In addition to the presence of women who use drugs amongst the staff and outreach team of the NGO, its model of outreach service also seeks to give visibility to women who use drugs and their specific needs. As Respondent 5, a board member of ARF, argued regarding gender-sensitive harm reduction services, “regardless if it’s for men or women...you always have to hear your clients. ARF is more or less successful in this because they are very close to the community...that’s what’s supposed to be done with regard to any projects, which is oriented or focused on such specific communities as women who use drugs.” From this perspective, not only is ARF sensitive to the specific needs of women who use drugs, but they also encourage their clients to participate in identifying what those needs are and how they should be met.

Within the framework of the project “Strengthening the response to the growing needs of women who use drugs”, as well as the successful 2015 CEDAW shadow report, ARF directly addresses the social consequences of women’s invisibility within official drug discourses. The project “Strengthening the response to the growing needs of women who use drugs”, which operated from 2012-2015, provided outreach and case management services and mini-seminars for women who use drugs on important topics such as reproductive health, HIV, and STIs, (The Andrey Rylkov Foundation 2014). This directly addressed the Russian state’s lack of gender-specific drug treatment and rehabilitation protocols. Furthermore, through strategic litigation and the documentation of rights violations against women who use drugs by state institutions, ARF pushes to reform the policies and protocols which (re)produce women’s

invisibility in official drug discourses. This was emphasized by the recent success of the CEDAW shadow report. The report not only identified access barriers for women who use drugs within state medical-social services, but it also identified these barriers as systematic and a form of discrimination (Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation 2015). Therefore, ARF challenged the Russian state to improve services, and to change the structures and discourses that (re)produce stigma towards women who use drugs.

Finally, as part of the project addressing the specific needs of women, ARF partnered with Maria Kiseleva to produce the book *Ecce Femina. Women and Drug Policy* (The Andrey Rylkov Foundation 2014). This book, which translates to “Behold Woman”, makes women who use drugs visible in a very material way. In opposition to official drug discourses, in which women only appear through the themes of failed motherhood and crime, artist Maria Kiseleva illustrates women who use drugs as complex individuals with histories. Kiseleva based her depictions of several women from meetings and interviews she conducted with them, thereby giving a voice to women who use drugs and their experiences (Kiseleva 2015). This art activism challenges not only the theme of invisibility within official drug discourses, but also the themes of failed motherhood and crime.



The cover of the book *Ecce Femina* by Maria Kiseleva

E.V.A.'s response to the construction of women who use drugs as invisible can be seen in the organization's strategic objectives, projects, and interviews with staff and board members. Generally, the organization addresses the gap in services for women who use drugs, which is a primary social consequence of these discourses.

E.V.A.'s staff is comprised primarily of women from their key target groups, including women living with or affected by HIV, and women vulnerable to HIV, such as women who use drugs or sex workers. Each of these populations is represented within the staff, as well as the board and the general assembly. Therefore, those establishing the strategic objectives, service and advocacy projects, and conducting research projects are, in part, representative of women who use drugs. This emphasizes the importance that the NGO places on making this group visible in society and emphasizing their voice within decision-making processes of the organization.

One of the focus groups of E.V.A. is women vulnerable to HIV. This is demonstrated in the organization's first strategic objective to "improve the access to medical and social services and assistance regarding the rights of women living with HIV and vulnerable to HIV (sex workers, women drug users)..." (E.V.A. Women's Network 2015b). Beyond giving visibility to women who use drugs by naming them as a target group, this statement directly addresses the social consequences of official discourses that make women who use drugs invisible, namely by excluding them from state social-medical services. Hence, this shows that the NGO actively resists these discourses rather than (re)producing them.

Improving access to medical-social services for women who use drugs is another way that E.V.A. challenges official drug discourses. This is shown through the specific projects of the NGO that are related to this population. The project "E.V.A. Caring", a peer-to-peer support project for women living with HIV, does this in two ways (E.V.A. Women's Network n.d. – b). Firstly, utilizing the concept of *peer* support, the project employs women living with HIV as consultants, some of whom are drug users. These consultants are valued because of their direct experience with HIV and/or drug use. Furthermore, they are trained specifically to work with women who use drugs. This project addresses a gap in state practices regarding HIV health services and gives visibility to the needs of women who use drugs through the insights of consultants that are members of this community (*idem*).

In the project "Retention of Patients in HIV Program" E.V.A. made contact with women who use drugs through rapid testing centers (E.V.A. Women's Network n.d. – d). They also administered a small questionnaire to all participants regarding drug using behaviors, sexual practices, and experiences with state social-medical care. The data gathered was analyzed to identify gendered trends amongst people who use drugs and the specific needs of women who use drugs (*idem*). Respondent 6, a staff member of E.V.A. and a woman in a

discordant partnership¹², described the results of these projects for women who use drugs. She shared that the organization arranged “more than 3000 individual consultations for women who use drugs...usually women who use drugs have HIV or hepatitis, and we link these women to medical support.” Additionally, the NGO has a list of “friendly doctors” with whom they connect clients. This illustrates that E.V.A. fills the gap in service provision by providing direct services that are lacking in state protocols. Moreover, through this project, the NGO rejects the invisibility of women who use drugs by establishing them as a target population of projects.

Finally, one of the most prominent examples of E.V.A.’s investment in giving visibility to women who use drugs is the research report “Other Patient Syndrome” (Atayants et al. 2015). This report utilized a questionnaire, focused on pregnant women who use drugs, to gain insight directly into the experiences of these women in state medical-social institutions. The report argues that insufficient care is provided for pregnant women who use drugs due to the “fragmented Russian healthcare system” and that because of “limited professional training, doctors simply redirect pregnant drug addicts to the next specialist...” (idem, 7). These findings directly highlight that services are not designed with women in mind. Furthermore, the report shows that due to the lack of women-specific protocols, doctors (re)produce the theme of invisibility by denying them medical care and passing them on to different doctors as though the women are neither their problem nor their patient.

“Other Patient Syndrome” is one of the few advocacy projects where E.V.A. makes explicit policy recommendations that include substitution therapy (Atayants et al. 2015). Nowhere else in the source materials of the NGO is this present. Even so, such advocacy does not take the same hard approach as ARF. Namely, it makes research based recommendations rather than engaging in strategic litigation cases that directly challenging existing policies and practices. Despite this, interviewees from E.V.A. still problematized the state’s approach

¹² Discordant partnerships are those in which one person is HIV-positive while the other is not.

towards women who use drugs. Respondent 7, a board member of E.V.A., stated that “of course it’s a big problem that we don’t have a national strategy on how to support women who use drugs...our government only suggests rehabilitation centers, and these aren’t even available in all towns.”

While it is apparent that both ARF and E.V.A. respond to official drug discourses that render women invisible through their organizational structures, strategic objectives and projects, their approaches challenge official discourses in different ways. With regard to invisibility, E.V.A. addresses the social consequences of this discourse rather than challenging the structures that produce these discourses. Alternatively, ARF is active in challenging such structures, reflected by their hard advocacy approach. This indicates that ARF not only resists official discourses on women who use drugs, but also pushes for structural change to address the systems of knowledge production that proliferate official drug discourses. Further emphasized by publications such as *Ecce Femina. Women and Drug Policy* (Kiseleva 2015), the theme of invisibility is challenged by material representations of women who use drugs that make them visible outside of the themes of failed motherhood and crime.

5.1.2. Failed Motherhood

Failed motherhood is a prevalent and recurring theme within official discourses on women who use drugs. ARF and E.V.A. have challenged this construction of women who use drugs, responding to the social consequences through advocacy work and service provision. In this section I demonstrate how the NGOs resist this discourse and, instead, support and advocate for the rights of women who use drugs and are pregnant or who have children.

In the words of Respondent 3, an outreach worker and case manager for ARF, “for women who use drugs, many people, and especially the media, have associations that they are bad parents...and it’s so awful.” This statement reflects ARF’s general response to the theme of failed motherhood. The NGO is greatly invested in improving the situation of pregnant

women who use drugs and those who have children. This is apparent in the activities of the project “Strengthening the response to the growing needs of women who use drugs”, the 2015 CEDAW shadow report, the strategic objectives, and the statements of interviewees.

One of ARF’s primary strategic objectives is advocating for the legalization of substitution therapy (The Andrey Rylkov Foundation n.d.). Because illicit drug use during pregnancy poses serious maternal, fetal and neonatal risks, The World Health Organization recommends substitution therapy as the gold standard of care for pregnant women who use drugs (2004). Respondent 5 commented that because “there is no methadone...women are left on their own.” Due to existing state medical protocols, women cannot simultaneously seek drug treatment and prenatal care due. Therefore, the lack of adequate care for women who use drugs is not only problematized, but methadone, a form of substitution therapy, is specifically identified as a key strategy in addressing this gap in women-sensitive drug treatment services.

The lack of services for pregnant women is also discussed in the CEDAW shadow report. Under Article 12(2) regarding access to reproductive health services, the report states:

Russian gynecologists are not trained in specific aspects of caring for women with drug dependence....The state-promoted intolerance towards patients with addictions causes medical professionals to pressure drug using women who wish to carry the pregnancy to term into having an abortion by convincing them that their babies would be born with abnormalities (Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation 2015, 4).

This shows that the lack of reproductive health services for women who use drugs is not only a gap in service, but also a discriminatory practice. Women who use drugs and are pregnant face inadequate care, pressure to have an abortion, and misinformation about the effects of drug use on the health of the fetus.

In addition to discrimination and inadequate care for women who use drugs within reproductive health services, the interviews further challenged the construction of failed motherhood. Respondent 2, a staff member of ARF, an activist, and a woman who use uses drugs, stated that, “in the mind of [Russian] society...even if you smoke when you’re pregnant

you'll get a really bad attitude from others. So, if smoking just cigarettes is enough, what will people do if you use drugs? They will want to kill you."

ARF also resists official discourses regarding women who use drugs that have children. The CEDAW shadow report explicitly names Article 69 of the Family Code of the Russian Federation¹³, as a discriminatory practice (Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation 2015, 3). Furthermore, interviews with ARF staff indicate a similar response regarding the lack of drug treatment and rehabilitation protocols for women who have children. Respondent 5 stated that the availability of rehabilitation and drug treatment facilities for women who have children is "woefully lacking" and that there are only "a limited number of private rehabilitation centers which would provide services for mothers with children. There are *no* state facilities of this kind." Respondent 1, an outreach worker for ARF, a mother of two children, and a woman who uses drugs argued that children present the greatest challenge for women who use drugs. She commented "it's children. It's the most sensitive issue, which can defeat any woman...with children it's very difficult." Such statements place motherhood not as a failure of women who use drugs, but as a challenge increased by discriminatory practices within state institutions.

Beyond opposing official discourses and the legislation and protocols that (re)produce the image of women who use drugs as failed mothers, ARF also provides certain reproductive services for women who use drugs. For example, the project "Strengthening the response to the growing needs of women who use drugs" provides women with simple but important reproductive health materials such as pregnancy tests and condoms. Respondent 3 commented on the importance of this program saying, "you give her the opportunity to speak about women-specific issues, such as pregnancy, childcare and gynecological issues. At other times she may

¹³ Article 69 of the Family Code of the Russian Federation lists drug use as grounds for the termination of parental rights.

not talk about that if you don't give her a pregnancy test." In this sense, the provision of such items not only gives women material tools to care for their reproductive health, but it also opens a gateway for women to seek further help regarding their health, a pregnancy, or child care.

ARF also offers some services to women who already have children. These include provision of school supplies for children, holiday celebrations, and field trips. Respondent 4, an outreach worker for ARF, stated that "mostly women are involved in that program" and that this establishes an important link between women who use drugs and the NGO. Further, she argued that it would be beneficial to expand the program to include "programs directed to better parenting skills." On this basis, rather than (re)producing the theme of failed motherhood, ARF responds to this discourse by challenging legislation, and giving women who use drugs the tools that they need to care for their reproductive health, a pregnancy, or children.

E.V.A. reacts to the theme of failed motherhood through advocacy work and services. Specifically, the NGO's resistance to this construction is evident within their position paper on reproductive health, and the projects "Other Patient Syndrome" and "E.V.A. Caring". Beyond these materials, interviewees spoke about pregnancy and motherhood as issues women who use drugs face when accessing state medical-social services.

Respondent 6 shared that women's access to services when they are pregnant or when they have children depends greatly on the specific state institution they visit. She argued that:

women have no support from gynecologists and narcologists if they're pregnant...now we have one client who has no support from her gynecologist...her doctor told her 'you have HIV and you use drugs, you can't stay in the hospital. You should go home and you should use treatment at home.' But this woman needed support in the hospital...we recommended a lawyer for her and there was a case filed, but they just told us 'maybe she came to the hospital too late.'

This example shows that in some cases the state blames women who use drugs when they have problems accessing state services or caring for their own pregnancy or reproductive health. Not only does E.V.A. problematize the response of the state, but it also recognizes the gap in

services for pregnant women who use drugs and supports them by linking them with lawyers or “friendly doctors”. Therefore, the NGO places the blame on state medical-social institutions for jeopardizing women’s reproductive or pre-natal health, rather than on the women who use drugs themselves.

E.V.A.’s report “Other Patient Syndrome” echoes the same idea. The study found that the necessary conditions needed to support pregnant women who use drugs include, “high-quality and integrated assistance, drug treatment protocols for pregnant women, the provision of social and physical support, low-threshold medical services and a friendly attitude” (Atayants et al. 2015, 8). Their words directly highlight the failure of state services to adequately provide for the reproductive health needs of women who use drugs. Furthermore, the study argues, “women who use drugs have high motivation to care for the health of their future child and, therefore, are ready to take steps to care for their own health” (idem, 5). Not only does such a statement squarely challenge the theme of failed motherhood within official drug discourses, but also it illustrates the pivotal moment of pregnancy for women who use drugs. Rather than pushing women to have abortions or denying them services altogether, which is the current practice of state medical institutions, this study emphasizes that women who use drugs can have healthy children and that supporting them during pregnancy is a key moment in ensuring their future health.

Looking towards women who use drugs and have children, E.V.A. provides childcare and support services. Respondent 8 shared that the NGO offers short-term childcare services for women who use drugs, so that they can visit medical-social institutions. The organization has also partnered with a small non-profit, Innovatsia, which supports children affected by HIV and drug use. This center has a pre-school and after-school program for these children. Additionally, they offer services to families affected by HIV, such as clothing and school

supplies. Respondent 6 also discussed the issue of access to drug treatment and rehabilitation centers if women have children. She said that “we try to find best practices when women will be with their children at private rehabilitation centers, but we don’t have such examples...maybe there are one or two in the whole country...this is because there are so many problems with government regulations.” By connecting the lack of services with state regulations and practices, E.V.A. challenges the construction of failed motherhood. Furthermore, the NGO seeks to enable women who use drugs to be successful mothers by providing them with the essential services that the state denies them, such as childcare and basic material necessities.

While both NGOs reject the theme of failed motherhood, these examples from ARF and E.V.A.’s service provision and advocacy projects illustrate the main differences between these NGOs. Primarily, ARF is involved hard advocacy that challenges existing power structures that frame women as failed mothers through the (re)production of official drug discourses. This is shown through ARF’s strategic litigation cases and shadow reports on human rights violations. The work of E.V.A., regarding pregnant women who use drugs or those who have children, is primarily service based. In this sense, they are engaged in soft advocacy that addresses the social consequences of official discourses on women who use drugs, rather than directly challenging the power structures that (re)produce this discourse.

5.1.3. Criminals

Women who use drugs in the Russian Federation are framed as criminals within official discourses. Through this construction, women who use drugs are portrayed as criminals in terms of drug-related crime, violent crime, and sex work. Because the theme of crime is connected to the de-humanization and denial of rights for women who use drugs, ARF and E.V.A. address this theme by advocating for their access to human rights. This is apparent in their strategic goals and also within their advocacy projects.

One of the strategic objectives of ARF is directed towards the human rights of people who use drugs (The Andrey Rylkov Foundation n.d.). Projects to promote the human rights of women who use drugs include the CEDAW shadow report and the UN Special Rapporteur report “Pathways to, conditions and consequences of incarceration for women” (2013). These reports argue that regardless of gender, involvement in criminal activity, or involvement in sex work, women who use drugs should be treated as human and as equal citizens with access to effective and quality medical-social care and rights.

Several interviewees from ARF commented on the stigma related to crime that constructs the social imaginary on women who use drugs. Respondent 5 spoke extensively about the stigmatized association between crime and women who use drugs. He stated:

They are considered more sinful, more responsible if they start using drugs...when women are eventually caught in the net [law enforcement] they are prosecuted to the full extent the law provides...because there is a special stigma attached to women...how can they use drugs when they are future or current mothers? How can they betray society when society entrusted them the role of being the custodians of all the family values...the only way the public would consider effective to deal with drug prevention is punishment...especially strong punishment against women. That's why women are so much more vulnerable to current punitive drug control in Russia.

Based on this assessment, law enforcement practices connected to the theme of crime are self-legitimizing and (re)produce the assumption that women who use drugs are necessarily criminals. This, as the respondent identifies, is a discriminatory and unjust practice that denies these women their basic human rights.

ARF also responds directly to the theme of sex work amongst women who use drugs. The article published on ARF's website “Sex Workers, Unite! (Litigating for Sex Workers' Freedom of Association in Russia)” stands in support of Silver Rose, a network of sex workers (Arps et al. 2014). Additionally, two interviewees commented directly on ARF's involvement with sex workers. Respondent 3 stated that “in Moscow we tried to reach out to sex workers, but we found out that there are not much of them who use drugs or who want to tell us that

they use drugs...we searched through streets which are known for many sex workers. There were just one or two who told us they use drugs.” This indicates that the organization is interested in supporting women who use drugs and who are involved in sex work, but has not yet made adequate contacts with this population in order to provide them with additional services. Respondent 1 shared that she had recently made connections “where commercial sex workers hang out” and that “we go and talk with them, because many of them use drugs.” Therefore, rather than framing women who use drugs and are sex workers as criminals and as immoral, the NGO has taken a keen interest in meeting their specific needs.

The response of E.V.A. towards official drug discourses that construct women who use drugs as criminals also confronts the topics of drug-related crime and sex work. Namely, the NGO challenges existing practices that lead to higher and harsher incarceration rates for women who use drugs and that fail to provide adequate services regarding their sexual health and sexual practices. This is evident within the position paper “Women and the System of Criminal Justice”, and interviews conducted with staff members.

The position paper argues not only that women are disproportionately represented in the prison system for drug related crimes, but also that prisons have only “programs and services initially designed for men” (E.V.A. Women’s Network n.d. – e, 1) Furthermore, it argues that most incarcerated women are there for drug related crimes or for involvement in sex work, but that “a significant portion...are victims of physical and sexual abuse...all these factors greatly increase the vulnerability of women in prison” (idem). Therefore, rather than approaching the theme of crime through a moralizing discourse that legitimizes rights violations towards this group, E.V.A. argues that such women often are more vulnerable and that their human rights and interests should be protected.

In terms of sex work, E.V.A. openly identifies sex workers as one of its key target groups, thereby countering the state’s negative position on this topic (E.V.A. Women’s

Network n.d. – a). The organization collaborates with the NGO Silver Rose on certain projects concerning sex workers, and supports sex workers through general projects concerning HIV. Furthermore, in an interview the organization's openness to women's sexual practices was emphasized. Respondent 7 stated that, "at E.V.A. we try to find special condoms for women [female condoms]...in the end we just buy condoms, but we ask women what kind of condoms they need for different kinds of sex." This indicates that the E.V.A. does not rely on a moralizing view of sexuality; instead, they provide services to women who use drugs regardless of their sexual practices or involvement in sex work.

Analysis of ARF and E.V.A.'s responses to official drug discourses with regard to the theme of crime reveals that both NGOs challenge this theme within the social imaginary, and address the associated social consequences. As shown with other discursive themes in this chapter, the NGOs follow a pattern of advocacy that reflects their relationship with the state. While ARF addresses this issue through hard advocacy, seeking to change policy and protocols that (re)produce such discourses, E.V.A. focuses mainly on service provision, thereby meeting the immediate and basic needs of women who use drugs without challenging structures of knowledge production.

5.2. An Alternative Social Imaginary on Women Who Use Drugs

The materials that I analyzed in section 5.1, including articles posted on the websites of ARF and E.V.A., published reports, and interviews with staff members, revealed that both NGOs are resistant to official discourses on women who use drugs. In this sense, the NGOs challenge the dominant social imaginary on women who use drugs, which relies on the themes of invisibility, failed motherhood and crime. If ARF and E.V.A. resist this hegemonic discourse and social imaginary, then it must be asked what alternative social imaginary on women is constructed by the two NGOs. Through discourse analysis of the aforementioned source materials, I argue below that both ARF and E.V.A. present an alternative social imaginary that

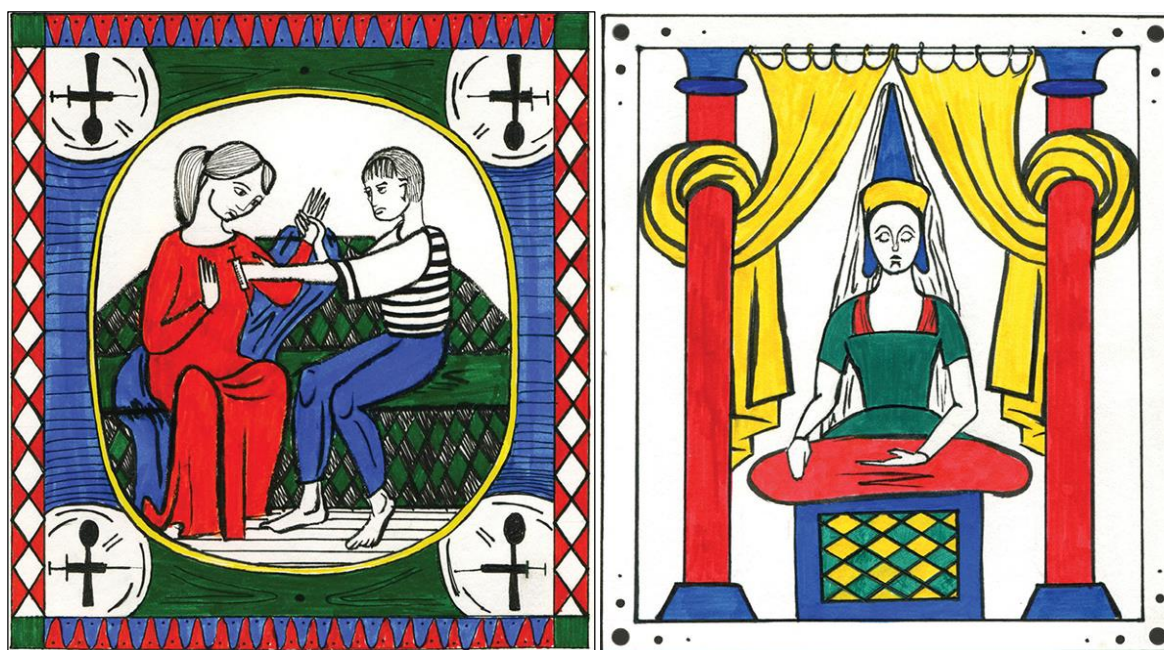
frames women who use drugs in terms of abandoning shame, motherhood as a right and a challenge, vulnerability and diversity.

5.2.1. Acceptance and Dignity

A major theme present within the responses of ARF and E.V.A. towards official discourses on women who use drugs was that of acceptance and dignity. This is primarily reflected in text, images, and interviews from ARF, although there are some examples present within source materials from E.V.A. This theme directly challenges state practices and discourses that stigmatize and dehumanize women who use drugs.

The mission statement of ARF demonstrates the theme of acceptance and dignity for women who use drugs, stating that their objective is “to promote and develop humane drug policy based on *tolerance*, protection of health, *dignity*, and *human rights*” (The Andrey Rylkov Foundation n.d., italics added for emphasis). Such a statement indicates that the principle goal of the NGO is not targeted towards abstinence or termination of drug use, but rather to promote acceptance and protect the basic human right of dignity for people who use drugs.

In the book *Ecce Femina: Women and Drug Policy* we see representations of women who use drugs that are imbued with acceptance and dignity, rather than shame and stigma (Kiseleva 2015).



Images from *Ecce Femina: Women and Drug Policy*

These images tell the stories of women who use drugs, thereby portraying them as human beings with complex histories and lives. Furthermore, these representations do not make any moral assumptions regarding drug use. As Anya Sarang commented, through the project “we see the lives of ordinary women who find themselves in the middle of the dark world of today’s Russia...simply follow their way of life, listen to their stories and do not make any value judgments towards them” (Sarang quoted in Kiseleva 2015). Therefore, within this very material representation of women who use drugs and their lives, stigma and shame are explicitly absent. Instead, there is an emphasis on these women as ordinary people whom we are called to interact with, *without value judgment*.

Beyond statements and materials officially published on the ARF website, acceptance and dignity surrounding women who use drugs were recurrent themes in interviews with staff. In some cases this was connected to their own identity as a drug user, while in others, staff members shared their experience addressing self-stigmatization amongst their clients. Respondent 1 commented on society’s view of women who use drugs, stating, “there is a lot of social stigma due to the complete lack of information...it’s a taboo...they say people have

only themselves to blame, they are not even people, and they are not sick, just loose and weak.” The respondent identifies official discourses as dehumanizing towards women who use drugs, and she counters the notion that “they are not even people” and that they are “loose and weak”. Such a statement is focused on acceptance, not blame and negative stereotypes.

Respondent 2 reflected on moving past her own self-stigmatization as a drug user and representative of the International Network Of People Who Use Drugs (INPUD), stating that, “I have to try not to be ashamed of it...its a kind of self-stigmatization...you just get used to this. When you have to hide it all and now you have to just be open. Yes, I’m a drug user...and this is my human right...a lot of people can’t go past this self-stigmatization.” In this sense, ARF believes that women who use drugs should experience acceptance and dignity not only from society and the state, but also from themselves.

5.2.2. Motherhood: A Right and A Challenge

Motherhood is a primary topic for the NGOs, as a discursive theme and social imaginary construction. Yet, it is presented not as a failure, but rather as a right and a challenge for women who use drugs. This alternative social imaginary is prevalent within source materials from both ARF and E.V.A., and was expressed in one form or another by every interviewee from both organizations.

The research report “Other Patient Syndrome”, states that there is an absence or lack of a “regulatory framework for the care of pregnant drug dependent women” (Atayants et al. 2015, 21). By studying the availability and quality of services available to pregnant women who use drugs, E.V.A. recognizes that, with regard to pregnancy, motherhood is a challenge for women who use drugs. Moreover, it is not a challenge necessarily due to drug use itself, but rather to the responses of state institutions towards women who use drugs, which denies them access to proper medical and social services (idem).

The idea that motherhood is a right for women who use drugs that is jeopardized by the state is emphasized within the 2015 CEDAW shadow report. This document identifies access barriers to health services for pregnant women who use drugs as a violation of Article 12(2) of the CEDAW convention, regarding access barriers to reproductive health services (Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation 2015, 4). These materials from the NGOs demonstrate that motherhood, with specific regard to pregnancy, is a right of *all* women, including women who use drugs. Furthermore, this right is a challenge for this specific group due to access barriers to state services. As Respondent 2 argued, “I think there should be some kind of really strong social work with pregnant women and women with kids who use drugs, because they really need some extensive support....emotional support and social support.”

Looking towards women who already have children, as the above quote indicates, they also experience challenges in their status as mothers, in addition to rights violations. E.V.A. has a section of their blog, titled “Personal Stories”, which is dedicated specifically to telling the stories of women living with HIV and who have children (E.V.A. Women’s Network n.d. – c). While not all of the stories are related to women who use drugs, some are. These blog entries describe the challenges that women have with regard to motherhood. Additionally, rather than illustrating them as “failed mothers” they are celebrated for being mothers and for preserving despite all of the forces against them (*idem*). Further, the CEDAW shadow report highlights this issue stating that “there is not a single center allowing women to attend a drug rehabilitation program together with their children” and that “drug addiction is considered legitimate ground for termination of parental rights” (Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation 2015, 4). This is a violation against women’s access to healthcare services as well as a violation of their right to motherhood.

Interviews with staff members of ARF and E.V.A. showed that they are also part of constructing an alternative social imaginary on women who use drugs, with specific regard to motherhood. Respondent 3 commented that Article 69 of the Family Code of the Russian Federation, which lists drug use as grounds for the termination of parental rights, was “terrible”. Furthermore, she cited that this issue was a primary concern of women who use drugs, stating that “there were lots of times when we met women at our outreach work that told us that they could not go to rehabilitation because they had kids and there was no possibility to leave their kids anywhere.” Hence, motherhood is not only a challenge because state policies jeopardize women’s parental rights, but also because the responsibility for children is also a barrier in accessing state medical-social services.

5.2.3. Vulnerability

A prominent and recurring theme within the alternative social imaginary on women who use drugs is vulnerability. The vulnerability of women who drugs is illustrated through the situation of women who use drugs with regard to domestic violence and law enforcement. These vulnerabilities manifest themselves in a number of ways, but are largely identified by interviewees as a result of the intolerant state and its relationship with the Orthodox Church, as well as traditional gender norms within the Russian Federation.

Both ARF and E.V.A. cited domestic violence as a key area of vulnerability for women who use drugs in the Russian Federation. While domestic violence does not only affect women who use drugs, both NGOs identify women who use drugs as a population with heightened experience of domestic violence and limited resources to address this issue. For this reason, the NGOs have specific projects or objectives related to the topic of women who use drugs and domestic violence.

At the 23rd International Harm Reduction Conference in Vilnius (2013), board member Natalia Sidorenko spoke at a session titled “Women and harm reduction: equal rights, unequal

opportunities” (Sidorenko 2014). Here she presented on “issues of the system and domestic violence against women IDUs” where she “stressed the importance of working with victims of violence.” In addition to the presentation of Sidorenko’s work at the conference, in 2015, E.V.A. held an interactive exhibit titled “Don’t Close Your Eyes on Violence” (E.V.A. Women’s Network 2015a). The exhibit took place during the international event “16 Days Against Gender-Based Violence” and discussed the specific vulnerability of women living with HIV, including women who use drugs, with regard to domestic violence (idem). ARF has also identified domestic violence as an important issue for women who use drugs. Through the project “Strengthening the response to the growing needs of women who use drugs”, a training was held on the topic of domestic violence prevention and responses (The Andrey Rylkov Foundation 2014).

In addition to these advocacy and service provision projects, interviewees of both organizations raised this topic when asked about specific challenges facing women who use drugs in the Russian Federation. Respondent 1 shared her personal experience of domestic violence at the hands of her ex-husband and former drug-using partner. She stated that for drug-using women who experience domestic violence, “it is simply terrible. It is impossible to convince the police if you have nothing to show. If you don’t have a knife sticking out of you, or a black eye...all that will happen is that he [the abuser] will be taken into the station for three hours.” This reflects that there is little support from law enforcement for survivors of domestic violence and that inequality in gender power relations are excused or overlooked by institutional actors.

Beyond the lack of protection by police, which other women suffer from as well, women who use drugs have difficulty accessing women’s shelters and other forms of social support provided to survivors of domestic violence. Respondent 3 explained that state operated women’s shelters “don’t accept women who use drugs. It is prohibited to use drugs or alcohol

in those places.” She went on to discuss her personal interactions with the employees of women’s shelters, who sometimes try to find ways around this policy to accept women who use drugs. Despite the efforts of shelter employees, the ban on drug and alcohol use or suspected use prevents most women from accessing these crucial services. Therefore, women who use drugs do not have access to basic social support institutions in the case of domestic violence.

Without access to support from social services or law enforcement, women who use drugs are left with few alternatives than to return to their abuser. This was argued by Respondent 1, who stated, “when you are beaten by your husband...you have nowhere to go. If you have no one else in the city...nothing can be done. Only go to the train station with the homeless.” This situation is further exacerbated if the survivor also has children, for it is one thing to flee your abuser if you have only yourself to care for, another if you have children. The respondent shared that when you are alone “you can open a newspaper in the park and sleep. This doesn’t work with children. They need food, clothing, and to wash.” For this reason, many women who use drugs return to their abuser because they are not taken seriously by law enforcement, have nowhere else to turn, and do not have the resources to care for themselves and children if they have them. This aspect of vulnerability for women who use drugs is also clearly classed. It primarily affects women who have neither the financial means, nor family or friends who can assist them.

Women who use drugs and experience domestic violence are sometimes hesitant or unwilling to discuss the issue. Respondent 3 noticed “women are generally more vulnerable in Russia because...there is a domestic violence problem. And even when we work individually with those women, they don’t name it as a problem...but it is.” The denial or concealment of domestic violence by the survivors of domestic violence themselves indicates mistrust not only of state services, but also of NGO services. Respondent 1 claimed that such a phenomenon

was, in fact, part of a greater cultural trend. She said that the mainstream perspective on domestic violence encourages women to not “air your dirty laundry in public” and that “if he beats you then he loves you.” Therefore, women are encouraged to keep silent about domestic violence, and even if they do choose to speak about it, they are often ignored or forced to provide explicit evidence of the abuse.

Because the state fails women with regard to domestic violence, the NGOs recognize this as an important gap in service for them to fill. Respondent 1 stated that outreach workers should be trained to recognize signs of domestic violence amongst women who use drugs. She said that:

I can see when a woman is in a situation of domestic violence...when you have experience it yourself, you catch some little gestures, glances, and postures...and for those who haven't had such an experience, it would be possible to learn some thing about it. For example, giving advice doesn't help at all. Only full acceptance, forgiveness, and a total willingness to take the girl into your arms and embrace her.

This illustrates that ARF and E.V.A. not only recognize domestic violence as a prevalent issue for women who use drugs, but do so in complete contrast to the state approach. Rather than overlooking women's claims of domestic violence, turning them away from shelters, or asking for proof of abuse, respondents argued that outreach workers should identify unspoken signs of domestic violence. Because women are often unwilling to name the issue themselves, it may be the only way to provide assistance for such a situation.

Interactions with law enforcement officers were another key element of vulnerability that shaped the thinking on women who use drugs, as became clear when the interviewees were asked about their primary associations with gendered drug using behaviors and structural discrimination towards women who use drugs. Interactions with law enforcement, in this context, do not only refer to arrests, but also to the courts and prison facilities. As discussed in Chapter 4 of this thesis, crime is a major theme within official discourses on women who use drugs in the Russian Federation. The social consequences of such a stereotype include high

rates of incarceration and harsh sentences for women who use drugs. All of the respondents identified discrimination within law enforcement as one of the main vulnerabilities of women who use drugs.

Several articles and reports published by ARF and E.V.A. refer to the treatment of people who drugs within law enforcement institutions as torture and a major human rights violation. With regard to women who use drugs specifically, interviewees discussed the traditional gender norms and stereotyped gender roles that, in their opinion, contributed towards the discrimination of women by law enforcement agents and institutions, and therefore the vulnerability of the women themselves.

Respondent 8 of E.V.A. argued that drug practices are gendered, and therefore, place women who use drugs at greater vulnerability than men who use drugs with regard to law enforcement. She stated that, “statistically women have more problems with the law because usually women tell the police that its her problem, not her male partner’s...usually women take the guilt.” Respondent 3 echoed these ideas, arguing that women more easily confess to drug related crimes because the police have “more places to push her, such as children.” Finally, Respondent 5 claimed that women often carry drugs on them instead of their male partners. This is due to the misperception that male police officers cannot search women; therefore, if women carry the drugs it is supposedly safer. Furthermore he shared that because women who use drugs often begin using with a male partner, they are “very prone or susceptible for prosecution as part of organized crime or drug dens, because if they use together with their male partners, they often provide shelter for group use. Sometimes they are considered by law enforcement as the hosts of drug dens.” Because hosting a drug den is a separate and more severe crime than possession of an illicit substance, this actually increases women’s criminal liability.

The CEDAW shadow report also discusses the notion that women are vulnerable with regard to their interactions with law enforcement due to drug using patterns informed by traditional gender norms, which results in greater vulnerability with regard to the law (Public Mechanism for Monitoring Drug Policy Reform in the Russian Federation 2015).

Vulnerability with regard to law enforcement exists not only because of arrests, conviction rates, and harsh sentences, but also includes the power of law enforcement agents to rape, abuse and murder women who use drugs, without fear of consequence. In an article published on ARF's website, titled "Who's going to believe us? We're not people, we're animals", two women who use drugs and were former sex workers discussed their experience with police officers in Yekaterinburg, Russia (The Andrey Rylkov Foundation 2012). Both women, who were doing street sex work, were collected by the police for a "subbotnik". *Subbotnik*, which literally translates to "community work day", was described by one woman as "when the cops drive up...pick out the girls and then order: 'Get the fuck in the car'.... Then they either take us to a "dacha" [cottage] or to a bath house... they'll keep you there for one-two days" (idem). During this time, as the women tell, "you're subjected to constant beatings and humiliation...we are required to service the cops...for free" (idem). These women also share that it isn't simply their status as a sex worker that makes them vulnerable, but rather the intersection of sex work and drug use. One woman said, "they know that that all these prostitutes on the street are drug users. The ones who work out of hotels, the cops aren't going to harass. Just those who don't have protection, who are powerless, who you can just kill and get rid of" (idem).

The counter discourses of these two NGOs strongly problematize the moralizing perspective usually taken towards women who use drugs. Rather than constructing women as naturally vulnerable to drug use or as the moral custodians of the nation, they argue that women are vulnerable to drug use and the consequences of conservative drug policy because of

traditional gender norms upheld by the state, the Russian Orthodox Church and mainstream society. When discussing women's interactions with law enforcement, no respondents referred to women who use drugs as criminals or as deserving of their prison sentences. Instead, they referred to this phenomenon as a form of torture, as sexist and stereotyping, and as bullshit.

Summarizing the themes prevalent within the alternative social imaginary on women who use drugs, as evident within NGO responses towards official drug discourses, women are constructed in terms of acceptance and dignity, motherhood as a challenge and right, and vulnerability with regard to domestic violence and law enforcement. Within each of these themes, women who use drugs are not homogenized, but rather their particular situatedness and the circumstances that expose them to these challenges, vulnerabilities and realities are taken into account. For this reason, I argue that ARF and E.V.A. construct women who use drugs not as universalized subjects, but rather they present them as diverse. While particular attention is paid to the negative physical and social consequences of drug use for women, ARF and E.V.A. also manage to value the diversity and multiplicity of these women's lives and experience.

Conclusions and Recommendations

In this thesis I sought to analyze how official drug discourses in the Russian Federation construct women who use drugs. I began by identifying the primary themes present within these hegemonic discourses, which included invisibility, failed motherhood, and crime. Moreover, I argued that these themes, (re)produced by official discourses, develop the mainstream social imaginary on women who use drugs. I then analyzed the responses of two Russian harm reduction NGOs, ARF and E.V.A., located in Moscow and Saint Petersburg, towards official drug discourses. I discussed whether they (re)produce or resist official discourses on women who use drugs by examining source materials including the websites of the NGOs, published reports, and interviews with staff and board members of both ARF and E.V.A. I concluded that not only do these NGOs actively resist official discourses, but they also offer an alternative social imaginary on women who use drugs. The primary themes that I identified within the alternative social imaginary on women were acceptance and respect, motherhood as a right and a challenge, vulnerability and diversity.

I also found that official drug discourses in the Russian Federation have specific social consequences for women who use drugs. These include access barriers to state medical-social services, including state drug treatment and rehabilitation centers. Furthermore, these discourses contribute to the disproportionate representation of women incarcerated for drug related crimes, and harsher sentences given to women accused of drug-related crimes than to men. Many of these social consequences are influenced by the invisibility of women who use drugs within policy, and medical-social protocols. Additionally, these barriers and consequences are informed by stigma and discrimination towards women as a result of stereotyped gender roles that uphold women as mothers and as the moral custodians of the nation. Both ARF and E.V.A. resist official discourses by actively producing an alternative social imaginary on women, and by addressing the social consequences that result from official

discourses through service provision and advocacy projects. The main differences between the responses of these two NGOs were associated with their relationship to the state. E.V.A., an organization that cooperates with the state and receives some amount of state funding for its activities, actively resists official drug discourses, but does so primarily through service provision. I argued that this type of response contributes to an alternative social imaginary on women who use drugs, but does not challenge the structures of knowledge production that (re)produce official drug discourses. Alternatively, ARF, an organization that has chosen not to cooperate with the state and does not receive state funding, focuses largely on advocacy efforts that challenge state policy and protocol. This showed that the NGO strongly confronts the structures of knowledge production that construct the mainstream social imaginary on women who use drugs through the (re)production of official discourses.

Recommendations

While the primary aim of this thesis has not been to make prescriptive recommendations regarding drug policy or the provision of harm reduction services, I do believe it is important to discuss what gender-sensitive harm reduction services mean, and to reflect on how both ARF and E.V.A. engage in this. To do so, I will first clarify the distinction between gender-sensitive and women-sensitive harm reduction. Gender, as we know, should never be equated *only* to women. Rather, gender-sensitive harm reduction services should be inclusive of the particular needs of men, women, transgender people, and other non-binary people. Projects and harm reduction services that focus primarily on women's needs should be understood as women-sensitive rather than gender-sensitive. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) demonstrates effective methods of gender mainstreaming within the context of harm reduction in their report "A gender perspective on drug use and responding to drug problems" (2006). The report states that "understanding gender differences in drug-related behaviors is a critical requirement for developing effective

responses. Ensuring equality of access to services and sensitivity to gender-specific issues within services are two of the key themes for developing high-quality care in this area” (idem). The report does not reduce gender to women, but rather is inclusive of men, women and non-binary people. Therefore, gender-sensitive harm reduction services should not only pay attention to the needs of one gender category, but more generally, to the ways in which drug use, the negative consequences of drug use, drug policy, and the social consequences of this policy are specifically gendered. This indicates that gender is not a biological fact, but rather that, as a social category, it influences the ways that people use drugs and are affected by drug use and its consequences.

Based on this understanding of gender-sensitive harm reduction I argue that both ARF and E.V.A. provide primarily women-sensitive services. In the case of E.V.A., this is obvious because the organization’s mission and strategic objectives are limited towards service and advocacy for women. ARF’s projects, while not limited to women, offer gender-neutral services with the added specificity that these are for “the needs of women who use drugs”. Looking at the statements of interviewees from both ARF and E.V.A., when asked about what gender-sensitive harm reduction services would ideally look like, all of the respondents, except for Respondent 5, argued specifically for women-sensitive services. These included substitution therapy, trainings on women’s issues for outreach workers, social work for women who use drugs and are pregnant or have children, or rehabilitation centers that allow women to attend with their children. Contrastingly, Respondent 5 stated that gender-sensitive harm reduction would be to “hear your clients...listen to them, what they need, [and] adjust your project according to them.” Furthermore, the respondent argued that this does not only apply just to women, but should be gender inclusive. This perspective certainly points towards being gender-sensitive in that it is inclusive of all genders, is non-essentializing, and looks towards people who use drugs themselves to identify their specific needs.

In addition to distinguishing between gender-sensitive and women-sensitive harm reduction programs, I argue that it is essential that gender-sensitivity be mainstreamed within harm reduction. This means that gender should not be an additive category that compliments an existing gender-neutral or gender-blind framework, but rather that all aspects of harm reduction NGOs and programs should first be filtered through a gender lens. The European Commission defines mainstreaming generally as “the systematic incorporation of non-discrimination and equality concerns into all stages of the policy process” (European Commission 2011, 4). Furthermore, mainstreaming requires taking into account the specific experiences, identities and situations of certain groups “at the point of designing and making the policy, of implementing the policy, and of evaluating and reviewing the policy” (idem). While this refers specifically to policy, the concept can travel towards the activities of NGOs as well, where gender must be taken into account when designing, implementing, and evaluating a program. Moreover, instead of having projects that engage specifically with gender-sensitive issues or topics, gender is a factor within *all* projects. The European Monitoring Centre for Drugs and Drug Addiction 2006 report on gender and drug use echoes the idea of gender mainstreaming, arguing that “as a starting point, policymakers, professionals and scientists must always take gender into consideration in the planning of research, analysis, interventions and policy in this field [field of drug use]” (EMCDDA 2006, 36).

Evaluating how ARF and E.V.A. engage with the principles of gender mainstreaming requires an examination of their organizational structures and of the planning, implementing and evaluation processes of their projects. Within this framework I argue that ARF utilizes aspects of gender mainstreaming with its organizational structure and evaluation of certain projects, although not within the planning and implementation of projects. E.V.A., on the other hand, uses gender mainstreaming only within project evaluation, but not with their

organizational structure, or the planning and implementation of projects. I discuss my reasons for arguing this below.

ARF has a diverse staff that is representative of the community that they work with, namely people who use drugs and those affected by drug use. This staff includes both women and men who use drugs and are affected by drug use. In this sense, gender is mainstreamed within ARF's organizational structure. That being said, there is no evidence to demonstrate that gender is mainstreamed into the planning or implementation of projects. While services are available to *all* people who use drugs, these services are more or less neutral with regard to gender. The exception to this is the project "Strengthening the response to the growing need of women who use drugs", which is clearly aimed specifically at women. This project does not indicate the use gender mainstreaming, but rather takes an additive approach towards meeting the specific needs of women. The NGO's outreach reports, on the other hand, do show that gender mainstreaming is integrated into the evaluation of projects. More specifically, outreach workers are required to submit a short summary of daily outreach activities, taking into account the gender distribution of participants and their specific needs. This allows ARF to evaluate how many men, women, and non-binary people are accessing their services and to identify the primary needs of these groups.

Because E.V.A. is specifically a women's organization, there is little gender mainstreaming that occurs within the organizational structure and the planning and implementing of projects. The staff and board are composed of women, with the exception of the communication's specialist, who is a man. Furthermore, the target groups of their projects are all women. In some cases, their projects do reach men and non-binary people, although gender-sensitivity is not integrated into the development and execution of these projects. At the same time, there are examples of gender mainstreaming within E.V.A.'s evaluation of projects. This is found in the program "Retention of Patients in HIV Medical Treatment

Programs”. As discussed in Chapter 5 of this thesis, a questionnaire was given to all participants of the HIV rapid testing center, whom were all drug users. The data gathered was then disaggregated based on gender, thereby identifying gendered trends amongst people who use drugs.

The examples shown here demonstrate that while ARF and E.V.A. do utilize some principles of gender mainstreaming, they are primarily engaged in women-sensitive or gender-neutral services and advocacy projects. Therefore, I argue that there is room for improvement for both of the organizations to employ gender-sensitive harm reduction beyond a women-only approach that excludes sensitivity towards the needs of men as men, regarding their gender-specific needs, and to non-binary people.

Finally, returning to this thesis’s findings, I believe that this thesis has contributed new insights to the field of feminist, interdisciplinary, post-classical research on drug use and addiction. Specifically, I have demonstrated how Ilana Mountain’s theoretical framework (2013) can be used to analyze dominant drug discourses and to identify the social imaginary on women who use drugs within a localized context, namely the contemporary Russian Federation. Also, no comparative analysis of contemporary discourses on women who use drugs in the Russian Federation has been done. For this reason, my thesis adds to the critical discussion about how the social imaginary on women who use drugs is constructed through official discourses and alternatively, the NGOs ARF and E.V.A.

Furthermore, I believe that this research has practical applicability within discussions on drug policy, public health and human rights in the Russian Federation. Because the Russian Federation has one of the highest rates of drug use and fastest growing rate of HIV in the world, drug use is a crucial topic (Avert 2015). Challenging the claim to objectivity and truth made by official drug discourses, I show how NGOs address the specific needs of women who use

drugs in effective ways. There are many lessons to be learned from ARF and E.V.A. regarding their approaches towards harm reduction and the development of an alternative social imaginary on women who use drugs. By promoting this alternative social imaginary, I also hope to promote the use of a gender-sensitive harm reduction model that protects the human rights of people who use drugs and encourages a respectful, process-oriented approach towards drug policy and programs for drug users. I hope that the analysis and recommendations made in this thesis can contribute to discussions on drug policy, public health and human rights, thereby improving the quality of life and health for women and people who use drugs.

Appendix I

Interview questions for staff members of ARF and E.V.A.

- How long have you worked with ARF / E.V.A.?
- How did you become an outreach worker / staff member / board member?

If a former drug user:

- Can you describe when and how you started using drugs? (reasons, experiences with rehabilitation or treatment)
 - What was an ordinary day like when you were using drugs?
 - Do you think being a woman somehow influenced your experience as a drug user? How so?
 - Did you experience any discrimination or stigma from state-run services? (Medical, social services)
-
- What are your first associations when you think about women who use drugs?
 - Do you think, generally, that there are gender differences regarding drug use, between men and women? (types of drugs used, drug-using behaviors, etc.)
 - What do you think the main problems are that women who use drugs face? As compared to men?
 - What problems do women who use drugs face when in contact with official institutions? (medical, social services, the police, drug treatment programs)
 - How do you think the general public (mass media, law, society) views men and women who use drugs?
 - What is your opinion of gender-sensitive harm reduction services?
 - Do you think ARF / E.V.A. provides gender-sensitive drug related services?
 - What gender-sensitive drug-related services would be most useful and effective in Russia?

Appendix II

Interview Respondents

Respondent	NGO	Respondent Description	Date of Interview	Location of Interview	Recorded / Notes
1	ARF	Respondent 1 is an outreach worker for ARF. She is a mother and a woman who uses drugs.	June 2015	Respondent's home	Recorded
2	ARF	Respondent 2 is a staff member of ARF and a representative of INPUD. She is a woman who uses drugs.	June 2015	My home	Recorded
3	ARF	Respondent 3 is an outreach worker and a case manager for ARF. She worked specifically with the women-sensitive project of the NGO.	July 2015	My home	Recorded
4	ARF	Respondent 4 is an outreach worker for ARF. She has worked with the NGO for several years.	July 2015	Park	Recorded
5	ARF	Respondent 5 is a board member of ARF. He works for the Canadian HIV/AIDS Legal Network.	March 2016	Skype	Recorded
6	E.V.A.	Respondent 6 is a staff member of E.V.A. She is also part of a discordant couple.	March 2016	Skype	Recorded
7	E.V.A.	Respondent 7 is a board member of E.V.A. who participates in harm reduction projects.	June 2015	Skype	Notes
8	E.V.A.	Respondent 8 is a staff member of E.V.A. working on various projects	June 2015	Respondent's Home	Notes

		related to HIV and drug use.			
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