

## **Submission for the General Comment on the impacts of drug policies on economic, social and cultural rights**

UN Committee on Economic Social and Cultural Rights and CESCR’s General Comment on Drug Policy – outcome document of the series of regional CEECA consultations with civil society held between June 2023 and January 2024 by Eurasian Harm Reduction Association and Helsinki Foundation for Human Rights

This report was prepared through a series of consultations conducted by the Eurasian Harm Reduction Association and the Helsinki Foundation for Human Rights. These consultations, comprising eight two-hour online sessions and one offline meeting, engaged harm reduction and drug policy advocates, service providers, and members of the community who use drugs. A diverse range of stakeholders participated, representing a total of 19 countries across the region, with notable exceptions including Armenia, Azerbaijan, Turkmenistan, Bulgaria, Kosovo, Bosnia and Herzegovina, Albania, Czech Republic, Lithuania, and Latvia.

During the eight online sessions and one offline meeting, a structured approach was followed, focusing on specific articles of the Convention. Articles 6, 7, 9, 10, 13, and 15 of the Convention were first explained and then discussed among participants to ensure a comprehensive understanding. Additionally, a separate consultation was dedicated to exploring Article 12 in detail. Furthermore, Article 2 naturally emerged in discussions while addressing other related issues.

Data from the countries unable to participate in the consultations was gathered through desk research. Moving forward, the collected information will be synthesized into a comprehensive report with detailed country profiles, scheduled for completion by May 2024.

### **Below is a brief description of main issues identified during the consultations:**

ICESCR, Article 2: Non-discrimination (across the region)

- Lack of anti-discrimination legislation: Lack of adequate legal frameworks that specifically address discrimination against individuals based on their drug use or dependency. Even in countries where such law is in existence and institutions are set to monitor and react in situations of unequal treatment (for example due to someone’s drug use or HIV infection), the practice is often very discriminatory, and then cases of discrimination against vulnerable individuals, often are not reported, properly examined nor consequences are put in place.
- Existence of drug registries: The mandatory registration of individuals who use drugs can create significant barriers to accessing essential services like drug treatment, harm reduction, healthcare and social services, employment, and education (Russia, Kazakhstan, Kyrgyzstan, Moldova, Belarus, Tajikistan, Azerbaijan, Uzbekistan). Moreover, apart from certain jobs like those in healthcare or government roles being off-limits for individuals with a history of drug dependence, the stigma surrounding it can impact overall employment practices. This stigma often deters individuals from seeking support services due to fears of potential legal repercussions or facing further discrimination.
- Criminalization of drug use and/or possession: criminalization of drug use and/or possession makes individuals more vulnerable and less likely to receive fair treatment in legal processes, including access to defense lawyers. The situation regarding criminal records mirrors that of the drug registry mentioned earlier.

- Double-discrimination of women: Women who use drugs and/or are living with HIV face compounded discrimination. They are often excluded from shelters for survivors of gender-based violence, which leaves them without necessary support. There is also a glaring lack of services tailored to the needs of women, as well as lack of data about the number of women who use drugs.
- Overlapping discrimination: Various minority groups, including foreign migrants and the Roma community, are unfairly associated with drug trafficking and distribution, leading to overlapping discrimination<sup>1</sup>.

#### ICESCR, Article 6: Right to work

- Firing due to drug dependency: Some regions allow the termination of employment based on an individual's drug dependency or participation in opioid substitution treatment, creating a significant hurdle to maintaining stable employment (Tajikistan, Belarus, Ukraine, Kazakhstan).
- In the case of individuals with a long history of addiction, who were unemployed for years, the chances of finding a job decrease with each year.
- Prohibited professions for people living with HIV: Across the region, there are lists of professions that are off-limits to people living with HIV, further limiting their employment opportunities.<sup>2,3</sup> In Kazakhstan HIV positive people are not allowed to work with food products, even as a stocker.
- It has been reported that in practice Estonian prison inmates enrolled in OAT treatment are not allowed to work and are denied early release. In Romania inmates living with HIV are not allowed to work.
- Criminal record and employment: UNAIDS estimates that 56% – 90% of people who inject drugs globally will be incarcerated at some stage during their life.<sup>4</sup> Criminal record often bars individuals from a wide range of professions or workplaces, presenting a substantial challenge to finding work. Estonia recently prohibited people with drug related convictions from working in harm reduction services supported by the government. After imprisonment it is usually hard to find a job and studies show that people who use drugs are in the potential risk to start activities such as sex work, which in most of countries is criminalized, or other misdemeanors and crimes, to survive and/or support their drug use.<sup>5</sup>
- Bailiffs, which result from the criminal records and unpaid fines, prevent persons who use(d) drugs from applying for legal employment, which would result in confiscation of their earnings (Poland, Estonia, Romania).
- Sale of drug user databases: In Ukraine, Russia databases containing information from drug user registry are being sold to employers, potentially leading to discriminatory hiring practices.
- Treatment accessibility and work: The organization of opioid agonist treatment (OAT) - geographical location, limited working hours, absence of take-home medication (Poland,

<sup>1</sup> <https://www.mdpi.com/1660-4601/20/11/5937>

<sup>2</sup> <https://unopa.ro/hiv-sida-si-angajarea-la-un-loc-de-munca/>

<sup>3</sup> <https://legislatie.just.ro/Public/DetaliiDocumentAfis/82130>

<sup>4</sup> [https://www.unaids.org/sites/default/files/media\\_asset/05\\_Peoplewhoinjectdrugs.pdf](https://www.unaids.org/sites/default/files/media_asset/05_Peoplewhoinjectdrugs.pdf)

<sup>5</sup> Maher L, Dixon D, Hall W, Lynskey M. Property crime and income generation by heroin users. Aust NZ J Criminol 2002; 35: 187–202. Available at: <https://espace.library.uq.edu.au/view/UQ:39428>

Slovakia, Romania, Hungary, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, North Macedonia, Tajikistan, Azerbaijan, Uzbekistan) - can negatively affect employment opportunities. Finally, public perception of OST patients decreases their chances for employment.

- Trans\* people employment challenges: Outdated classifications of trans\* people as mentally ill hinder their chances of obtaining legal employment, often leading them to engage in sex work as a last resort.

#### ICESCR, Article 7: Right to just and favorable conditions at work

- Employer drug testing: Employers in Tajikistan, Slovakia, Hungary have the authority to conduct drug tests on their employees. Also in Macedonia, there is a provision in labor law that allows employers to conduct alcohol or drugs tests among employees. Similarly in Slovenia. But even in countries where there is no law in force, which would allow for drugs testing at workplace, such cases happen. Also, conducting drug tests during the medical check within the application process was reported in Slovenia.  
*Case from Hungary: 'Random workplace drug tests is only allowed or only lawful when the person is engaged in dangerous work, like operating vehicles or machinery, but as a tool to filter out people who use drugs and to sanction these employees, we think, is an abuse of human rights. But we still hear, especially from international companies, that they do random drug testing'.*
- Across the region stigma related to drug use prevents people from sharing information about their addiction or treatment in their workplace since it might lead to losing the job. It also holds them back, for example, from taking time off needed to take care of their health. In Croatia having a record of a rehab treatment or a visit to psychiatrist even from years ago can result in the negative result of the application process.
- Forced labor: In Belarus, there are reports of forced labor in drug zones within penal colonies, where individuals work in harsh conditions with minimal compensation.<sup>6</sup>

#### ICESCR, Article 9: Right to social security, including social insurance

- Health insurance: In many countries of the CEECA, health insurance, which allows to seek medical care from family doctors or specialists, and to undergo different medical checks and procedures, is ensured for those with official employment and labor contracts. Due to the challenges with getting regular employment, some people with a history of drug use are pushed to the self-employment mode of work which does not provide health insurance. In this case a person has to pay a monthly fee for his/her health insurance. If the person doesn't do this (for example due to the lack of financial resources), a debt accumulates. At some point, in order to access the health care system, the person has to first pay the whole amount of the debt, what practically prevents him/her from seeking help and entering the treatment (Hungary, Slovakia).
- Individuals without health insurance cannot access family doctors and specialists with the exception of emergency rooms and sometimes other special procedures. In Romania, for example, even without the health insurance people living with HIV have access to treatment (same is in Hungary), while those with hepatitis B or C – don't. *'We heard about people who*

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<sup>6</sup> <https://www.talkingdrugs.org/belarus-drugs-policy-lukashenko-prison/>

*tried to get infected with HIV to access the national program and enter the health care system'* - shared one of the interviewees. The opposite situation was reported in Poland, where the new legislation requires health insurance for HIV treatment, what has become a big challenge for example for immigrants.

- In most of the countries unemployed people can receive health insurance if they register with employment office. In general, the hectic life situation (which may include homelessness, long lasting marginalization etc.) creates a lot of challenges in obtaining state support, especially for people not familiar with administrative rules and procedures, living for years without documents confirming their identity, and not aware of their rights (Poland, Romania, Hungary, Slovakia, North Macedonia, Kazakhstan, Kyrgyzstan). If not accompanied by social workers, vulnerable people often get mistreated in state, municipal or local administration institutions, offices, social support programs and healthcare facilities. As one of the interviewees shared: *'according to the reports of the outreach workers, 70-80 per cent of their work consists of taking people to different type of services, offices and institutions to get their papers ready'*.
- Higher insurance prices: Ukraine imposes higher insurance prices on people who use drugs or live with HIV, and insurance coverage may not extend to all health-related issues if drugs were used prior to an incident.
- Place of residence: A usual thing required to get either an insurance or another type of public support is confirmation of identity (identification document), registration within the municipality providing support (or a proof of living there for a certain number of years) and/or a permanent address of residence. All of these requirements are difficult to meet in case of individuals from vulnerable, marginalized communities, like people who use drugs, homeless people, people leaving prison after serving a sentence, people living in ghettos, Roma people, some of whom may not even have a birth certificate. It leads to exclusion of those who mostly need the support from programs and services designed to help them. For example, in Romania it has been reported that representatives of the city hall check if a homeless person resides on a particular corner of the street which was provided in papers as their permanent place of stay.
- In Hungary, there is a legal regulation which puts the whole responsibility for a person's welfare on their family, entirely relieving the state from its duties.
- Denying state support: In Belarus, families in need may be denied state support if drug use is reported. In extreme cases, parental rights may be terminated, leading to children being placed in orphanages, and parents being forced to pay for their stay.
- Stigma related to drugs and practices of the child protection services make parents who use psychoactive substances reluctant to approach state services and seek support (Estonia, Ukraine).
- Due to criminalization of drug use and a lot of stigma around the topic openly acknowledging or admitting to drug use and talking about harm reduction is sometimes viewed as endorsing or promoting drug use. This perception can lead to stigmatization and negative consequences for individuals who use drugs, potentially impeding their ability to engage with support services without fear of discrimination.

#### ICESCR, Article 10: Right to family life

- Termination of parental rights: Parental rights may be terminated for parents who use drugs. It can emerge from either legislation in force or from practice, which is not necessarily rooted

in the law (but is eagerly used against people living in poverty and Roma families). Ukraine, Kazakhstan, Kyrgyzstan, Russia, Belarus have articles in Family law saying that parents can be stripped of their parental rights due to drug use.<sup>7</sup> In Belarus, after the child is taken from to the state institution, the mother must pay a monthly fee for keeping the child in there. In Slovakia, North Macedonia, Kazakhstan, Ukraine, Estonia, Russia, Belarus there were reported cases of people with the history of drug use and a criminal record who were stripped of their parental rights. An interviewee from Poland shared: *'last year we had a case of a child taken away from the mother just after she gave birth. The child was just taken away from her hands. She was an OST patient and doctors didn't understand opioid substitution treatment. It was really dramatic. We managed to get her child back, but it took three months.'* Also in Estonia, the lack of understanding of OST among healthcare workers have led to notifying the child protection services and posed a threat of separating a child from their parent(s). Parental rights may be terminated or temporarily suspended, for example until the rehabilitation treatment of a parent is undertaken and finished (Estonia). In Hungary, even recreational cannabis use can be used against parents (even though this is not in the law).

- In Uzbekistan and Tajikistan people living with HIV and people with the history of drug dependence are not allowed to adopt.
- Forced abortion attempts: Some cases in Ukraine involve attempts to force abortion on women who use drugs. Similar cases are reported in Georgia and Estonia.
- In North Macedonia, several cases were reported when pregnant women using drugs or already on OST were motivated or forced by social services in hospitals to resign from their parental rights.
- There is very limited access to treatment facilities in the region, which would allow to enter with a child. While in some cases undergoing a rehabilitation program is obligatory to hold parental rights, no support (childcare) is offered to mothers who have to separate from their kids.
- Restrictions on adopting children with a history of drug use (Belarus, Ukraine, Russia, Estonia, North Macedonia, Hungary, Montenegro) or a criminal record (Romania, Serbia).
- Forced HIV and drug tests before marriage: Tajikistan and Uzbekistan mandates HIV and drug tests before marriage.
- HIV testing of women coming to hospital to give birth without informing them or getting their consent (North Macedonia).

ICESCR, Article 11: Right to an adequate standard of living, including adequate food, housing and clothing

- Refusal from shelters: In most countries of the region public shelters do not accept people who use drugs (for example in Poland, Romania, Hungary, Macedonia, Serbia, Georgia, Belarus, Ukraine, Moldova). Some make a difference between the so-called active users and those who are already in treatment, while in others it does not make any difference. Many reject people who use drugs despite the fact that there are no regulations disqualifying a person from shelters because of one's drug use. What is more, in most of the states, women who use drugs are refused entry to shelters or crisis centers even in cases of domestic

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<sup>7</sup> <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-018-0259-1>

violence (Kyrgyzstan, Georgia, Croatia, Macedonia, Slovakia, Russia, Moldova, Estonia, Slovenia, Slovakia, Serbia etc.)<sup>8</sup>.

- Lack of dedicated shelters: Most of the countries lack shelters specifically designed for vulnerable groups, including people who use drugs, LGBTQI individuals, sex workers, mothers who use drugs with the possibility to stay with their children. Similar situation can be observed with daily centers. In Macedonia, daily centers are available for specific groups like homeless people, elderly people, people with disabilities, but non-existent for sex workers, women at social risk or people who use drugs. In Montenegro, there are no shelters for homeless people.
- No access to shelters for transgender women: Transgender women may find it challenging to access shelters.
- Unfavorable location and poor living conditions in the shelters: In Skopje, in North Macedonia, for example, there is only one shelter operated by the government. It is situated very far from the city and is difficult to reach by public transport (this is not convenient in general, but additionally challenging for people who have to travel to obtain their treatment on a daily basis). Living conditions in the shelter were described as awful and unsafe, especially for women and children.  
*Case from North Macedonia: 'Also, it is very difficult in the winter. There is only one center that is operated by the Red Cross of Macedonia and again located very far from the city. What is more, people can go there only if the temperature outside reaches -5 degrees for 3-4 days in a row, which is not very common for the country. So many homeless people, including men and women who use drugs, even in winter do not have a shelter to spend the night in'.*
- Denial of social housing: people who are known to have a history of drug use are often rejected from the possibility of accessing social housing (Hungary). As in many other cases, it is not necessarily the result of existing laws or regulations, but rather a discriminatory practice.
- Issues with renting housing: People with drug dependencies may encounter difficulties when trying to rent apartments due to prejudice and stereotypes (Ukraine).
- On top of all the challenges that people who use drugs face when trying to access housing, the Constitution of Hungary criminalized sleeping on the streets. And while public shelters exist in the country, their capacity is much lower than the demand for housing.
- Poor living conditions in incarceration: In Armenia, there are reports of separate cells with worse living conditions for incarcerated individuals who use drugs. In Hungary – EU country with the most overcrowded prisons – there is a specific ward for individuals living with HIV. This is on the one hand discriminatory, but on the other - well received by the prisoners placed there, who feel safer when isolated than when put among other inmates aware of their HIV status.
- Post-release housing: In Estonia, like in other countries of the region, prisoners finishing their sentence and moving to social housing facilities do not receive any type of support in their recovery nor any relapse prevention.
- Russian aggression has disrupted treatment and harm reduction services in Ukraine, including refugees and people internally displaced. The impact has been felt greater amongst persons facing greatest stigma, including women who use drugs, LGBTQ+ people who use drugs, and sex workers who use drugs. Internally displaced people who use drugs are denied shelters or let go when their status has been found out.

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<sup>8</sup><https://www.ohchr.org/sites/default/files/Documents/HRBodies/HRCouncil/DrugProblem/EurasianHarmReductionNetwork.pdf>

- Drug use is often a condition which overlaps with other vulnerabilities like being a person with disability, part of an ethnic or sexual minority, or of a socially deprived community, who are pushed to live in ghettos, in very poor conditions. This is, for example, the case of Roma communities in the region.

ICESCR, Article 12: Right to health (the right of everyone to the enjoyment of the highest attainable standard of physical and mental health)

- The organization of OAT makes it difficult for clients to access treatment, lack of take-home medication also negatively affects adherence to treatment<sup>9</sup> (Belarus, Georgia, Moldova, Kazakhstan, Azerbaijan, Montenegro, Tajikistan and to some extent in other CEECA countries).
- Limited access to harm reduction, OAT in prisons: In Armenia, people who are imprisoned and have drug use disorders may be denied access to antiretroviral therapy (ART) and OAT. 21 countries provide OAT in prisons, although in Georgia OAT is only available for short detoxification rather than long-term maintenance treatment, and in Hungary prison OAT is virtually inaccessible in practice.<sup>10</sup> Even where it is implemented, OAT in prisons is not widely accessible. In Albania, Latvia, Montenegro and Serbia, people cannot start OAT while in prison, but it is available if people were on OAT before being incarcerated. In some (like in North Macedonia) in certain prisons, inmates are deprived from OST treatment (for example based on the positive results of the drug test at the entrance). Harm reduction services are available only in 3 countries (Moldova, Kyrgyzstan, Tajikistan).  
*Case from Poland: "when someone is transferred from one facility to the other and for example the facility that someone gets to didn't have or hasn't have yet anyone in treatment. So they don't have the procedures to provide methadone. This is the main medication in OST. And we do have cases that clients are transferred and are waiting for the medication, sometimes a week, sometimes two weeks and it's been happening repeatedly. We did have one case of a person who died in prison".*
- Opioid agonist treatment is still prohibited in Russia and Uzbekistan. In Kazakhstan the program is under a lot of pressure from the Ministry of Interior and is at risk of complete closure.
- Old or lack of data on number of people who use drugs and prevalence of HIV, Hepatitis C, TB among this group complicates service planning and advocacy. For example, in Poland the last research on the estimated number of problematic opioid users was done in 2009.
- Low coverage AOT and harm reduction services, including limited geographical availability. There are only ten countries in which more than WHO recommended minimum of 20% of people who primarily inject opioids receive OAT (Slovenia, Croatia, Czech Republic, Serbia, Slovakia, Hungary, Poland, North Macedonia, Bulgaria, Georgia).
- Reproductive rights violations: The reproductive rights of women who use drugs are violated by forced abortions, numerous SRHR barriers, such as limited access to contraceptive services, ante- and post-natal care, antiretroviral therapy, and prevention of mother-to-child

<sup>9</sup> <https://ehra-uploads.s3.eu-central-1.amazonaws.com/ddc7833c-4d76-4d27-bd31-8c8e8c7fb9b8.pdf>

<sup>10</sup> [https://ececacd.org/wp-content/uploads/2021/11/EN\\_Drug-policy\\_full-version\\_%D0%93%D0%BE%D0%BB%D0%B8%D1%87%D0%B5%D0%BD%D0%BA%D0%BE\\_12.11.2021.pdf](https://ececacd.org/wp-content/uploads/2021/11/EN_Drug-policy_full-version_%D0%93%D0%BE%D0%BB%D0%B8%D1%87%D0%B5%D0%BD%D0%BA%D0%BE_12.11.2021.pdf)  
<https://api.harmreductioneurasia.org/bce37d1b-49eb-4840-8975-6b96f64c6e2a.pdf>  
<https://api.harmreductioneurasia.org/3c9a8328-5666-4f40-9d5b-4fd8f51c1544.pdf>  
<https://react-aph.org/en/drug-users-and-human-rights-the-situation-in-the-eeca-region/>

HIV transmission services. Stigma and discrimination further prevent women who use drugs from accessing SRHR services. The situation even worsens in case of women from Roma communities. Only a few countries in the CEECA region, such as Azerbaijan, Hungary, Estonia, and Kyrgyzstan, have specific pregnancy and childbirth protocols for women who use drugs. A few others (e.g. Moldova and North Macedonia) briefly mention the issue of pregnancy and childbirth in clinical protocols for treatment with OAT medication.<sup>11</sup>

- HIV infection can exclude patients from IVF procedure (Hungary, North Macedonia) as drug use or OST does (in North Macedonia), which is just one of numerous examples of discriminatory practices in the healthcare system against people living with HIV.
- In Kazakhstan, OAT treatment is not available in hospitals which prevents people from getting necessary medical procedures and delaying treatment.
- Discriminatory, disrespectful treatment by the healthcare staff, especially if a vulnerable patient is not accompanied by a social worker were reported in all countries.
- Limited or no access to harm reduction or drug treatment for adolescents.

#### ICESCR, Article 13: Right to education

- Higher education restrictions: Some countries, such as Tajikistan and Hungary, may not allow or expel individuals from higher education due to drug dependency.
- Being on drug user registry or OAT program in many countries of the region is a barrier for obtaining a driving license or driving a car in general. Being on medication is considered to be equal to being under the influence of drugs (North Macedonia, Romania, Belarus, Georgia, Kazakhstan).
- In Armenia, individuals with drug use disorders who are imprisoned may be denied access to training courses.
- Barriers for trans\* people: Outdated classifications of trans\* people as mentally ill can prevent them from pursuing higher education in Armenia and Tajikistan.
- School drug tests: Russia and Kazakhstan practices compulsory drug tests in schools<sup>12, 13</sup>.
- Expulsion from school: In Hungary and Serbia, students can be removed from school for the cause of using drugs. While education in Hungary is mandatory until the age of 16, even kids under 16 can be excluded from school of their choice and have to continue education in a special facility for difficult students.
- Sniffing dogs and police at schools: Lithuania uses sniffing dogs in schools. In Serbia, police come to schools to educate students and prevent them from using psychoactive substances. In Hungary, the so-called school police were created – retired police officers are sent to schools attended by students from vulnerable communities (often experiencing challenges and difficulties in their lives). If undesired behavior occurs, policemen are entitled to use force against those kids.
- Many schools in the region lack psychological care and support of social workers for their students.
- The lack of proper education for youth about psychoactive substances and harm reduction measures: In Hungary, the Child Protection Law excluded sex education and drug prevention from schools and banned NGOs from conducting such activities without permission (which

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<sup>11</sup> <https://ehra-uploads.s3.eu-central-1.amazonaws.com/e267d904-070b-4ad9-aadf-cc791a34d3c1.pdf>

<sup>12</sup> [https://tengrinews.kz/kazakhstan\\_news/ejegodnuyu-proverku-shkolnikov-narkotiki-hotyat-vnedrit-499818/](https://tengrinews.kz/kazakhstan_news/ejegodnuyu-proverku-shkolnikov-narkotiki-hotyat-vnedrit-499818/)

<sup>13</sup> <https://www.themoscowtimes.com/2018/04/12/moscow-launches-drug-testing-program-8th-graders-a61152>

none of them ever received). In Poland, Slovenia, Russia, Kazakhstan, Kyrgyzstan, Uzbekistan, Tajikistan, Belarus, Georgia and in North Macedonia, barriers for NGOs to enter schools with educational programs (sex education, non-discrimination workshops, harm reduction information) were also reported.

- The Government of the Russian Federation pursues a consistent policy of restricting information on narcotic substances, drug dependence and humane and science/evidence-based methods of harm reduction, treatment and prevention, including harm reduction programs, frequently labelling this information 'drugs propaganda'. Since the adoption of drug propaganda law Russian authorities has been censoring texts, performances, arts pieces that mention drugs and put pressure on organizations trying to provide harm reduction services (Russian Federation)<sup>14, 15</sup>.
- Roma community education violations: In Central Europe, children from Roma communities may experience violations of their right to education, often due to the presence of drugs in these families or lack of IDs (North Macedonia, Hungary).

ICESCR, Article 15(1)(a): Right to take part in cultural life

- Police raids in the nightlife settings (Armenia)<sup>16</sup>.

ICESCR, Article 15(1)(b): Right to enjoy the benefits of scientific progress

- Russia and Uzbekistan still ban opioid agonist treatment program. In most of the countries only Methadone is available as OAT medication<sup>17</sup>.

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<sup>14</sup> <https://old.harmreductioneurasia.org/wp-content/uploads/2021/02/Submission-to-the-Special-Rapporteur-on-the-rights-to-freedom-of-peaceful-assembly.pdf>

<sup>15</sup> [https://harmreductioneurasia.org/wp-content/uploads/2020/06/Drug-propaganda-submission-to-specRaporters\\_Russia\\_ENG\\_18\\_06\\_2020.pdf](https://harmreductioneurasia.org/wp-content/uploads/2020/06/Drug-propaganda-submission-to-specRaporters_Russia_ENG_18_06_2020.pdf) , [https://harmreductioneurasia.org/wp-content/uploads/2020/03/Propaganda\\_EN.pdf](https://harmreductioneurasia.org/wp-content/uploads/2020/03/Propaganda_EN.pdf) , [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolNo=INT%2FCESCR%2FICO%2FRUS%2F55495&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolNo=INT%2FCESCR%2FICO%2FRUS%2F55495&Lang=en)

<sup>16</sup> <https://hcav.am/en/03-05-2023/> , <https://hcav.am/en/03052023/> , <https://ra.co/news/78883>

<sup>17</sup> <https://ehra-uploads.s3.eu-central-1.amazonaws.com/ddc7833c-4d76-4d27-bd31-8c8e8c7fb9b8.pdf>

## Reports and additional resources

### Submissions to CESC from the region:

Georgia CESC 2024

[https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolNo=INT%2FCESCR%2FCSS%2FGEO%2F56981&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolNo=INT%2FCESCR%2FCSS%2FGEO%2F56981&Lang=en)

Russia CESC 2023

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Armenia CESC 2023

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Tajikistan CESC 2022

[https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolNo=INT%2FCESCR%2FCSS%2FTJK%2F49799&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolNo=INT%2FCESCR%2FCSS%2FTJK%2F49799&Lang=en)

Belarus CESC 2022

[https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolNo=INT%2FCESCR%2FCSS%2FBLR%2F47505&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolNo=INT%2FCESCR%2FCSS%2FBLR%2F47505&Lang=en)

Tajikistan CESC 2020

[https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolNo=INT%2FCESCR%2FCSS%2FTJK%2F49799&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolNo=INT%2FCESCR%2FCSS%2FTJK%2F49799&Lang=en)

Uzbekistan CESC 2020

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Ukraine CESC 2020

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Bulgaria CESC 2019

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Estonia CESC 2019

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Kazakhstan CESC 2019

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For LOI 2018

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Belarus CESC 2018

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Ukraine CESC 2018

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Russia CESC 2017

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## Thematic reports and publications:

### Women

- <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-018-0259-1>
- <https://api.harmreductioneurasia.org/43afc3e3-4bc9-4d09-9dc9-62a01e6bbe9d.pdf>
- <https://api.harmreductioneurasia.org/c37691ca-cb0f-4668-a478-11c89acc4003.pdf>
- <https://www.ohchr.org/sites/default/files/Documents/HRBodies/HRCouncil/DrugProblem/EurasianHarmReductionNetwork.pdf>
- <https://www.emerald.com/insight/content/doi/10.1108/978-1-83982-882-920200012/full/pdf?title=access-barriers-to-health-services-for-women-who-use-drugs-in-eastern-europe-and-central-asia>
- [http://ewna.org/wp-content/uploads/2019/11/EWNA\\_Report\\_EN\\_preview\\_v5.pdf](http://ewna.org/wp-content/uploads/2019/11/EWNA_Report_EN_preview_v5.pdf)
- <https://stopstigma.afew.org/>
- [https://ewna.org/wp-content/uploads/2023/07/ewna-gender-assessment-report\\_2023\\_eng-1.pdf](https://ewna.org/wp-content/uploads/2023/07/ewna-gender-assessment-report_2023_eng-1.pdf)
- [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolNo=INT%2FCEDAW%2FCICO%2FKAZ%2F31511&Lang=ru](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolNo=INT%2FCEDAW%2FCICO%2FKAZ%2F31511&Lang=ru)

### Drug user registry and mandatory drug testing

- [https://www.opensocietyfoundations.org/uploads/def77bbe-43fd-46ad-9f91-b1b8bd26a221/drugreg\\_20091001.pdf](https://www.opensocietyfoundations.org/uploads/def77bbe-43fd-46ad-9f91-b1b8bd26a221/drugreg_20091001.pdf)
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5984458/>
- Drug testing in schools in Kazakhstan [https://tengrinews.kz/kazakhstan\\_news/ejegovduyu-proverku-shkolnikov-narkotiki-hotyat-vnedrit-499818/](https://tengrinews.kz/kazakhstan_news/ejegovduyu-proverku-shkolnikov-narkotiki-hotyat-vnedrit-499818/)

### Disproportional sentencing and access to health services

- [https://ececacd.org/wp-content/uploads/2021/11/EN\\_Drug-policy\\_full-version\\_%D0%93%D0%BE%D0%BB%D0%B8%D1%87%D0%B5%D0%BD%D0%BA%D0%BE\\_12.11.2021.pdf](https://ececacd.org/wp-content/uploads/2021/11/EN_Drug-policy_full-version_%D0%93%D0%BE%D0%BB%D0%B8%D1%87%D0%B5%D0%BD%D0%BA%D0%BE_12.11.2021.pdf)
- <https://api.harmreductioneurasia.org/bce37d1b-49eb-4840-8975-6b96f64c6e2a.pdf>
- <https://api.harmreductioneurasia.org/3c9a8328-5666-4f40-9d5b-4fd8f51c1544.pdf>
- <https://react-aph.org/en/drug-users-and-human-rights-the-situation-in-the-eeca-region/>
- <https://www.mdpi.com/1660-4601/20/11/5937>

- <https://harmreductioneurasia.org/drug-policy/criminalization-costs-2>
- [https://impact.economist.com/perspectives/sites/default/files/eiu\\_aph\\_investing\\_hiv\\_launch.pdf](https://impact.economist.com/perspectives/sites/default/files/eiu_aph_investing_hiv_launch.pdf)

#### Consequences of Russian aggression against Ukraine

- [https://www.emcdda.europa.eu/system/files/media/publications/documents/14753/EMCD\\_DA%20trendspotter%20briefing-Ukraine.pdf](https://www.emcdda.europa.eu/system/files/media/publications/documents/14753/EMCD_DA%20trendspotter%20briefing-Ukraine.pdf)
- [https://www.unodc.org/documents/data-and-analysis/Ukraine/Ukraine\\_drug\\_demand\\_supply.pdf](https://www.unodc.org/documents/data-and-analysis/Ukraine/Ukraine_drug_demand_supply.pdf)
- <https://globalhealthnow.org/2022-04/no-safe-place-substance-use-therapy-wartorn-ukraine>
- [https://www.frontiersin.org/articles/10.3389/fpubh.2022.1044677/full?fbclid=IwAR2dFDwxNGWA\\_r0nZ4488TgnGbaHdsP8oc7yH4j4nN1dzXorBZHC377JIMA](https://www.frontiersin.org/articles/10.3389/fpubh.2022.1044677/full?fbclid=IwAR2dFDwxNGWA_r0nZ4488TgnGbaHdsP8oc7yH4j4nN1dzXorBZHC377JIMA)
- <https://www.thelancet.com/action/showPdf?pii=S2666-7762%2822%2900186-7>
- <https://www.who.int/europe/news/item/05-04-2022-ukraine-crisis-averted-for-now-who-pepfar-and-partners-ensure-supply-of-antiretroviral-drugs-for-people-living-with-hiv>