

ICCPR Shadow Report: Moldova¹

For 145th Session of the Human Rights Committee — State Party Review

Introduction

1. Moldova has made progress in aligning its laws and policies with international human rights standards, but significant implementation gaps persist, particularly affecting vulnerable populations such as people who use drugs, women and other marginalized communities.
2. This report responds to the Human Rights Committee's List of Issues questions on access to justice (para. 17) and gender-based violence against women (para. 10), to which the State party has provided only limited information. It highlights concerns under key provisions of the ICCPR and presents updated evidence, illustrative cases and data from civil society organizations working with affected populations.
3. The analysis draws on publicly available reports, information provided by national civil society organizations and cases documented in the REAct² database.

Proposed recommendations:

4. Ensure prompt and effective access to state-guaranteed legal aid from the very first moment of deprivation of liberty, including in drug-related cases, by enforcing the three-hour time limit in practice and collecting disaggregated data on time to first lawyer contact and presence of ex officio lawyers during police interrogations.
5. Establish and fund a mandatory, continuous training curriculum for ex officio and other defence lawyers on drug offences, substance-use disorders, withdrawal management and harm reduction, and include practical modules on representing people who use drugs without discrimination.
6. Guarantee the quality and independence of legal aid in drug-related proceedings by creating mechanisms for quality control and complaints, and by allocating legal aid funds for independent forensic expertise (including drug purity and quantity challenges) where needed to ensure equality of arms.
7. Amend Government Decision No. 1200/2010 and the Pro-Femina regulation to remove exclusionary clauses that prohibit admission of women who use alcohol or drugs, and ensure all domestic-violence and maternal centres apply non-discrimination guarantees to women who use drugs and other marginalized groups.

¹ The report is drafted and submitted by the Eurasian Harm Reduction Association. Information about the organization is in Annex I. Contact person: Maria Plotko maria@harmreductioneurasia.org

² REAct in Moldova is a monitoring and response system where trained community paralegals (REActors) from 15 NGOs document cases of rights violations against key populations and link victims to legal aid and other support, using the data for national advocacy and strategic litigation. See: <https://react-aph.org/en/countries/moldova/>

8. Establish and adequately fund trauma-informed, low-threshold shelter and support services for women who use drugs who experience gender-based violence, including safe reporting mechanisms, links with harm-reduction services, and specific outreach to rural areas and other underserved communities.
9. Integrate mandatory training for police, social workers, health personnel and shelter staff on the intersection of drug use, gender-based violence and health status, with clear protocols to prevent victim-blaming and ensure that women who use drugs are not denied protection or remedies due to their substance-use status.
10. Reform the narcological registry system to ensure that any health-data collection on people who use drugs complies with ICCPR article 17 and data-protection principles of necessity, proportionality, informed consent, data minimization and purpose limitation, including by eliminating automatic sharing of registry data with law-enforcement and non-medical actors.
11. Remove automatic legal and administrative consequences linked solely to narcological-registry status, such as blanket restrictions on obtaining or renewing driving licences and access to certain jobs, and replace them, where strictly necessary, with individualized, evidence-based assessments of actual risk and capacity.
12. Shorten and clarify the retention period and removal procedures for the narcological registry by revising Order No. OMS1043/2012 so that people who have completed treatment or achieved stable remission can be promptly and automatically removed, and ensure accessible remedies for individuals who challenge unlawful registration, data sharing, or resulting discrimination.

ARTICLE 14: RIGHT TO FAIR TRIAL & ACCESS TO JUSTICE

Committee's List of Issues Question (Para. 17)

13. "Please also explain how the State party ensures effective access to justice, including access to free legal aid, particularly for those in situations of vulnerability, without discrimination."

State party response (Para. 158)

The State of Moldova stated:

14. "The access to justice, especially to legal assistance guaranteed by the state, is ensured under Art. 69 of the Civil Procedure Code and Art. 19 and 20 of Law No. 198/2007 regarding legal assistance guaranteed by the state."
15. Despite the formal legal framework, civil society organizations and people who use drugs report serious gaps in timely and effective access to legal assistance. These gaps include late access to counsel in police custody, with lawyer contact often delayed until after police interrogation, meaning people deprived of liberty frequently lack counsel during the most critical police-custody stage, which particularly impacts those facing drug charges due to their vulnerability. In law, investigating bodies must contact the Territorial Office for

state-guaranteed legal aid within one hour of deprivation of liberty and the Office must appoint a lawyer within a further two hours, so that urgent legal aid is provided within three hours of arrest and interrogations without a lawyer are prevented. In practice, however, the 2015 Soros Foundation report³ on suspects' rights in police detention documents cases where ex officio lawyers arrived only after interrogations had already been completed and notes that in 9% of cases arrest warrants were not drawn up within the three-hour legal time limit, while no official data exist on the average time to lawyer contact.

16. In addition, the quality of ex officio assistance is inconsistent, as appointed lawyers vary widely in preparedness and commitment, some are inadequately trained on drug-related offences and addiction, and vulnerable clients such as people who use drugs or those with limited education are particularly disadvantaged. Training opportunities for defence lawyers on drug-related issues are fragmented and project-based. Training opportunities for defence lawyers on drug-related issues are fragmented and largely project-based. The 2024 report⁴ of the Legal Resources Centre of Moldova notes joint trainings with the National Institute of Justice on amendments to the Criminal Procedure Code for judges, prosecutors, lawyers and criminal investigation officers, but there is still no evidence of a systematic national curriculum for public defenders on drug offences, addiction and harm reduction. Promo-LEX, with support from Soros Foundation Moldova, has organised several in-person training sessions for lawyers and jurists on the legal and medical aspects of drug use, stereotypes and strategic litigation, including an early workshop in 2016⁵ to raise general awareness and a 2022⁶ training cycle that reached 99 lawyers and trainee lawyers on strategic litigation for people who use drugs. The Council of Europe's HELP programme⁷ offers an online course on human rights and drug use, covering alternatives to punishment and harm-reduction approaches, and this course is available to public defenders, but participation is voluntary and there are no published statistics on how many Moldovan defence lawyers actually complete it.
17. Feedback from key populations collected through the REAct system shows that about one third of cases remain without adequate follow-up because victims fear interaction with law enforcement, lack trust in the system and prefer to endure violations rather than disclose their HIV status, sexual orientation or the fact that they belong to one of the key populations,

³ Soros Foundation Moldova, *Rights of Suspects in Police Detention* (Chișinău, 2015). Available at: <https://soros.md/wp-content/uploads/2022/11/Police-Detention-IPC.pdf>.

⁴ Legal Resources Centre from Moldova (LRCM), *2024 Annual Activity Report* (Chișinău, 2025). Available at: https://crjm.org/wp-content/uploads/2025/05/2024-Raportul-de-activitate-al-CRJM_EN-ff-redsize.pdf.

⁵ Promo-LEX Association, "Avocați și juriști au fost instruiți despre specificul lucrului cu persoanele din grupurile cu risc sporit de infectare," 2016. Available at: <https://old.promolex.md/1919-avocati-si-juristi-au-fost-instruiti-despre-specificul-lucrului-cu-persoanele-din-grupurile-cu-risc-sporit-de-infectare/?lang=ro>.

⁶ Promo-LEX Association, "Training for lawyers on legal and medical aspects of drug use and stereotypes," Facebook post, 20 April 2022. Available at: <https://www.facebook.com/promolex.md/posts/5583225505024978>.

⁷ Council of Europe, "Supporting the Republic of Moldova in addressing the risks and harms related to drug use and addictive behaviours – HELP online training on human rights and drug use." Available at: <https://www.coe.int/en/web/chisinau/supporting-the-republic-of-moldova-in-addressing-the-risks-and-harms-related-to-drug-use-and-addictive-behaviors>.

including people who use drugs⁸. People who use drugs report higher rates of failed representation by counsel, face a lack of legal aid funding for independent forensic experts (for example, to challenge drug purity), and are affected by insufficient lawyer training on substance-use disorders and withdrawal syndrome.

18. There are no public statistics on the proportion of drug-related cases in which ex officio lawyers are actually present during police interrogations.
19. These systemic shortcomings in access to legal aid and fair procedures for people who use drugs indicate violations of articles 9 and 14 of the ICCPR.

Illustrative cases (REAct):

20. **Chișinău, man, 51 years old (2021):** Stopped in the street by patrol police, detained and taken to a police station where drugs for personal use were found; a detention report was drawn up and all procedures were carried out without a lawyer, leaving him unsure what had been done in his case.
21. **Chișinău, man, 40 years old (2021):** Assigned a state-appointed lawyer who showed no interest in his defence and instead tried to extract names and contacts of other people, using psychological pressure, rather than protecting his rights in the criminal case.
22. **Bălți, woman, 30 years old (2022):** A criminal case for distribution of narcotic substances was opened against her solely on the basis of an anonymous witness, although she was acquiring drugs for personal use; when she asked her state-appointed lawyer to request a forensic examination and a face-to-face confrontation with witnesses, these requests were ignored, and the lawyer instead told her that, because she uses drugs and has no formal employment, the police would be able to present her as selling drugs to finance her next dose

Proposed recommendations:

23. Ensure prompt and effective access to state-guaranteed legal aid from the very first moment of deprivation of liberty, including in drug-related cases, by enforcing the three-hour time limit in practice and collecting disaggregated data on time to first lawyer contact and presence of ex officio lawyers during police interrogations.
24. Establish and fund a mandatory, continuous training curriculum for ex officio and other defence lawyers on drug offences, substance-use disorders, withdrawal management and harm reduction, and include practical modules on representing people who use drugs without discrimination.
25. Guarantee the quality and independence of legal aid in drug-related proceedings by creating mechanisms for quality control and complaints, and by allocating legal aid funds for

⁸ Asociația „Inițiativa Pozitivă”, *Încălcarea drepturilor reprezentanților grupurilor cheie în Moldova* (Chișinău, 2021). Disponibil la: <https://positivepeople.md/ro/narusheniya-prav-predstavitelej-klyuchevyh-grupp-v-moldove/>.

independent forensic expertise (including drug purity and quantity challenges) where needed to ensure equality of arms.

ARTICLE 3: GENDER EQUALITY & VIOLENCE AGAINST WOMEN

Committee's List of Issues Question (Para. 10)

26. "Please provide information on measures taken to ensure that victims have access to effective remedies and means of protection, including specialized shelters and other support services, particularly in rural areas, and that victims are not revictimized in their interactions with the justice system."

State party response

27. The state party did not provide substantive information in response to this question.

Structural discrimination against women who use drugs

28. Although Moldova has formal protections on paper, including Government Decision No. 1200/2010 on minimum quality standards for domestic violence shelters, the Regulation on Pro-Femina maternal centres, the 2006 Law on Ensuring Equal Opportunities, and various gender-equality provisions in sectoral codes, the state presents these norms as evidence that shelters and support services exist and function for victims of gender-based violence. In practice, however, women who use drugs and experience domestic violence face compounded barriers and are systematically excluded from these services. Government Decision No. 1200/2010 explicitly states that people intoxicated with alcohol or drugs are not admitted to shelters and that those who use alcohol or drugs while in the centre will not receive assistance, while the Pro-Femina Maternal Center regulation provides that mothers or youths addicted to drugs are not admitted⁹, meaning that women who use drugs are categorically excluded from state-funded shelters by design of the legal framework itself.

29. The Human Rights Committee has interpreted "other status" in Article 26 of the Covenant to include health status, and discrimination based on substance-use status, similarly to discrimination based on HIV status, therefore falls within the scope of Article 26. There are also significant systemic gaps, as Moldova lacks trauma-informed, specialized services for women who use drugs, including adequate police training on the intersection of drug use and intimate-partner violence, safe reporting mechanisms and coordination between harm-reduction services and domestic-violence shelters. This is particularly troubling because women who use drugs face high rates of sexual and physical violence, ongoing exposure to intimate-partner

⁹ Union for HIV Prevention and Harm Reduction (UORN), *Women Sex Workers and the Availability of Drug Dependence Treatment in the Republic of Moldova – Joint NGO Submission to the 3rd UPR Cycle* (Chișinău, 2022). Available at: https://upr-info.org/sites/default/files/documents/2021-12/5. moldova_union_for_hiv_prevention_and_harm_reduction_report.pdf.

violence and trauma-related mental-health conditions such as PTSD and depression, yet such intersectional services are currently not developed in the country.

30. Mapping of gender-based-violence services by UNFPA/UNHCR shows that there are nine placement or specialized centres in Moldova, but no shelters dedicated to women from vulnerable groups such as refugees, women with disabilities or ethnic minorities, and undocumented women are not eligible for existing services.¹⁰ In this context, women who use drugs are particularly exposed to exclusion.
31. Available sources, including UNFPA/UNHCR assessments and submissions to the 2022 Universal Periodic Review¹¹, confirm that no specialized placement centres exist in Moldova for women who use drugs and are also victims of violence; the nine state centres are generalist and do not accept persons under the influence of substances. A 2024 Council of Europe communiqué reports¹² that 26 officers (8 men and 18 women) from the Border and Migration Police participated in a workshop on protecting migrant, refugee and asylum-seeking women from violence and on implementing the Istanbul Convention, but this training focused on violence against women generally and did not explicitly address the intersection of gender-based violence and drug use.

Illustrative case (REAct):

32. **Vadul lui Vodă, woman who uses drugs (2023):** After repeated domestic violence by her husband and refusal of support from social services, she sought help from a local NGO but could not leave the shared home due to poverty and lack of housing alternatives; when she requested a referral to a shelter, the local social service claimed there were no grounds, the shelter refused to admit her without official confirmation, the police declined to provide documentation of previous restraining orders and incidents of violence, and the social worker made discriminatory comments suggesting she had “brought it on herself,” leaving her without effective access to protection or remedies even after a new emergency restraining order was issued.

Proposed recommendations:

33. Amend Government Decision No. 1200/2010 and the Pro-Femina regulation to remove exclusionary clauses that prohibit admission of women who use alcohol or drugs, and ensure all

¹⁰ VOICE and HIAS, *Gender-based violence in the Republic of Moldova in the context of the humanitarian crisis produced by the war in Ukraine – Assessment Report* (2023). Available at: <https://voiceamplified.org/wp-content/uploads/2023/09/GBV-Assessment-Report VOICE HIAS Moldova Final.pdf>.

¹¹ Union for HIV Prevention and Harm Reduction (UORN), *Women Sex Workers and the Availability of Drug Dependence Treatment in the Republic of Moldova – Joint NGO Submission to the 3rd UPR Cycle* (Chișinău, 2022). Available at: <https://upr-info.org/sites/default/files/documents/2021-12/5. moldova union for hiv prevention and harm reduction report.pdf>

¹² Council of Europe, *Training on the protection of migrant, refugee and asylum-seeking women from violence in the Republic of Moldova* (news item, 10 October 2024). Available at: <https://www.coe.int/en/web/genderequality/-/training-on-the-protection-of-migrant-refugee-and-asylum-seeking-women-from-violence-in-the-republic-of-moldova>.

domestic-violence and maternal centres apply non-discrimination guarantees to women who use drugs and other marginalized groups.

34. Establish and adequately fund trauma-informed, low-threshold shelter and support services for women who use drugs who experience gender-based violence, including safe reporting mechanisms, links with harm-reduction services, and specific outreach to rural areas and other underserved communities.
35. Integrate mandatory training for police, social workers, health personnel and shelter staff on the intersection of drug use, gender-based violence and health status, with clear protocols to prevent victim-blaming and ensure that women who use drugs are not denied protection or remedies due to their substance-use status.

ARTICLE 17: PRIVACY & DATA PROTECTION

36. Moldova maintains a mandatory narcological registry¹³ that collects and retains sensitive health data on people who use drugs without their informed consent, keeps this data for many years, and automatically triggers restrictions such as bans on obtaining a driving licence and barriers to certain types of employment purely on the basis of registry status, without any individualized assessment of actual risk or capacity. Although a GDPR-inspired data-protection framework has been adopted, there are clear implementation gaps, as this involuntary registry violates core privacy principles of data minimization, consent and purpose limitation, and exerts a chilling effect on access to health services. These practices engage several ICCPR provisions, including article 17(1) on protection against arbitrary or unlawful interference with privacy, article 25 on equal access to public services without unreasonable restrictions, and article 26 on non-discrimination on the basis of health status.
37. Recent data from the Ministry of Health's 2024 report¹⁴ show that by the end of 2024 the Republican Narcology Dispensary database contained 12 140 registered persons and 532 new cases added during the year, with a five-year trend indicating a gradual rise in the number of people on the registry (from 11 586 in 2020 to 12 140 in 2024) and a decline in new registrations after peaking in 2023. The registry rate per 100 000 population increased from 446.1 in 2020 to 509.8 in 2024, confirming that, although experts estimate more than 27 500 people who use drugs nationally, the official registry still covers only about 12 000 individuals and the number of newly registered cases fell in 2024 relative to 2023. Under Ministry of

¹³ Eurasian Harm Reduction Association (EHRA), *Transforming Drug Dependence Treatment Systems in Eastern Europe and Central Asia* (Vilnius, 2024). Available at: <https://ehra-uploads.s3.eu-central-1.amazonaws.com/223364df-73ff-4ccc-9bd3-48f0d95a5c7c.pdf>.

¹⁴ Ministry of Health of the Republic of Moldova, *Consumul și traficul ilicit de droguri în Republica Moldova. Raport anual 2024* (Chișinău, 2025). Available at: <https://ms.gov.md/wp-content/uploads/2025/11/Raport-Consumul-și-traficul-ilicit-de-droguri-în-RM-2024-final-1.pdf>.

Health Order No. OMS1043/2012¹⁵ (Annex Section I (General notions), p. 4 and 18), individuals with a confirmed diagnosis of drug dependence are entered into nominal lists of the unified registry and remain under narcological medical supervision; removal from the register is possible only after the Narcological Expert Commission confirms that the person has abandoned drug use, is socially adapted and has maintained stable remission for more than three years, which prolongs the period during which registry-based restrictions and stigma apply.

38. Reports show that registration in the narcological registry can automatically lead to refusal to obtain or renew a driving licence, loss of jobs, and difficulties obtaining the medical certificates required for employment and driving¹⁶; these findings are echoed in regional documentation¹⁷, which also notes that people avoid registration for fear of problems with law enforcement, barriers to accommodation, employment and obtaining a licence. Testimonies from people who inject drugs and people living with HIV in the HIV Legal Environment Assessment¹⁸ describe how fear of registration deters people from seeking methadone or prevention services because they believe that being placed on the registry will subject them to police surveillance, repeated summons without cause and an increased risk of being “set up” for drug offences, while keeping them under constraints for years after successful treatment. Together, these data and cases illustrate how the narcological registry produces long-term legal, social and psychological harms that are difficult to justify as necessary or proportionate, and therefore raise serious concerns of incompatibility with articles 17, 25 and 26 of the ICCPR.

Illustrative cases:

39. **Tiraspol, man, 20 years old (2025, REAct):** While studying at a driving school, he was refused permission by the traffic police to sit the exam and obtain a driving licence; an officer told him, “You had a drug-related incident, kid! So forget about your licence!”, referring to a prior administrative sanction after police took him to a narcological dispensary and confirmed he was under the influence of drugs. On the left-bank territory, recent legislative changes prohibit persons who have been administratively liable for drug use without a doctor’s prescription from taking driving exams for one year, even without evidence of dependence or any demonstrated threat to society.

¹⁵ Republic of Moldova, Ministry of Health, *Ordinul nr. OMS1043/2012 din 18 octombrie 2012 pentru aprobarea Regulamentului privind depistarea, evidența și dispensarizarea persoanelor consumatoare de droguri și alte substanțe psihotrope* (Chișinău, 2012). Available at: https://www.legis.md/cautare/getResults?doc_id=37388&lang=ro.

¹⁶ Virusoff, “There is no time to wait: how Moldova has been trying to decriminalize drug use for many years” (article, 2021). Available at: <https://virusoff.info/en/there-is-no-time-to-wait-how-moldova-has-been-trying-to-decriminalize-drug-use-for-many-years/>.

¹⁷ Eurasian Harm Reduction Association (EHRA), *New Psychoactive Substances in Europe and Central Asia: Regional Report* (Vilnius, 2021). Available at: https://harmreductioneurasia.org/wp-content/uploads/2021/09/2021_8_24_EHRA_NPS-RegionalReport_EuropeAsia_EN.pdf.

¹⁸ United Nations Development Programme (UNDP), *HIV Legal Environment Assessment in the Republic of Moldova* (Chișinău, 2021), p. 69. Available at: https://www.undp.org/sites/g/files/zskgke326/files/2023-02/LEA_HIV_EN_final.pdf.

40. **Cahul, man, 35 years old (2025, REAct):** After applying for a job, he was refused because he was seen leaving the narcologist's office with a bottle of methadone as part of an opioid substitution therapy programme; the employer explicitly stated that he would not hire a "dependent person" as he assumed such a person would steal and lie at work.

41. **C., PWID/PLHIV:** People are afraid to seek prevention services to avoid being registered for drug dependence treatment, because this information is submitted to the police and family physicians, causing serious problems in their personal life; he notes that after finishing his methadone programme he will still have to wait three more years to be removed from the register and 'dreams of getting a driving licence'. (UNDP HIV Legal Environment Assessment, p. 69).

42. **A., PWID/PLHIV:** He describes advising an acquaintance to seek methadone treatment, but the acquaintance refused because he feared that registration at the narcological dispensary would bring him under police control and expose him to being arbitrarily summoned, questioned and potentially imprisoned even for minor medicines such as two tablets of Tazepam, a situation the interviewee says he has personally experienced. (UNDP HIV Legal Environment Assessment, p. 69).

43. **Bălti, man, 50 years old (2025, REAct):** When his wife, herself an employee of a harm reduction NGO, went to the OST site to collect methadone because he had to leave early for seasonal work, the narcologist(addiction specialist) responded with judgement, accusations and shouting, refused any flexibility such as weekly dispensing and told her she should "set conditions and treat her husband" rather than support him, agreeing to give the medication only "this one time".

Proposed recommendations:

44. Reform the narcological registry system to ensure that any health-data collection on people who use drugs complies with ICCPR article 17 and data-protection principles of necessity, proportionality, informed consent, data minimization and purpose limitation, including by eliminating automatic sharing of registry data with law-enforcement and non-medical actors.

45. Remove automatic legal and administrative consequences linked solely to narcological-registry status, such as blanket restrictions on obtaining or renewing driving licences and access to certain jobs, and replace them, where strictly necessary, with individualized, evidence-based assessments of actual risk and capacity.

46. Shorten and clarify the retention period and removal procedures for the narcological registry by revising Order No. OMS1043/2012 so that people who have completed treatment or achieved stable remission can be promptly and automatically removed, and ensure accessible remedies for individuals who challenge unlawful registration, data sharing, or resulting discrimination.

Annex I.



Eurasian Harm Reduction Association (<http://harmreductioneurasia.org>) is a non-for-profit public membership-based organization, which strives for a progressive human rights-based drug policy, sustainable funding advocacy and quality of harm reduction services oriented on needs of people who use drugs in Central and Eastern Europe and Central Asia (CEECA) in 2017.

Address: Perkūnkiemio g. 6, 7 fl., Vilnius, LT-12130 Lithuania