health solutions
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Ensuring the Right to Mental Health and Access to Treatment for Civilians and Veterans During War and in the Post-War Period

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CONTENTS

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Foreword by the Authors

In Ukraine, which is in the conditions of a full-scale war, the right to health has acquired a new, existential meaning. It is not only a matter of access to medical services — it is a matter of dignity, security, justice, and trust in the state. In such times, the need especially sharply arises for the redefinition of policies that have a direct impact on the lives of hundreds of thousands of people — in particular, policies regarding the circulation of narcotic substances, psychotropic substances, and access to treatment.

The war has created unprecedented challenges for the mental health of both the civilian population and a large cohort of military personnel and veterans. The experience of prolonged stay in conditions of brutal hostilities, losses, physical and psychological injuries has left a deep mark. Some of these people face risks of developing dependence, PTSD, anxiety disorders, and often do not have access to adequate help. This requires from us a review of the very essence of drug policy — not as an instrument of repression, but as part of the system of social recovery, based on respect for human rights.

Our team has for many years been consistently working to ensure that Ukrainian drug policy becomes truly balanced: so that it duly takes into account the goals of public health, security, and human rights. In the previous Strategy on Drugs in Ukraine, it was for the first time recognized that narcotic and psychotropic substances may have not only potential for harm but also a legal place in medicine, science, and palliative care. This is not just a change of rhetoric — this is a change of philosophy, where the person, and not punitive logic, stands at the center of policy.

This report is the result of deep interdisciplinary analysis. It covers a wide spectrum of topics: from the harmonization of Ukrainian legislation with the EU acquis to the assessment of judicial and law enforcement practice, the effectiveness of providing help to people who use psychoactive substances — in particular to military personnel, veterans, prisoners — to barriers in access to medicines. A separate section is devoted to issues of interagency interaction, data collection, and the role of the public sector in shaping effective, people-centered drug policy.

A special place in the study is occupied by the European integration obligations of Ukraine. After obtaining the status of candidate for accession to the EU in 2022, Ukraine must bring its drug policy in line with the acquis communautaire — first of all Chapters 23 and 24, which concern the rule of law, human rights, and internal affairs. The European Strategy on Drugs 2021–2025 and its Action Plan define clear benchmarks: proportionality in law enforcement, decriminalization of minor offenses, development of harm reduction services, participation of civil society in policy making. This is not only about legislative compliance — this is about the transformation of approaches.

The report contains not only deep analytics but also concrete conclusions and practical recommendations developed for the relevant central executive bodies: the Ministry of Health, the Ministry of Internal Affairs, the Ministry of Social Policy, the Ministry of Justice, the Verkhovna Rada, relevant committees. These recommendations take into account both European standards and the real circumstances in which the state functions during war.

To summarize, it is worth noting that effective drug policy is a policy in which the state is not afraid to trust the person, and the person can rely on the state and the provision of medical and social support. It is a policy based on human rights, science, and respect for human dignity. It is precisely such an approach that will allow Ukraine not only to get closer to membership in the EU but also to build a sustainable and humane society.

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International Charitable Foundation **"Alliance for Public Health"** – a leading NGO significantly impacting the HIV/AIDS, tuberculosis, viral hepatitis, and other public health epidemics in Ukraine through financial and technical support

Introduction

Following Ukraine's recognition as a candidate for European Union membership in 2022, the country faces the complex task of aligning its national legislation with EU norms and practices. One of the critical areas of harmonization is drug policy, where an integrated approach combining effective law enforcement with public health priorities is essential. Human rights-based and harm reduction–oriented drug policy is at the heart of the EU's strategic objectives in combating drug-related challenges. These principles must serve as a foundation for reform in Ukraine, ensuring a balance between societal safety and the protection of individual rights and freedoms.

This study aims to analyze Ukraine's current legal framework for drug control in comparison to European standards. Special attention is given to the need for decriminalizing minor offenses related to personal drug possession and introducing alternative sanctions focused on rehabilitation and social reintegration. These recommendations are in line with the EU Drugs Strategy 2021–2025, which emphasizes reducing criminalization of people with drug dependency and promoting harm reduction programs, such as needle exchange, opioid substitution therapy, social support, and rehabilitation.

The goal of this study is to provide strategic recommendations for reforming Ukrainian drug policy in alignment with European standards and societal needs. The proposed approaches aim to establish a legal foundation for harm reduction, strengthen human rights protections, improve law enforcement practices, and ensure equitable access to healthcare for all population groups.

The report consists of four sections. The first explores key documents from the EU and international organizations to identify priorities for aligning Ukraine's legal framework with EU standards and laying the groundwork for long-term reform.

The second section offers detailed recommendations for harmonizing Ukraine's criminal law and drug policy with EU law in the context of integration processes. The conclusions emphasize the need to shift from a punitive approach to a health- and social-oriented model, drawing on official statistics and international experiences from countries such as the Czech Republic and Austria. These cases illustrate the limited effectiveness of punitive sanctions for people with substance use disorders.

The third section addresses the most significant legal and systemic barriers to implementing high-quality, evidence-based services for people who use psychoactive substances (with particular attention to military personnel, whose numbers are increasing due to the full-scale war). This analysis focuses on access to controlled medicines, particularly for pain and mental health treatment. European standards stress the importance of ensuring access to these medications for medical purposes while also strengthening control over their illegal circulation. In the context of war and post-war recovery, this issue becomes even more pressing, as guaranteeing adequate care for both civilians and veterans is a priority of national policy.

The fourth section focuses on enhancing mechanisms for interagency coordination in drug policy. EU experience shows that effective responses to illicit drug trafficking require close cooperation among law enforcement, the judiciary, and health and social care systems. Civil society organizations also play a critical role in implementing harm reduction programs and supporting people affected by drug dependence.

The report concludes with a set of key findings and strategic recommendations, a roadmap for building a people-centered drug policy in Ukraine.

Methodology and Research Instruments

The empirical part of this study is based on a descriptive approach, as our primary objective was to provide a comprehensive overview of the current state of drug policy in Ukraine. This includes the situation related to the circulation of narcotic substances and drug-related crimes, the provision of services for people with substance use disorders—particularly military personnel and veterans—and other related areas. Our aim was to systematically analyze both Ukrainian legislation in this field and all available official sources of information, such as court statistics, data from the Office of the Prosecutor General, information from the Public Health Center on the drug situation in Ukraine, among others, in order to draw conclusions about the shortcomings of current Ukrainian drug policy and the necessary reforms.

A significant portion of our research is grounded in the method of comparative analysis. Specifically, we examined Ukrainian legislation on the circulation of narcotic substances in comparison with the trends, best practices, and overall experiences of European Union (EU) countries in the area of drug policy. The goal was to formulate conclusions about potential directions for reform in Ukraine, with due consideration for the realities of the wartime and post-war context.

Finally, we conducted a baseline analysis of the existing capacities and mechanisms for reforming drug policy within the broader framework of EU integration. As a result, we developed a roadmap (step-by-step recommendations) for implementing drug policy reform. The implementation of this roadmap would require a detailed and in-depth review and discussion with key stakeholders, including representatives of public authorities, civil society organizations, veterans, international experts, and others.

During the course of the study, we utilized the following instruments:

- **Consultations with international experts** (focus countries: the United States, the United Kingdom, and Norway). These experts were primarily engaged to provide methodological support for the project, particularly in the area of international experience exchange. They contributed to the understanding of how to implement the best global practices in drug policy in the Ukrainian context and helped to develop approaches and recommendations for aligning Ukrainian criminal legislation with that of EU countries in the context of the European integration process.

- **Consultations with representatives of law enforcement agencies** (primarily police and prosecution bodies) and the judiciary. Law enforcement officers and judges involved in the consultations provided a realistic perspective on the state of Ukrainian drug policy, as they work directly with drug-related offenses. Their contributions were essential in obtaining factual insights into the effectiveness of current legislation, the specific nuances of law enforcement practices, and more. These consultations also helped to identify problematic aspects of the current system and to understand which legal provisions are not functioning as intended (e.g., those related to probation supervision).
- **A sociological survey on substance use disorders among the Armed Forces of Ukraine.**[1] In particular, this included in-depth expert interviews with specialists from three areas of practice: physicians from civilian medical institutions and military hospitals, combat medics, and psychologists (including military psychologists). The objective of this research was to analyze the system for providing services to military personnel and veterans with substance use disorders. The survey was conducted in full compliance with confidentiality protocols, personal data protection standards, and only upon receipt of informed voluntary consent from participants. The survey took place between November 2024 and February 2025. Data collection occurred between Novembe

1 The survey was commissioned by the Charitable Organization "Charitable Foundation 'Health Solutions for an Open Society'". The study is available online.

List of abbreviations

ATO	Anti-Terrorist Operation
MH	Military Hospital
MMH	Military Mobile Hospital
MMCRRC	Military Medical Clinical Rehabilitation Center
MMCC	Military Medical Clinical Center
WHO	World Health Organization
HCI	Health Care Institution
EU	European Union
ECHR	European Court of Human Rights
CESCR	Committee on Economic, Social and Cultural Rights
CCU	Criminal Code of Ukraine
CMU	Cabinet of Ministers of Ukraine
CAO	Code of Administrative Offenses
ICD	International Classification of Diseases
BPU	Battalion's Medical Post
BB	Brigade's Medical Battalion
MTD	Medical-Technical Document
OST	Opioid Substitution Therapy
UN	United Nations
PAS	Psychoactive Substances
PHC-MoH	Public Health Center of the Ministry of Health of Ukraine
OHCHR	Office of the United Nations High Commissioner for Human Rights
ARQ	Annual Report Questionnaire
DRID	Drug-Related Infectious Diseases
IDS / ESPAD	Individual Drug Seizures / European School Survey Project on Alcohol and Other Drugs
EUDA	European Union Drugs Agency
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
GLOTiP	Global Report on Trafficking in Persons Questionnaire

PDU	Problem Drug Use
TDI	Treatment Demand Indicator
TFEU	Treaty on the Functioning of the European Union
ST1	General Population Surveys
ST6	Drug-Induced Deaths
ST12	Drug Use Among Prisoners
UN-CTS	United Nations Survey on Crime Trends and the Operations of Criminal Justice Systems.
UN-IAFQ	United Nations Illicit Arms Flows Questionnaire
UNAIDS	Joint United Nations Programme on HIV/AIDS

Disclaimer

1. The recommendations provided as a result of this study reflect the position of the authors and may differ from the views of representatives of public authorities, local self-government bodies, or stakeholders from the non-public sector (including businesses, civil society organizations, and others).

2. In offering proposals and developing a roadmap for drug policy reform, we assume that the changes we recommend may need to be implemented under conditions of limited resources (financial, human, and other), as well as in the context of ongoing hostilities or the potential onset of a new phase of the war.
3. This study is intended to provide a high-level analysis. That is, we offer a general overview of the directions for harmonizing legislation in the field of drug policy, without delving into a detailed examination or formulation of specific proposals concerning harm reduction programs, demand reduction strategies, or counter-narcotics measures. These areas require a separate in-depth study.

4. In preparing this report, we relied on the official data available to us from open sources, including court statistics, data from the Office of the Prosecutor General, and information from the Public Health Center, among others.
5. We acknowledge that implementing a person-centered drug policy in Ukraine is not possible—or at the very least is significantly complicated—without the existence of a unified national Drug Policy Strategy. Such a strategy must be based on a medical and social approach focused not on "punishing" people who use drugs, but on reducing demand and harm, as well as countering organized drug trafficking. Moreover, within the framework of European integration, this strategy must align with the legislation of European countries—particularly with the acquis communautaire of the EU in the field of drug policy, including the EU–Ukraine Association Agreement, the EU Drugs Strategy 2021–2025 and its Action Plan, as well as the principles set out in the documents of global international organizations (such as the UN).

6. We proceed from the understanding that, at the time of this study, Ukraine did not have an adopted national drug policy development strategy or an operational action plan for its implementation. The previous strategy, which was in effect from 2013 to 2020, was not fully implemented. The draft Drug Policy Development Strategy until 2030 and its corresponding operational plan are not a logical continuation of the previous strategy and contain several shortcomings (as noted throughout this report). This draft has remained under revision for over four years and has yet to be approved. In the context of European integration processes—and more importantly, in light of the full-scale Russian invasion of Ukraine, where access to pain management and mental health care is urgently needed—we believe the existence and implementation of such a strategy would facilitate the achievement of strategic objectives defined by the state as priorities.

It would also improve coordination among key stakeholders in the field (government agencies, law enforcement bodies, civil society organizations, and others), thereby making national drug policy truly effective.

7. Policy change proposals must take into account political, socio-economic, and demographic factors. Therefore, in our study, we advocate for the application of international practices, approaches, and principles, taking into account the current Ukrainian context and the challenges of protracted war and post-war recovery.

8. Our recommendations are based on the provisions of current Ukrainian and international law, as well as the best practices for their application as of the time of this study's preparation.

9. The problems outlined in this report reflect, among other things, the results of consultations with representatives of law enforcement and the judiciary, as well as findings from a sociological survey on substance use disorders within the Armed Forces of Ukraine.

10. In this study, we define "demand reduction" as the efforts of all stakeholders in drug policy aimed at reducing the illegal demand for drugs. This includes prevention, destigmatization, treatment, and rehabilitation for individuals who suffer from the use of psychoactive substances (PAS). This approach is a key element in shifting drug policy away from a punitive model and toward a medical and social framework.

11. We understand "harm reduction" as a set of evidence-based policies and programs aimed at minimizing the negative consequences of non-medical drug use for individuals, communities, and society as a whole. Examples include needle and syringe exchange programs, opioid substitution therapy (OST), and the establishment of supervised consumption rooms.

12. In this report, "drug-related crimes" refer to the most common criminal offenses associated with the illicit trafficking of narcotic drugs and precursors, as defined by Articles 305–320 of the Criminal Code of Ukraine.

13. The term "psychoactive substances" is used in accordance with the terminology of the World Health Organization (WHO). According to the WHO, these are substances that, when taken or administered, affect mental processes—such as cognition or emotion. In other words, they influence the brain and mental state to varying degrees, impacting an individual's ability to think clearly and act responsibly. This category includes narcotic drugs.

14. Other terms used in this report are applied in the sense defined by the Law of Ukraine "On Narcotic Drugs, Psychotropic Substances and Precursors" and other current normative legal acts of Ukraine.

SECTION I

ADOPTING LEADING TRENDS, BEST EU AND GLOBAL PRACTICES TO FORMULATE A DRUG POLICY DEVELOPMENT STRATEGY FOR UKRAINE

1.1. Overview of Drug Policy Trends and Best Practices in the European Union and Globally

In June 2022, the European Council granted Ukraine candidate status on the condition of fulfilling the requirements set out in the European Commission's opinion on Ukraine's membership application. In December 2023, the EU leaders decided to open accession negotiations with Ukraine based on the Commission's recommendation.

To accede to the EU, Ukraine must meet a set of criteria known as the Copenhagen criteria.[2] These include the stability of institutions guaranteeing democracy, the rule of law, human rights, and respect for and protection of minorities. However, an imbalanced approach to drug laws and policy — one that disproportionately emphasizes law enforcement over public health — poses a significant threat to the development of these institutions.

Reforming outdated drug laws and policies is a critical step toward meeting the Copenhagen criteria and harmonizing Ukrainian legislation with European standards. Such reforms can substantially enhance the stability of democratic institutions, the rule of law, the protection of human rights, and the well-being of society. This is particularly relevant in wartime and post-war contexts, where access to treatment and the preservation of mental health become critical for both civilians and veterans.

We have analyzed key documents (listed below) to identify the principal trends and directions in the development of drug policy among EU member states and other countries worldwide. This analysis also aimed to assess whether Ukraine aligns with these trends. Our methodological approach was as follows: first, we identified the relevant trends and best practices of the EU and broader international community in drug policy. We then assessed the extent to which current Ukrainian drug policy corresponds to these trends. Based on the results of this comparative analysis, we formulated conclusions about possible directions for reform, taking into account Ukraine's aspirations for EU integration and the realities of wartime and post-war conditions.

2 Accession Criteria (Copenhagen Criteria). EUR-Lex. Available online: https://eur-lex.europa.eu/EN/legal-content/glossary/accession-criteria-copenhagen-criteria.html

It is important to note that neither EU nor UN documents represent a fixed set of rules or instructions. Rather, they outline trajectories (trends) that manifest in the national legislation and law enforcement practices of EU member states and other countries.

That is why it is critically important to identify these trends and determine what legislative and enforcement reforms Ukraine must implement to align with them and meet leading standards.

To identify these trends, we analyzed the following documents (a brief overview of each is provided below):

- **Association Agreement between Ukraine and the EU**[3]
- **EU Drugs Strategy**[4]

These documents provide a general framework for evaluating and guiding reforms in Ukraine. They ensure consistency and coherence across law enforcement, human rights, and public health approaches — all of which are essential for Ukraine's integration into the EU.

Beyond the foundational documents that guide the analysis, attention must also be paid to two additional categories of related documents:

1. Law Enforcement-Related Documents

These include Article 83 of the Treaty on the Functioning of the European Union (TFEU)[5] and Council Framework Decision 2004/757/JHA.[6] These documents establish minimum standards for combating drug-related crimes. They cover coordination among law enforcement agencies, definitions of criminal offenses and penalties, and measures for preventing the illicit trafficking of narcotic drugs and psychotropic substances.

2. Documents on Human Rights Standards and Access to Controlled Substances for Scientific, Medical, and Other Legitimate Purposes

These instruments aim to strike a balance between enforcement and human rights protections by ensuring access to essential medicines for legitimate purposes. Our analysis of this area draws on the EU Drugs Strategy 2021–2025, the International Guidelines on Human Rights and Drug Policy, and the 2018 UN System Common Position on drug-related matters.

3 Association Agreement between the European Union and its Member States, of the one part, and Ukraine, of the other part. Available online.

4 European Union Drugs Strategy 2021–2025. Available online.

5 Treaty on the Functioning of the European Union. Available online.

6 Council Framework Decision 2004/757/JHA. Available online.

1.1.1. Drug Policy Trends in Key Framework Documents Supporting Ukraine's EU Integration

Association Agreement between Ukraine and the European Union

This document sets the framework for reforms in Ukraine within the context of its European integration. The Agreement envisages the harmonization of Ukrainian legislation with the EU's regulatory framework (acquis communautaire) and covers areas such as human rights, the rule of law, healthcare, and the fight against crime. Drug policy is directly linked to Ukraine's commitments to uphold human rights and align its legislation accordingly. In particular, Article 3 refers to cooperation in combatting transnational organized crime and terrorism, which encompasses drug control measures. This approach is consistent with international standards focused on reducing drug-related harm and safeguarding public health. Articles 21, 22, and 426 of the Agreement address cooperation in combatting illicit drug trafficking, as well as the prevention and treatment of substance use disorders. The Agreement specifies that cooperation in these areas should be based on international conventions and instruments, including those adopted by the United Nations. It emphasizes the need for both parties to adopt a balanced and integrated approach to addressing drug-related challenges.

Other provisions of the Agreement highlight the importance of sustainable development, good governance, and the observance of human rights — all of which create obligations for Ukraine to implement a human rights–based approach to drug policy. This includes reforms aimed at reducing the criminalization and repression of people who use drugs.

Ukraine Plan[7]

This document, presented on 20 March 2024, is a comprehensive reform and investment strategy developed in close cooperation with the European Union to support Ukraine's integration into the EU. The Plan outlines 69 reforms and 10 key investment priorities covering 15 sectors and identifying 146 specific actions, including qualitative and quantitative indicators. This structured programme is aimed at reforming the judiciary, implementing anti-corruption measures, and improving public administration—key conditions for establishing governance standards aligned with EU norms.

The main directions of the Plan include reforms in sectors such as energy, agriculture, and digital transformation, with a focus on sustainable growth and strengthening economic stability through the modernisation of the economy. The Plan also encompasses measures to improve governance and macroeconomic stability, as well as to support vulnerable population groups and uphold the principle of inclusiveness—"leaving no one behind." The strategy is closely aligned with the requirements and norms of EU legislation, with particular attention to macroeconomic stability, fiscal transparency, and creating conditions for private investment, which is crucial for Ukraine's EU integration.

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7 Commission Staff Working Document. Accompanying document to the Proposal for a Council Implementing Decision on the approval of the assessment of Ukraine's plan. Brussels, 15.04.2024. SWD(2024) 93 final.

The Ukraine Plan 2024 does not directly address drug policy reform. However, timely reform in this area could significantly contribute to the implementation of several key provisions of the Plan, including anti-corruption measures, judicial reform, and the creation of an effective system of public administration. These objectives are especially relevant to the field of drug control, where transparent regulation, human rights compliance, and enhanced trust in law enforcement institutions are urgently needed.

Well-implemented, balanced drug policy reforms could significantly accelerate Ukraine's EU integration, as they would yield positive impacts across several key sectors:

- **Reduction of corruption:** Reforms aimed at decriminalisation and regulation may reduce financial incentives for corruption in law enforcement and the judiciary, fostering transparency and strengthening democratic institutions.
- **Strengthening the rule of law:** More rational and proportionate drug laws promote fairness and equality before the law, enhancing citizens' trust in the legal system.
- **Protection of human rights:** Reforms focused on harm reduction and human rights compliance can help prevent violations such as prison overcrowding, arbitrary arrests, and restrictions on individual freedoms, in line with democratic principles.
- **Rational allocation of resources:** Redirecting resources from repressive measures toward public health and social services will improve overall governance efficiency and better meet the needs of the population.
- **Increased public trust and engagement:** Reforms grounded in scientific evidence and focused on public health are more likely to gain public support and increase civic engagement in democratic processes.

Legislative and drug policy reform in Ukraine has the potential to accelerate progress in developing resilient democratic institutions, the rule of law, and human rights protection—leading to a faster and more successful integration of Ukraine into the European Union.

Commission Analytical Report on Ukraine's Alignment with the EU acquis[8]

This Analytical Report by the European Commission on Ukraine's alignment with the EU acquis communautaire provides a comprehensive assessment of Ukraine's progress in harmonising its legislation and policies with the standards of the European Union. The report evaluates Ukraine's readiness for EU membership by assessing compliance with EU standards across various sectors.

The main components of the report include:

1. Political criteria: Assessment of Ukraine's democratic institutions, rule of law, human rights, and the protection of minorities.

2. Economic criteria: Analysis of the functioning of Ukraine's market economy and its capacity to withstand competitive pressure within the EU.

8 Commission Analytical Report on Ukraine's Alignment with the EU Acquis. Available online.

3. Ability to assume membership obligations: Review of Ukraine's alignment with the EU acquis across 33 chapters, including areas such as the internal market, agriculture, environment, and justice.

4. Administrative and judicial capacity: Assessment of Ukraine's institutional framework for the effective implementation and enforcement of EU legislation.

The report also briefly mentions cooperation in the field of drug control and the harmonisation of Ukraine's legal framework in this area with EU legislation. In particular, it highlights that the term of the last national drug strategy expired in 2020 and that Ukraine has not yet adopted a new one. Additionally, the report emphasises the absence of an early warning system for psychoactive substances in Ukraine.

Ukraine Progress Report 2023[9]

This document, published on 8 November 2023 by the European Commission, provides an updated assessment of Ukraine's progress in meeting the EU membership criteria, along with recommendations for further reforms.

The report offers a comprehensive assessment of Ukraine's readiness to align with EU standards, highlighting key areas for reform, particularly in the fields of rule of law, anti-corruption efforts, and public administration reform. **In the context of drug policy reform, the document outlines the following priority areas:**

1. Rule of law and judicial reform. The report underscores the importance of increasing the transparency, efficiency, and reliability of the judiciary. Drug policy reforms should support these objectives by ensuring fair and transparent handling of drug-related offences through improvements in judicial practice and the application of legal standards to reduce corruption and increase public trust.

2. Anti-corruption. The report points to the need to strengthen anti-corruption measures, and drug policy reforms should include mechanisms to prevent corruption in law enforcement and the judiciary. Enhancing transparency in the activities of agencies responsible for drug control and establishing a reliable mechanism for investigations and asset confiscation will contribute to strengthening public trust and reducing drug-related crime.

3. Human rights and social protection. The report emphasises inclusivity and social protection for vulnerable groups. Accordingly, drug policy reforms must consider human rights by ensuring access to harm reduction programmes and reducing punitive measures for minor drug-related offences, in line with EU principles in the fields of public health and social inclusion.

The Commission's Analytical Report on Ukraine's Alignment with the EU acquis and the 2023 Progress Report on Ukraine provide important recommendations for reforms aimed at aligning Ukraine with EU standards. While these documents are not focused on drug policy specifically, they highlight key reform areas that are critically important for sound and EU-compliant governance.

9 The full text of the Report is available on the Commission's website. Available online.

If drug policy reform is strategically aligned with the recommendations of these reports, it could significantly accelerate Ukraine's EU accession process by advancing the following areas:

- **Alignment with rule of law and justice standards**

Both reports emphasise the need to strengthen the judiciary, ensure the rule of law, and establish mechanisms that support justice and accountability. Drug policy reform that complies with these principles—such as fair judicial practice, decriminalisation of minor drug offences, and the establishment of transparent legal frameworks—can reduce the burden on the judiciary and build trust in the justice system. This aligns with Chapter 23 of the EU acquis on Judiciary and Fundamental Rights, strengthening Ukraine's position in meeting accession conditions.

- **Anti-corruption and transparency in law enforcement**

The 2023 report calls for enhanced anti-corruption measures, especially in vulnerable areas such as drug enforcement. Implementing transparent procedures in drug policy can help minimise corruption risks, which is crucial for EU integration. Measures may include clear criteria for prosecution in drug-related cases, increased oversight of law enforcement agencies, and ensuring transparency in judicial proceedings. These steps also align with the requirements of Chapter 24 of the EU acquis on Justice, Freedom and Security and support Ukraine's anti-corruption commitments.

- **Human rights and public health**

EU norms support drug policies based on human rights and prioritising health-based rather than punitive approaches. The Commission's documents highlight the importance of protecting human rights, which Ukraine can address through harm reduction programmes, therapeutic approaches, and alternatives to incarceration for non-violent drug offences. These measures would reflect EU standards in health and human rights, enhancing Ukraine's alignment with core EU values and the priorities of Chapter 24.

- **Administrative capacity and digital modernisation**

Both documents stress the importance of digital and administrative modernisation for effective governance. Drug policy reform in Ukraine could incorporate e-justice solutions and improved digital systems for managing drug-related cases, contributing to a more streamlined, accessible, and transparent administrative process. These improvements are consistent with EU efforts to build modern and efficient governance structures, relevant for both anti-corruption efforts and law enforcement.

A drug policy reform aligned with EU priorities in the fields of rule of law, anti-corruption, human rights, and digital modernisation would help Ukraine demonstrate its commitment to EU standards. Such reform would be a strategic step towards strengthening public health and safety, while also accelerating Ukraine's EU accession by addressing key governance and law enforcement challenges essential for integration.

1.1.2. Key Trends in EU Law Enforcement Practices Related to Illicit Drug Trafficking

European Union documents concerning the fight against drug-related crime aim to establish minimum standards that ensure coordination among the law enforcement authorities of EU Member States, as well as to define measures and sanctions to prevent illicit drug trafficking.

Article 83 of the Treaty on the Functioning of the European Union (TFEU)

Article 83 of the TFEU lists so-called "Eurocrimes"—serious offenses with a cross-border dimension. One such offense is the illicit drug trade. This article grants the EU the authority to establish minimum rules concerning the definition of criminal offenses and sanctions in this area. Consequently, Article 83 provides the regulatory framework for the coordination of EU Member States' efforts in combating serious drug-related crimes and designates them as a priority in law enforcement activities.

Council Framework Decision 2004/757/JHA

This document, developed on the basis of Article 83 TFEU, emphasizes the necessity of unified approaches to combating serious drug-related offenses across all EU Member States. Particular attention is paid to cross-border crimes and large-scale illegal drug operations. However, the document also clarifies that offenses such as possession of drugs for personal use are not considered serious crimes and may be regulated at the national level, thus allowing Member States to adapt their legislation according to national contexts.

Key trends identified based on the analysis of these documents and practices across EU Member States include:

- Focus on combating serious crimes and transnational drug networks. Crimes related to drug possession for personal use are treated solely under national laws and are not prioritized at the EU level.
- Coordination of law enforcement agencies. A significant trend is the creation of intergovernmental mechanisms for coordinating the fight against transnational criminal networks.
- Proportional approach to drug-related crimes. EU Member States are increasingly shifting towards approaches that de-emphasize minor offenses (e.g., possession for personal use) and redirect resources toward combating major drug crimes.

In assessing Ukraine's actions in combating illicit drug trafficking, it is essential to evaluate the extent to which existing measures and approaches align with these trends. It is also crucial to consider the need to revise legislative and law enforcement mechanisms that criminalize drug possession for personal use, which could facilitate a shift from repressive measures toward more humane and effective strategies focused on serious offenses.

European Union Drugs Strategy 2021–2025[10]

This document provides a comprehensive framework guiding the EU's approach to drug policy, with a focus on public health, social, and legal security. Together with the Action Plan, the Strategy emphasizes a balanced, evidence-based approach built on the following core pillars:

1. Demand Reduction

The Strategy prioritizes the reduction of drug demand by focusing on prevention, early intervention, treatment, rehabilitation, and social reintegration (Strategy, Section 2.2.1; Action Plan, Objective 1). It supports access to harm reduction services such as needle exchange programs and opioid substitution therapy, aiming to reduce health risks and improve the quality of life for people who use drugs (Action Plan, Measure 1.2).

2. Supply Reduction

To counter drug trafficking and organized crime, the Strategy includes measures to dismantle drug supply chains, enhance cooperation among law enforcement agencies, and strengthen border security (Strategy, Section 2.2.2; Action Plan, Objective 6). The EU supports collaboration with both Member States and third countries to disrupt production and distribution networks, particularly those with transnational links (Action Plan, Action 6.2).

3. Harm Reduction and Health-Oriented Approach

The EU Drugs Strategy emphasizes harm reduction as a cornerstone of public health policy (Strategy, Section 2.2.1). This includes expanding access to services focused on the physical and mental health of people who use drugs, reducing stigma, and integrating these services into mainstream healthcare systems (Action Plan, Action 1.4). This approach treats drug use as a public health issue rather than solely a criminal offense (Action Plan, Objective 2).

4.International Cooperation

Acknowledging the global nature of drug trafficking, the Strategy promotes cooperation with international organizations, non-EU countries, and civil society organizations (Strategy, Section 2.2.3; Action Plan, Objective 8). It encourages compliance with human rights standards and joint efforts to address drug-related challenges on a global scale (Action Plan, Action 8.1).

5. Research, Data Collection, and Monitoring

A key component of the Strategy is its focus on evidence-based policy. The EU supports data collection and analysis to monitor trends in drug use and trafficking and backs research initiatives to develop effective interventions (Strategy, Section 2.2.4; Action Plan, Objective 9). Monitoring and evaluation are essential for policy adaptation and timely responses to emerging challenges (Action Plan, Actions 9.1 and 9.3).

10 U Drugs Strategy 2021–2025. Available online.

EU Drugs Action Plan

This document operationalizes the Strategy through targeted actions and objectives with clear timelines and progress indicators. The Plan offers EU countries a structured approach to implementing the Strategy's goals, promoting accountability and consistency at the regional level.

The EU Drugs Strategy 2021–2025 and its Action Plan underscore the importance of implementing alternative measures to address drug-related offenses, distinguishing between serious and minor infractions. For serious crimes, the Strategy provides for strengthened law enforcement efforts aimed at dismantling organized crime networks and reducing drug availability. For minor offenses, particularly those related to consumption, the Strategy favors health- and social-based interventions over punitive measures. This approach aligns with the overarching goal of the Strategy—to balance security and public health aspects of drug policy.

Publications of the European Drugs Agency (formerly EMCDDA)

The European Drugs Agency, formerly known as the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), was established in 1993 and serves as the EU's primary body responsible for collecting, analyzing, and disseminating information related to drugs, including analyses of legal and law enforcement trends in Europe. The Agency's research and reports support EU and Member State policymaking on control, prevention, and harm reduction, ensuring a science-based approach to these issues.

Ukraine actively collaborates with the Agency through the European Neighbourhood Policy. In the context of EU integration, cooperation with the Agency may assist Ukraine in designing reforms grounded in comprehensive research and comparative analyses of reforms and changes occurring across EU countries. This partnership also allows Ukraine to strengthen data collection, implement effective harm reduction programs, and develop preventive and rehabilitative approaches, shifting the focus from punitive responses toward public health and social reintegration.

The Agency's publications reflect the core trends outlined in the EU Drugs Strategy, which should be considered in Ukraine's drug policy reforms, including the health-oriented and harm reduction approach, the introduction of alternative sanctions for minor drug-related offenses, and the importance of unified and continuous monitoring.

1.1.3. Human Rights Standards and Access to Controlled Substances

Documents related to human rights standards and access to narcotic drugs and psychotropic substances for scientific, medical, and other legitimate purposes play a crucial role in shaping drug policies aimed at protecting human rights and ensuring public health. The EU Strategy is grounded in the respect for fundamental human rights and freedoms, including the right to health. Paragraph 4 of the Strategy states that it is based on the principles of EU law, such as respect for human dignity, freedom, democracy, equality, and the rule of law.

Furthermore, the Strategy emphasizes that the protection of human rights is a central element of the EU's drug policy, which includes obligations to ensure the highest attainable standard of physical and mental health for all citizens, including people who use drugs. According to the EU Drugs Strategy, Member States are required to ensure the protection of the right to health and to promote human rights as the foundation for drug policy regulation. This includes balancing public security with the protection of citizens' health, including access to essential medicines for scientific and medical purposes.

Human rights instruments contribute to balancing law enforcement measures with the protection of human rights, while ensuring access to medications for lawful purposes. This analysis considers key international and European documents that define evolving approaches in this field.

International Guidelines on Human Rights and Drug Policy[11]

The EU Drugs Strategy explicitly refers to the International Guidelines on Human Rights and Drug Policy, recognizing them as a key instrument guiding the development of EU drug policy. This is reflected in paragraph 4, which notes that the EU supports the outcomes of the 2016 United Nations General Assembly Special Session (UNGASS) on the World Drug Problem and its relevant documents, including the aforementioned guidelines. These Guidelines serve as a significant instrument in the context of drug control and human rights protection. They propose standards aimed at shaping sustainable and human rights-based approaches to drug policy, including recommendations for the decriminalization of drug possession for personal use. Decriminalization is one of the key trends in EU drug policy, as reflected in the law enforcement practices of many Member States, where the emphasis is placed on supporting civil society and public health rather than criminal punishment for minor offences.

The 2018 UN System Common Position[12]

Paragraph 4 of the EU Drugs Strategy 2021–2025 also refers to support for the UN System Common Position. The EU affirms its commitment to an integrated approach to drug-related issues, based on UN documents. In particular, the Strategy highlights the importance of the 2019 UN Ministerial Declaration and the outcome document of the 2016 UNGASS on joint commitments to addressing the world drug problem. These documents reflect the UN's approach to upholding human rights and sustainable development within the framework of drug policy. The Common Position emphasizes that upholding human rights and ensuring public health must be priorities in the sustainable development of drug policy. It also calls for a proportionate approach in law enforcement practices and the promotion of alternatives to punishment for minor offences, such as drug possession for personal use, including the possible decriminalization of such acts.

11 International Guidelines on Human Rights and Drug Policy. Available online.

12 Common Position of the United Nations System on international drug policy through effective interagency collaboration. Available online.

European Court of Human Rights (ECtHR) Judgments

At the level of the Council of Europe, the judgments of the European Court of Human Rights (ECtHR) play a significant role in shaping trends in human rights protection. The principle of the "margin of appreciation" is central to the ECtHR's work, particularly in cases involving complex issues where States have discretion in choosing specific approaches within the limits permitted by the European Convention on Human Rights. The margin of appreciation allows Council of Europe Member States to determine how they will fulfill their international obligations under the Convention. This principle is particularly relevant in cases where States must balance competing interests (e.g., public security and human rights) or where no uniform approach exists among Member States on a specific issue.

The application of the margin of appreciation is based on several factors, such as:

- Consensus among Member States: When there is a broad consensus among Council of Europe Member States on a particular issue, the margin of appreciation narrows, and States are expected to adhere to that common standard.
- Nature of the rights at stake: The margin is broader in cases involving socio-economic rights (e.g., health care) than in cases concerning civil and political rights, such as the right to life or the prohibition of torture.

Issues related to drug policy often pertain to social and economic rights, such as the right to health, which is not explicitly guaranteed under the European Convention on Human Rights. As a result, the ECtHR grants States significant discretion in this field, especially when the alleged violations do not directly concern civil and political rights protected under the Convention (e.g., Articles 3, 6, and 8). Nevertheless, ECtHR case law includes examples of Convention violations in the context of drug control policies.

Examples of the Margin of Appreciation in Drug-Related Cases

Precedents of the ECtHR in drug policy reform cases are not typically direct sources of national legal standards. Rather, they serve as methodological frameworks for evaluating the human rights impact of state decisions, as guaranteed by international treaties. Alongside other international monitoring mechanisms, the ECtHR helps assess how specific legal measures related to drug control may violate rights enshrined in the European Convention on Human Rights.

Article of the Convention	Case name and summary	Relevance to reforms
Article 3 – Prohibition of torture and inhuman or degrading treatment	Wenner v. Germany – Violation of Article 3 due to failure to provide access to substitution therapy.	Laws on the control of narcotic drugs must ensure adequate access to controlled substances for the treatment of drug addiction.

	Jalloh v. Germany (2006) – The ECtHR ruled that the forced administration of an emetic to obtain evidence (drugs) violated Article 3 (prohibition of inhuman and degrading treatment), and the use of such evidence to convict the applicant violated Article 6 (right to a fair trial).	The prohibition of torture is absolute and cannot be justified by the seriousness of the offence or considerations of national or public security.
Article 6 – Right to a fair trial	Akbay and Others[13] v. Germany – In this case, the Court, referring to numerous previous judgments concerning police entrapment, found that the actions of police informants who incited the applicants to commit offences violated their right to a fair trial under Article 6 of the European Convention.	Procedural legislation and laws on operative-investigative activities must provide safeguards against police entrapment in drug-related investigations. In particular, the police must not create the intent to commit an offence in suspects but may act only as passive observers or interrupters of criminal activity. Test purchases and/or covert operations must be authorised and monitored by independent procedural actors such as a prosecutor or judge.
	Kalandia v. Georgia[14] (2021); Shubitidze v. Georgia[15] (2021); Kobiashvili v. Georgia[16] (2019); Tlashadze and Kakashvili[17] v. Georgia (2021) – In these cases, the Court found violations of Article 6, as the applicants alleged that drugs had been planted by police officers to fabricate evidence, and the courts failed to properly examine their claims.	Procedural legislation and law enforcement practices must ensure proper judicial examination of defendants' claims regarding fabrication of evidence by police in drug-related cases, particularly given the heightened vulnerability of defendants to such practices.

13 Akbay and Others v. Germany, applications nos. 40495/15 and 2 others, European Court of Human Rights, judgment of 15 October 2020.
14 Kalandia v. Georgia, application no. 57255/10, judgment of 22 April 2021. Available online.
15 Shubitidze v. Georgia, application no. 43854/12, judgment of 17 June 2021. Available online.
16 Kobiashvili v. Georgia, application no. 36416/06, judgment of 14 March 2019. Available online.
17 Tlashadze and Kakashvili v. Georgia, application no. 41674/10, judgment of 25 May 2021. Available online.

The particular value of ECtHR case law and similar mechanisms that deal with individual complaints lies in their potential to inform the development of human rights impact assessment mechanisms. For drug policy reform, it is important to:

- Establish and maintain a functioning impact assessment mechanism to analyze the effects of new or amended legislation;
- Ensure this mechanism has the authority to recommend adjustments to legislation and enforcement practices;
- Develop an assessment methodology that takes into account human rights impacts and the protection of minorities, guided by the approaches of international monitoring bodies, including the ECtHR.

Concluding Observations of the UN Committee on Economic, Social and Cultural Rights

In its concluding observations on Ukraine's seventh periodic report, the Committee on Economic, Social and Cultural Rights (CESCR) recommended the adoption of a human rights-based approach to drug policy. In particular, the Committee supported the possibility of decriminalizing drug possession for personal use and recommended expanding harm reduction programmes. This reflects a broader trend observed across EU Member States, where decriminalization and harm reduction play a central role in addressing drug dependency.

Unlike the ECtHR, which focuses on civil and political rights, the CESCR monitors the fulfillment of social and economic rights, including the right to health. Drug control issues are directly linked to the CESCR's mandate, as they concern the right to health as enshrined in Article 12 of the International Covenant on Economic, Social and Cultural Rights. The Committee has a well-developed jurisprudence on these issues, including recommendations for decriminalization of personal drug possession in countries such as Albania, Iceland, Kazakhstan, Cyprus, Kyrgyzstan, Tajikistan, and others.

The Committee reviews country reports at a supranational level, which enables it to formulate recommendations grounded in broader political and social contexts rather than narrow case-specific circumstances, as is typical for individual complaints before the ECtHR. These recommendations often serve as guiding frameworks for state action, as was the case with the Committee's recommendations to Ukraine on drug policy. OHCHR, UNAIDS, and other UN agencies, through their national offices, can provide support for the implementation of these recommendations, drawing on their own documents and guidelines.

1.2. Strategic Priorities for Reforming Ukraine's Drug Policy Based on EU and Global Trends

Based on the analysis of EU and other international documents concerning drug policy, it can be concluded that a consistent shift has occurred within the EU towards a balanced approach to drug policy, one that aims to integrate public health and human rights considerations into law enforcement efforts.

The EU Drugs Strategy 2021–2025, the practices of EU Member States, the recommendations of UN bodies, programmes and agencies, as well as other international treaty-based and non-treaty mechanisms, enable the identification of Ukraine's most urgent reform priorities. These areas primarily include the removal of excessive reliance on criminal and law enforcement tools in drug control regulations.

The transitional phase of reforms, in our view, should include the decriminalisation of drug use for personal purposes and the development of a scientifically grounded methodology for determining threshold quantities of psychoactive substances. This methodology should be based on pharmaceutical calculations of lethal doses for narcotic and psychotropic substances (as exemplified by Austria), thereby aligning with advanced EU practices. Equally important is the introduction of alternative measures in place of punishment for minor drug-related offences, which reduces the criminalisation of people who use drugs. Oriented toward public health, these reforms must aim to replace criminal and law enforcement responses with comprehensive harm reduction strategies. These should not be limited to opioid substitution therapy (OST) and needle and syringe programmes (NSP), which have been recognised as essential for reducing the spread of HIV and other drug-related harms.

The recommendations of the UN Committee on Economic, Social and Cultural Rights (CESCR) and the jurisprudence of the European Court of Human Rights (ECtHR) underscore the importance of protecting human rights, including the right to health and freedom from discrimination. Effective cooperation with law enforcement bodies within the EU requires Ukraine to redirect its efforts toward dismantling major drug trafficking networks, combating corruption, and enhancing international cooperation to eliminate drug trafficking channels. This reorientation will be supported by a clear legal distinction between minor possession and serious trafficking offences, allowing law enforcement to focus resources on investigating major crimes while providing health-based support to low-risk individuals.

Ukraine can utilise these trends as a foundation for urgent reforms by prioritising the alignment of its drug legislation with international human rights standards and evidence-based practices. Such an approach will enable the implementation of measures that simultaneously protect EU countries from drug trafficking, ensure respect for human rights, and improve public health indicators—altogether contributing to Ukraine's progress toward its European integration goals.

1.2.1. Key Issues for Reforming Ukrainian Legislation and Law Enforcement Practices in the Area of Drug Policy

1. A Human Rights and Public Health-Oriented Approach

Current situation: Ukraine's drug policy remains largely punitive, with criminalisation affecting a significant portion of people who use drugs. In 2018, 84% of drug-related convictions primarily concerned the possession of minimal quantities for personal use.

This punitive approach limits access to medical services, in particular opioid substitution therapy (OST), which is available only in a few prisons and pre-trial detention centres. Moreover, the registry system for people who use drugs allows authorities to monitor individuals, violating their fundamental rights to privacy, health, and social integration. Despite political commitments, the Ministry of Internal Affairs continues to obstruct reforms aimed at dismantling this system, indicating institutional resistance to adopting human rights-based approaches.

Inconsistency with EU trends: EU countries support an approach that treats drug use as a public health issue rather than solely a criminal offence, with a strong emphasis on harm reduction programmes (EU Drugs Strategy, Section 2.2.1; Action Plan, Objective 1). The prevalence of punitive measures and criminalisation of drug dependence in Ukraine runs counter to these EU priorities. Restrictions on OST and limited availability of harm reduction services point to an institutional failure to protect the health and rights of people who use drugs, resulting in high rates of HIV prevalence and inadequate medical care both in prison settings and in the wider community.

2. Alternative Sanctions and Decriminalisation of Minor Drug Offences

Current situation: Ukrainian legislation prescribes criminal punishment for possession of even small quantities of drugs. At least 50% of drug-related convictions involve quantities not exceeding 0.5 grams of heroin. The Ministry of Health has attempted to revise threshold quantities to soften the punitive policy, but the Ministry of Internal Affairs has repeatedly blocked these initiatives, citing a misinterpretation of international standards. Such a rigid policy results in high incarceration rates among people who use drugs and contributes to the overcrowding of penitentiary facilities without addressing the root causes of drug dependence.

Inconsistency with EU trends: In EU countries, de facto or de jure decriminalisation of possession for personal use is widespread, along with the application of alternative measures such as rehabilitation, community service, or treatment programmes (EU Drugs Strategy, Section 2.2.1; Action Plan, Objective 2). Criminalising minor offences in Ukraine and maintaining low threshold quantities that effectively equate personal use with criminal conduct contradict the EU's health- and rehabilitation-oriented approach. This discrepancy limits Ukraine's capacity to implement a proportional and balanced regulatory framework, replacing social and medical support with punitive mechanisms.

3. Anti-Corruption Measures and Transparency in the Law Enforcement System

Current situation: Drug enforcement in Ukraine is highly susceptible to corruption. Law enforcement agencies play a dominant role in shaping drug policy and hinder the active and meaningful participation of other groups and stakeholders, including populations affected by drug-related issues. For example, the Ministry of Internal Affairs exerts considerable influence over the determination of drug threshold quantities, effectively blocking reforms aimed at reducing punitive measures. Additionally, practices such as the criminal liability of medical professionals for minor errors in prescribing analgesics obstruct access to necessary care and place both patients and physicians at risk of prosecution.

Inconsistency with EU standards: The EU stresses the importance of transparency and accountability in law enforcement, especially in the context of drug policy, where the risks of corruption are high (EU Drugs Strategy, Section 2.2.2; Action Plan, Objective 6). In Ukraine, law enforcement agencies exercise excessive influence over drug policy, which should be oriented around health and human rights. Undermining the authority of medical professionals in prescribing pain relief and interfering with threshold regulation reinforces a punitive culture that hampers appropriate pain management and fosters fear among healthcare providers. This contradicts the EU's commitment to a transparent, health-focused drug policy framework.

4. Judicial Independence and Fair Treatment in Drug-Related Cases

Current situation: Ukraine's judicial system maintains a punitive stance in drug-related cases, with minimal opportunities for alternative sanctions or rehabilitation. Possession cases, which make up a large share of convictions, typically result in punishment rather than treatment. Public trust in the judiciary remains low, particularly due to the inconsistent adjudication of drug cases and the continued significant influence of law enforcement agencies over court proceedings.

Inconsistency with EU standards: EU standards emphasise proportionality of sanctions, fair trial guarantees, and judicial independence, particularly in relation to minor drug offences. The EU supports alternatives to incarceration, such as treatment programmes, reintegration measures, and restorative justice (EU Drugs Strategy, Section 2.2.4; Action Plan, Objectives 3 and 4). Ukraine's rigid punitive policies, lack of effective alternative sanctions, and dependence on law enforcement influence highlight a substantial divergence from EU approaches centred on rehabilitation and social integration.

5. Evidence-Based Policy Development and Monitoring

Current situation: Ukraine's approach to drug policy lacks comprehensive data collection and evidence-based monitoring. Information on the outcomes of drug legislation enforcement is incomplete, and impact assessments analysing effects on public health and social stability are absent. Harm reduction measures, such as needle exchange and OST, remain underdeveloped and are not subject to adequate evaluation or scaled implementation at the national level. Access to opioid analgesics in Ukraine remains significantly lower than in EU countries, directly violating patients' right to appropriate medical car**e.**

Inconsistency with EU standards: The EU Drugs Strategy underscores the need for evidence-based policy and continuous monitoring to adapt to emerging challenges (EU Drugs Strategy, Section 2.2.4; Action Plan, Objective 9). The absence of reliable data collection and the limited implementation of harm reduction measures constrain Ukraine's ability to develop adaptive drug policy responses rooted in public health. Without comprehensive data gathering and analysis, Ukraine cannot adjust its approach to align with EU requirements, further deepening the gap between Ukrainian drug policy and EU expectations for evidence-based reforms.

1.2.2. Priority Areas for Legislative and Law Enforcement Reform on Drug-Related Matters

The draft National Drug Strategy of Ukraine until 2030 is marked by ambition and includes broad objectives that align with the principles of EU strategic documents, particularly the EU Drugs Strategy 2021–2025. Both strategies emphasize the importance of a balanced approach, integrating public health and security concerns with a strong focus on human rights. Ukraine's strategy aims to address drug-related issues, improve access to medical care, and promote harm reduction—objectives that are consistent with EU priorities to strengthen public health systems and reduce drug-related harm.

However, discrepancies arise in the domain of law enforcement and regulatory measures. While the EU Drugs Strategy calls for targeted action focusing on major drug crimes and organized crime, Ukraine's strategy lacks a clear distinction between serious and minor drug-related offences. The absence of clear criteria to differentiate between personal use and minor infractions versus commercial trafficking represents a significant gap. This differentiation is critical in the EU context, where criminal penalties and social interventions for low-level drug offences are treated distinctly (EU Action Plan, Section 4.4).

Comparative Analysis with Other International Strategies

Global practices, such as those in Portugal and Switzerland, demonstrate the effectiveness of focusing law enforcement efforts on major drug crimes while decriminalizing or significantly reducing pressure on individuals involved in acquisition, possession, or other actions related to personal use. This health-oriented rather than punitive approach has proven effective in reducing public health risks and combating drug-related crime. A similar direction was reflected in Ukraine's 2013 drug strategy. In contrast, despite formally prioritizing public health, Ukraine's 2030 strategy retains elements of criminalization that, given the prevailing repressive law enforcement context, may lead to outcomes misaligned with international best practices.

Ukraine's strategy encompasses a wide array of objectives—from countering drug trafficking networks to promoting "healthy lifestyles." However, such a comprehensive approach may prove counterproductive, as successful international strategies typically focus on defining clear state functions and achieving specific goals. Strategies narrowly aimed at fulfilling state responsibilities in public health and law enforcement—such as harm reduction, rehabilitation, and judicial reform—offer more practical implementation pathways and deliver measurable outcomes. Narrowing Ukraine's goals to prioritize the development of an effective system of state measures could provide a more feasible and actionable foundation.

The ambitious goals set forth reflect a strong intention to resolve drug-related challenges. However, the objectives articulated in the Strategy through 2030 may be too broad to achieve tangible results within the stipulated timeframe. While addressing a wide range of social issues, such as health and security, is important, the strategy would benefit from focusing on establishing a clear and effective system of state interventions.

The overarching aim of any national strategy in the public sphere is to establish a comprehensive and systematic approach (a system of measures) to address key issues and challenges in a given field, with the ultimate goal of improving the quality of life, ensuring sustainable development, and upholding human rights and freedoms.

Regardless of specific wording in official documents, the overarching goal of Ukraine's Drug Strategy, in our view, should be to establish a stable and balanced system of scientifically grounded and legally sound measures that ensure the rule of law and aim to:

- reduce the demand for narcotic drugs and psychotropic substances;
- curtail the illicit supply of drugs;
- minimize the harm caused by drug use;
- ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes.

Such a strategy takes into account the interests of all stakeholders and is directed toward achieving long-term outcomes, such as increasing the efficiency of state institutions, improving socio-economic conditions, and strengthening the rule of law.

Prioritization of Reforms in Criminal Law and Public Health Policy

Prioritizing reforms aimed at amending the Criminal Code, implementing alternative measures for minor drug-related offences, establishing threshold quantities of psychoactive substances based on pharmaceutical calculations of lethal doses for narcotic and psychotropic substances, operationalising referral schemes for dependent individuals to preventive and treatment services, and expanding access to harm reduction programmes could constitute realistic and achievable goals for 2030.

Despite the general alignment with EU standards, the strategy currently lacks a clear roadmap for identifying priority areas of reform, which may hinder its effective implementation. The absence of prioritisation necessitates a more structured approach to defining urgent measures, particularly in areas directly affecting public health, human rights, and judicial reform.

Optimization of Law Enforcement Focus in Drug Control

An optimal approach to drug policy reform in Ukraine would envisage the complete abolition of criminal sanctions for possession of narcotic drugs for personal use where there is no intent to distribute. In such a case, while maintaining regulatory or prohibitive control over the circulation of controlled substances, the primary emphasis would shift away from widespread criminalisation of possession and other drug use-related acts toward public health and regulatory measures.

However, the likelihood of securing broad public support for such ideal reform in Ukraine in 2024 remains limited, considering the longstanding governmental endorsement of harsh criminal penalties for drug-related conduct and the entrenched practice of defining criminal and administrative penalties based on threshold quantities of controlled substances.

It would be advisable for Ukraine to introduce a two-stage model for determining threshold quantities for initiating criminal proceedings:

1. Normative definition of threshold quantities of psychoactive substances based on pharmaceutical calculations of life-threatening doses (as discussed in detail in Section II, Paragraph 2.3 of the study);

2. Case-specific assessment of threshold quantities, taking into account circumstances such as the purity of the substance and the individual's tolerance level to the active ingredients of the seized substance. This stage would rely on expert forensic evaluations in chemistry and psychiatry, ensuring a balance between scientific precision and the protection of individual rights.

In this approach, the definition of threshold quantities would be context-specific, accounting for a person's tolerance level and the substance's purity. This model is likely to reduce the risk of arbitrary arrests and ensure that law enforcement resources are directed at serious drug trafficking offences.

The updated legal framework should clearly stipulate that possession of amounts below the established threshold shall not entail any criminal, administrative, or other sanctions. It is vital that the law unambiguously states that the established limits cannot be applied in a way that leads to de jure or de facto restrictions on the right to a fair trial, including the presumption of innocence. For example, possession of an amount exceeding the defined threshold should not automatically imply intent to distribute and cannot, by itself, constitute sufficient evidence of a trafficking offence.

This will require, among other things, a comprehensive reform of the Ministry of Health Order No. 188 of 1 August 2000. In addition to the normative determination of threshold quantities of psychoactive substances, the Order should establish the procedure and criteria for assessing thresholds in the context of individual criminal proceedings. To ensure the establishment and revision of normative thresholds, the Order should provide for the creation of a Standing Advisory Council on Threshold Quantities under the Ministry of Health. This Council should consist of health experts, community representatives, including people with lived experience of drug use. The Council should provide recommendations on appropriate threshold levels based on transparent, scientific (primarily pharmaceutical) data, as well as human rights-based principles, with the possibility of consultation with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) to apply best EU practices. In other words, the threshold quantities of psychoactive substances must be defined by a sound methodology and calculated in accordance with the amounts considered dangerous or critical to human health.

Establishment of an Effective Impact Assessment Mechanism should include:

- **Permanent interagency monitoring and evaluation:** Establish a standing interagency body responsible for regular monitoring and evaluating the impact of drug policy on health, human rights, scientific research, and other aspects of social and individual life. This mechanism could be modelled after the Human Rights Working Group on HIV and Tuberculosis, coordinated by the Public Health Centre of the Ministry of Health.

- **Broad stakeholder participation:** Involve representatives of civil society, community-led monitoring groups, and individuals with lived experience of drug use in the assessment process, ensuring that the mechanism reflects a wide range of perspectives and experiences. The data collected by this interagency body should inform the National Drug Policy Strategy and its Action Plan, guaranteeing that findings from civil society monitoring and impact assessments are actively integrated into policy development and revision.

In parallel, reforms should concentrate law enforcement efforts on dismantling international drug trafficking networks in close cooperation with the EU and international partners. To distinguish the actions of drug dealers from those engaged in minor distribution, a clear legal definition of "organised trafficking" in controlled substances is needed—one that includes the element of systematic enrichment that substantially exceeds the basic needs of the individual and their family.

While the threshold values defined at the first stage may serve as indicators for identifying cases that require law enforcement intervention, their application should be limited to a case-by-case assessment to avoid automatic criminalisation of a person's actions.

This reform scenario lays a strong foundation for transitioning towards the widespread implementation of social and public health measures instead of extensive reliance on punitive sanctions for behaviour associated with distribution. This aligns with a humane approach to drug policy reform, significantly narrowing the scope of law enforcement responsibility in the field of drug control. In turn, it paves the way for more active involvement of health sector actors, professionals in science, medicine, and law, as well as civil society, in the implementation of state regulation of drug circulation.

Conclusions to Section I

1. Drug policy reform is a critical step in Ukraine's European integration process, as it is directly linked to the fulfilment of the Copenhagen criteria, particularly in the areas of the rule of law, human rights, and anti-corruption efforts.

2. It is necessary to harmonise Ukrainian legislation with the EU acquis in the field of drug policy, taking into account the Association Agreement, the EU Drugs Strategy 2021–2025, and other relevant documents. In particular, this harmonisation should include the adoption of a rights-based, human-centred approach aimed at reducing repressive measures against dependent users (notably through the decriminalisation of possession of small quantities for personal use), while simultaneously countering organised drug trafficking and transnational drug networks. At the core of a reformed drug policy should be the protection of public health, through demand reduction measures (prevention, treatment, rehabilitation), harm reduction programmes (such as needle exchange and opioid substitution therapy), and the guaranteed availability of essential medicines for legitimate medical use.

3. A comprehensive drug policy strategy must be aligned with European standards and best practices. Specifically, it should provide a clear distinction between personal use, minor offences, and commercial trafficking — a distinction that is essential in the EU context, which favours social interventions over criminal penalties for low-level drug offences. Furthermore, the strategy should include a detailed roadmap of priority reforms and a structured approach to identifying urgent measures, particularly in areas that impact healthcare, public health systems, human rights, and judicial reform.

4. Drug policy reform must be synchronised with Ukraine's European integration Action Plan and the recommendations outlined in the European Commission's Analytical Report on Ukraine's alignment with the EU acquis, as well as the 2023 Ukraine Progress Report. Particular attention should be paid to implementing anti-corruption measures, reforming the judiciary, and building an effective system of public administration. These aspects are especially critical in the domain of drug control, where transparent regulation, respect for human rights, and increased trust in law enforcement agencies are essential.

5. In adjudicating drug-related offences, Ukrainian courts should consider and apply the jurisprudence of the European Court of Human Rights (ECtHR), which will support Ukraine in fulfilling its international obligations under the European Convention on Human Rights and Fundamental Freedoms.

6. It is essential to optimise the focus of law enforcement agencies when handling criminal proceedings related to drug offences. Beyond defining threshold quantities of psychoactive substances — which must be based on pharmaceutical calculations of lethal doses — there must also be a case-by-case assessment of these thresholds. This approach would reflect EU best practices, reduce the risk of arbitrary arrests, and ensure that law enforcement resources are directed at serious drug trafficking offences.

7. Collaboration with the European Union Drugs Agency (EMCDDA) is key to accessing up-to-date information, exchanging expertise, and developing evidence-based reform. EMCDDA data should be actively used in Ukraine's monitoring and evaluation systems to assess the effectiveness of drug policy reforms.

SECTION II

HARMONIZATION OF UKRAINIAN CRIMINAL LAW AND DRUG POLICY WITH EU LAW

2.1. Current Context of Criminal Law Reform in the Sphere of Drug Policy: Status and Development Trends

According to the 2023 National Report[18] on the Drug Situation in Ukraine, as of the end of 2022, 65,511 individuals with mental and behavioral disorders due to psychoactive substance (PAS) use were under medical supervision. In 2022, the prevalence of narcotic and psychotropic substance use stood at 17 persons per 10,000 population. Recent years have witnessed a consistent annual increase in the prevalence of poly-substance use, as well as a persistent trend in the rising number of deaths related to PAS use and intoxication, with minor declines in some years.

Given the significant influence of Soviet cultural and ethical traditions on the formation of drug policy in Ukraine, problems in this sphere continue to be suppressed and denied, particularly in the military domain. Specifically, the growing incidence of addiction and behavioral disorders associated with PAS use among veterans and civilians remains taboo, despite alarming statistics.

Before the full-scale Russian invasion on February 24, 2022, Ukraine had nearly half a million combat veterans and anti-terrorist operation (ATO) participants. As of now, according to the Ministry of Veterans Affairs of Ukraine, the country has 1.3 million combat veterans, with nearly one million Ukrainians currently involved in the national defense effort.

The use of PAS and other stimulants by combatants is already presenting a serious social and medical challenge for the state, arising from various aspects related to their direct participation in warfare. Potentially, one year after the war ends, Ukraine may be faced with over one million people who are dependent on PAS and in need of support.

PAS use leads to increased risky behaviors and higher risks of transmission of socially dangerous diseases, including HIV, hepatitis, and sexually transmitted infections, as well as a rise in criminal offenses committed by military personnel and veterans.

18 National Report on the Drug Situation in Ukraine 2024 (based on 2023 data), Public Health Centre of the Ministry of Health of Ukraine. Available online.

According to 2023 data from the Public Health Center (PHC) of the Ministry of Health of Ukraine, based on health institution reports from 289 facilities in 17 regions, 40,721 servicemembers (36.99% of all screenings in 2023) were examined for PAS-related intoxication (including alcohol). Among them, intoxication was confirmed in 28,219 cases (44.56% of all confirmed diagnoses).

Minister of Internal Affairs Ihor Klymenko reported that since the beginning of 2024, the level of domestic violence in Ukraine has increased by 14% and continues to rise. He noted a direct correlation between the growth of domestic violence and psychological disorders among military veterans returning from the war.

Historical examples from Afghanistan to Vietnam show how conflict fosters drug use. In the case of Ukraine, sociological research conducted within this study indicates that the most common reasons for PAS use among military personnel in combat zones are physical and psychological overload, previous drug use experience, and environments that encourage drug use. Among veterans, the causes are mainly tied to severe psychological and physiological trauma — particularly limb loss, which can lead to a loss of life purpose. PAS use in military environments may serve multiple perceived functions: escaping reality, rapid recovery, enhanced physical and mental capabilities, fear avoidance, and numbing of both physical and psychological pain (e.g., due to the loss of loved ones or comrades).

The consequences of war may persist for decades after the cessation of hostilities, exacerbating addiction, violence, and instability. Global experience shows that such outcomes can be mitigated only by implementing a balanced, health-centered and human-centred approach to drug policy.

Such an approach entails integrating public health and human rights priorities into state enforcement practices — particularly within law enforcement agencies.

In the previous section, we analyzed the key documents of the European Union and global drug policy organizations, whose recommendations are essential for Ukraine's European integration, the development of a comprehensive drug strategy, and its further reform. Below, we examine these instruments in more detail in the context of approximating Ukraine's criminal legislation to EU law.

The Council of the European Union Framework Decision 2004/757/JHA of 25 October 2004 establishes minimum provisions regarding the constituent elements of criminal offenses and penalties in the field of illicit drug trafficking. It requires Member States to take necessary measures to ensure that the intentional conduct defined in the document, committed without authorization, is punishable. This includes offenses such as the production, extraction, preparation, offering, sale, distribution, delivery under any circumstances, brokerage, dispatch, transport, import, or export of drugs; the cultivation of opium poppy, coca bush, or cannabis plant; the possession or acquisition of drugs with the intent to engage in any of the above-listed activities; and the manufacture, transport, or distribution of precursors with knowledge that they will be used for the illicit production of drugs.

The Decision clarifies that such actions are not covered by its provisions when committed by individuals exclusively for their **personal consumption**, as defined by national legislation.

Action 49 of Strategic Priority 7 in the EU Drugs Action Plan 2021–2025 "Harm reduction interventions and other measures for the protection and support of people who use drugsunder" under Section III "Addressing drug-related harm" encompasses, among other priorities, the development and implementation of measures serving as alternatives to punitive sanctions for individuals who use drugs and commit offenses. A similar provision is included in Action 65 of Strategic Priority 9, "Strengthening international cooperation with third countries."

Accordingly, the EU Drugs Strategy 2021–2025, the recommendations of UN agencies and other international organizations outline the key directions for urgent reform in Ukraine. **These include, above all, eliminating the excessive application of criminal and law enforcement measures in drug regulation.**

Paragraph 56 of the Report of the UN High Commissioner for Human Rights (54th session, 11 Sept – 6 Oct 2023) notes: Taking into account the human rights implications of punitive drug policies, international human rights mechanisms have issued progressive recommendations urging States to adopt drug policies based on public health and human rights principles. These include **the decriminalization of drug possession for personal use** and the provision of harm reduction services. Moreover, the UN system's common position on drug-related issues endorses **such decriminalization, and the International Narcotics Control Board** has affirmed that **it aligns with the UN drug control conventions.** Harm reduction, as a fundamental component of the right to health, and its positive outcomes are widely recognized by international human rights organizations and should be integrated at both regional and national levels.

Contrary to these international standards, Ukrainian drug policy remains focused on punitive measures, and criminalization affects a significant portion of people who use drugs. As noted in the previous section, Ukraine retains one of **the most repressive frameworks for threshold quantities** that determine criminal and administrative liability for drug possession, and continues the archaic and discriminatory practice of registering individuals with PAS-related dependencies. This severely impacts their rights to healthcare, education, employment, personal and family life, and leads to riskier drug use practices and increased rates of HIV and hepatitis C prevalence.

Efforts to change the direction of drug policy in Ukraine began as early as 2013, when Cabinet of Ministers Order No. 735 of 28 August 2013 approved the State Drug Policy Strategy until 2020. This strategy explicitly stated the need for a comprehensive shift from punitive and criminal-legal anti-drug measures to treatment and prevention as more effective in overcoming drug dependence. However, this strategic shift was never implemented. Several attempts were made to amend the Ministry of Health Order No. 188 of 01.08.2000, "On approval of the tables of small, large, and particularly large quantities of narcotic drugs, psychotropic substances, and precursors in illegal circulation," to increase threshold amounts. None of these proposals gained approval.

Hopes for reforming criminal law in the sphere of drug trafficking were later tied to the development of a new Criminal Code of Ukraine.

To this end, Presidential Decree No. 584/2019 of 7 August 2019 established the Commission on Legal Reform, which includes a Working Group on Criminal Law Development. This group drafted a Concept for Criminal Law Reform and a draft of the new Criminal Code of Ukraine.

According to the Working Group's website, the need for a new Code stems from the deficiencies of the current 2001 Criminal Code, which has undergone over 800 amendments — some of questionable necessity. **These amendments, internal contradictions, gaps, inaccuracies, and inconsistency with Ukraine's international obligations necessitate the adoption of a new Criminal Code.**

The developers emphasize that the new Code should reflect the priorities of European criminal law policy. In this context, it must take into account the **discourse and trends embedded in the EU Strategy and other international instruments discussed in Section I of this research.** Of particular relevance is the section of the draft Code regulating criminal liability for offenses related to the illicit trafficking of narcotic drugs.

Under Article 5.2.5 of the draft Criminal Code of Ukraine, the offense "Illicit trafficking of a narcotic drug, psychotropic substance, or their analog without intent to distribute" (an analogue of Article 309 of the current Code) is defined as follows: a person who unlawfully, in significant quantities and without intent to distribute, (1) produces, (2) manufactures, (3) acquires, (4) stores, or (5) transports such substances commits a first-degree felony (under the draft Code, criminal offenses are categorized as misdemeanors or felonies).

In contrast, the current Article 309 of the Criminal Code treats such conduct as a misdemeanor. The proposed **re-penalization of drug possession without intent to distribute** — by reintroducing custodial penalties — **appears inconsistent with the stated rationale for adopting a new Criminal Code**, i.e., to align with modern challenges and international standards, including those in drug policy, as outlined in the Concept for Criminal Law Reform.

In 2022, the Ministry of Health of Ukraine drafted a new Drug Policy Strategy until 2030. Despite EU Commission requirements for its adoption, it has yet to be enacted. The expected date is approximately late 2025.

The draft Strategy again proposes a shift from criminal-legal measures to medical, psychosocial, and preventive responses to offenses involving the possession of small quantities of drugs for personal use, through amendments to relevant regulatory acts.

Based on the above international and national documents, the key elements of such a shift should include:

- The abolition of administrative liability and its replacement with medical and social responses (based on specialized prevention and harm reduction programs);

- Amendments to Article 309(1) of the Criminal Code to eliminate criminal liability for drug possession for personal use — i.e., decriminalization[19] of such possession;
- Amendments to Article 309(4) of the Criminal Code to expand the list of individuals eligible for exemption from criminal liability under Article 309(1). Currently, only individuals diagnosed with dependence qualify. The proposal is to allow other individuals — e.g., those who voluntarily seek help and agree to begin psychological or medical treatment — to be eligible as well. A potential revised provision could read: "A person who has committed actions under Article 309(1) and who voluntarily seeks care at a healthcare institution and agrees to begin psychological assistance and/or treatment shall be exempt from criminal liability."
- A categorization of narcotic substances based on their level of harm to human health and a revision (upward) of threshold quantities for certain substances, whose current possession (without intent to distribute) is sufficient to trigger criminal liability. This entails amending or reissuing Ministry of Health Order No. 188 of 01.08.2000.

Justification for such amendments requires an analysis of the following data:

- **Offence statistics** – a quantitative study of administrative and criminal offences and court cases involving drug-related crimes (in particular those concerning possession of small quantities of drugs), together with a qualitative review of the related judgments. It is also essential to determine how these offences affect the justice system as a whole.
- **International experience** – examination of best practices from countries that have already implemented similar decriminalisation strategies for people who use drugs.
- **Public-health impact** – an assessment of medical indicators associated with drug use, the burden on the healthcare system and recorded cases of dependence treatment.
- **Socio-economic consequences** – a cost comparison between criminal prosecution of offenders and the funding required for treatment and rehabilitation programmes.

Within this study we have analysed both the international experience of decriminalising possession of psychoactive substances for personal use and domestic offence statistics under Article 44 of the Code of Administrative Offences of Ukraine – "Illicit manufacture, purchase, possession, transportation or mailing of narcotic drugs or psychotropic substances in small quantities without intent to distribute" – together with criminal offences under, inter alia, Article 309 of the Criminal Code of Ukraine, which addresses possession of narcotic drugs without intent to distribute.

19 In criminal law scholarship, the concept denoting the removal of the criminal nature of an act —its exclusion from the list of crimes, and consequently, the elimination of the state's authority to initiate criminal proceedings—is referred to as decriminalisation. Decriminalisation through the removal from the criminal law of a feature of the objective element of a criminal offence is especially relevant when one or more alternative actions are eliminated from the disposition of an article in the Special Part of the Criminal Code (as proposed in the case of drug possession for personal use)..

Analysing these two components provides a foundation for well-reasoned conclusions on the feasibility of abolishing administrative and criminal liability for possession of drugs for personal consumption. Undoubtedly, the issue is complex and multifaceted; any solution must take full account of social and medical dimensions, whose analysis would require a separate dedicated study.

2.2 International Experiences of Decriminalizing Drug Possession for Personal Use

UN positions on decriminalising drug use and possession

United Nations agencies have long supported decriminalising people who use drugs. More than a decade ago the World Health Organization called for decriminalisation of drug use and possession, recognising it as an "important factor" for health. In 2015 the United Nations Development Programme echoed this call, stating that decriminalisation was necessary to "Advocate for drug control policies and programs that are responsive to social and economic development priorities.".

Existing UN human-rights mechanisms consistently urge States to decriminalise not only drug use but also cultivation and related activities. In 2021 the UN Working Group on Arbitrary Detention (WGAD) recommended that States "Decriminalize the use, possession, purchase, or cultivation of drugs for personal use, including the possession of related equipment or accessories[20]". Most recently, in April 2024 the Special Rapporteur on the right to health called on countries to "decriminalise the use, possession, purchase and cultivation of drugs for personal use and move towards alternative regulatory approaches[21]".

In 2017 twelve UN agencies issued a joint statement, Ending Discrimination in Health-Care Settings, whose core recommendation was that States review and repeal "punitive laws proven to have negative health outcomes and which are inconsistent with public-health evidence", including laws criminalising drug use and possession for personal consumption. In 2018 the Office of the UN High Commissioner for Human Rights (OHCHR) advised "decriminalising personal drug use and minor drug-related offences" in order to uphold the principle of proportionality within criminal justice and address prison overcrowding.[22]

The culmination of calls for progressive drug law reform by these and other UN agencies, including UNAIDS and UN Women,[23] was the 2018 UN Common Position[24] on Drug Policy, published by the Chief Executives Board, which represents all 33 UN agencies. It called on Member States to: "Promote the use of alternatives to conviction and punishment, where appropriate, including decriminalization of drug possession for personal use; promote the principle of proportionality; address prison overcrowding and the over-incarceration of individuals accused of drug-related offences; support the implementation of effective criminal justice responses with due legal and procedural safeguards for criminal proceedings;

20 Among other documents: E/C.12/NOR/CO/6

21 A/HRC/56/52

22 Office of the United Nations High Commissioner for Human Rights (OHCHR), Submission to the UN Working Group on Arbitrary Detention, 2018, available online

23 United Nations Entity for Gender Equality and the Empowerment of Women)

24 United Nations Chief Executives Board for Coordination, UN Common Position on Drug Policy, 2018, available online

ensure timely access to legal aid and the right to a fair trial; and support practical measures to prohibit arbitrary arrest, detention and torture."

Decriminalisation of drug use and possession of small quantities is also a key component of the Global AIDS Strategy 2021-2026. A global "societal enabler" target now calls for at least 10 per cent of countries to decriminalise drug use and possession, a commitment adopted by Member States in the 2021 Political Declaration on HIV/AIDS.

Implementation of UN instruments in national legislation is vital for realising the public-health and public-safety benefits of decriminalisation, safeguarding human rights and upholding the rule of law.

Worldwide experience of decriminalising drug possession

Most countries that have adopted decriminalisation limit to personal use and possession, permitting such acts only for private consumption.

Some States apply decriminalisation solely to one drug – always cannabis – as in Luxembourg, Brazil, many Caribbean nations and South Africa. Others extend decriminalisation to all drugs, including Germany, Portugal, the Czech Republic, Italy, the Netherlands, Peru, Mexico, Switzerland, Paraguay, Colombia, Spain, Chile, Costa Rica, Croatia, Uruguay, Argentina, Estonia, Poland, Armenia and Slovenia.

In many jurisdictions public use or possession remains a civil offence. Spain, for example, imposes fines for public possession, whereas private use and possession carry no sanction.[25] Brazil, Trinidad and Tobago and Delaware impose only administrative penalties for cannabis possession, yet public use remains a crime.[26]

Where cannabis possession is decriminalised, home cultivation is generally decriminalised as well – e.g., Jamaica, several Caribbean States, Malta, some U.S. states, the Czech Republic and Colombia – a practice permissible under international drug-control and human-rights law. In the Czech Republic, possession of up to 5 g of cannabis resin or 10 g of dried cannabis is non-criminal.

While most approaches concern personal possession only, a few allow limited supply. The best-known is the cannabis social club model, now adopted or piloted in Spain, Amsterdam, Germany, Switzerland and Malta (Cannabis Harm-Reduction Associations). Since April 2024 Germany permits possession without intent to distribute of up to 25 g of cannabis. Portugal allows possession and use of any drug, including cannabis, up to ten single doses for personal consumption. In South Africa gifting cannabis is lawful, whereas profit-making supply remains a crime.

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25 DeBeck K, Cheng T, Montaner JS, Beyrer C, Elliott R, Sherman S, Wood E, Baral S. HIV and the criminalization of drug use among people who inject drugs: a systematic review. The Lancet HIV. 2017 Aug;4(8):e357–e374. doi: 10.1016/S2352-3018(17)30073-5. Epub 2017 May 14. PMID: 28515014; PMCID: PMC6005363.

26 Csete J, Kamarulzaman A, Kazatchkine M, Altice F, Balicki M, Buxton J, Cepeda J, Comfort M, Goosby E, Goulão J, Hart C, Kerr T, Lajous AM, Lewis S, Martin N, Mejía D, Camacho A, Mathieson D, Obot I, Ogunrombi A, Sherman S, Stone J, Vallath N, Vickerman P, Zábranský T, Beyrer C. Public health and international drug policy. The Lancet. 2016 Apr 2;387(10026):1427–1480. doi: 10.1016/S0140-6736(16)00619-X.

In rare cases decriminalisation has been followed by full legalisation of the entire supply chain, as in Uruguay (December 2013) and Germany's pilot projects – again limited to cannabis. Spain permits supply of any controlled drug if there is no financial gain and the activity occurs in private premises.

Threshold quantities are often an element of decriminalization that receives the greatest attention both before and after implementation, despite the lack of a systematic approach to developing these values. Some countries prefer not to use threshold values and instead employ terms such as "small quantity" or "reasonable weight," while other jurisdictions do not have such definitions, opting to determine whether the person intended to supply the drug or possessed it for personal use.

While most jurisdictions that adopt threshold quantities use the weight of the substance to establish the threshold, some consider both purity and weight. In certain countries, mandatory threshold values are applied, meaning that there is no discretion: a person caught possessing an amount exceeding the specified weight will either face criminal charges for possession or it may be presumed that the person intended to supply.

Eleven of 39 countries with decriminalisation frameworks dispense with thresholds altogether, relying on concepts such as "reasonable amount" or "small quantity", or on evidence that there was no intent to supply. The absence of legal certainty means that people who use drugs cannot know when they risk criminalisation, while police retain wide discretion, leading to inequitable outcomes.

Where thresholds are used they vary widely, evidencing their arbitrary nature. This indicates that threshold quantities are arbitrary by nature, lack a fact-based approach, and are often set at such low levels that the model itself becomes unworkable (as is the case in Ukraine).

Examples range from Mexico's mandatory 50 mg of heroin or 0.5 g of cocaine to Spain's indicative 3 g of heroin or 7.5 g of cocaine. The Czech Republic applies thresholds based on both purity and weight. Generally, purity-based thresholds are impractical, as most users cannot know the composition of their drugs.

Most jurisdictions employ thresholds to distinguish personal use from supply (e.g., possession of more than 5 g of MDMA in Germany is deemed supply unless proven otherwise), applying administrative or criminal penalties accordingly.

Decriminalisation (or depenalisation) models may either abolish all sanctions for personal use, as in Germany and Uruguay, or replace criminal penalties with administrative measures that may include health interventions, as in the Czech Republic or Portugal's Commissions for the Dissuasion of Drug Addiction.

Evidence shows that any punitive element reproduces the harms of criminalisation. De-facto depenalisation[27] can precede broader legal reform because it is faster to implement, but de-jure reform is preferable; depenalisation leaves significant discretion with enforcement bodies – typically the police – perpetuating uncertainty and disproportionate control over marginalised[28] groups.

Decriminalisation is a foundational step towards realising the rights of people who use drugs and a powerful tool for creating an enabling legal environment that supports access to health and social services.

Yet, as international experience indicates, a legal reform alone does not guarantee positive outcomes. Success has occurred where decriminalisation was accompanied – at least for a time – by state-supported harm-reduction programmes, treatment and other social services with appropriate funding. Decriminalisation is effective only in synergy with such services, removing fear of criminalisation and stigma among those who need them.

Conversely, data from global reforms demonstrate that drug use can become safer under decriminalisation, improving health outcomes. This may result from reduced stigma and easier access to treatment, or from more effective harm-reduction services. In Portugal, treatment uptake rose by 94 per cent in the decade after reform (while demand declined by 37 per cent).[29] Police crackdowns involving street drug confiscations, by contrast, have been associated with riskier use and increased overdoses.

When designing any decriminalisation model it is crucial to define its objectives: improving public-health outcomes for people who use drugs and society at large; upholding the rights and freedoms of users and their families; reducing overdose risk; lowering incarceration rates; improving access to social programmes, housing, employment and education. National targets must reflect local realities and needs.

Some countries – notably Germany, Colombia, Uruguay, the Netherlands and Spain – have adopted no-sanction models, choosing not to punish people who use drugs. Their experience shows that the absence of sanctions does not lead to worse outcomes compared with punitive systems.

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27 "Depenalisation, in traditional legal terminology, refers to the exemption from criminal liability and/or punishment. The forms of depenalisation include: — exemption from criminal liability; — exemption from punishment; — exemption from serving a sentence." Depenalisation as a Method of Criminal Law Policy [Electronic resource] / Kostiantyn Marysiuk, Volodymyr Kantsir. — Available online.

28 This argument is clearly articulated in the work by Alissa Greer, Matt Bonn, Caitlin Shane, Alex Stevens, Natasha Tousenard, and Alison Ritter, "Decriminalization Details: Designing a Non-Criminal Response to Drug Possession for Personal Use", International Journal of Drug Policy, Vol. 102, 2022.

29 33. Bretteville-Jensen AL, Mikulic S, Bem P, Papamalis F, Harel-Fisch Y, Sieroslawski J, Costa Storti C. Costs and Unintended Consequences of Drug Control Policies: Report by the Expert Group on Possible Adverse Effects and Associated Costs of Drug Control Policies. Strasbourg: Pompidou Group, Council of Europe; 2017. Love M, Sibilla N. Accessing SNAP and TANF Benefits after a Drug Conviction: A Survey of State Laws. Collateral Consequences Resource Center; December 2023. Uprooting the Drug War, Housing: The Drug War Invades Our Homes. Drug Policy Alliance, New York; 2021.

A human-rights framework is fundamental to any decriminalisation model. "Red lines" include ensuring that any treatment offer is voluntary and based on informed consent, and rejecting any punishment that deprives people of liberty, as this merely perpetuates criminal approaches.

2.3 Statistical Analysis of the Application of Article 44 of the Code of Administrative Offenses and Article 309 of the Criminal Code of Ukraine

This study examines the fight against drug-related offences from both criminal and administrative perspectives. Article 44 CAO establishes liability for the illicit manufacture, acquisition, possession, transportation or mailing of narcotic drugs or psychotropic substances in small quantities without intent to distribute, whereas the Criminal Code contains provisions covering similar but more socially dangerous acts, imposing criminal liability.

The official statistics analysed (Unified State Register of Court Judgments, data from the Prosecutor-General's Office and others) demonstrate the ineffectiveness of existing measures – criminal and administrative – aimed at combating the illicit circulation of narcotic and psychotropic substances and highlight the growing need for drug-policy reform.

2.3.1 Administrative Sanctions for Minor Drug Offenses under Article 44 of the Code of Administrative Offenses[30]

13,802 offence reports were drawn up in 2023 for administrative violations committed under narcotic intoxication.

In 2023 local general courts handled 10,276 administrative cases under Article 44 CAO;

9,672 new cases were received during the reporting period;

8,690 cases were decided and appropriate rulings issued.

Between 2016 and 2023 the proportion of cases decided has remained virtually unchanged – on average 84.0 % of all drug-related administrative cases before first-instance courts.

A ruling imposing an administrative sanction is the most common outcome: in 2023 such rulings accounted for 73.8 % of all decisions in drug-related administrative cases.

30 Data source: National Report of the Public Health Center on the Drug Situation in Ukraine 2024 (based on 2023 data). Available online.

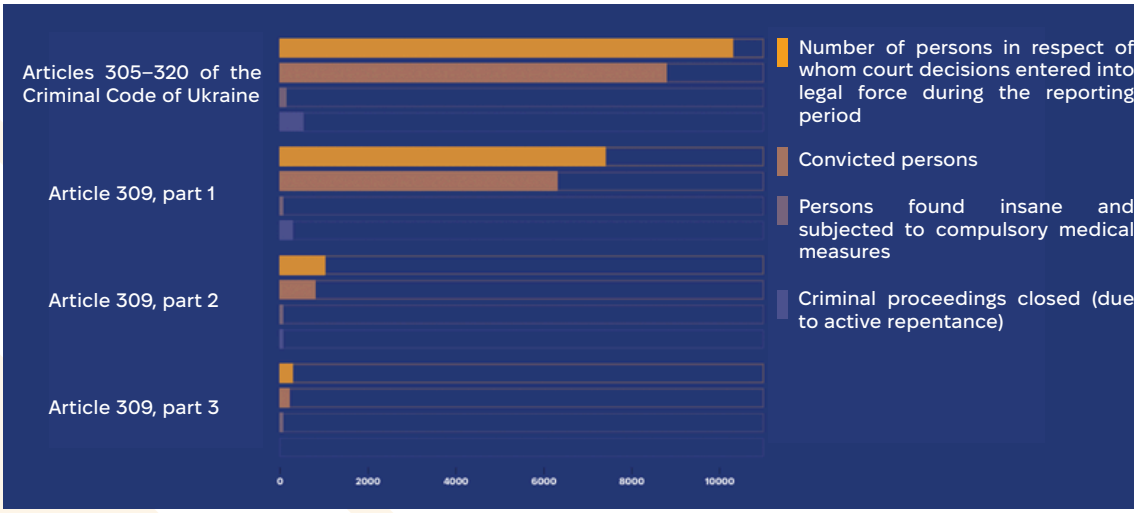

Figure 1. Trend in the number of persons on whom an administrative sanction was imposed, 2016-2023

From 2019 to 2023 the number of persons subjected to administrative sanctions continued to increase.

In 2023 6,590 persons were held administratively liable and sanctioned; in 95.4 % of these cases the sanction was a fine.

Figure 2 presents data on the number of decisions applying specific types of sanctions.

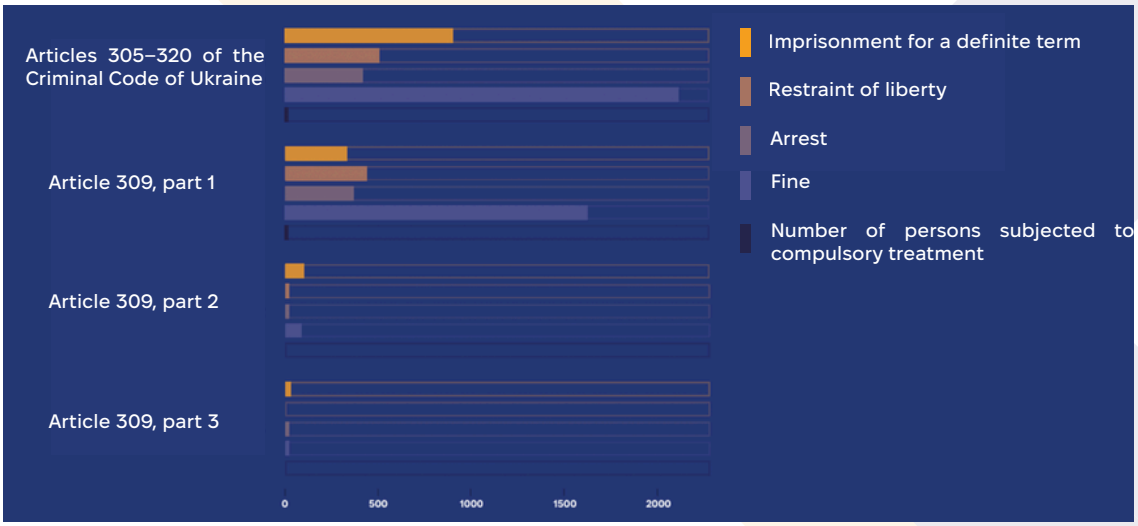

Figure 2. Decisions on the imposition of administrative penalties in 2023, by type of penalty

In 2016–2023, the main type of administrative penalty remained a fine. The proportion of individuals for whom a decision was made to impose a fine steadily increased year by year. Accordingly, the shares of individuals subjected to administrative penalties in the form of community service and administrative arrest decreased.

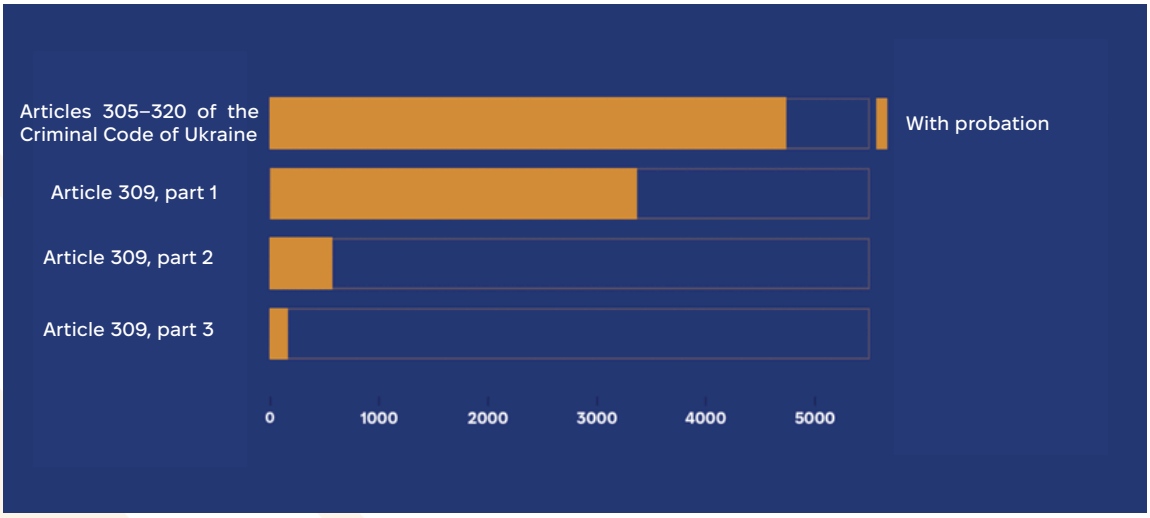

Figure 3. Number of individuals for whom a decision was made to impose an administrative penalty in 2016–2023, by type of penalty

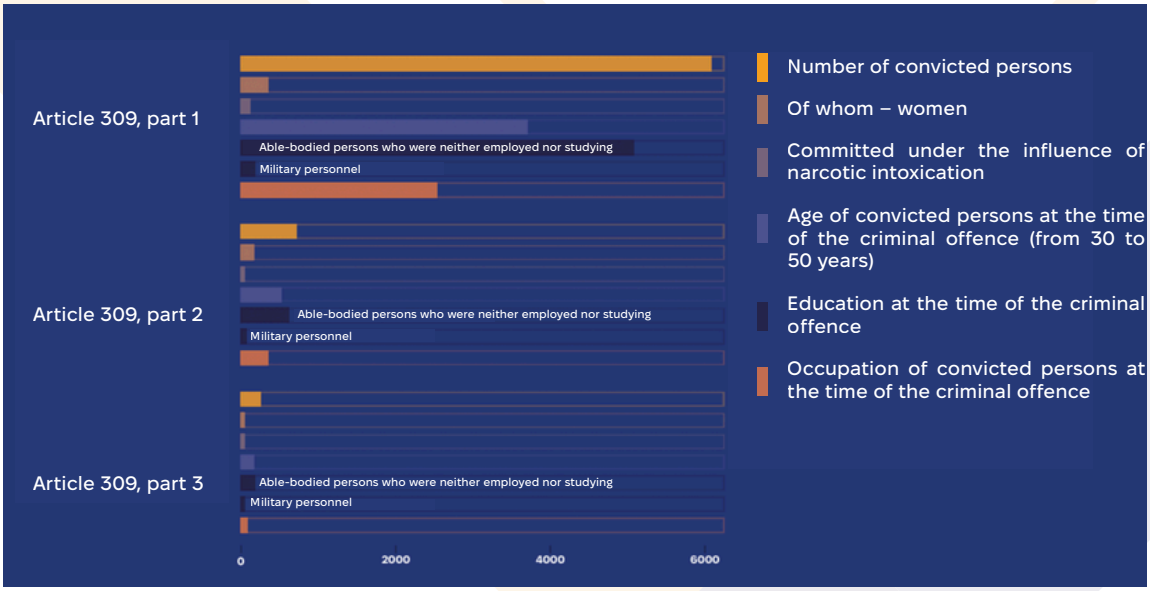

Figure 4. Proportions of individuals for whom a decision was made to impose an administrative penalty in 2016–2023, by type of penalty (%)

In 2023, decisions were made to close proceedings against 2,031 individuals (23.4% of the total number of individuals whose cases were reviewed). The main reason for closing the proceedings was the expiration of the statute of limitations for imposing an administrative penalty (75.8% of the structure of reasons for case closure). The share of individuals for whom proceedings were closed due to the expiration of the statute of limitations remained the highest in 2016–2022, averaging 89.1%. However, in 2023, this proportion decreased to 75.8%.

An increase is also observed in the proportions of individuals whose cases were closed due to exemption from liability because of the insignificance of the offense and due to the absence of the event or composition of an administrative offense.

The total amount of fines in 2023 imposed by court decisions in administrative offense cases amounted to UAH 5,675,322.00 (on average – UAH 861.20 per individual). The total quantity of narcotic substances seized in administrative offense cases in 2023 amounted to 2 kg.

Based on the analysis of data on bringing individuals to administrative liability under Article 44 of the Code of Ukraine on Administrative Offenses, the following conclusions can be drawn:

1. Low effectiveness of administrative sanctions: analysis of statistical data (for 2016–2023) showed that the fine consistently remained the main type of administrative penalty, but the effectiveness of this measure is quite questionable, considering that the number of cases remained almost unchanged over the given period. In fact, the fine does not serve a preventive function and does not deter the commission of new administrative offenses under Article 44 of the Code (especially given that the average fine is UAH 861.20 per person, which is clearly not an adequate instrument for behavior change and requires a more balanced and comprehensive approach, which will be discussed further below).

2. Trend of increasing case closures: in 2023, 23.4% of cases were closed, and 75.8% of them due to the expiration of the statute of limitations for imposing an administrative penalty. This indicates that most cases do not lead to proper law enforcement, and therefore, administrative punishment loses its preventive function.

3. Decrease in the variety of penalties: the small proportion of alternative types of penalties, such as community service or administrative arrest, indicates that courts consider fines to be the most appropriate, which, however, does not promote effective rehabilitation of offenders.

4. Increase in case closures due to insignificance of the offense: the growing number of case closures due to insignificance or absence of the offense composition indicates that the application of Article 44 of the Code does not correspond to the realities of modern society, where clearer and stricter control and treatment mechanisms need broader implementation.

5. Need for a comprehensive approach: to address the problem of drug use, a more comprehensive approach is required, which includes not only administrative liability but also broader implementation of rehabilitation programs, medical assistance, and social integration of people who use drugs.

Given the above data and conclusions, it can be stated that the existing administrative liability under Article 44 of the Code of Ukraine on Administrative Offenses needs to be reviewed, and its replacement with medical and social support and rehabilitation measures may contribute to a more effective resolution of the drug use problem in Ukrainian society.

2.3.2. Criminal Sanctions under Article 309 of the Criminal Code and Comparison with Other Drug-Related Offenses (Articles 305–320)[31]

In Ukraine, in 2023, 38,670 criminal offenses were registered in the sphere of trafficking in narcotic drugs, psychotropic substances, their analogues, or precursors, of which 31,454 were criminal offenses for which individuals were served a notice of suspicion, with 19,723 individuals served such notice and 18,247 individuals identified as having committed an offense in the sphere of drug trafficking.[32]

Criminal offenses in the sphere of trafficking in narcotic drugs, psychotropic substances, their analogues or precursors, and other criminal offenses against public health have traditionally ranked among the top categories of registered criminal offenses. This trend persisted until 2022. Thus, based on the results of 2021, this group of criminal offenses ranked in its "usual" third place among all registered criminal offenses, totaling 29,587, after criminal offenses against life and health of the individual (33,657) and criminal offenses against property (158,729).

In 2022, the number of registered criminal offenses in the sphere of trafficking in narcotic drugs, psychotropic substances, their analogues or precursors, and other criminal offenses against public health increased and amounted to 34,398, ranking fourth among all registered criminal offenses. This is explained by the appearance in the official statistics of a new group of offenses for our country – criminal offenses against peace, human security, and international law.

According to the results of 2023, the trend of 2022 in the number of registered criminal offenses in the sphere of trafficking in narcotic drugs, psychotropic substances, their analogues or precursors, and other criminal offenses against public health continued – 39,124, which, as in 2022, placed this group of criminal offenses in fourth place among all registered criminal offenses.

As we can see, the number of registered criminal offenses in the sphere of trafficking in narcotic drugs, psychotropic substances, their analogues or precursors, and other criminal offenses against public health has been increasing over the last three years. Among this group of criminal offenses, the largest subgroup consists of acts related to the illegal production, manufacture, acquisition, storage, transportation, or transfer of narcotic drugs, psychotropic substances, or their analogues without the intent to sell (Article 309 of the CC). Thus, in 2021, 14,109 criminal offenses under Article 309 of the Criminal Code of Ukraine were recorded out of 29,587 drug-related offenses; in 2022 – 20,140 out of 34,398; in 2023 – 20,155 out of 39,124.

Hence, a significant increase in the number of recorded criminal offenses under Article 309 of the Criminal Code of Ukraine is observed for 2022–2023.

31 Data sources: official statistics of the Office of the Prosecutor General regarding registered criminal offenses for respective years; National Report of the Public Health Center on the Drug Situation in Ukraine 2024 (based on 2023 data). Available online.

32 Data source: National Report of the Public Health Center on the Drug Situation in Ukraine 2024 (based on 2023 data). Available online.

If we examine the dynamics of the number of offenses during 2016–2023 under Articles 305–320 of the CCU, we can observe that the number of recorded offenses has been trending upward.

The analysis of the dynamics in the number of recorded criminal offenses in the sphere of drug trafficking in 2016–2023, by type of offense, demonstrates that:

- Since 2016, there has been a steady and sharp increase in the number of recorded criminal offenses under Article 307 of the CC (production, acquisition, storage, transportation, or transfer of narcotic drugs, psychotropic substances, or their analogues with the intent to sell). In percentage terms, this figure increased by 40.7% over the course of one year (from 2,293 cases in 2016 to 10,162 in 2022 and already 14,302 cases in 2023).
- The number of recorded offenses under Article 309 of the CC showed a downward trend from 2016 to 2021 (17,398 cases in 2016), and then increased in 2022–2023 (20,140 cases in 2022 and 20,155 cases in 2023). Thus, in 2023, the number of recorded criminal offenses under Article 309 of the CC increased by 0.1% compared to 2022.

Based on the analysis of data on criminal offenses under Article 309 of the CC and their correlation with other offenses in the sphere of illicit trafficking of narcotic substances and precursors (Articles 305–320 of the CC), the following conclusions can be drawn:

1. Increase in the number of registered criminal offenses: Statistics in this regard indicate that the number of registered drug-related crimes has been steadily increasing in recent years. The majority of drug-related crimes consist of offenses involving the possession of narcotic drugs without the intent to sell (Article 309 of the CC of Ukraine). This suggests that most individuals who commit such offenses are likely consumers rather than drug traffickers.

2. Ineffectiveness of criminal policy: The increase in such offenses may indicate the ineffectiveness of existing measures aimed at combating drug use. The state (represented by law enforcement agencies) is not coping with current drug-related challenges, which requires new approaches to prevention, enforcement, and treatment of drug dependence. Criminalizing possession of narcotic drugs for personal use not only fails to solve the problem but may also exacerbate it. Many individuals under supervision may be users who require treatment rather than punishment.

3. Change in the criminogenic situation: The increase in recorded offenses under Article 307 of the CC may indicate that offenders are adapting to changes in legislation or law enforcement practices, seeking new ways to traffic drugs and derive financial profit. The increase in recorded offenses under Article 309 of the CC in recent years (after a previous decline) may point to a stable volume of narcotic drug consumption not related to trafficking (but still important for analyzing drug markets).

4. Growing need for reform: The situation highlights the need to reform the approach to drug-related issues, with a focus on public health, social rehabilitation, and harm reduction. Decriminalizing possession of drugs for personal use could support strategies that prioritize prevention and treatment rather than punishment.

2.3.3. Judicial Statistics on Sentencing for Drug-Related Crimes under Article 309[33]

First of all, attention was paid to the number of persons who committed criminal offences under each part of Article 309 of the Criminal Code of Ukraine (basic, qualified, and especially qualified elements of the criminal offence), and the types of penalties imposed by the court on such persons. The number of cases where punishment or serving of punishment was waived is also provided separately. Additionally, a typical profile of a criminal offender for the period 2021–2023 is proposed.

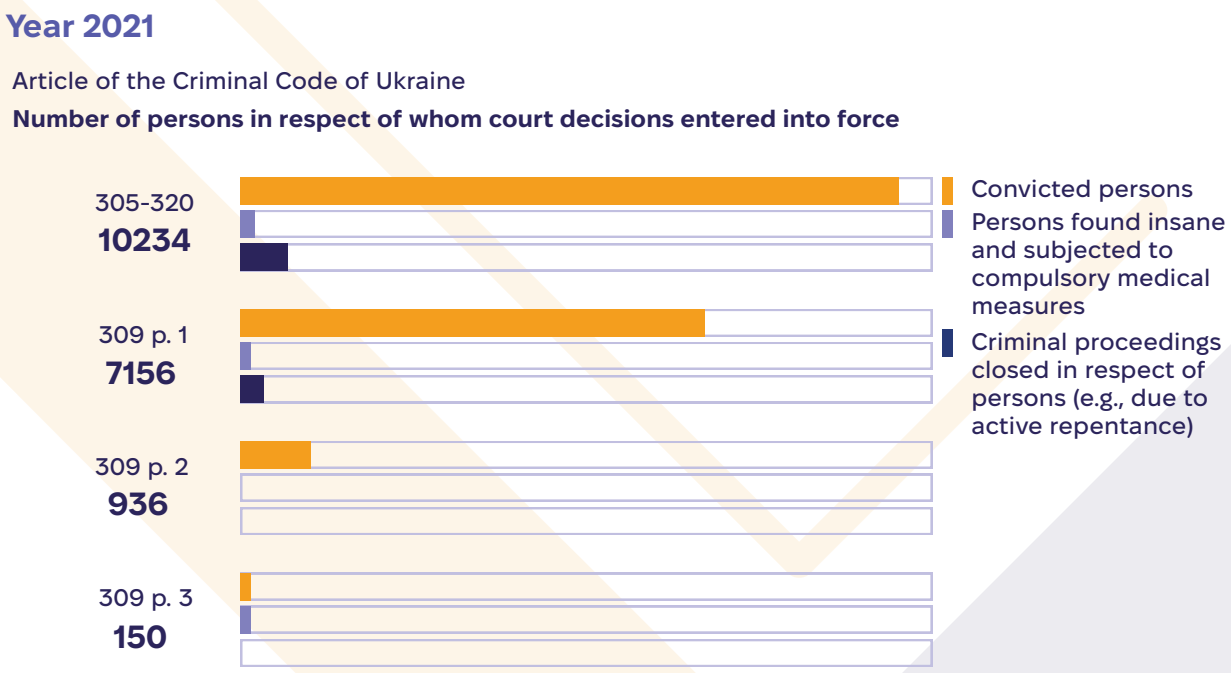

Fig. 5. Number of persons convicted for drug-related criminal offenses.

33 Data sources:
Reports of the State Judicial Administration of Ukraine:

Report on persons held criminally liable and types of criminal punishment for 2021, 2022, and 2023 (Form No. 6 – annual);

Report on the composition of convicted persons for 2021, 2022, and 2023 (Form No. 7 – annual);
Data from the Unified State Register of Court Decisions of Ukraine.

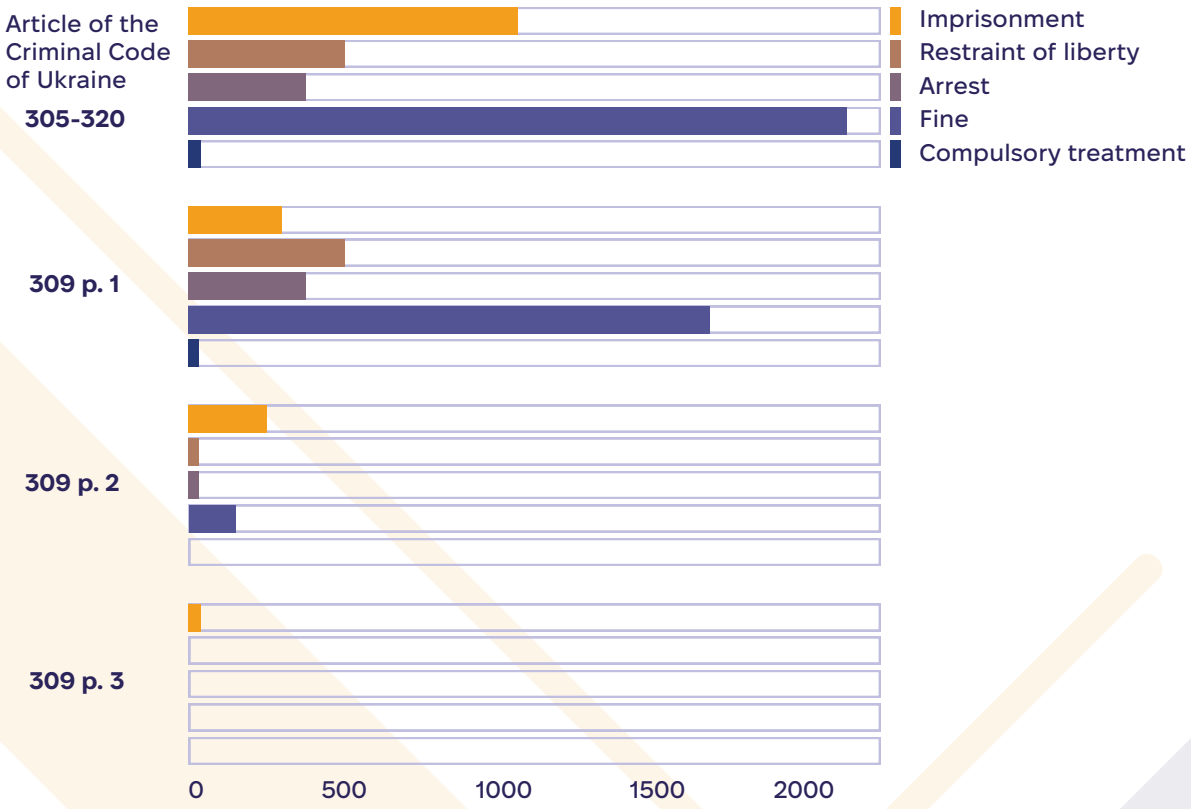

Fig. 6. Sentences imposed on persons convicted for drug-related criminal offenses.

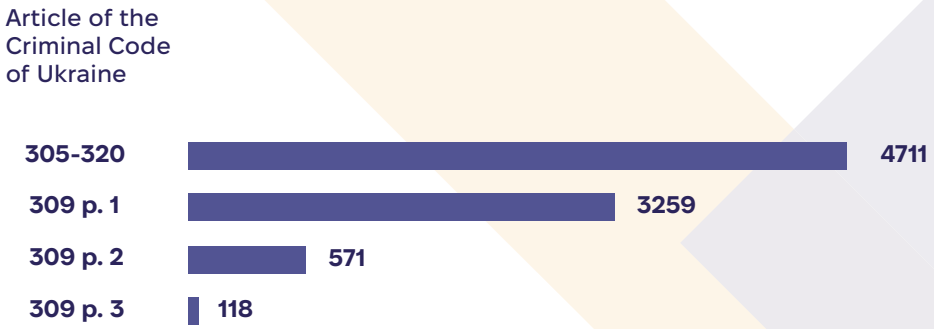

Fig. 7. Number of persons convicted for drug-related criminal offenses who were exempted from punishment.

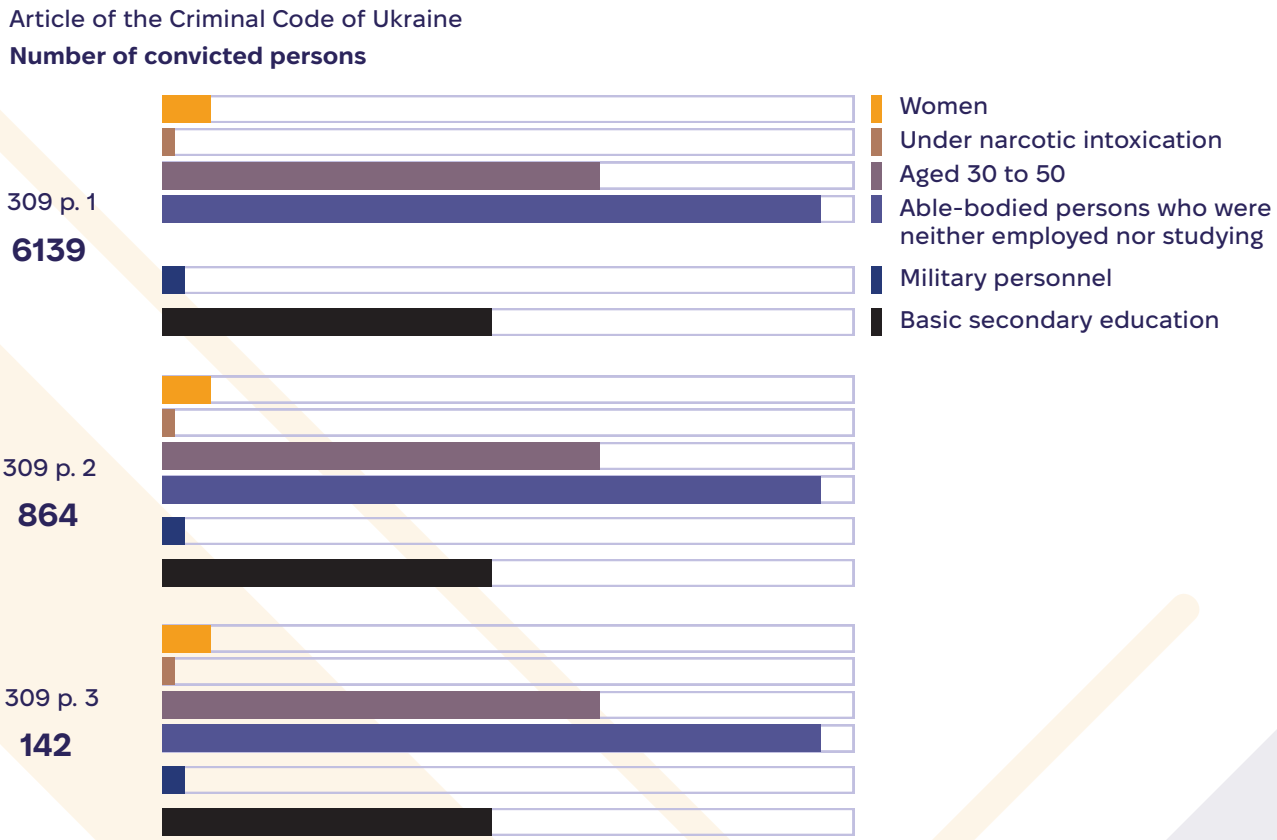

Fig. 8. Characteristics of persons convicted under Article 309 of the Criminal Code of Ukraine.

Year 2022

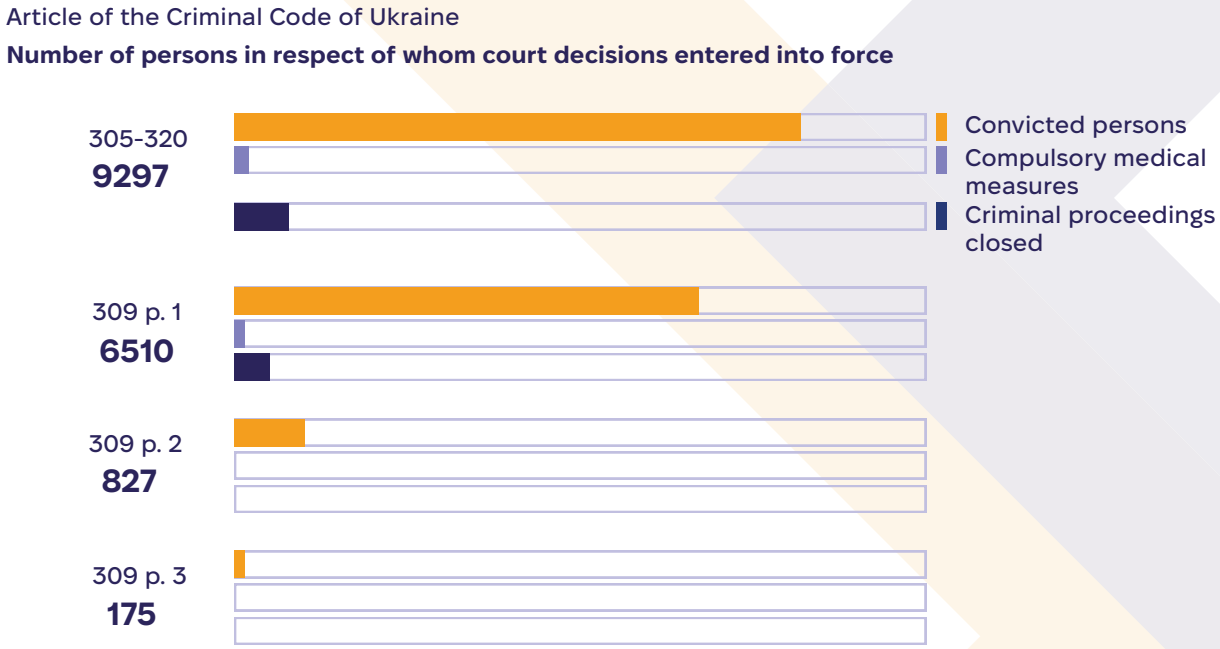

Fig. 9. Number of persons convicted for drug-related criminal offenses.

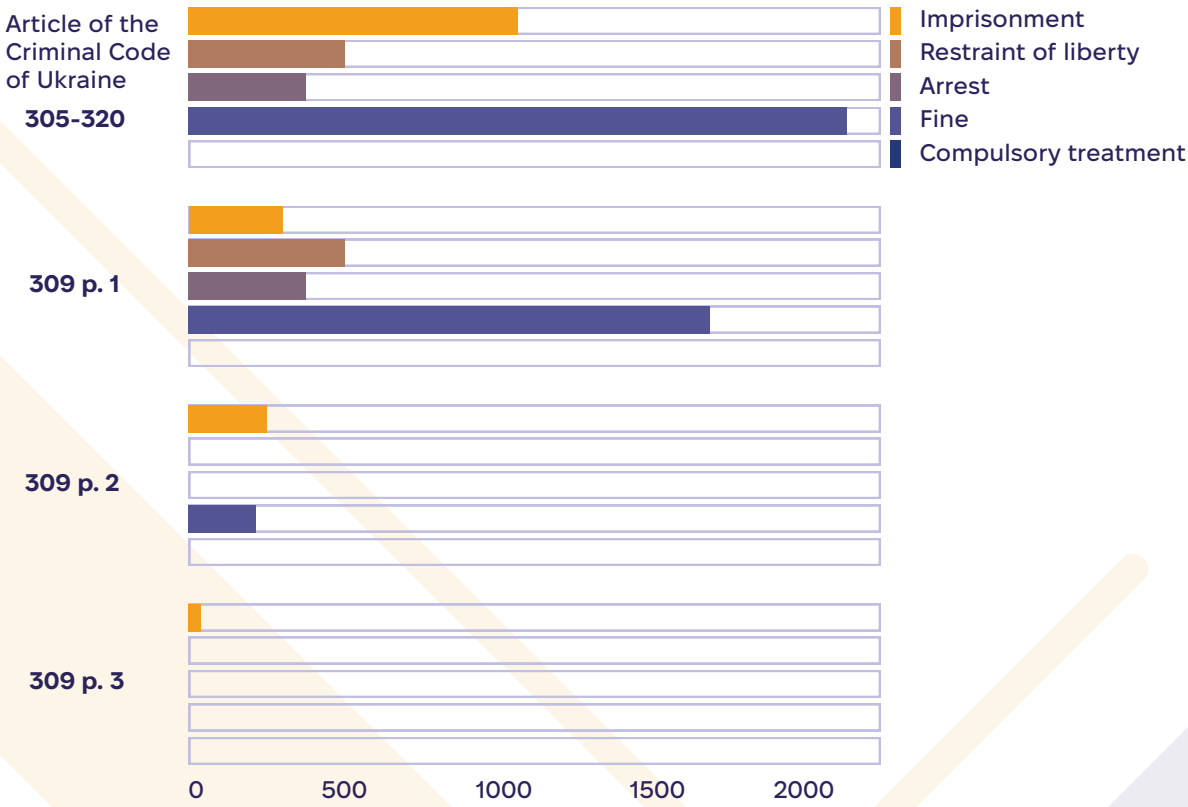

Fig. 10. Sentences imposed on persons convicted for drug-related criminal offenses.

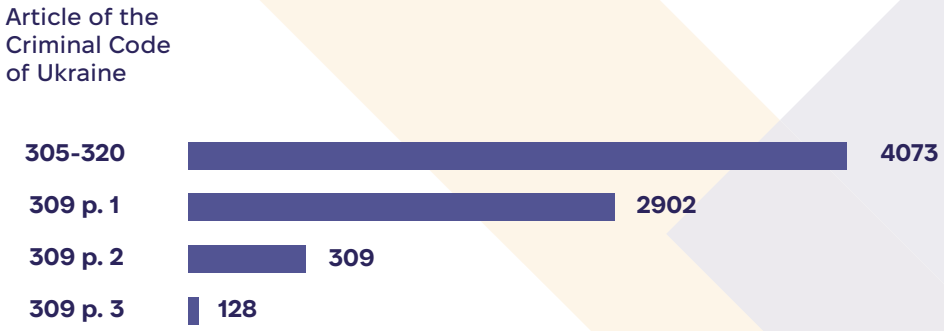

Fig. 11. Number of persons convicted for drug-related criminal offenses who were exempted from punishment.

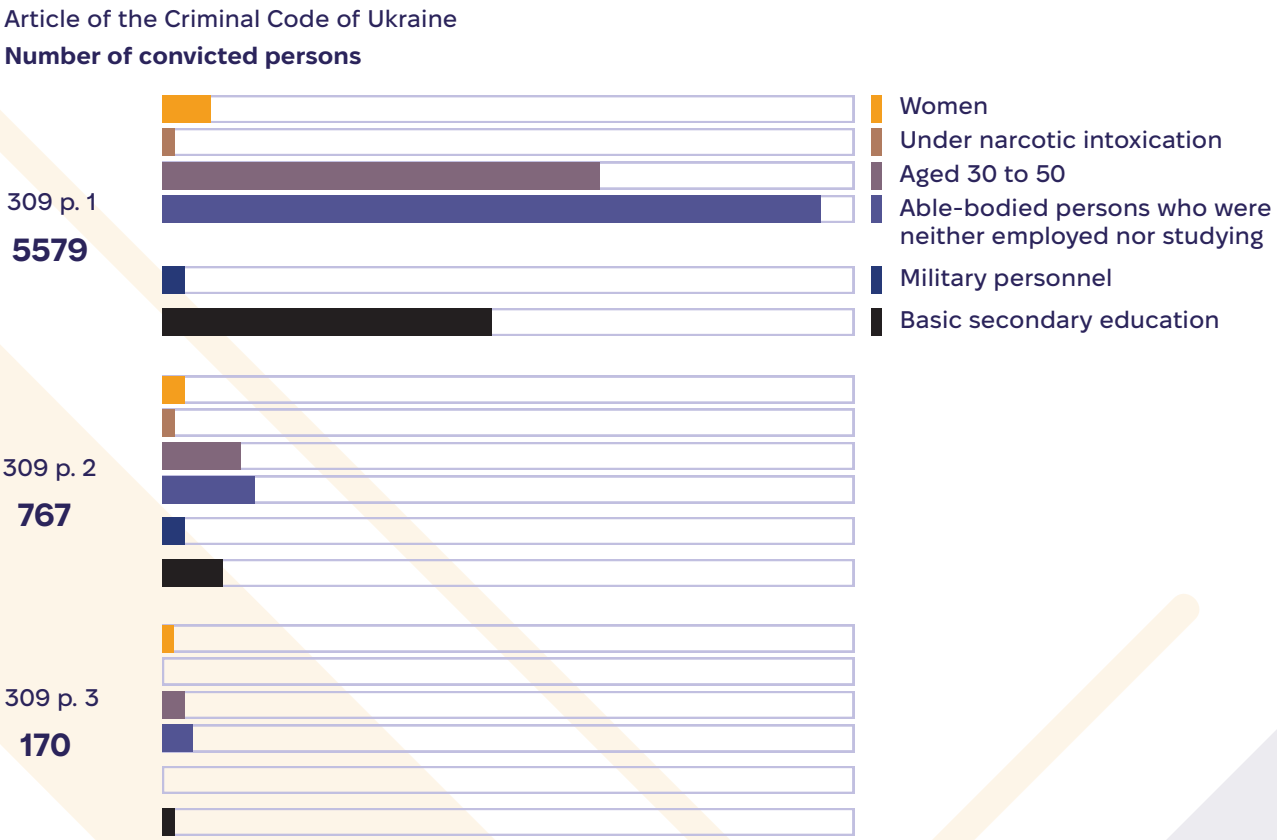

Fig. 12. Characteristics of persons convicted under Article 309 of the Criminal Code of Ukraine.

Year 2023

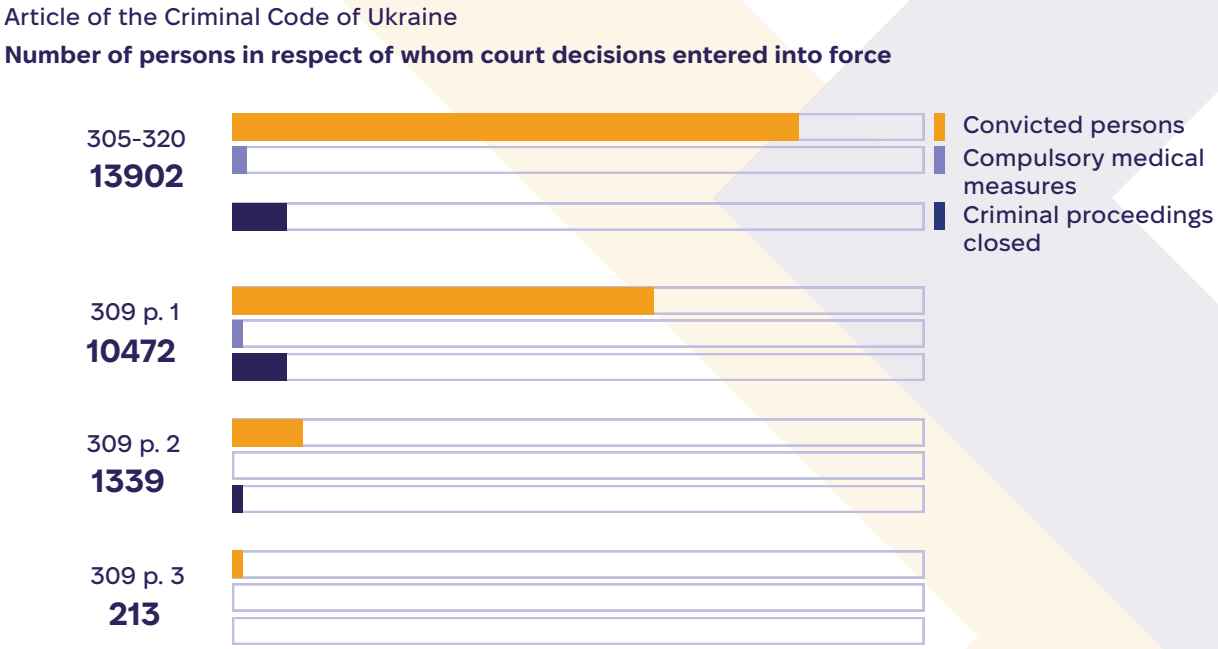

Fig. 13. Number of persons convicted for drug-related criminal offenses.

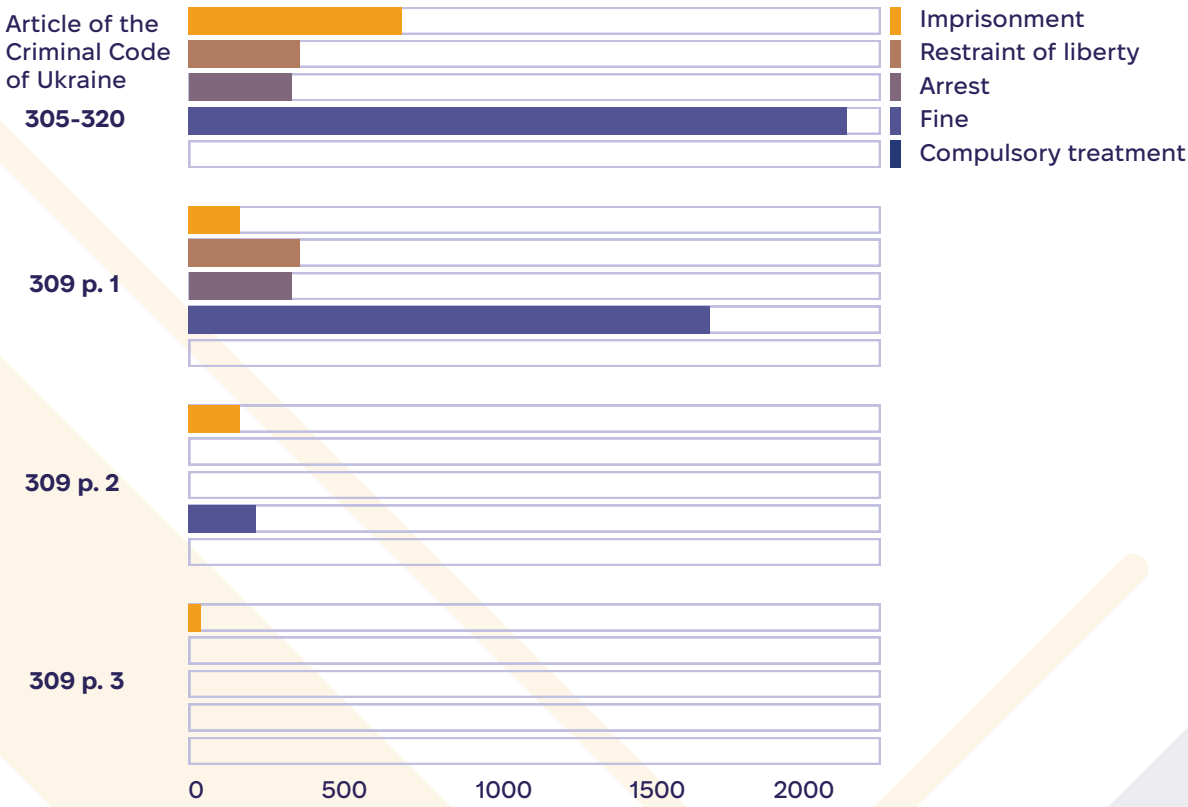

Fig. 10. Sentences imposed on persons convicted for drug-related criminal offenses.

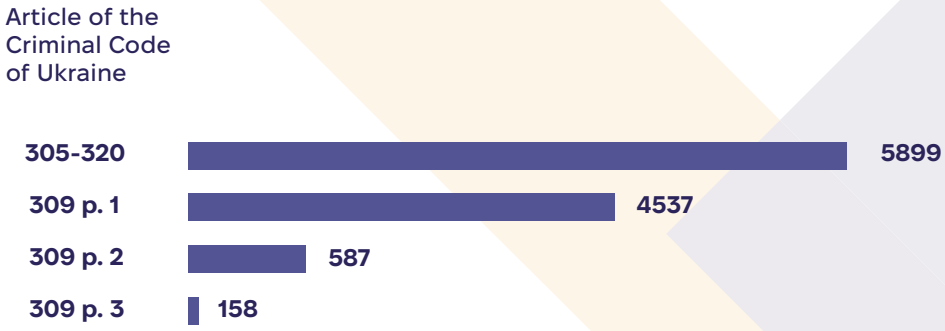

Fig. 15. Number of persons convicted for drug-related criminal offenses who were exempted from punishment.

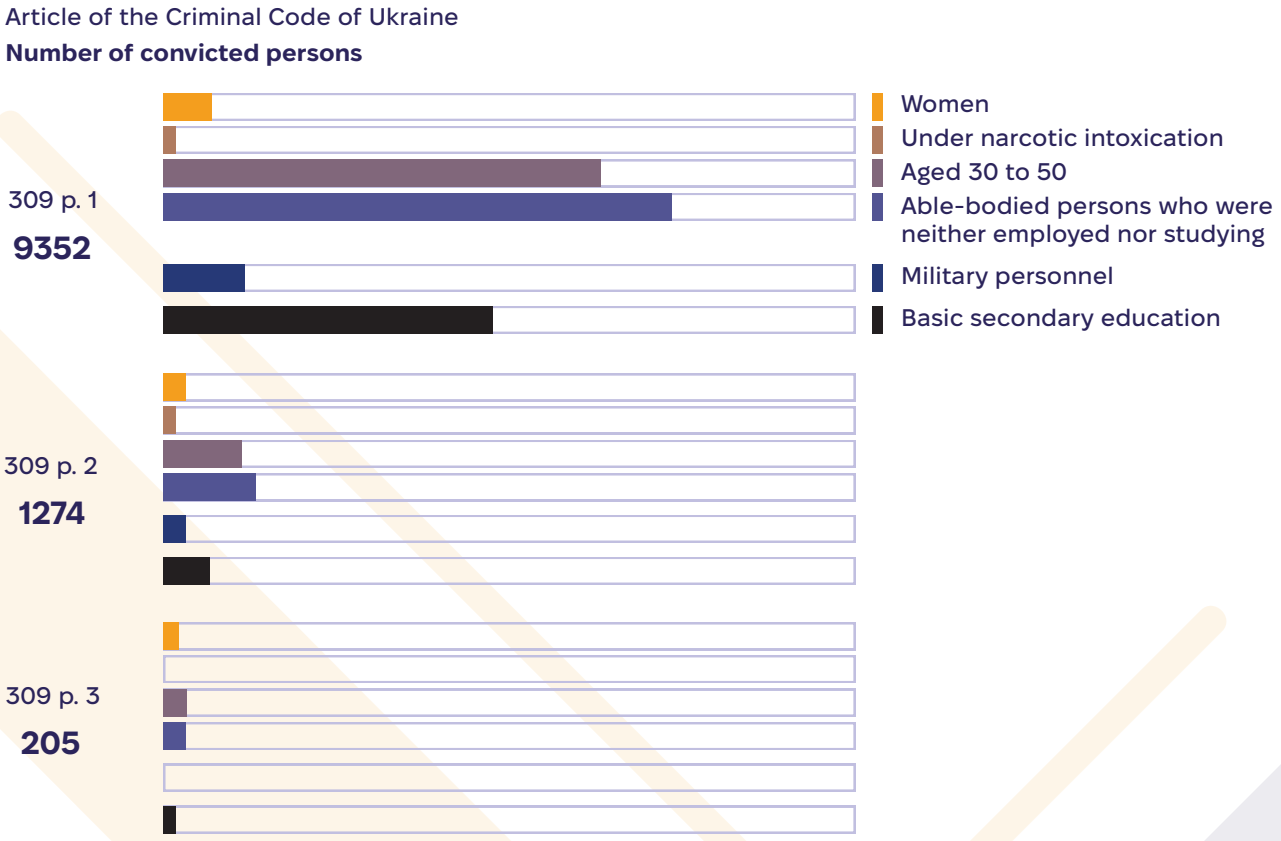

Fig. 16. Characteristics of persons convicted under Article 309 of the Criminal Code of Ukraine.

Summary of data:

The number of persons whose court decisions entered into legal force in 2022 for committing a criminal offence under Article 309 of the Criminal Code of Ukraine accounts for 81% of all persons whose court decisions entered into legal force in 2022 for drug-related offences.

In 2023, the number of persons whose court decisions entered into legal force for committing a criminal offence under Article 309 of the Criminal Code of Ukraine accounts for 86% of all persons whose court decisions entered into legal force for drug-related offences.

The number of persons convicted in 2022 for committing a criminal offence under Article 309 of the Criminal Code of Ukraine accounts for 82% of the total number of persons convicted for committing drug-related criminal offences.

The number of persons convicted in 2023 for committing a criminal offence under Article 309 of the Criminal Code of Ukraine accounts for 87.4% of the total number of persons convicted for committing drug-related criminal offences.

These figures indicate a significant increase in the number of guilty verdicts issued by the courts under Article 309 of the Criminal Code. In 2023, 10,831 persons were convicted under Article 309. For comparison, in 2022, this figure amounted to 6,516 persons. As can be seen, the number of guilty verdicts **increased by more than 1.5 times over the year.**

In 2022, 53% of persons convicted under Article 309 of the Criminal Code of Ukraine were released from serving a sentence with probation (Article 75 of the Criminal Code of Ukraine), among those sentenced to restriction or deprivation of liberty.

In 2023, 49% of persons convicted under Article 309 of the Criminal Code of Ukraine were released from serving a sentence with probation (Article 75 of the Criminal Code of Ukraine), among those sentenced to restriction or deprivation of liberty.

These figures once again indicate that law enforcement agencies are targeting drug users, in fact, persons with substance use disorders, rather than drug distributors.

Judicial practice in the application of Article 309 of the Criminal Code of Ukraine ("Illegal production, manufacture, acquisition, storage, transportation or shipment of narcotic drugs, psychotropic substances or their analogues without the purpose of sale") in 2022–2023 shows that in 90% of cases where imprisonment is imposed, courts release the person from serving the sentence on probation, while not imposing an obligation to undergo treatment for mental and behavioural disorders due to the use of psychoactive substances, as provided for in paragraph 5 of part 3 of Article 76 of the Criminal Code of Ukraine. Furthermore, probation programmes under the Law of Ukraine No. 160 of 05.02.2015 "On Probation", which provide for a set of measures aimed at correcting social behaviour or its individual manifestations and forming socially favourable changes in the individual that can be objectively verified, are almost never applied to this category of persons.

Based on the analysis of quantitative and qualitative indicators regarding the illegal production, manufacture, acquisition, storage, transportation or shipment of narcotic drugs, psychotropic substances or their analogues without the purpose of sale, and the development of a typical criminological profile of a drug user in Ukraine in 2021–2023, the results of the study of the nature of such criminal offences over the past two years are presented below.

In particular, we analysed the first-instance court verdicts issued under Article 309 of the Criminal Code of Ukraine in 2022–2023 in the following oblasts: Vinnytsia, Volyn, Dnipropetrovsk, Donetsk, Zhytomyr, Zakarpattia, Zaporizhzhia, Ivano-Frankivsk, Kyiv, Kirovohrad, Lviv, Mykolaiv, Odesa, Poltava, Rivne, Sumy, Ternopil, Kharkiv, Kherson, Khmelnytskyi, Cherkasy, Chernivtsi, and Chernihiv.

In Luhansk Oblast, there was no judicial practice under Article 309 of the Criminal Code of Ukraine in 2022 and 2023.

In each oblast, 10 verdicts for 2022 and 10 verdicts for 2023 were selectively analysed. A total of 460 verdicts were examined.[34]

Year 2022

In total, 230 verdicts issued in 2022 were analysed (in some tables and figures below, the total number may be greater, since one verdict may include several different items). See Figure 17.

Fig. 17. Number of verdicts under Article 309 of the Criminal Code of Ukraine by parts in 2022.

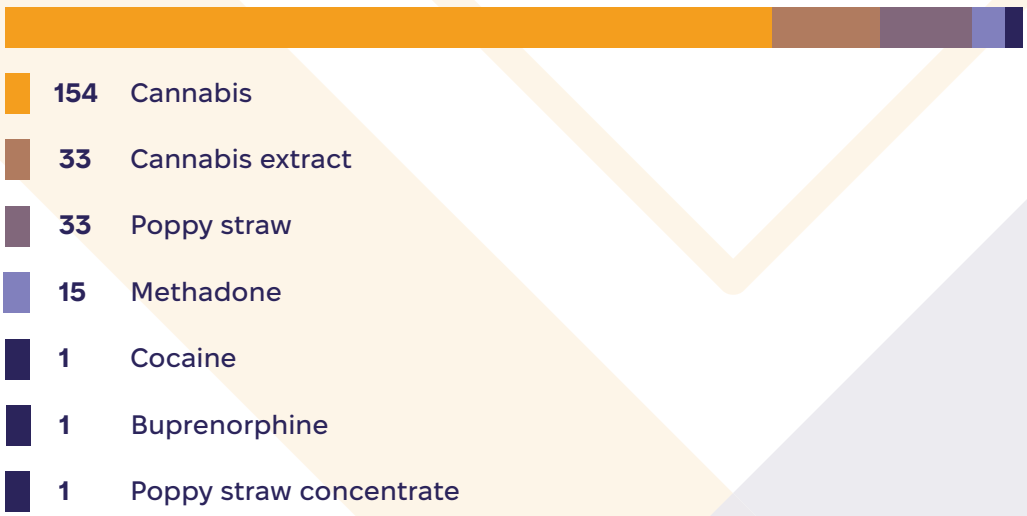

Fig. 18. Types of narcotic substances involved in criminal offenses under Article 309 of the Criminal Code of Ukraine.

34 **Note:** The number of analyzed verdicts is more indicative of a qualitative study and, undoubtedly, does not provide grounds for drawing comprehensive conclusions regarding the application of Article 309 of the Criminal Code of Ukraine in law enforcement practice. Nevertheless, such an analysis makes it possible to identify important trends in the adjudication of criminal cases and sentencing for offenses related to the illicit trafficking of narcotic drugs, psychotropic substances, and precursors (Article 309 of the Criminal Code of Ukraine). Understanding these trends and specifics is critically important for developing proposals on amending Ukraine's criminal legislation to bring it in line with EU law.
It should be noted that, additionally, at the request of the CSO "Health Solutions," a detailed analytical study of all verdicts available in the Unified State Register of Court Decisions was conducted to identify the specifics of applying criminal legislation on drug-related offenses, with a focus on crimes committed by military personnel. The results of this study are available online via the provided link. The findings of this study fully align with the conclusions presented further in this report.

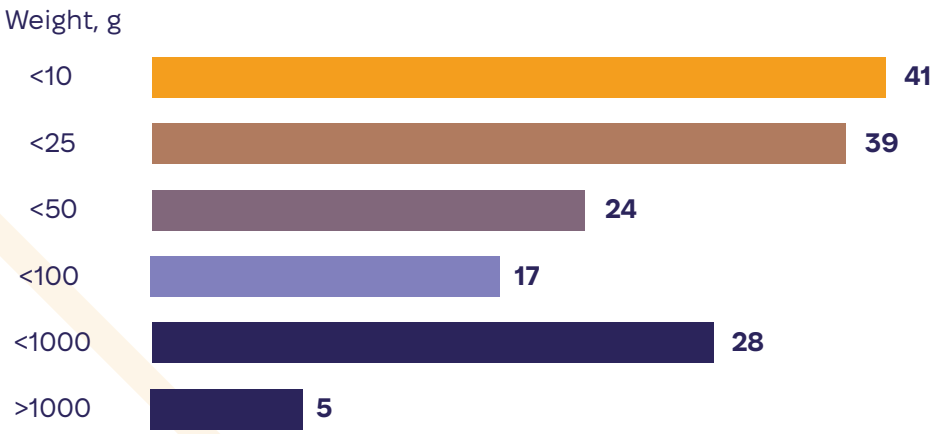

Fig. 19. Weight of cannabis in verdicts under Article 309 of the Criminal Code of Ukraine.

In 5 verdicts, the subject of the criminal offence was cannabis with a weight of more than 1000 g — 1368g, 2531g, 3515g, 5218g, 9913g.

Fig. 20. Types of psychotropic substances involved in criminal offenses under Article 309 of the Criminal Code of Ukraine.

Fig. 21. Types of punishments under Part 1 of Article 309 of the Criminal Code of Ukraine.

Types and severity of punishments for persons convicted under Part 2 of Article 309 of the Criminal Code of Ukraine.

Year 2023

In total, 230 verdicts issued in 2023 were analysed (in some tables and figures below, the total number may be greater, since one verdict may include several different items). See Figure 22.

Fig. 22. Number of verdicts under Article 309 of the Criminal Code of Ukraine by parts in 2023.

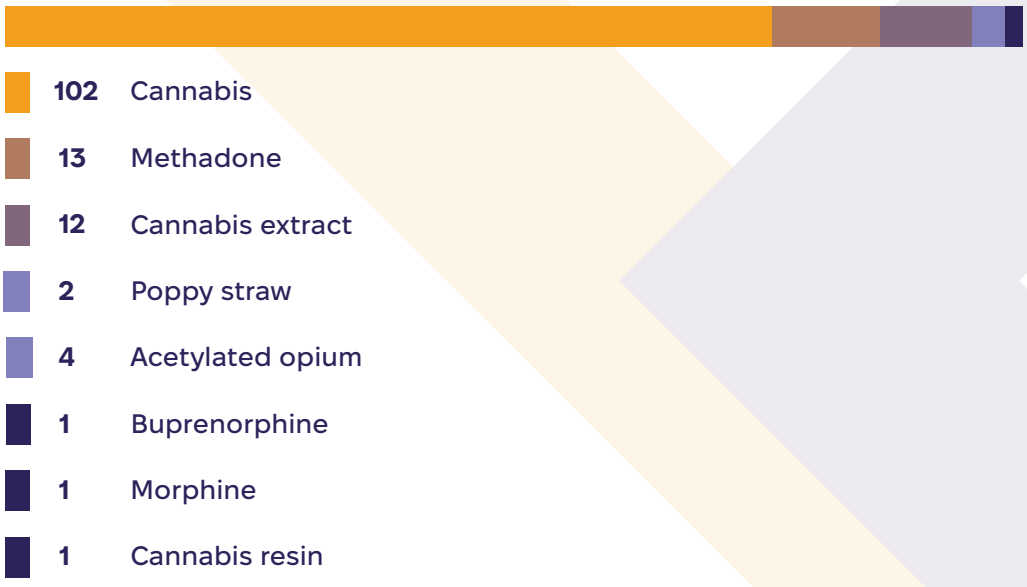

Fig. 23. Types of narcotic substances involved in criminal offenses under Article 309 of the Criminal Code of Ukraine.

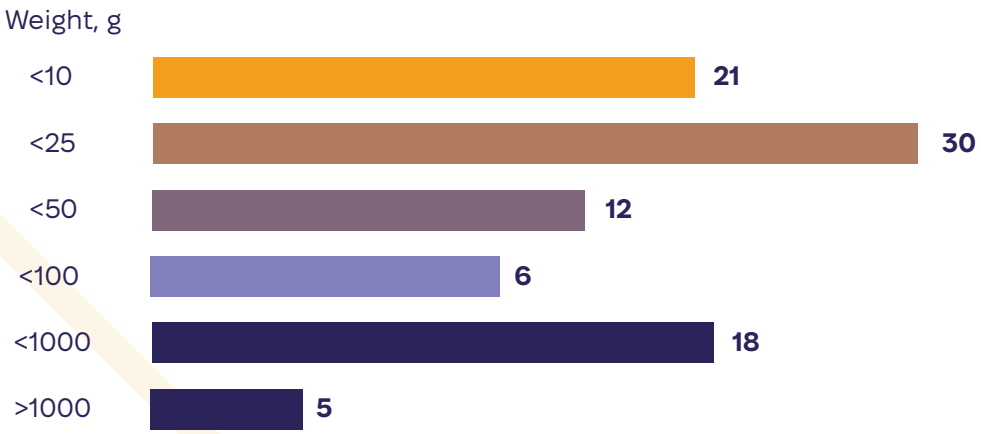

Fig. 24. Weight of cannabis in verdicts under Article 309 of the Criminal Code of Ukraine.

In 5 verdicts, the subject of the criminal offence was cannabis with a weight of more than 1000 g — 1200g, 1520g, 1584g, 1833g, 6468g.

Fig. 25. Types of psychotropic substances involved in criminal offenses under Article 309 of the Criminal Code of Ukraine.

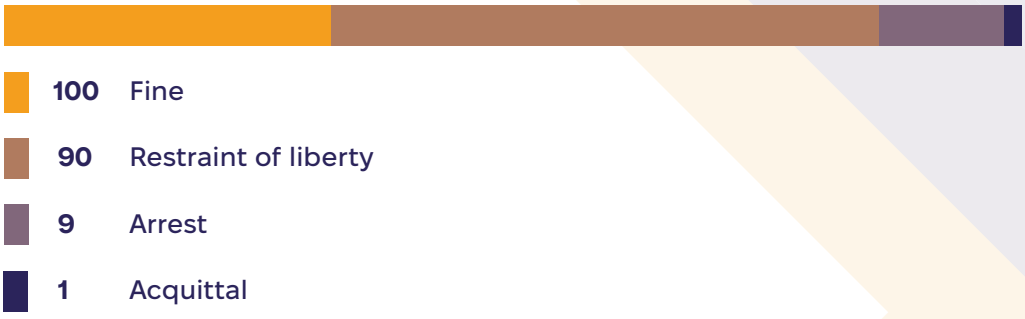

Fig. 26. Types of punishments under Part 1 of Article 309 of the Criminal Code of Ukraine.

Types and severity of punishments for persons convicted under Part 2 of Article 309 of the Criminal Code of Ukraine.

Conclusions from the analysis of judicial statistics on the outcomes of criminal proceedings and sentencing for offences in the area of illicit trafficking of narcotic drugs, psychotropic substances, and precursors (Article 309 of the Criminal Code of Ukraine):

1. High percentage of persons convicted under Article 309 of the Criminal Code of Ukraine: According to 2022 and 2023 data, in more than 80% of cases, persons convicted of drug-related offences were prosecuted under part 1 of Article 309. As in the case of previous statistical data, this indicates that the majority of criminal proceedings concern drug users rather than drug dealers, which confirms the need to treat these persons as patients rather than criminals.

2. Suspended sentences: A significant proportion of persons convicted of unlawful possession of drugs (47–53% over the years in question) were granted suspended sentences. This indicates that the judiciary recognises that these individuals do not pose a serious threat to society and need treatment rather than criminal punishment.

3. Insufficient treatment and rehabilitation: Judicial practice demonstrates that out of the vast number of persons released from serving a sentence, only a very small proportion were ordered by the court to undergo a course of treatment. This points to a lack of focus on medical care and rehabilitation, which are essential for saving lives and improving the health of drug users.

4. Lack of probation programmes: Under current legislation, probation programmes can significantly assist individuals struggling with drug use. However, in practice, these are rarely applied. This shows that the available mechanisms are not being used to support people who need help overcoming addiction.

5. Socio-economic costs: Keeping individuals who do not pose a threat to society within the criminal justice system is costly for both the state and society as a whole. The costs of incarcerating such individuals could be redirected to treatment and rehabilitation programmes.

6. Quantity of narcotic drugs as the subject of criminal offence: The majority of verdicts under Article 309 of the Criminal Code of Ukraine in 2022 and 2023 concern cannabis in quantities up to 10 g and up to 25 g (accounting for 67% of such offences). Among the most common substances are also: amphetamine (MDMA), PVP (20% of all psychoactive substances), and methadone.

In summary, the statistical data and analysis suggest that the decriminalisation of the unlawful possession of narcotic drugs, as defined in part 1 of Article 309 of the Criminal Code of Ukraine, would not only reduce the burden on the criminal justice system but also enable a focus on the medical rehabilitation of persons with substance use disorders. This approach is more effective and humane in addressing drug dependence and is consistent with the contemporary socio-legal context.

2.4. Changing Approaches in Law Enforcement and Criminal Justice Agencies Regarding Drug Offenses

The Action Plan for 2019–2020 for the implementation of the State Drug Policy Strategy until 2020, approved by Cabinet of Ministers Order No. 56-r dated 6 February 2019, envisaged that the Ministry of Health of Ukraine would conduct a revision of the small, large, and especially large quantities of narcotic drugs and psychotropic substances with a view to modifying their threshold quantities, as well as supplementing these thresholds for new substances included in the list of narcotic drugs, psychotropic substances and precursors approved by Cabinet of Ministers Resolution No. 770 dated 6 May 2000. A similar provision is included in the draft Operational Plan for the State Drug Policy Strategy until 2030.

The presence of this provision in both documents indicates a consensus among experts, government agencies, and civil society organizations on the need to revise the threshold quantities of narcotic substances listed in the Tables of small, large and especially large quantities of narcotic drugs, psychotropic substances, and precursors in illicit circulation, approved by Ministry of Health Order No. 188 dated 1 August 2000.

This necessity is driven by the fact that the thresholds currently approved in Ukraine are arbitrary, do not reflect the realities of the drug market or differences in patterns of use. They automatically place people with drug dependence (or high tolerance) at a disadvantage, exposing them to an increased risk of prosecution for unlawful possession or, in some cases, for supply-related offences.

The unscientific calculation of notional daily doses that forms the basis for determining small, large, and especially large quantities of narcotic drugs and psychotropic substances in illicit circulation is the root cause of numerous difficulties and abuses (including corruption) in the legal qualification of drug-related offences. As a result, an actual single dose of a psychoactive substance may be calculated as several doses, leading to the classification of an offence under a part of the Criminal Code that entails a more severe punishment. Consequently, people with drug dependence are being prosecuted on the basis of unjustifiably low criminal thresholds for conduct that in most developed countries would not be considered a criminal offence at all. As the statistics cited above demonstrate, thousands of drug-dependent individuals in Ukraine are convicted each year, with taxpayers bearing the cost of their incarceration. The state allocates UAH 14,165 per person per month to hold a convicted person in detention, which is twice the minimum wage and significantly exceeds the average pension for most elderly citizens. Therefore, it is the individual living with dependence who suffers most from the unjustified threshold quantities.

The currently approved threshold quantities of narcotic drugs, psychotropic substances and precursors in illicit circulation are several times lower than the figures provided by the United Nations International Narcotics Control Board (INCB), as well as the respective benchmarks in other countries and the results of calculations of average daily doses of narcotic drugs and psychotropic substances consumed in Ukraine.

To substantiate this, comparative data compiled by the Alliance for Public Health are cited.

Country	Criminal Liability for Possession of Opium/Heroin	Criminal Liability for Possession of Amphetamine/Methamphetamine/ MDMA (grams/tablets)
Ukraine	0,005	0,15
Norway	0,5	0,2/0,6
Netherlans	0,5	0,5/1 pill
Germany	1-3	3
Spain	3	2,4
Austria	3	30
Portugal	1	1
Czech Republic	1,5	0,4/4 pills

This approach has effectively criminalized the sphere of drug circulation and increased its latent nature, while the scale of the illicit drug market has not diminished — on the contrary, it has continued to expand.

These unjustifiably low criminal liability thresholds tie the hands of law enforcement, forcing them to focus on petty offences, while large-scale drug trafficking operates in relatively comfortable conditions.

Therefore, the need to shift the criminal law policy vector regarding **the circulation of narcotic drugs requires an urgent update of the threshold quantities to reflect current social, medical, and legal challenges. In particular:**

1. Relevance of threshold quantities: Since the adoption of the relevant Order, socio-economic conditions and public attitudes toward drug use and the circulation of narcotic drugs have significantly changed. The current threshold quantities are outdated and do not account for present-day realities.

2. Preventing the criminalization of people with drug dependence: The standardization of threshold quantities can significantly reduce the number of cases in which individuals are criminalized for minor offences. This would ease the burden on the judicial and law enforcement systems and allow for a focus of resources on combating more serious crimes.

3. Health risks: Unreasonably low thresholds limit access to narcotic drugs for people with dependence who need support (treatment and rehabilitation), not punishment. This, in turn, may result in physical and mental suffering for such individuals.

4. Harmonization with international standards: Updating the current regulations is necessary to align with international standards in drug policy and the evolving feedback mechanisms that consider medical and social aspects of drug use.

5. Social justice: The revision of threshold quantities can help ensure social justice by avoiding excessive punishment for conduct that is not criminal in nature.

In 2019, the Ministry of Health of Ukraine attempted to amend the Order and revise the threshold quantities of narcotic drugs and psychotropic substances upward. Methodologically, it was proposed that these quantities be determined based on existing international practice, which relies on established defined daily doses for statistical purposes (S-DDD) as provided by the United Nations International Narcotics Control Board (INCB). The proposal classified "small quantities" as those not exceeding 10 S-DDD. Since the INCB does not provide S-DDD data for certain substances — particularly cannabis, MDMA, and cocaine — the Ministry analyzed the practice of several European countries, where possession of specified amounts of these substances is not subject to criminal liability. Based on this analysis, average quantities of those substances were proposed as the benchmark for "small quantities.

However, the proposed amendments were not adopted. The State Service of Ukraine on Medicines and Drugs Control (SMDC) and other authorities provided the following rationale for their refusal to approve the changes: "The justification for the increase in threshold quantities proposed in the draft Order, referring to the need to align them with INCB recommendations, is insufficient, since S-DDD is a technical unit of measurement used for statistical analysis... Furthermore, the experience of countries such as Portugal, Germany, Norway, etc., is not entirely applicable to Ukraine due to differences in historical, political, socio-economic, and state-building processes."

Thus, the primary challenge today in amending the threshold quantities lies in the development of an appropriate methodology.

In Section 2.2 of this chapter, we have already analysed the international experience of decriminalizing the possession of narcotic drugs for personal use, including the issue of establishing threshold quantities. However, we consider it necessary to provide additional arguments in support of the importance of revising the threshold quantities of narcotic drugs as part of shifting the criminal law policy vector in Ukraine.

There are differences in how countries justify the threshold quantities they set. An analysis of the relevant legal acts regulating the determination of threshold quantities shows that countries apply diverse methods for calculating them — by weight (pure or mixed), by dosage (e.g., two tablets or capsules), by approximate daily consumption (e.g., a five-day supply), or by the quantity deemed life-threatening (as provided for under Austrian legislation).

Countries also use widely varying numerical limits as threshold quantities. The reasoning behind such disparities is generally not provided in open sources; however, they may hypothetically be linked to different drug consumption patterns in each country.

A relevant example is a comparative analysis of Global Drug Survey data on MDMA consumption across nine countries, conducted by a group of scientists and published in the International Journal of Drug Policy (see Annex 1 of this study).

According to the study, threshold quantities ranged from 1 to 100 tablets (to distinguish personal use from supply) in jurisdictions that defined thresholds in dosage units. The weight of MDMA specified in law or guidance ranged from 0.5 g to 30 g. However, the study clearly showed that there were virtually no differences in actual consumption patterns between countries. Typical use involved 1 tablet or 0.2–0.4 g in powder form. The typical quantity purchased was about 1 g of powder/crystals, or 2 to 5 tablets or capsules. This indicates that global variations in personal consumption or purchase of MDMA are minimal. Nevertheless, the laws and guidelines specifying possession thresholds vary greatly. (Keelin O'Reillya, Michala Kowalski, Monica J. Barratt, Alison Ritter, Distinguishing personal use of drugs from drug supply: Approaches and challenges, International Journal of Drug Policy 103 (2022) 103653).

Hence, using consumption models as a basis for calculating and justifying threshold quantities is unlikely to be an effective approach. It is also problematic to define a target group and its characteristics, since individuals differ in their levels of tolerance to narcotic substances and in their patterns of use.

In our view, the methodology for establishing threshold quantities of psychoactive substances should be based on **pharmacologically grounded calculations of lethal doses** for narcotic and psychotropic substances. A similar approach has been implemented in Austria. This would correspond to best practices in the EU.

The **LD50**[35] **metric (median lethal dose)** is a toxicological term and scientifically recognized indicator used to describe the lethality of a chemical substance, including narcotic and psychotropic substances. **LD50 is the dose that causes death in 50%** of a test population. It is typically expressed **in milligrams of substance per kilogram of body weight (mg/kg).** This indicator serves as a standard measure of acute toxicity, helping to assess the potential risk of a substance to humans.

The **LD100 (lethal dose for 100%)** is the dose that causes death in **100% of the test population.** It is also expressed in mg/kg and represents the absolute lethal dose — the point at which survival is not possible. This provides insight into the upper limit of a substance's toxicity.

35 The general justification for the nature and necessity of introducing the aforementioned metric was presented at an event organized on April 7, 2025, by the CSO "Health Solutions" during the presentation by the UNODC Country Programme Office in Ukraine.

In global practice, **LD50 and LD100** metrics are used to assess acute toxicity, define safe dosage ranges, develop treatment and prevention protocols, and prevent fatal overdoses. For example, these metrics help evaluate overdose risk for opioids (fentanyl, heroin, morphine), stimulants (cocaine, methamphetamine), and depressants (benzodiazepines, barbiturates).

Unlike **DDD (defined daily dose)** — the methodology currently used in Ukraine despite lacking any pharmacological justification, as it does not account for the real toxicity or lethality of various narcotic and psychotropic substances — **LD50 allows for a realistic assessment of drug-related risks.**

Massive differences in toxicity among substances (e.g., LD50 for fentanyl ≈ 0.03 mg/kg vs. LD50 for heroin ≈ 21.8 mg/kg) demonstrate the need for a pharmacologically grounded classification system, rather than a uniform dosing system.

Implementing **LD50×10, LD50×100, and LD50×1000** as reference thresholds for categorizing storage quantities would help establish fair and proportionate limits that distinguish personal use, high-risk possession, and trafficking. To better understand the consequences of high-dose consumption, Annex 2 of this study provides a table of calculated doses at 10×, 100×, and 1,000× LD50 for a 70 kg human.

The use of **LD100 and its multiples (LD100×10, LD100×100, LD100×1000)** could provide even more precise thresholds for high-risk classifications, particularly in cases involving ultra-potent synthetic opioids such as carfentanil and its analogs.

However, such an approach also carries significant risks, as LD100 represents a dose that is **fatal in 100% of cases**, and even slight increases in these values may substantially raise mortality and overdose risks in real-life conditions. Therefore, in our opinion, **LD50 represents the most justified baseline metric**. Using LD50 allows for a **balanced approach that considers both safety and regulatory effectiveness** — enabling the development of scientifically grounded threshold norms that reflect average substance toxicity without relying on extreme cases. This is critical for establishing legal limits on the possession and circulation of narcotic drugs, while minimizing both excessive criminalization and public health risks.

The transition to a classification system based on LD50 would enable law enforcement, the judiciary, and legislators to apply a rational, health-oriented, harm-reduction approach rather than purely punitive measures. This reform aligns with modern global drug policy, which tends to decriminalize small quantities for personal use while maintaining strict sanctions for large-scale trafficking.

A reform based on LD50 provides a **unique opportunity to modernize drug legislation, enabling a balanced approach to law enforcement, public health strategies, and a humane drug policy.**

It is important that the reformed model for determining threshold quantities be flexible. This means the threshold value should be considered as a minimum benchmark, not a maximum limit. Decriminalization should apply not only to individuals found with a quantity of narcotic substances below the threshold, but also to those who exceed it, provided there is no evidence of intent to sell or supply.

2.5. Changing Approaches in the Activities of Law Enforcement and Criminal Justice Authorities in Countering Illicit Drug Trafficking

The successful implementation of any reforms aimed at the decriminalisation of drug circulation is impossible without changing law enforcement approaches to drug control towards greater transparency. This helps minimise corruption risks and significantly improves the protection of the rights of individuals with substance use disorders.

The EU Drugs Strategy 2021–2025 defines three main directions of drug policy: **reducing the supply of drugs, reducing the demand for drugs, and minimising the harm caused by the non-medical use of drugs.** The strategy outlines a range of measures to be implemented in each of these directions.

Unlike previous EU drug strategies, the 2021–2025 Strategy introduces, for the first time, a separate section dedicated to harm reduction associated with drug use.

In connection with the adaptation of Ukrainian legislation to EU law, there is a need to align the legal regulation of specific areas of activity of the Drug Crime Units of the National Police of Ukraine with the requirements of the EU Drugs Strategy 2021–2025.

In particular, this refers to establishing cooperation and partnership relations with civil society institutions that provide social and medical services to people who use drugs, including in the implementation of harm reduction programmes for non-medical drug use.

Such an approach would promote the humanisation of legislation and enhance the effectiveness of cooperation between the National Police and civil society in implementing key areas of drug policy in accordance with EU standards.

The reform of police units combating drug crimes necessitates legislative regulation of their operations and the establishment of an obligation to act on the basis of partnership, trust, and mutual respect.

Equally important is close cooperation between law enforcement agencies and the population, local communities, and civil society organisations — especially those providing social and medical services to people with substance use disorders and participating in the implementation of harm reduction programmes for non-medical drug use.

The main tasks and areas of activity of the Drug Crime Units must be based on principles of humane treatment towards people with substance use disorders, particularly to support harm reduction programmes.

These tasks and directions must be clearly established in normative legal acts.

The absence of legally enshrined provisions regulating police activity in this field leads to several negative consequences, including abuse by the police, violations of the rights of people with substance use disorders, social and healthcare workers, and threats to the lives and health of patients receiving opioid agonist therapy.

Currently, the Drug Crime Units, in addition to the Law of Ukraine "On the National Police," also operate under several internal regulatory legal acts:

1. The Regulation on the Drug Crime Department of the National Police of Ukraine, approved by the Order of the National Police of Ukraine No. 474 of 18 June 2020. This regulation defines only the functions of the Department aimed at combating criminal offences related to drugs. Therefore, it requires appropriate amendments and additions, particularly in terms of defining additional functions for this department to implement the requirements of the Law of Ukraine "On the National Police." Specifically, the following provisions should be included among the tasks of the Drug Crime Department of the National Police of Ukraine:

- prevention of offences related to the circulation of narcotic drugs, psychotropic substances, their analogues, and precursors;
- assisting civil society institutions in implementing drug policy aimed at reducing the demand for narcotic drugs and psychotropic substances and minimising harm from their non-medical use.

2. The Order of the Ministry of Internal Affairs of 28.08.2023 No. 712 repealed the Order of the Ministry of Internal Affairs of Ukraine of 18 August 2004 No. 962-dsk "On the Approval of the Instruction on the Organisation of Work of the Internal Affairs Bodies of Ukraine on Counteracting the Illicit Trafficking of Narcotic Drugs, Psychotropic Substances, Their Analogues and Precursors." At the same time, no new regulatory act has been adopted. Considering the necessity of adapting Ukrainian legislation to EU legislation in the field of drug policy implementation, it is necessary to develop a new instruction on the organisation of activities of the units and territorial bodies of the National Police of Ukraine in counteracting illicit drug trafficking. This instruction should foresee three main areas of activity for the Drug Crime Units:

- reduction of drug supply;
- reduction of drug demand;
- harm reduction from non-medical drug use.

The definition of measures for the interaction of Drug Crime Units in implementing initiatives to reduce drug demand and to minimise harm from non-medical drug use requires new content. Thus, the new instruction should include two new sections and determine the directions and procedure of interaction between officers of the Drug Crime Units and civil society institutions regarding:

- prevention of non-medical drug use, treatment, and rehabilitation of people with substance use disorders, provision of social and medical services for implementing harm reduction programmes for non-medical drug use, in particular, ensuring the continuity of opioid agonist therapy;

- creation and operation of advisory and consultative bodies in the form of public supervisory boards under the Drug Crime Department of the National Police of Ukraine.[36]

Within the framework of shifting the drug policy vector in Ukraine, it is important to ensure an effective system of checks and balances regarding the decisions of the National Police bodies. In this context, the role of the prosecutorial authorities, particularly the Office of the Prosecutor General, is of particular importance. The organisation and procedural supervision of pre-trial investigations of drug offences (Article 36 of the Criminal Procedure Code of Ukraine) is a crucial and effective tool for ensuring the integrity, effectiveness, and legality of such investigations.

In practice, prosecutorial procedural supervision means that prosecutors must control the lawfulness of the investigation. Such control is important, as drug-related crimes are mostly committed in non-obvious circumstances, using various schemes and methods of concealment, and in the absence of victims. This results in a high level of latency. Therefore, official statistics are unable to reflect the real state of drug-related crime (law enforcement reports mostly contain information only on offences detected by operational units on their own initiative). This creates the opportunity to manipulate performance indicators to meet the expectations set by the leadership of the respective ministries and agencies for operational and investigative units. As a result, there is a problem of assessing the effectiveness of countering drug crime by operational and investigative units and the inefficiency of departmental control. The analysis of practice shows that such manipulation may include artificially inflating performance indicators through the use of provocation of offences (instead of actual counteraction to this category of criminal offences). Moreover, given the extremely high profits generated by the drug trade, there is always a high risk of law enforcement officers being involved in it to provide protection, organise, and coordinate criminal schemes.

For this reason, strengthening prosecutorial control during the investigation of drug-related crimes is essential to make the fight against drug crime more effective, fair, and consistent with international standards. Equally important is the professional training of prosecutors in modern approaches to addressing drug crimes, focused not only on punishment but also on rehabilitation.

The role of the judiciary is also crucial in determining the procedure and scope of restriction of rights of individuals accused of offences related to the illicit trafficking of narcotic drugs, psychotropic substances, and precursors.

The judicial system of Ukraine mostly adheres to a punitive approach to drug-related cases (with minimal opportunities for alternative sanctions or rehabilitation). Cases involving drug possession, which represent a significant proportion of all convictions, almost always lead to imprisonment rather than treatment.

36 Bukovskyi, Y. D. Directions for improving the regulatory framework for cooperation between the Drug Enforcement Units of the National Police of Ukraine and civil society institutions. Current Issues of National Jurisprudence, No. 6, 2022, pp. 114–117.

Civil society studies frequently mention the low level of public trust in the judiciary, including due to inconsistency in drug-related rulings and the continuing strong influence of law enforcement agencies on court proceedings.

The situation was expected to improve following amendments made to the Criminal Code, the Criminal Procedure Code of Ukraine, and other legislative acts of Ukraine regarding the improvement of types of criminal punishments (Law No. 3342 of 23.08.2023).

In particular, the Criminal Code of Ukraine was supplemented by Article 59-1 "Probation Supervision." According to this provision, "the court may impose on the person subject to probation supervision the obligation to undergo a course of treatment for drug or alcohol dependence, mental and behavioural disorders due to the use of psychoactive substances, or illnesses that pose a danger to the health of others." The sanctions of certain articles of the Criminal Code of Ukraine were also amended, including Part 1 of Article 309, from which the punishment in the form of arrest for up to six months was excluded, and a new type of punishment—probation supervision for a period of up to five years—was added.

In terms of the content of restrictions, probation supervision is almost identical to the so-called "suspended sentence," which, according to Article 76 of the Criminal Code, is applied to a person released from serving a sentence under Article 75. The only difference is that probation supervision may be linked to the obligation to use an electronic monitoring device and to reside at an address specified in the court sentence—requirements that are absent in suspended sentences. Therefore, many scholars and practitioners reasonably question whether the presence of this additional obligation, which is similar to a procedural coercive measure, transforms what is formally not a punishment into an actual punishment in substance. How else can one explain a situation in which probation supervision is considered a form of punishment, while suspended sentences are not?

Given that this Law of Ukraine came into force only on 28 March 2024, it has not been possible to examine judicial practice regarding the application of the new type of punishment—probation supervision—for the commission of a criminal offence under Part 1 of Article 309 of the Criminal Code of Ukraine.

After almost 1.5 years, in practice, this provision of the law is still rarely applied. This is likely due, in part, to the unresolved issue of what specific treatment programme—its duration and intensity—may be considered acceptable for persons to whom this provision applies, and what indicators should be used to assess its effectiveness. Moreover, the issue of cooperation between healthcare institutions and the Probation Authority at the convict's place of residence—particularly with regard to informing on the implementation of the court decision—remains unregulated. All this prevents the formation of a more humane judicial practice in relation to people with substance use disorders.

The Supreme Court of Ukraine must play a key role in changing approaches to judicial practice. Its legal positions, as stated in rulings, are binding for all public authorities applying a relevant provision of law in their activities (Part 5 of Article 13 of the Law of Ukraine "On the Judiciary and the Status of Judges").

The legal opinions of the Supreme Court in drug-related cases are of immense importance, as they affect hundreds and thousands of proceedings being considered by national courts. Adherence to the positions of the Supreme Court by first-instance and appellate courts will ensure predictability and consistency in judicial practice, particularly in this category of cases.

The following issues remain subject to debate regarding judicial proceedings in cases related to the illicit trafficking of narcotic drugs, psychotropic substances, and precursors:

- the application by courts of ECtHR case law (taking into account the legal realities of Ukraine). For example, ECtHR decisions on provocation of crime are widely applied by courts. At the same time, other ECtHR precedent rulings are not reflected in practice: Wenner v. Germany[37] (violation of Article 3 due to lack of access to opioid agonist therapy), Jalloh v. Germany[38](2006) (the prohibition of torture is absolute and cannot be justified by the severity of the offence or national/public security concerns), Kalandia v. Georgia[39] (2021); Shubitidze v. Georgia[40](2021); Kobiashvili v. Georgia[41] (2019); Tlashadze and Kakashvili v. Georgia[42](2021)—in these cases, the Court found violations of Article 6 due to the applicants' allegations that drugs had been planted by the police to fabricate evidence, and the courts failed to duly examine their claims.
- the legality of courts imposing the obligation to undergo treatment for drug dependence under para. 5 part 3 of Article 59-1 of the Criminal Code of Ukraine in cases where the individual refuses to do so (a potential matter for the European Court of Human Rights).

Conclusions to Section II

The alignment of Ukraine's criminal legislation and drug policy with EU law should include:

1. Decriminalisation of drug possession for personal use (amendments to Article 309 of the Criminal Code of Ukraine). Following decriminalisation – review of sentences and penalties imposed, and, if necessary, their cancellation or mitigation. Part 4 of Article 309 of the Criminal Code of Ukraine should also be revised to expand the list of subjects exempted from criminal liability for actions under Part 1 of Article 309 of the Criminal Code of Ukraine.

37 Vennert v. Germany, European Court of Human Rights, No. 62303/13, § 59, ECtHR 2016.

38 Jalloh v. Germany, No. 54810/00, European Court of Human Rights, judgment of 11 July 2006, HUDOC, available via link.

39 Kalandia v. Georgia, Application No. 57255/10, Judgment of 22 April 2021. Available online.

40 Shubitidze v. Georgia, Application No. 43854/12, Judgment of 17 June 2021. Available online.

41 Kobiashvili v. Georgia, Application No. 36416/06, Judgment of 14 March 2019. Available online.

42 Tlashiadze and Kakashvili v. Georgia, Application No. 41674/10, Judgment of 25 May 2021. Available online.

2. Abolition of administrative liability for unlawful production, acquisition, possession, transportation, or shipment of narcotic drugs or psychotropic substances without the intent to distribute in small quantities (deletion of Article 44 from the Code of Ukraine on Administrative Offences). Introduction of a mechanism for referring individuals (with drug-related problems) to healthcare institutions for treatment when medically necessary. Development and implementation of rehabilitation or therapy programmes for individuals who use drugs. This could help reduce the risk of recidivism and support overcoming dependence. Implementation of police training programmes on procedures to follow upon detecting signs of drug intoxication, in parallel with expanded access to harm reduction programmes.

3. Urgent need to revise the threshold quantities for controlled substances (and accordingly amend the Order of the Ministry of Health No. 188 of 01.08.2000). The process of establishing methodology for threshold quantities of psychoactive substances should be based on pharmaceutically grounded calculations of lethal doses of narcotic and psychotropic substances (following the example of Austria). As the most substantiated point of reference, it is advisable, in our view, to use the LD50 metric, as it allows for the development of scientifically sound threshold limits that account for the average toxicity of a substance without relying on extreme cases. These changes will undoubtedly align with best EU practices.

4. Removal from the list approved by Order No. 188 of 01.08.2000 of certain types of narcotic substances and precursors (with restricted circulation), for which threshold quantities should be defined that do not entail administrative or criminal liability (for example, cannabis and MDMA).

5. Introduction of a mandatory stage in drug crime investigation – the assessment of threshold levels taking into account the circumstances of the case. At this stage, such factors as the purity of the substance and the individual's tolerance to the active components of the seized substance should be determined. The issue of threshold assessment should be resolved based on expert opinions from forensic chemistry and psychiatry, ensuring a balance between scientific accuracy and respect for the rights of the individual.

6. Enshrining in normative acts the principle that established threshold limits cannot be applied in a way that would lead to de jure or de facto restriction of the right to a fair trial, including the presumption of innocence. This means that possession of a quantity exceeding the threshold should not automatically imply an intent to distribute and cannot in itself constitute sufficient evidence of a distribution-related offence.

7. In the context of harmonising Ukrainian legislation with EU law, it is essential to reform police units that deal with drug-related crimes. In particular, it is important to enshrine in normative legal acts the key tasks and areas of activity of Drug Crime Units, which must be based on a humane attitude of police officers towards people with drug dependence. New areas of police activity in the field of drug crime should include: reduction of drug supply; reduction of drug demand; and harm reduction from non-medical drug use.

8. To enhance transparency in the activities of law enforcement and other public authorities, it is necessary to strengthen prosecutorial oversight during the pre-trial investigation of drug-related crimes. This will make the fight against drug crime more effective, fair, and consistent with international standards. Equally important is the professional training of prosecutors in modern approaches to drug crime, focused not only on punishment but also on rehabilitation.

9. Formation by the Supreme Court of Ukraine of judicial practice regarding drug-related cases that reflects new approaches to evaluating offences committed by individuals with substance use disorders and to selecting proportionate measures of responsibility (response).

10. Elimination of excessive powers of law enforcement agencies to regulate medical issues in drug policy. Repeal of Joint Order No. 306 of the Ministry of Health, the Prosecutor General's Office, the Ministry of Internal Affairs and the Ministry of Justice of 10.10.1997 "On the Approval of the Instruction on the Procedure for Identifying and Registering Persons Who Illegally Use Narcotic Drugs or Psychotropic Substances."

SECTION III

ANALYSIS OF LEGAL BARRIERS TO ACCESSING MEDICINAL PRODUCTS CONTAINING NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES

The use of psychoactive substances (PAS), including alcohol, is currently one of the most significant public health problems, as it is associated with the development of mental and behavioral disorders, the risk of overdose and acute intoxication, increased risk of psychiatric comorbidity, risk of HIV infection, viral hepatitis B and C, sexually transmitted infections (STIs), increased risks of suicide, violence, road traffic accidents, and a number of comorbid somatic pathologies, particularly cardiovascular conditions, neurological diseases, and others.

Among persons who use PAS, mental disorders are extremely widespread, including primary illnesses that in turn lead to further substance use; states directly induced by substance use and related to the effects of the consumed substance (e.g., alcohol delirium, substance-induced psychosis caused by hallucinogens, etc.); or secondary disorders resulting from PAS use.

The close link between the use of psychoactive substances, including alcohol, and mental disorders has led to the general deterioration of mental health, which, as a consequence of the war in Ukraine, contributes to the increase in PAS use among the population. According to the third wave of research conducted by Gradus Research to assess the dynamics of mental health and attitudes toward psychological support in Ukraine, compared to indicators from 2023 and 2024, there has been an increase in the share of people who rate their psycho-emotional condition as unsatisfactory (from 8% to 13%) and a decrease in the share of those who consider their condition satisfactory (from 41% to 36%). The number of people experiencing fatigue, helplessness, disappointment, confusion, despair, and loneliness has increased, while the number of those feeling hope and pride has declined. Although 40% of respondents reported needing psychological support in the past six months, only 8% actually sought professional help.

According to global trends reported in the United Nations Office on Drugs and Crime (UNODC) World Drug Report 2024, the number of people using drugs continues to grow. Dangerous trends in substance use include changes in the drug scene, particularly the spread of synthetic drugs such as synthetic cannabinoids and cathinones, and a psychoactive substance sold under the street name “street methadone,” the composition of which remains unknown.

There is also an increase in polysubstance use and, accordingly, polydrug dependence. As a result of the use of synthetic PAS, their increased potency, and the use of PAS that often contain multiple components simultaneously, there is an increase in substance-induced psychoses, as well as heightened cardio/neuro/renal toxicity, leading to more severe health outcomes for users.

Given the above, the development of high-quality, evidence-based models for providing services related to PAS use, including alcohol, is becoming particularly relevant—starting from early screening and ensuring access to further diagnostics and appropriate services of varying intensity depending on patient needs and the severity of dependence.

3.1. Regulatory Framework for Mental and Behavioral Health Services Related to Psychoactive Substance Use and Alcohol

3.1.1.Legal Acts Governing Diagnosis and Treatment of Substance Use Disorders

The main legal acts currently governing the diagnosis and treatment of disorders related to alcohol and drug use are:

- The Law of Ukraine "On Psychiatric Care"
- The Law of Ukraine "On Measures to Counter Illicit Trafficking of Narcotic Drugs, Psychotropic Substances and Precursors and Their Abuse"
- Medical and technological documents for the standardization of medical care (see subclause 3.1.2 of subsection 3.1)

Orders of the Ministry of Health that regulate the use of international disease classification systems, including:

- Order of the Ministry of Health of Ukraine No. 13 dated 04.01.2018 "On Certain Issues of Applying the Ukrainian-Language Version of the International Classification of Primary Care (ICPC-2-E)"
- Order of the Ministry of Health of Ukraine No. 297 dated 08.10.1998 "On the Transition of Healthcare Authorities and Institutions of Ukraine to the International Statistical Classification of Diseases and Related Health Problems, 10th Revision"
- Order of the Ministry of Health No. 2118 dated 13.12.2003 "On the Organization of Psychosocial Assistance to the Population"

Regarding Diagnosis and Treatment

Currently, there is a contradiction between two Ukrainian laws — "On Psychiatric Care" and "On Measures to Counter Illicit Trafficking of Narcotic Drugs, Psychotropic Substances and Precursors and Their Abuse" — in the following aspects:

a) inconsistency in terminology with ICD-10 and the use of the stigmatizing and outdated term "drug addiction" (in the Law "On Measures to Counter..."), as opposed to the appropriate terminology in the Law "On Psychiatric Care" — "mental and behavioral disorders due to opioid use";

b) discrepancies between certain provisions of the laws, which differently define and describe the procedure for diagnosis — either unilaterally by a physician or by a medical advisory commission, including in inpatient settings.

Currently, there is a contradiction between two Ukrainian laws — "On Psychiatric Care" and "On Measures to Counter Illicit Trafficking of Narcotic Drugs, Psychotropic Substances and Precursors and Their Abuse" — in the following aspects.

Regarding Diagnosis and Treatment

Diagnosis coding in Ukraine is carried out according to the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) (developed by the World Health Organization and implemented in 1993). However, as of January 1, 2022, the 11th Revision of ICD (ICD-11) has been introduced globally (developed over more than 10 years), and Ukraine is expected to transition to it, although no clear timeline has yet been defined.

Transitioning to ICD-11 in the area of mental and behavioral disorders due to PAS and alcohol use is crucial, given the changes introduced in diagnostic criteria (outlined below).

Compared to ICD-10, ICD-11 introduces new disorder categories:

- 6C50/6C51 – Gaming disorder and gambling disorder
- 6C4C – Disorders due to MDMA or related substances
- 6C4D – Disorders due to dissociative drugs, such as ketamine and PCP
- 6C4E – Disorders due to other specified psychoactive substances, including medications
- 6C4F – Disorders due to the use of multiple psychoactive substances, which is especially important for patients with polydrug use
- 6C4G – Disorders due to unknown or unspecified psychoactive substances
- 6C4H – Disorders due to the use of non-psychoactive substances

For codes identifying substance and alcohol dependence syndrome, ICD-11 introduces subcategories based on current usage status and remission stage, such as: current use; early full remission (abstinence from 1 to 12 months); prolonged partial remission (significantly reduced use for over 12 months without meeting dependence criteria); prolonged full remission (abstinence for over 12 months).

New subcategories for diagnosing psychiatric comorbidity have also been added, for example:

- Mood disorder induced by opioids/cocaine/synthetic cannabinoids / sedatives / hypnotics or anxiolytics/stimulants, including amphetamines, methamphetamine, or methcathinone
- Anxiety disorder induced by opioids/cocaine/synthetic cannabinoids/sedatives, etc.
- Dementia due to sedatives, hypnotics, or anxiolytics

- Obsessive-compulsive or related disorder induced by cocaine/stimulants, including amphetamines, methamphetamine, or methcathinone
- Impulse control disorder induced by stimulants, including amphetamines, methamphetamine, methcathinone, or cocaine

The category "Harmful use" has also been expanded (in ICD-10, the diagnostic criteria included repeated PAS/alcohol use that causes physical, psychological, or social harm in the absence of a dependence syndrome). ICD-11 differentiates between a single episode of harmful use and a harmful use pattern.

- **Episode of harmful use** (diagnostic criteria: single use resulting in serious adverse health effects. For alcohol: symptoms may include cognitive impairment, behavioral changes, and physical damage; for opioids: often associated with risky behavior; for cocaine: includes danger to others' health, etc.)
- **Harmful use pattern** (diagnostic criteria: regular or episodic use that causes physical or mental problems and disrupts everyday functioning), with subcategories such as: harmful opioid use pattern, episodic harmful opioid use pattern, continuous harmful opioid use pattern, unspecified.

Thus, the updated ICD-11 aligns with modern understandings of addiction, allows for more precise differentiation of disorders, which in turn affects the quality of care. It pays significant attention to psychiatric comorbidity, particularly substance-induced disorders. New codes reflect emerging trends in drug scenes and PAS use.

Importantly, ICD-11 reflects the understanding of addiction as a chronic disorder where remission is the goal rather than a complete cure. The durability of remission depends on duration and whether abstinence is full or partial (e.g., reduced frequency). By introducing a new coding system, ICD-11 provides a foundation for expanding the concept of treatment success — including the notion of "partial/incomplete remission," where reduced use (rather than complete abstinence) may be considered a successful outcome.

On the Implementation of Psychosocial Interventions within Healthcare Facilities (3O3)

Given that one of the main methods of treating disorders related to psychoactive substance (PAS) use is psychosocial interventions, it is essential that their provision is regulated at the state level within healthcare facilities (3O3). The possibility of providing psychosocial services at 3O3 is defined by the Order of the Ministry of Health (MoH) No. 2118 dated 13.12.2003 "On the Organization of Psychosocial Assistance to the Population" (hereinafter – Order No. 2118), in particular:

1. Providers of psychosocial assistance – a medical psychotherapist, clinical psychologist (psychologist), psychotherapist who meet the qualification requirements set out in the Directory of Qualification Characteristics of Healthcare Professions "Issue 78 Health Care" and provide psychosocial assistance within their professional competence, either individually or as part of a multidisciplinary team; a physician providing primary healthcare;

2. Section III, clause 1: Provision of primary-level psychosocial assistance includes the provision of initial psychological support and psychosocial support for persons with mental disorders aimed at facilitating the social adaptation (readaptation) of service recipients, as well as promoting mental health and psychosocial well-being, and carrying out preventive measures targeting groups, families, and individuals at the highest risk of encountering difficult life circumstances due to adverse external and/or internal factors;
Section III, clause 5: Secondary-level psychosocial assistance targets individuals with the following issues (except in cases where tertiary-level psychosocial assistance must be provided):

- those diagnosed through psychological evaluation with mental, behavioral, and PAS-related disorders who are not in an emergency or acute condition;
- those with mental and behavioral disorders due to PAS use who are not in an emergency or acute condition (e.g., delirium, withdrawal syndrome, etc.);

3. Section III, clauses 6–8: Tertiary-level psychosocial assistance is provided by multidisciplinary teams in accordance with the Law of Ukraine "On Rehabilitation in the Field of Healthcare," as comprehensive psychological support in the rehabilitation process. This includes the restoration and maintenance of the individual's functioning in physical, emotional, intellectual, social, and spiritual domains using psychological and psychotherapeutic methods in the forms of psychotherapy and psychological counseling, delivered in accordance with an individual rehabilitation plan.

As seen, the legislator has regulated the provision of psychosocial services at the primary and secondary levels. At the tertiary level, psychosocial services related to substance dependence may be provided only to individuals undergoing rehabilitation who concurrently have PAS dependence. While the provision of psychosocial services for individuals with mental and behavioral disorders related to PAS use is also regulated, such services are currently delivered either by a primary healthcare physician or a specialist with psychological education (psychotherapist, psychologist), which prevents the delivery of structured psychological interventions — the primary tools in the treatment of dependence-related disorders — by addiction medicine physicians (наркологи), psychiatrists, or nurses.

In view of the above, changes in the regulation of diagnostic and treatment services for disorders related to psychoactive substance and alcohol use should include:

- amendments to the Law of Ukraine "On Measures to Counter Illicit Trafficking of Narcotic Drugs, Psychotropic Substances and Precursors and Their Abuse" to align it with the Law of Ukraine "On Psychiatric Care," in particular by harmonizing and adopting modern terminology, and enabling psychiatrists to diagnose independently outside of inpatient settings, which would significantly improve service pathways and contribute to more timely access to treatment;
- amendments to Order No. 2118 to allow services to be provided by psychiatrists, addiction medicine physicians, and nurses;

- accelerating the country's transition to ICD-11 to implement best practices for diagnosis and treatment services (as the country currently uses ICD-10, while ICD-11 — which includes fundamental changes in diagnostic criteria — is already available).

3.1.2. Standardization of Mental and Behavioral Health Services Related to Substance Use

With the aim of introducing evidence-based approaches to diagnosis and treatment in the country, including disorders associated with the use of psychoactive substances (PAS) and alcohol, approaches to the standardization of health care have been introduced.

The key framework for the standardization of health care is defined by the Law of Ukraine "Fundamentals of Ukrainian Legislation on Health Care," Article 14-1, "The System of Standards in the Field of Health Care."

Thus, the Law defines the following sectoral standards in the field of health care:

- health care standard (medical standard) – a set of norms, rules, and regulations, as well as indicators of the quality of health care delivery;
- clinical protocol – requirements for diagnostic, treatment, and preventive methods of providing medical care and their sequence;
- rehabilitation care protocol – defines requirements for rehabilitation measures and their sequence;
- list of material and technical equipment – a minimum list of equipment, devices, and tools necessary to equip health care facilities or private practitioners;
- drug formulary – a list of medicines registered in Ukraine, which includes drugs with proven efficacy, acceptable safety profile, and economically acceptable use;
- rehabilitation care standard – a set of norms, rules, and regulations, as well as indicators of the quality of rehabilitation care.

Sectoral standards in the field of health care are developed and approved by the Ministry of Health of Ukraine, with the exception of: lists of material and technical equipment, standards and volumes of pre-medical care and medical care **at the pre-hospital stage during combat operations** and preparation of security and defense forces for deployment under tactical conditions (approved by the Ministry of Defense of Ukraine).

Compliance with sectoral standards in the field of health care is mandatory for all health care institutions, as well as for private practitioners.

Order of the Ministry of Health of 28.09.2012 No. 751 "On the creation and implementation of medical-technological documents for the standardization of medical care in the Ministry of Health of Ukraine system" defines the procedure for developing medical-technological documents (MTDs) for the standardization of medical care.

The order establishes:

- the methodology for developing and implementing medical standards of care;
- the methodology for developing quality indicators of medical care;
- the regulation on the multidisciplinary working group for the development of medical standards (unified clinical protocols) of care;
- the regulation on the register of medical-technological documents for the standardization of medical care.

Regarding the development of MTDs, responsibilities are defined as follows:

The Ministry of Health determines the topic of MTD development, approves the composition of the working group, monitors the implementation of the MTD, and approves the medical care standard and the unified clinical protocol.

The State Expert Center provides organizational and methodological support for the development of MTDs by coordinating the group's work, maintaining the MTD register, and monitoring clinical indicators of medical care quality.

It is important to note that MTDs may be developed not only for specific diseases or pathological conditions, but also for public health issues, including prevention, etc.

MTDs include:

- adapted clinical guideline (the basis for further development of the standard or unified clinical protocol);
- medical care standards (for the most pressing medical problems);
- new clinical protocol of medical care (approved by selecting a clinical guideline applicable in Ukraine, its translation into Ukrainian or presented in English or the original language);
- unified clinical protocol of medical care, developed on the basis of a medical care standard (classical approach) or on the basis of an adapted clinical guideline in the absence of a medical care standard (direct or abbreviated approach).

Medicines listed in medical care standards/protocols only by international nonproprietary names must be included in:

- the edition of the State Drug Formulary (Order of the Ministry of Health of Ukraine dated July 22, 2009, No. 529) or
- the State Register of Medicines.

Accordingly, it is currently impossible to include medicines that are not registered in Ukraine in the standards and protocols, which may pose significant limitations, since potential manufacturers may not be interested in registration until there are more reliable guarantees of demand — which is often reflected in the presence of recommendations for the use of such drugs in medical-technological documents.

For example, there are currently no registered drugs in Ukraine for the treatment of alcohol use disorders with the international nonproprietary names acamprosate, naltrexone, and the drug thiamine, which is prescribed for people with alcohol use disorder to prevent and treat Korsakoff-Wernicke syndrome. For the treatment of alcohol dependence, first-line medications include acamprosate and naltrexone, while disulfiram, which has more limitations, is considered second-line and is the only registered medicine in the country.

One solution for the use of unregistered medicines is the development of a **new clinical protocol of medical care (hereinafter – NCP)**. Unlike medical standards and unified clinical protocols, which are based on an adapted clinical guideline and must consider the current capacity of the system to deliver certain interventions, NCPs are translations (without adaptation) of guidelines from another country or a professional medical association from EU countries, the United States, Canada, or Australia. Such an NCP may exist alongside a unified clinical protocol for the same condition. If no unified clinical protocol exists, the use of an NCP is mandatory (provided it is approved by an MOH order).

If both a unified clinical protocol and an NCP are available for the same condition, the NCP may be applied at the physician's discretion with prior informed consent of the patient (the form of such consent is defined by the MOH). In this case, the medical-technological document may list all available, even if unregistered, medicines in the country.

In the area of mental health and substance use disorders, mostly medical standards and unified clinical protocols are currently being developed. There is only one NCP – "Gambling Disorder" (ludomania), approved by the MOH Order of July 10, 2024, No. 1201.

To ensure effective implementation of MTDs, MOH Order No. 751 of 28.09.2012 stipulates the development of a clinical care pathway. Such a pathway sets a clear algorithm for the patient's movement through departments of health care facilities, points of contact with physicians and other medical staff during the provision of medical care, and interaction between health care institutions if necessary. However, the development of such pathways is not mandatory, and the order does not define their format, resulting in their absence or inefficiency in most health care facilities. There is no national-level monitoring of pathway availability. Consequently, the absence or inefficiency of care pathways leads to the highest loss of patients during treatment delivery.

Currently, two medical care standards related to the diagnosis and treatment of substance use disorders have been approved:

- "Mental and behavioral disorders due to opioid use," MOH Order of 09.11.2020 No. 2555 (currently being updated). A related guideline "Opioids" is available on the State Expert Center website;
- "Mental and behavioral disorders due to the use of psychoactive substances and stimulants, excluding opioids," MOH Order of 13.01.2025 No. 84 (published on the State Expert Center website on 13.01.2025).

A standard on "Mental and behavioral disorders due to alcohol use" is **under development** (MOH Order No. 1827 of 19 October 2023 established a working group; a guideline is under development).

Therefore, when aiming to establish an effective system for the detection and treatment of disorders related to the use of psychoactive substances and alcohol, and to provide quality treatment services, it is important that the issues of screening, diagnosis, and referral for specialized care are integrated into other medical-technological documents, particularly in the field of mental health, given the high prevalence of comorbid disorders and the poor treatment prognosis for both conditions when either is neglected.

Table 1 presents an overview of the existing medical-technological documents on the standardization of medical care in the field of mental health and mental and behavioral disorders, with an analysis of whether they contain recommendations to account for comorbid mental disorders related to PAS and alcohol use. As the analysis shows, despite the high prevalence of co-occurring PAS and alcohol use among people with mental disorders, little attention is paid to their diagnosis and consideration in treatment.

Table 1. "Analysis of the Reflection of Recommendations Related to the Use of Psychoactive Substances and Alcohol in the Provision of Services under the Standardization Area"

Topic	Document Type and Reference	Date of Approval	Presence of Provisions and Recommendations Regarding Comorbidity with Alcohol and PAS Use
Autism Spectrum Disorders (Pervasive Developmental Disorders)	Protocol "Autism Spectrum Disorders (Pervasive Developmental Disorders)"	15.06.2015	No recommendations provided.
Gender Dysphoria	Protocol "Gender Dysphoria"	15.09.2016	p. 14 – Notes the necessity to conduct preventive talks about the harm and threats to life and health that may arise from the use of psychoactive substances (including cannabinoids), but does not specify how these talks should be conducted; p. 24 – During initial diagnosis of gender dysphoria in healthcare facilities providing secondary and tertiary care, it is noted that it is necessary to determine whether the patient uses PAS, but alcohol use assessment is not mentioned;

Topic	Document Type and Reference	Date of Approval	Presence of Provisions and Recommendations Regarding Comorbidity with Alcohol and PAS Use
			there is no list of tools for assessment nor description of subsequent actions if PAS use is detected.
	Guideline "Gender Dysphoria"	July 2017	p. 27 – During the psychiatrist's initial assessment, it is stated that it is necessary to clarify whether the patient uses PAS, but the method of obtaining this information and the subsequent steps in case of affirmative answer are not specified.
Dementia	Protocol "Dementia"	19.07.2016	pp. 9, 12 – States that for middle-aged and elderly people, one of the risk factors for dementia is excessive alcohol consumption. For secondary prevention, it is recommended to consider excessive alcohol consumption among risk factors for dementia development and, if necessary, apply appropriate treatment. However, the meaning of "consider" is unclear. The list of diagnostic and assessment methods lacks recommendations for screening and diagnosis of disorders related to PAS and alcohol use, as well as further steps if alcohol or PAS use is detected.
	Guideline "Dementia"	19.07.2016	p. 105 – Notes the necessity to integrate with services in the direction of counseling on alcohol and drug use.

Topic	Document Type and Reference	Date of Approval	Presence of Provisions and Recommendations Regarding Comorbidity with Alcohol and PAS Use
Depression	Protocol "Depression"	25.12.2014	pp. 13, 46 – Notes the need to exclude PAS abuse, especially in case of treatment resistance and ineffectiveness. Does not specify the necessity to assess PAS and alcohol use at treatment start (despite known links between alcohol, PAS, and depression). Screening for PAS and alcohol use is mandatory at initial assessment and treatment initiation but not indicated here.
	Guideline "Recurrent Depressive Disorders"	25.12.2014	(outdated, use with caution) p. 422 – States that comprehensive depression assessment should include evaluation of alcohol and PAS-related disorders, but lacks instructions on how to conduct this assessment or subsequent steps if problems are found.
	Guideline "Depression (mild or moderate episodes with/without somatic syndrome)"	25.12.2014	(outdated, use with caution) p. 25 – States that investigating alcohol consumption as a causal factor of depression is beyond this guideline's scope. Mentions general patient education on lifestyle including advice on alcohol and drug use.
Epilepsy in Adults	Protocol "Epilepsy in Adults"	17.04.2014	p. 18 – Notes the need to prevent seizure triggers including alcohol, narcotic, and psychoactive substances use.

Topic	Document Type and Reference	Date of Approval	Presence of Provisions and Recommendations Regarding Comorbidity with Alcohol and PAS Use
	Guideline "Epilepsy"	17.04.2014	(outdated, use with caution) p. 14 – Highlights need for adolescent access to information on PAS and alcohol use; p. 60 – Recommends parents exclude alcohol consumption for adolescents with epilepsy; p. 78 – Recommends use of Pabrinex in suspected alcohol abuse cases.
Epilepsy in Children	Protocol "Epilepsy in Children"	17.04.2014	No recommendations provided.
Gambling Disorder	New Clinical Protocol "Gambling Disorder (Ludomania)"	10.07.2024	pp. 15, 44 – Indicates that people at high risk of gambling problems, including those seeking treatment or assessment for gambling addiction, may be screened for disorders related to alcohol and PAS use. However, there are no direct instructions regarding the necessity to conduct such screening, assessment, or the follow-up algorithm if problems are detected.
Acute Stress Reaction, PTSD, Adjustment Disorders	Protocol "Acute Stress Reaction, Post-Traumatic Stress Disorder, Adjustment Disorders"	19.07.2024	p. 12 – Notes the importance of informing patients during consultation about the adverse effects of alcohol and other PAS on PTSD course; p. 18, 26 – Notes the necessity to consider existing comorbid pathology, including disorders related to PAS use during treatment; p. 24, 64 – States that assessment should consider comorbid conditions related to alcohol and PAS use, including differential diagnosis whether certain symptoms are caused by alcohol or PAS;

Topic	Document Type and Reference	Date of Approval	Presence of Provisions and Recommendations Regarding Comorbidity with Alcohol and PAS Use
	Guideline "Acute Stress Reaction, PTSD, Adjustment Disorders"	19.07.2024	pp. 36, 133 – Notes the need to consider comorbid states including PAS use during comprehensive PTSD assessment; pp. 45, 46, 108, 118, 130 – Notes the negative impact of comorbidity related to alcohol use disorders on treatment. Provides recommendations on concurrent treatment of PTSD and substance use disorders, as well as possible drug interactions during PTSD and PAS treatment. p. 72 – Notes widespread comorbidity in adolescents between PTSD and PAS-related disorders; pp. 155, 164 – Highlights the importance of considering PTSD comorbidity with alcohol and PAS use in specific populations (military personnel and veterans, refugees and asylum seekers, emergency service workers). However, no tools for assessment or subsequent treatment steps are specified.
Opioid Use	Standard "Mental and Behavioral Disorders Due to Opioid Use"	09.11.2020	pp. 5, 22–27 – Assessment of other PAS use using the "ASSIST" tool.

Topic	Document Type and Reference	Date of Approval	Presence of Provisions and Recommendations Regarding Comorbidity with Alcohol and PAS Use
	Guideline "Mental and Behavioral Disorders (Dependence Syndrome) Due to Opioid Use"	September 2020	Throughout the text – Emphasizes the need to consider comorbid use and dependence on other PAS and alcohol, including misuse of medicinal products.
Stroke	Guideline "Mood, Cognition and Fatigue/Exhaustion after Stroke"	27.06.2023	p. 47 – During assessment of vascular disorders and use of assessment tools, notes limitations of their use in case of PAS and alcohol use and dependence.
	Standard "Cognitive and Psychological Disorders after Stroke"	27.06.2023	No recommendations provided.
Attention Deficit Hyperactivity Disorder (ADHD)	Guideline "ADHD in Children and Adolescents"		No recommendations provided.

Another challenge in the treatment of mental and behavioral disorders and mental illnesses is the absence of[43] FDA -approved medications for the treatment of stimulant use disorders — unlike the situation for alcohol and opioid use disorders. Although there is no international consensus on the existence of such medications, some evidence (currently with a low level of certainty) suggests that certain drugs may be used off-label.

43 The FDA (Food and Drug Administration) is the U.S. agency responsible for regulating food and feed, dietary supplements, human and veterinary medicines, cosmetics, medical devices, radiation-emitting equipment (including non-medical), biological products, and blood derivatives. FDA standards confirm the high quality, efficacy, and safety of products. FDA compliance allows, among other things, the use of chemical substances (raw materials) in final products that come into contact with food or are used in the production of medicines.

For example, the ASAM/AAAP Clinical Practice Guideline on the Management of Stimulant Use Disorder by the American Society of Addiction Medicine and the American Academy of Addiction Psychiatry notes that, despite insufficient conclusive data, in some cases off-label prescribing may be beneficial — particularly when mental comorbidity is present. The guideline emphasizes the need to carefully weigh the risks and benefits, and to closely monitor the patient's condition — including through increased frequency of clinical visits, urine drug testing, and pill counts for take-home medications.

Accordingly, the guideline provides recommendations for the use of medications by international nonproprietary names (INN).

№	INN (International Nonproprietary Name)	Registered Pharmaceutical Form in Ukraine	Used for Treatment
1	Bupropion	Tablets	Disorders related to cocaine use; Disorders caused by stimulant use of the amphetamine group
2	Topiramate	Tablets	Disorders related to cocaine use; Disorders caused by stimulant use of the amphetamine group
3	Bupropion in combination with Naltrexone	Tablets, powder (substance) in polyethylene pharmaceutical pack	Disorders caused by stimulant use of the amphetamine group
4	Mirtazapine	Tablets	Disorders caused by stimulant use of the amphetamine group
5	Psychostimulants (Phenibut)	Tablets	Disorders resulting from stimulant use
6	Modafinil	Tablets	Disorders related to cocaine use
7	Topiramate in combination with mixed amphetamine salts extended-release (MAS-ER)	Tablets (not registered)	Disorders related to cocaine use
8	Long-acting psychostimulants based on amphetamine	Not registered	Disorders related to cocaine use
9	Methylphenidate	Extended-release tablets	Disorders caused by stimulant use of the amphetamine group

In Ukraine, the use of off-label medications was not permitted until recently. Only in August 2024 was this issue regulated through the adoption of Law No. 3911-IX, dated 21.08.2024, "On Amendments to Certain Laws of Ukraine to Regulate Specific Issues in the Fields of Health Care, Rehabilitation, Social Protection and State Registration of Certain Sanitary Measures." The law will come into force on 18.12.2024.

The law introduces, among other things, amendments to the Law of Ukraine "Fundamentals of Health Care Legislation," specifically adding: **Article 44-2. Use of a registered medicinal product not as indicated ("off-label use")**

According to the amendments, off-label prescribing is allowed in terms of:

- indications,
- age limitations,
- dosages,
- methods of administration,

not specified in the instructions for medical use or the summary of product characteristics, provided that the patient gives informed consent to medical intervention and the following conditions are met:

- the patient is confirmed to have a life-threatening condition and/or one that leads to prolonged and significant deterioration of quality of life;
- in Ukraine, there is no registered or available medicine with the necessary indications for use;
- a medical board has confirmed the absence of medications with expected efficacy for the patient that could be used according to the instructions;
- the board has confirmed that other medications with the required indications have proven ineffective for the patient;
- the expected benefit of off-label use outweighs the risk of not using the drug, supported by information from sectoral health care standards (including new clinical protocols).

In such cases, the decision of the medical board must be documented and properly substantiated in the primary medical records (including the names of all doctors involved in the discussion and the relevant sectoral standards or evidence-based sources supporting the use). The patient must be informed about the risks and benefits of such use, as well as about available treatment alternatives or their absence. To facilitate this process, the approach of shared decision-making may be used.

Decision-making and mental capacity, NICE guideline. Published: 3 October 2018

In addition to medical care standards, standards for social services exist in Ukraine and are approved by the Ministry of Social Policy. In the area of substance use, there is a State Standard for the Provision of Social and Psychological Rehabilitation Services to Persons Dependent on Narcotic Drugs or Psychotropic Substances, approved by the Order of the Ministry of Social Policy of 01.10.2020 No. 677.

This order is currently inconsistent regarding the distribution of responsibilities between health care institutions and providers of the aforementioned social services, as it reflects an outdated understanding of substance use and organizational principles. For example, it states: "Inpatient social services are provided to recipients who have undergone treatment for drug or psychotropic substance dependence at health care institutions."

It is unclear what qualifies as "treatment." According to modern clinical guidelines for addiction treatment (NICE, Australian Guidelines, APA Guidelines, and other evidence-based sources), treatment should involve a combination of pharmacological interventions (in cases of acute intoxication, withdrawal, or dependence on opioids and alcohol) and psychological therapies. Meanwhile, the Standard offers inpatient or outpatient services such as cognitive-behavioral therapy, motivational counseling, etc., which are only a part of comprehensive treatment. Thus, there is a need to clearly differentiate the services provided to individuals with mental and behavioral disorders due to PAS and alcohol use by different service providers — with an emphasis that treatment must be delivered at health care institutions, while social services should focus on resocialization and addressing related challenges.

Thus, changes in the standardization of services for the diagnosis and treatment of mental and behavioral disorders due to the use of psychoactive substances and alcohol should include:

- Advocacy among manufacturers for the registration of medications under the INN acamprosate, naltrexone, thiamine, used to treat alcohol use disorders and prevent Korsakoff-Wernicke syndrome, to allow their inclusion in medical care standards and legal use in the country.
- Considering the legal limitation on the inclusion of unregistered medicines in medical care standards, the development and approval of a new clinical protocol for the use of acamprosate, naltrexone, and thiamine for treating alcohol-related disorders, in parallel with the standard of care.
- Ensuring that the development or revision of medical-technological documents in the mental health field includes integration of services for early detection, diagnosis, and treatment of disorders associated with PAS and alcohol use.
- Promoting the responsible use of off-label medications in cases where the expected benefit outweighs the risk and where the conditions defined by law are met — particularly for patients who do not respond to standard treatments or lack alternatives. To this end, advance the shared decision-making model by integrating it into undergraduate and postgraduate medical education.
- Clear differentiation of the purpose, objectives, and services provided within the framework of medical care standards versus those provided within social service standards.
- For disorders for which medical-technological documents exist, develop standard care pathways, with subsequent regional and institutional adaptation.

3.2. Providers of diagnostic and treatment services for mental and behavioral disorders due to PAS and alcohol use

3.2.1. Service provider network

The current providers of services related to substance dependence include:

- Family doctors and primary health care centers (PHCCs), particularly in the context of implementing the mhGAP Intervention Guide: for the management of mental, neurological, and substance use disorders in non-specialized health care settings, version 2.0;
- Specialized narcological/psychiatric health care facilities, contracted by the National Health Service of Ukraine (NHSU) under the packages: "Inpatient psychiatric care", "Psychiatric care for adults and children delivered by mobile multidisciplinary teams", "Treatment of persons with mental and behavioral disorders due to opioid use with the use of opioid substitution therapy (OST)";
- General health care facilities, including cluster and supra-cluster hospitals that employ a psychiatrist or narcologist.

Regarding the role of family doctors and PHCCs, the basis for providing dependence-related services is the implementation of the **mhGAP Guide** and the availability of a separate **incentive package** (introduced at the end of 2022) — "Support and treatment of adults and children with mental disorders at the primary level of medical care." This package provides for:

- screening for mental or neurological disorders;
- referrals for laboratory or instrumental examinations;
- provision of initial psychological assistance;
- referrals to psychiatrists, if needed;
- follow-up for patients with mental or neurological disorders;
- telemedicine consultations, among others.

A prerequisite for receiving this package is completion of the mhGAP training program.

However, as of 2025, the above-mentioned separate package was canceled, and the provision of certain mental health services by family doctors was integrated into the general "Primary health care" package.

Given that, according to the Law of Ukraine "On Psychiatric Care," a mental disorder diagnosis may only be made by a psychiatrist, and that family doctors are not authorized to diagnose such disorders, a pressing issue is the **development of regional patient referral pathways** from positive screening results to specialist diagnosis. Effective implementation of such a pathway requires a **broad network of geographically accessible psychiatrists.**

Regarding specialized narcological/psychiatric health care facilities, the consolidation of services is ongoing — narcological institutions are being merged with psychiatric hospitals or large cluster hospitals.

As of November, the following institutions are operational:

- 10 narcological hospitals;
- 19 psychiatric hospitals;
- 15 health care facilities formed by merging narcological and psychiatric hospitals.

The integration of narcological and psychiatric services aligns with current global trends and is considered an optimal approach to the integration of services and comprehensive management of patients with mental and behavioral disorders due to PAS and alcohol use — which are often comorbid, and where effective treatment depends on simultaneous management of both conditions.

The provision of services by **general health care facilities**, including cluster or supra-cluster hospitals, in the area of PAS and alcohol-related disorders, is currently **insufficiently regulated**. In particular, the scope of services they are permitted to provide is undefined and largely depends on the presence of a psychiatrist or narcologist on staff.

Given the limited network of health care facilities providing specialized narcological and psychiatric care, and based on principles of territorial accessibility, preference for outpatient over inpatient services, and the need to implement interventions of varying intensity depending on the severity of disorders, Mental Health Centers are now actively being established based on cluster hospitals within the capable health care provider network, as well as outpatient clinics.

The services offered by these centers are financed under the Medical Guarantees Program, making them free of charge for patients. Mental Health Centers provide care through multidisciplinary teams (MDTs), which may include: a psychiatrist and/or child psychiatrist, a medical psychologist and/or psychotherapist, and/or psychologist (clinical psychologist), and/or psychotherapist, and a social worker or social work specialist. The detailed composition of the MDT, as well as the list of tasks and functions of the centers, is described in the Model Regulation on the Mental Health Center within a Health Care Facility, approved by Order of the Ministry of Health dated 24 October 2024, No. 1796.

Regarding funding of services provided by the above-mentioned network of providers.

As of the end of 2024, under the Medical Guarantees Program, the following numbers of health care facilities were contracted for service packages:

- 89 facilities under the “Inpatient psychiatric care for adults and children” package (174 service delivery sites – SDS). Of these, 84 facilities (169 SDS) are municipally owned, and 4 (5 SDS) are privately owned. 100 facilities under the “Psychiatric care for adults and children delivered by mobile multidisciplinary teams” package (103 SDS, all municipally owned).

- 222 facilities under the "Treatment of persons with mental and behavioral disorders due to opioid use with the use of opioid substitution therapy (OST)" package — 216 municipally owned, 6 privately owned. 1,089 facilities under the "Support and treatment of adults and children with mental disorders at the primary level of medical care" package — 931 municipally owned, 157 privately owned.

In active combat zones, health care facilities are contracted under the package "Preparedness and provision of medical care to the population in areas of active hostilities," which includes inpatient psychiatric care. In 2024, 26 facilities operated under this package.

Table 3 presents data (as of the end of 2024) on the number of municipally owned health care facilities contracted under MGP packages that provide psychiatric/narcological care (excluding primary care).

№	Region	Number of Healthcare Facilities
1	Vinnytsia	20
2	Volyn	7
3	Dnipropetrovsk	33
4	Donetsk	5
5	Zhytomyr	8
6	Zakarpattia	7
7	Zaporizhzhia	4
8	Ivano-Frankivsk	14
9	Kyiv Oblast	8
10	Kyiv (city)	15
11	Kirovohrad	14
12	Luhansk	1
13	Lviv	23
14	Mykolaiv	15
15	Odesa	16
16	Poltava	15
17	Rivne	11

№	Region	Number of Healthcare Facilities
18	Sumy	14
19	Ternopil	8
20	Kharkiv	12
21	Kherson	2
22	Khmelnytskyi	14
23	Cherkasy	23
24	Chernivtsi	5
25	Chernihiv	9

As shown, regional disparities in access to psychiatric care persist. To evaluate this properly, it is necessary to map service availability from the perspective of geographic accessibility.

Thus, changes in the service provider network should include:

- Recognition that family doctors and primary health care facilities play a crucial role in initial screening and brief interventions for disorders related to PAS and alcohol use. These services are grounded in the provision of mental health care by family doctors under the "Primary health care" package.
- Given the limited authority of family doctors in diagnosing PAS and alcohol-related disorders, there is a need to develop regional referral pathways for patients who screen positive for mental and behavioral disorders due to PAS and alcohol use, to access specialized medical care.
- The current network of facilities providing narcological and psychiatric care does not ensure geographic accessibility and is primarily focused on inpatient psychiatric care, while a significant number of patients require outpatient treatment of varying intensity.
- The creation of Mental Health Centers, as a priority initiative of the Ministry of Health, is a promising strategy for establishing sites that can provide diagnosis and treatment for PAS and alcohol-related disorders.
- To support a shift toward outpatient psychiatric care where clinically appropriate, it is essential to introduce a new MGP package for Outpatient Psychiatric Care.

3.2.2. Regulatory Requirements for Providers and Quality Control Mechanisms

When analyzing the current situation regarding service providers in the field of diagnosis and treatment of mental and behavioral disorders due to the use of psychoactive substances and alcohol, the following issues should be identified:

- What types of services (medical, socio-psychological) exist, and whether they can be clearly differentiated;
- Who the service providers are (narcologists, psychiatrists, psychologists, psychotherapists, nurses) and what services they are authorized to provide;
- What is the number of providers, and is it sufficient;
- What tools exist for standardizing the requirements for service providers.

Service providers involved in the diagnosis and treatment of disorders related to alcohol and substance use are traditionally divided into medical and psychosocial service providers. In the traditional and outdated paradigm, medical services consist of prescribing medications, conducting instrumental and laboratory tests, or performing surgical interventions. In contrast, in the context of addiction, one of the main working methods is the use of structured psychological tools and psychotherapy. Thanks to the adoption of MoH Order No. 2118, it has been regulated that psychosocial services may be provided at healthcare facilities, which creates a regulatory basis for their implementation. However, the order limits the circle of specialists authorized to provide psychosocial services to those with psychological/psychotherapeutic education only.

Given that a significant part of the work of a narcologist or psychiatrist in cases of mental and behavioral disorders due to substance use involves motivational interviewing and elements of cognitive-behavioral therapy, this restriction hinders the provision of high-quality and evidence-based care.

According to the Law of Ukraine "On Psychiatric Care," psychiatric care may be provided by psychiatrists and narcologists (if they have a specialization in psychiatry or in the field of substance and alcohol use disorders). In the case of opioid substitution therapy, according to MoH Order No. 200 of 27.03.2023 "On Approval of the Procedure for Substitution Maintenance Therapy for Persons with Mental and Behavioral Disorders Due to Opioid Use", doctors of other specialties who have completed thematic advanced training may also provide such care.

Thus, it is currently necessary to clarify what specific services medical professionals may provide, particularly in terms of structured interventions.

Requirements for professional education and competencies of healthcare facility staff are set out in the Qualification Handbook of Occupational Characteristics for Health Care Workers, Issue 78 "Health Care". The Handbook defines knowledge, responsibilities, and educational requirements for the following positions:

- Narcologist
- District Narcologist
- Psychiatrist

- Child Psychiatrist
- District Child Psychiatrist
- District Psychiatrist
- Medical Psychologist
- Psychotherapist

It is important to note that, according to these requirements, a psychiatrist must, among other things, know the basics and methods of psychotherapy (however, it is not specified whether they must apply or be proficient in structured interventions such as motivational interviewing). Similarly, a narcologist must be knowledgeable in general principles of psychotherapy, social rehabilitation, and re-adaptation of patients with substance use disorders (again, it is not specified whether the physician is to apply psychotherapeutic approaches).

The aforementioned Handbook is a framework document that does not contain detailed educational, competence, or knowledge requirements. In accordance with modern, particularly European, approaches, detailed requirements for specialists (including educational background, professional training, continuing professional development, and competencies) are set forth in professional standards.

In Ukraine, Article 39 of the Law "On Education" regulates the development of professional standards. It defines a professional standard as "a set of approved requirements for employee competencies, serving as the basis for forming professional qualifications."

Subsequently, CMU Resolution No. 373 of 31 May 2017 "On Approval of the Procedure for Developing, Implementing, and Reviewing Professional Standards" defined the process for developing such standards. The institution responsible for approving professional standards is the National Qualifications Agency.

Professional standards include:

- Requirements for education and training;
- Requirements for employee competencies;
- Descriptions of job functions, knowledge, skills, and abilities.

Professional standards play a crucial role in ensuring service quality by establishing requirements for service providers' competencies and knowledge. For example, in European countries, professional standards systems ensure high-quality psychological counseling and psychotherapy. These standards specify, in addition to education, the requirement for personal psychotherapeutic practice, formal training and specialization (with certification) in a psychotherapeutic modality (based on existing psychological or humanities education), define the number of academic hours per discipline, and set requirements for hours of supervised practice and the presence of supervision for further psychotherapeutic work.

In contrast, Ukraine lacks documents setting out such requirements, which leads to poor-quality services, service provision by unqualified professionals, and the absence of supervision despite its importance.

An example of professional standard requirements for psychotherapists according to the **European Federation of Psychologists' Associations (EFPA) – EuroPsy (European Certificate in Psychology)** includes:

1. Minimum training requirement: at least 90 ECTS credits, including a minimum of 400 hours of theoretical training in the specific psychotherapeutic modality;

2. Minimum practice and supervision requirements:

- at least three years of postgraduate education in the selected modality;
- 500 hours of supervised practice;
- at least 150 hours of personal supervision (approximately 50 hours per year).

Some specialization programs in psychotherapy also require a specific number of hours of personal psychotherapy.

Current state of professional standards development in Ukraine:

Despite the existence of regulatory provisions for developing professional standards, in practice their development is not mandatory. As of now:

Two professional standards have been developed and submitted for approval by the National Psychological Association and are under review by the National Qualifications Agency:

- Clinical Psychologist (developed and submitted by the National Psychological Association, public consultation conducted);
- Psychotherapist in a Healthcare Facility (developed and submitted by the National Psychological Association, public consultation conducted).

The following professional standards have been identified as necessary and registered:

- **Medical Psychotherapist / Medical Psychologist / Psychiatrist** (declared developer – MoH);
- **Psychologist** (declared developer – LLC "International Agency for Professional Qualifications");
- **Military Psychologist** (declared developer – All-Ukrainian Union of Social and Rehabilitation Service Providers);
- **Forensic Psychiatric Expert, Child Psychiatrist, Forensic Psychologist** (declared developer – Ukrainian Federation of Professional Medical Associations);
- **Organizational Psychologist, Psychologist in Special Conditions, Special Psychologist** (declared developer – Ukrainian Federation of Professional Medical Associations);
- **Neuropsychologist, Practical Psychotherapist** (declared developer – Association of Clinical Psychologists and Psychotherapists of Ukraine).

Currently approved professional standards include:

- School-based Practical Psychologist;
- Social Sector Practical Psychologist;
- Psychologist in Social Protection Institutions.

Key unresolved issues in relation to service providers and regulatory requirements:

- Lack of clear regulation of the division of functions between medical personnel and psychosocial service providers in terms of psychosocial interventions of varying intensity for persons with disorders related to substance and alcohol use, due to the absence of professional standards for narcologists, psychiatrists, psychotherapists, psychologists, etc.;
- Limitation of the provision of psychosocial services to only those with psychological or psychotherapeutic education, which may negatively impact service quality given the insufficient number of such specialists in healthcare facilities, despite the fact that these services are crucial in treating disorders due to substance and alcohol use;
- Absence of a mandatory provision for developing professional standards and their actual absence leads to the lack of national quality regulation for psychosocial service providers and low quality of psychological and psychotherapeutic services despite growing demand.

Recommendations:

- Approve professional standards for medical psychotherapists, psychotherapists, clinical psychologists, medical psychologists, narcologists, psychiatrists, and other related professionals;
- Provide widespread training for family doctors and healthcare facility doctors or psychologists/psychotherapists working with patients who, in addition to their primary condition, use substances or have related disorders, including training in screening and brief interventions;
- Promote and actively introduce the positions of psychotherapists, medical psychotherapists, medical psychologists/psychologists, and clinical psychologists in healthcare facilities;
- Expand the roles and responsibilities of mid-level healthcare personnel regarding screening and brief intervention techniques (providing advice and information aimed at reducing/ceasing substance and alcohol use);
- Implement telemedicine approaches and digital applications (partially addressing human resource shortages);
- Establish collaboration with and utilize the capacity of peer-based service models and engage local communities in resocialization activities.

3.3. Funding for Substance Use Treatment Services

Currently, treatment services for individuals with mental and behavioral disorders resulting from the use of psychoactive substances (PAS) are financed from three sources:

- at the expense of the patient through the receipt of services at private institutions, rehabilitation centers, and non-governmental organizations, whose activities are unregulated and not supervised by the state;
- through the Medical Guarantees Program under the medical care package;

- through the procurement of the social service "socio-psychological rehabilitation of individuals with dependence on narcotic drugs or psychotropic substances."

The possibilities for financing services related to the diagnosis and treatment of disorders associated with PAS use are defined by the National Health Service of Ukraine (NHSU) packages:

- **Inpatient psychiatric care** (the specifications mandate the presence of the following specialists: a medical psychologist and/or a medical psychotherapist, and/or a psychologist, and/or a clinical psychologist, and/or a psychotherapist – at least two individuals from the listed categories employed full-time at the healthcare facility);
- **Psychiatric care for adults and children provided by mobile multidisciplinary teams** (the specifications require the presence of at least one of the following: a medical psychologist or a medical psychotherapist, or a psychologist, or a clinical psychologist, or a psychotherapist – employed full-time at the facility; with a designated structural subdivision of the Mental (Psychiatric) Health Center);
- **Support and treatment of mental disorders in primary care;**
- **Outpatient care** (this package is unprofitable for providing services related to dependence; only short structured interventions can be performed).

The Ministry of Social Policy of Ukraine was supposed to procure services guided by Order No. 677 of 01.10.2020 "On Approval of the State Standard of the Social Service of Socio-Psychological Rehabilitation of Persons with Dependence on Narcotic Drugs or Psychotropic Substances." However, in practice, these services are not provided.

Currently, healthcare facilities are not interested in providing outpatient services related to substance dependence, as there is no separate NHSU package for the provision of outpatient psychiatric care. Meanwhile, in most cases, individuals with PAS-related disorders require outpatient care.

The cost of the Inpatient psychiatric care package, adjusted for PAS-related disorders, is UAH 6,903.16 per treated case[44], which is insufficient to cover inpatient care for such disorders. This amount may cover only short-term treatment, particularly treatment of acute intoxication or withdrawal syndrome, which usually lasts no more than a week. In contrast, treatment of dependence syndrome for individuals requiring inpatient care should last from one month (or three weeks) to three months, during which the person continuously stays in a healthcare facility, followed by a transition to outpatient treatment – initially intensive, then gradually reduced to visits once a day or once a week.

Therefore, the following issues need to be addressed:

44 The amount paid for a treated case is calculated based on a global rate; therefore, the stated sum may vary depending on the terms of the agreement with the healthcare service provider.

- lack of adequate financing under current Medical Guarantees Program (MGP) packages that would cover the costs of comprehensive treatment of disorders caused by PAS and alcohol use. The Inpatient psychiatric care package can only cover short-term inpatient stays – mainly for the treatment of acute intoxication and withdrawal syndrome, which require hospitalization but not long-term treatment of dependence syndrome;
- conducting calculations and allocating a separate Outpatient psychiatric care package, considering that treatment of dependence syndrome is long-term and requires outpatient treatment of varying intensity, while the existing Outpatient care package does not cover such expenses;
- clear delineation of services funded by different ministries and the definition of service content.

3.4. Access to Services Among Military Personnel

A separate issue at present is the use of psychoactive substances (PAS) and alcohol among military personnel and veterans. Official data on prevalence is unavailable; however, information received from experts, military personnel, and veterans, as well as the experience of other countries that have been involved in active hostilities and war, confirm the existence and scale of the problem. For example, according to the "Health Related Behaviors Survey of Active Duty Military Personnel" conducted by the U.S. Department of Defense in 2018, over one-third of the 17,166 active-duty service members surveyed reported binge drinking in the past 30 days, and nearly 10% were classified as "individuals with mental and behavioral disorders due to alcohol use."

According to a SAMHSA study conducted in 2020, 26.2% (5.2 million) of veterans had mental health disorders and/or substance use disorders:

- 19.7% (3.9 million) had mental illnesses;
- 12.0% (2.4 million) had substance use disorders;
- 5.7% (1.1 million) had both a mental illness and a substance use disorder.

Primary dependency at the time of entering military service

According to the Order of the Ministry of Defense of Ukraine dated 14.08.2008 No. 402 "On Approval of the Regulation on Military Medical Examination in the Armed Forces of Ukraine," specifically Article 15 of Annex 1 to the Regulation on Military Medical Examination in the Armed Forces of Ukraine (clause 1.2 of chapter 1, section II):

Persons with mental and behavioral disorders due to the use of psychoactive substances F10–F19 (alcohol, opioids, cannabinoids, sedatives, hypnotics, cocaine, hallucinogens, volatile solvents, narcotic drugs, and others):

a) in cases of dependency syndrome with severe and persistent mental disorders are deemed unfit for military service and are removed from the military register;

b) in cases of dependency syndrome with moderate or mild mental disorders are deemed fit for service in support units, territorial recruitment and social support centers, higher military educational institutions, training centers, institutions (establishments), medical units, logistics, communications, operational support, and security units.

Clause (a) applies to mental and behavioral disorders caused by PAS abuse with active addiction. These are characterized by pronounced personality changes, intellectual and memory impairments, psychotic disorders, lack of insight, and unwillingness to undergo treatment.

Clause (b) refers to mental and behavioral disorders due to PAS abuse with moderate or mild mental disorders and preserved critical awareness of one's condition and behavior.

The Order also states that single or occasional use of psychoactive or other toxic substances, in the absence of mental or somatic disorders, cannot be grounds for applying this clause. It also states that in cases where military personnel have recovered from acute poisoning by psychoactive substances, no additional medical leave is granted for further treatment.

According to this Order, patients undergoing Opioid Substitution Therapy (OST), depending on the severity of their addiction and the presence and severity of comorbid mental disorders, are either unfit or fit for service in rear units. However, some of them are currently serving in areas of active hostilities. At the same time, OST medications can be dispensed for self-administration for a period of up to 10 days, after which the patient must visit a healthcare facility for continued treatment. Currently, no legal act regulates the continuity of treatment for such patients, which poses significant risks to the patient and others in cases where timely access to and administration of medications becomes impossible.

According to Article 110-1 of the Law of Ukraine "On the Internal Service Regulations of the Armed Forces of Ukraine," the head of the medical unit of a brigade (regiment, separate battalion) is obliged to:

- conduct quality medical examinations and check-ups of personnel at the medical post, and personally provide outpatient care;
- maintain constant medical supervision of persons with chronic illnesses (mental and behavioral disorders due to PAS and alcohol use are classified as chronic illnesses), provide recommendations to unit commanders on how to improve their health, and monitor their implementation;
- organize referrals and transportation of patients requiring inpatient examination and treatment to hospitals, and arrange consultations with specialists at healthcare institutions.

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- organize referrals and transportation of patients requiring inpatient examination and treatment to hospitals, and arrange consultations with specialists at healthcare institutions.

According to the third paragraph of Article 11(1) of the Law of Ukraine "On the Social and Legal Protection of Military Personnel and Members of Their Families," if there are no military medical institutions, appropriate departments, beds, or special medical equipment at the place of service, training (or inspection) or special assemblies, or at the place of residence of military personnel, or in urgent cases, medical care is provided by public or municipal healthcare institutions at the expense of the state-guaranteed healthcare program or other budget programs managed by the relevant authorities.

Accordingly, the main mechanism for ensuring access to specialized outpatient care and treatment for military personnel with chronic illnesses is referral by the head of the medical unit to the nearest civilian healthcare facility. Based on the above and the referenced legal acts, OST must be provided at civilian healthcare facilities, and military personnel must be granted regular access to such facilities, including for obtaining OST medications.

Substance use during military service without a history of prior addiction

In addition to primary dependence, some military personnel initiate and continue using PAS and alcohol during their military service. The reasons for PAS use among service members who had no prior PAS or alcohol-related disorders include:

- Enhancing operational capacity and readiness for combat (e.g., use of stimulants by assault brigades);
- Relieving pain resulting from harsh service conditions (e.g., back or joint pain due to prolonged wearing of heavy gear and equipment, task execution, and lack of proper medical care);
- Reducing psychological distress (anxiety, fear, etc.) and "self-medication" of mental health disorders that are undiagnosed or untreated.

When organizing services—particularly regarding their intensity/format—for active-duty service members and veterans, it is important to establish:

- whether PAS dependence is a primary condition (present at the time of enlistment) or a secondary condition (induced by mental health factors or somatic disorders that developed during military service);
- whether it is possible to eliminate the triggering factor;
- what level of service intensity is appropriate.

This refers to secondary addiction/use as a consequence of specific triggers or mental comorbidity, and once the underlying factor is removed, a significant reduction or cessation of use may occur. In such cases, priorities include:

- early screening and addressing comorbid mental health issues that trigger PAS use (e.g., alcohol use to reduce anxiety, stimulants to alleviate depression, PAS use to cope with dissociation due to trauma, etc.);
- timely treatment of conditions associated with pain or other chronic states, and the use of medications with abuse potential (particularly opioid analgesics, benzodiazepines);
- early identification of misuse (including medication misuse) and implementation of brief interventions to prevent addiction development;
- development and implementation of response algorithms in case of detected dependence and referral for specialized care to civilian healthcare facilities that specialize in treating persons with mental and behavioral disorders due to PAS and alcohol use.

Regarding medication misuse, especially opioids, it is necessary to assess current prescribing practices in terms of appropriateness and the absence of alternatives during military service. Ukraine currently lacks a system for monitoring medication misuse; furthermore, not all prescription drugs are sold by prescription, which creates significant risks of abuse.

As for identifying military personnel who may be using PAS and alcohol or misusing them, Cabinet of Ministers Resolution No. 32 of January 12, 2024, approves the "Procedure for Referring Conscripts and Reservists During Assemblies, as well as Military Personnel of the Armed Forces, for Examination for Alcohol, Drug, or Other Intoxication or the Influence of Medications that Impair Attention and Reaction Time, and for Conducting Such Examinations." These examinations are conducted at healthcare facilities designated by regional health departments of local state administrations.

However, no follow-up actions are currently defined in the event of confirmed intoxication, particularly:

- conducting diagnostics to establish addiction;
- screening and diagnosing comorbid mental disorders that may be inducing PAS and alcohol use;
- providing structured interventions of varying intensity based on identified disorders and their severity, ranging from information and motivational counseling to medium-intensity interventions (e.g., cognitive behavioral therapy sessions, combinations of psychological interventions and pharmacotherapy for alcohol-related disorders) or intensive inpatient treatment.

3.5. Circulation of Controlled Substances and the Introduction of Innovative Treatments

3.5.1. Circulation of Controlled Substances in Ukraine: Current State and Issues

A number of narcotic and psychotropic substances (hereinafter – controlled substances), which are used in medicine as medicinal products[45] (hereinafter – controlled medicines), are under international and national control. The level of control over these substances is determined by the ratio between their therapeutic effectiveness and the likelihood of their misuse, including diversion for illicit use.

International conventions[46, 47] regulating the circulation of narcotic and psychotropic substances recognize that such substances often have legitimate uses in scientific research and medical practice. Therefore, the parties to the conventions, including Ukraine, are obliged to restrict the use of controlled substances exclusively to medical and scientific purposes and to ensure their availability for the aforementioned purposes.

Due to their pharmacological properties, controlled substances are legitimately used for the treatment of severe and moderate pain, anesthesia, premedication and sedation, treatment of epilepsy and anxiety disorders, and for the treatment of opioid dependence within opioid substitution maintenance therapy programs.

According to estimates, over 320,000 people in Ukraine require palliative care, and at least 68,000 of them experience chronic pain. As a result of military actions, the number of such patients increases daily due to injuries and trauma among both military personnel and civilians, which have resulted in amputations or led to disability. The health conditions of such individuals require daily pain relief and long-term pain management.

Additionally, due to armed aggression, new public health challenges have emerged in the form of increased demand for mental health preservation and recovery services, both among civilians and military personnel and veterans.

Regulatory and Legislative Framework for the Circulation of Controlled Medicines in Ukraine

The list of narcotic and psychotropic substances (controlled substances) subject to control in Ukraine is determined by the Resolution of the Cabinet of Ministers of Ukraine (CMU) dated May 6, 2000, No. 770 "On the Approval of the List of Narcotic Drugs, Psychotropic Substances and Precursors"[48] (hereinafter – the List). Tables II and III contain lists of narcotic (99) and psychotropic substances (97), the circulation of which is restricted. The list includes medicinal products containing controlled substances.

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45 WHO Model List of Essential Medicines – 23rd List, 2023.

46 Single Convention on Narcotic Drugs, 1961. Available online.

47 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Available online.

48 On Approval of the List of Narcotics... | dated 06.05.2000 No. 770 (rada.gov.ua)

The main legislative act governing policy in the field of circulation of narcotic drugs and psychotropic substances in Ukraine is the Law of Ukraine "On Narcotic Drugs, Psychotropic Substances and Precursors".[49]

According to this law, control measures over the circulation of narcotic drugs include, but are not limited to:

- defining key conditions, requirements, rules, and a licensing system;
- implementing a permit system;
- determining the annual need;
- submission by economic entities of activity reports and statistical data on actual circulation;
- dispensing of narcotic drugs and psychotropic substances to individuals only with a doctor's prescription and according to medical indications;
- establishing special requirements for storage;
- establishing a system of reporting and record-keeping documentation;
- establishing special requirements for transportation and disposal of narcotic drugs;
- limiting advertising of narcotic drugs;
- determining the maximum permissible amount of narcotic substances in medicinal products.

The main regulatory documents currently defining the requirements for the circulation of controlled medicines for medical purposes and the licensing requirements for entities engaged in such activities include:

- CMU Resolution No. 333 of May 13, 2013 "On the Approval of the Procedure for the Acquisition, Transportation, Storage, Dispensing, Use and Disposal of Narcotic Drugs, Psychotropic Substances and Precursors in Healthcare Institutions".[50] This resolution significantly changed the system of circulation of controlled medicines, particularly by allowing all medical specialists to prescribe such drugs, enabling patients to receive them in healthcare facilities or pharmacies and to take them independently as prescribed, increasing the allowable quantities dispensed and stored, and simplifying the accounting system.
- CMU Resolution No. 589 of June 3, 2009 "On the Approval of the Procedure for Carrying Out Activities Related to the Circulation of Narcotic Drugs, Psychotropic Substances and Precursors, and Control over Their Circulation".[51] This resolution also regulates issues of medicine disposal. Notably, it still includes a provision on the destruction of empty ampoules, which contradicts CMU Resolution No. 333 and current practice (see Appendix 3 of the study). It would be logical for CMU Resolution No. 333 to regulate all issues of circulation of controlled substances by medical practice entities, while CMU Resolution No. 589 should apply to all other economic entities (see Appendices 3 and 4 of the study).

49 On Narcotic Drugs, Psychotropic Substances... | dated 15.02.1995 No. 60/95-VR (rada.gov.ua)
50 On Approval of the Procedure for Procurement... | dated 13.05.2013 No. 333 (rada.gov.ua)
51 On Approval of the Procedure for Conducting... | dated 03.06.2009 No. 589 (rada.gov.ua)

- Order of the Ministry of Health (MoH) No. 494 of August 7, 2015 "On Certain Issues of Acquisition, Transportation, Storage, Dispensing, Use and Disposal of Narcotic Drugs, Psychotropic Substances and Precursors in Healthcare Institutions".[52]
- CMU Resolution No. 469 of April 13, 2011 "Some Issues of Issuing Permits for the Use of Facilities and Premises Intended for Activities Related to the Circulation of Narcotic Drugs, Psychotropic Substances and Precursors".[53]
- CMU Resolution No. 282 of April 6, 2016 "Some Issues of Licensing Economic Activities Related to the Cultivation of Plants Included in Table I of the List of Narcotic Drugs, Psychotropic Substances and Precursors Approved by the Cabinet of Ministers of Ukraine, Development, Production, Manufacturing, Storage, Transportation, Acquisition, Sale (Dispensing), Import into the Territory of Ukraine, Export from the Territory of Ukraine, Use, Disposal of Narcotic Drugs, Psychotropic Substances and Precursors Included in the Said List".[54]
- Order of the Ministry of Internal Affairs No. 52 of January 29, 2018 "On the Approval of Requirements for Facilities and Premises Intended for the Implementation of Activities Related to the Circulation of Narcotic Drugs, Psychotropic Substances, Precursors and the Storage of Such Substances and Products Seized from Illicit Circulation".[55]
- MoH Order No. 360 of July 19, 2005 "On the Approval of the Rules for Prescribing Medicinal Products and Medical Devices, the Procedure for Dispensing Medicinal Products and Medical Devices from Pharmacies and Their Structural Units, and the Instructions on the Procedure for Storage, Accounting and Disposal of Prescription Forms".[56]

The prescription and use of controlled medicines in military medicine, as well as the calculation of demand, are carried out in accordance with CMU and MoH regulations regarding the circulation of these substances in the medical field.

Use of Controlled Medicines in Healthcare

We mainly analysed the use of controlled substances in healthcare (for pain management, in the provision of psychiatric care, as well as in military medicine). Below is a brief overview of the use of controlled medicines in each of these areas.

Use of Controlled Medicines for Pain Management

Narcotic analgesics are essential medicines for treating acute pain, such as postoperative pain, as well as chronic pain syndromes of moderate and severe intensity. Narcotic analgesics are an integral part of palliative care provision.[57]

Oral morphine is recognised at the international level as the standard treatment for moderate to severe pain by the medical community.[58]

52 On Certain Issues of Procurement, Transfer... | dated 07.08.2015 No. 494 (rada.gov.ua)
53 Certain Issues of Issuance of Permits for... | dated 13.04.2011 No. 469 (rada.gov.ua)
54 Certain Issues of Licensing of Economic Activities... | dated 06.04.2016 No. 282 (rada.gov.ua)
55 On Approval of Requirements for Objects... | dated 29.01.2018 No. 52 (rada.gov.ua)
56 On Approval of the Rules for Prescription... | dated 19.07.2005 No. 360 (rada.gov.ua)
57 IAHPC List of Essential Medicines for Palliative Care
58 https://www.who.int/publications/i/item/9789241550390

In Ukraine, until 2013, only injectable narcotic analgesics were available on the market. Oral morphine was registered in 2013. In recent years, fentanyl transdermal therapeutic systems and prolonged-release oral formulations have also entered the market.

In 2023, new Standards of Medical Care for "Chronic Pain Syndrome in Adults and Children"[59] were approved, providing for the assessment and treatment of pain syndrome, including the use of narcotic analgesics, in line with evidence-based international practices.

However, despite the approval of clinical protocols and improved knowledge of the key mechanisms and best methods for pain treatment, many people with pain receive inadequate care due to limited availability of narcotic medicines.

Limited access to controlled medicines recommended by clinical protocols leads to situations in which doctors and patients use medications not recommended by clinical protocols, such as nalbuphine (this medicine will be discussed in more detail below).

Problematic issues also include the absence in Ukraine of: an effective data collection system on the quantities and forms of medicines used in the healthcare system; a generalised methodology for calculating the need for these medicines; and a methodology for calculating state quotas within which the circulation of narcotic drugs, psychotropic substances, and precursors may take place. This results in a situation where it is impossible to assess consumption at the national level in comparison with the calculated need.

Use of Controlled Medicines in Psychiatric Care

Controlled psychotropic substances include benzodiazepines (diazepam, lorazepam, midazolam), which are used for premedication and in psychiatry for sedation of the patient, treatment of epilepsy in adults and children, treatment of acute anxiety states, and in emergency therapy for alcohol withdrawal syndrome.

The use of these medicines is provided for by the International Clinical Guidelines Duodecim[60] in the field of "Psychiatry": "Acute Psychosis", "Schizophrenia", "Anxiety Disorder", "Medications for Emergency Psychiatric Care", "Aggressive or Violent Patient", as well as by the clinical protocols for the treatment of epilepsy[61] approved in Ukraine. It should be noted that the clinical protocols for the treatment of Epilepsy and Depression[62] are outdated and need to be revised.

Use of Controlled Medicines in Military Medicine

Controlled medicines are used in military medicine at various levels of care (pre-medical, tactical, and hospital stages).

59 https://www.dec.gov.ua/wp-content/uploads/2023/04/smd_643_06042023.pdf

60 Ministry of Health of Ukraine (moz.gov.ua)

61 Epilepsy (dec.gov.ua)

62 Depression (dec.gov.ua)

The use of narcotic and psychotropic medicines for the purpose of sedation (ketamine, benzodiazepines), pain relief (narcotic analgesics), seizure control (lorazepam, midazolam), and during further evacuation of patients is provided for in the adapted guidelines "Tactical Emergency Medical Support" (2016),[63] the Clinical Protocol "Emergency Medical Care: Pre-hospital Stage" (2019),[64] and the newly approved protocols under the "Combat Trauma" section (2024).[65]

Until 2024, the medical backpack of a general-purpose military medic and medical orderly[66] included the synthetic opioid nalbuphine hydrochloride, which can be replaced with morphine hydrochloride (injectable form) or fentanyl (lozenges).[67]

An urgent issue is the abuse of nalbuphine by military personnel. This medicine is not included in List No. 770 and, accordingly, is not a controlled medicine (its use also does not comply with international recommendations). At the same time, this medicine is, according to its pharmacological properties, a narcotic analgesic and a powerful painkiller, which explains its widespread use in military medicine. Another problem is that nalbuphine is an opioid receptor agonist-antagonist, and its use significantly complicates the further administration of opioid medicines for anaesthesia and pain management.

On 1 July 2024, the scope of pre-medical care to be provided during combat operations and security and defence force training in tactical settings was approved.[68] According to the approved list of medicines to be used by military personnel for providing care to the wounded at the intermediate and advanced levels of expanded pre-medical care, diazepam/midazolam, ketamine, and fentanyl are to be used.

Accordingly, new lists of medicines to be supplied to the personnel of the security and defence forces for pre-medical care[69] were approved. According to these approved lists, controlled medicines are included in the equipment of the combat medic/senior combat medic backpack (CMBM): oral transmucosal fentanyl citrate 800 mcg (in the form of lozenges);[70] fentanyl injection solution; ketamine injection solution; midazolam injection solution or diazepam injection solution.

It is important to note that naloxone injection solution was added to the contents of the backpack. Naloxone is a life-saving medicine in cases of opioid overdose.

Supply of Controlled Medicines to the Population

The supply of controlled medicines to the population is carried out both at the expense of the state budget and at the expense of patients.

63 2016_612_akn_ekstr.pdf (dec.gov.ua)
64 2019_1269_nkp_ekstren_ditdor.pdf (dec.gov.ua)
65 Combat Injury (dec.gov.ua)
66 MOH Order No. 6 dated 05.01.2017
67 Unregistered in Ukraine
68 https://ips.ligazakon.net/document/RE42329?an=599
69 On Approval of Lists of Medicines... | dated 24.07.2024 No. 506 (proofpointisolation.com)
70 Not registered in Ukraine

Fentanyl patches are centrally procured by the SE "Medical Procurement" under the "Paediatric Oncology"[71] programme and are distributed among all healthcare providers who have a contract with the National Health Service of Ukraine.[72]

Procurement of controlled medicines is also carried out by local state administrations and healthcare institutions in accordance with the National List[73] (see Annex No. 5 of the study).

For military medicine, controlled medicines are procured and used in accordance with the formulary approved by the Medical Forces Command. Various medicines are used at different levels of care (see Annex No. 6 of the study).

Reimbursement Programme

A significant achievement in improving public access to narcotic analgesics was the inclusion, from August 2023, of oral morphine preparations and fentanyl[74] transdermal therapeutic systems in the reimbursement programme within the framework of the Medical Guarantees Programme. These medicines can be obtained by palliative care patients free of charge or with a co-payment at pharmacies (see Annex No. 4 of the study).

Until September 2024, only tablet forms of morphine participated in the reimbursement programme, which may be related to the pricing policy for fentanyl products.

From August 2024, the reimbursement programme was expanded to include two more controlled medicines (see Annex No. 4 of the study).

It should be noted that the market for controlled medicines registered in Ukraine is limited in terms of pharmaceutical forms. For instance, there are no prolonged-release morphine forms, and there are no paediatric forms of narcotic and psychotropic medicines — such as rectal or oral solutions.

Licensing

In Ukraine, the following types of activities are subject to licensing: cultivation of plants included in the List; development, production, manufacturing, storage, transportation, acquisition, sale (dispensing), import into the territory of Ukraine, export from the territory of Ukraine, use, and destruction of narcotic drugs, psychotropic substances, and precursors included in the List of preparations containing narcotic drugs, psychotropic substances, and precursors in quantities exceeding the allowable limit.

71 Certain Issues of Procurement of Medicines... | dated 07.03.2022 No. 216 (rada.gov.ua)
72 Certain Issues of Implementation of the Program... | dated 22.12.2023 No. 1394 (rada.gov.ua)
73 Certain Issues of State Regulation... | dated 25.03.2009 No. 333 (rada.gov.ua)
74 Certain Issues of Program Implementation... | dated 22.12.2023 No. 1394 (rada.gov.ua)

Licensing of Pharmacies

In 2020, 234 pharmacy businesses were authorised to sell controlled medicines, operating at 471 points of sale — pharmacies,[75] which accounted for 2.3% of the total number of pharmacies on the Ukrainian market.[76] Since the beginning of the full-scale invasion, this number has decreased due to the occupation of territories (currently approximately 350).

As of today, under the reimbursement programme in the area of "opioid analgesics", only 236 pharmacies (108 business entities) dispense medicines — out of more than 15,000 pharmacies participating in the reimbursement programme.[77]

The limited number of business entities obtaining a licence to operate with controlled medicines is explained by the need for additional investments and obtaining multiple permits.

It is urgent to revise the current requirements for facilities and premises intended for operations involving controlled substances, which are regulated by the Order of the Ministry of Internal Affairs of 29.01.2018 No. 52, in order to simplify the requirements regarding the presence of a separate storage room and the installation of alarm systems (see Annex 3, Table 5).

It is also necessary to amend the licensing conditions to allow joint use of premises by more than two business entities, and to simplify the document by removing rules for record-keeping, disposal, and technological requirements for premises that are already governed by other regulatory acts (see Annex 3, Table 4).

It should be emphasised that only a licence for medical practice is required to prescribe and issue controlled medicines. However, there are situations where business entities do not prescribe controlled medicines due to the lack of a licence for handling controlled substances.

The issue of licensing pharmacies for the circulation of controlled medicines requires either state-level intervention (e.g. mandatory provision of a certain number of licensed pharmacies in each region) or the establishment of a constructive dialogue with pharmacy businesses and the modernisation/revision of licensing requirements, taking into account both the need to ensure the security of these substances and the perspective of business entities.

Licensing of Military Units

Simplified procedures have been introduced for military units to obtain licences for medical practice and for activities involving controlled substances.

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75 Opioid Analgesics. Consumption in Ukraine 2016–2019. Analytical Report, 2021. Opioid Analgesics – Institute of Analytics and Advocacy (iaa.org.ua)

76 https://pro-consulting.ua/ua/issledovanie-rynka/analiz-farmacevticheskogo-i-aptechnogo-rynka-ukrainy-2020-god

77 Electronic Map of Drug Dispensing Locations by e-Prescription (e-health.gov.ua)

During martial law, to obtain authorisation documents for medical practice, a military unit must submit a Unified Declaration via the Diia portal. To obtain a licence for operations involving controlled substances, military units submit the required documents in electronic form to the email address of the State Service of Ukraine on Medicines and Drugs Control.

This procedure brings the activities of military units into the legal framework, enabling them to independently obtain controlled medicines for the unit, use and account for them in accordance with regulatory requirements (previously, controlled substances in military units were recorded by responsible staff from hospitals).

Prescription Dispensing

After the enactment of Cabinet of Ministers Resolution No. 333, several amendments were made to MoH Order No. 360, which significantly simplified the process of issuing prescriptions for controlled medicines.

According to the current regulatory framework, controlled medicines are prescribed to patients when clinically indicated by physicians of any specialty, regardless of the form of ownership or level of healthcare provision of the facility.

Controlled medicines may be dispensed to patients by prescription:

- at full cost paid by the patient;
- under the reimbursement programme;
- under preferential terms in accordance with Cabinet of Ministers Resolution No. 1303.[78]

Since November 2022, it has been possible to issue e-prescriptions for controlled medicines in parallel with paper prescriptions. Since October 2023, these medicines can only be prescribed and dispensed with e-prescriptions, except in the following cases: active combat zones or temporarily occupied territories; prescriptions at full cost or under preferential terms when a technical failure occurs in the central database system (officially reported by the state enterprise "eHealth").

Advantages of the E-prescription System:

- eliminates issues related to illegible handwriting and corrections;
- minimises errors in medicine names and dosages;
- if a patient needs continued prescription of a controlled medicine for a previously established diagnosis (excluding OST), a doctor may issue an e-prescription without an in-person visit;
- allows partial dispensing of the medicine;
- prevents the use of multiple prescriptions to obtain the same medicine (in case of e-prescriptions only).

78 On the Regulation of Free... | dated 17.08.1998 No. 1303 (rada.gov.ua)

Disadvantages of Exclusive E-prescription Use:

- during technical failures in the Medical Information System (MIS), power outages, or other issues, the patient may be left without a prescription and therefore without medication (e.g., in December, a cyberattack on Kyivstar caused patients to be without pain relief for two days);
- elderly patients may not have mobile phones, may leave them at home, or may not be able to use SMS;
- pharmacies sometimes receive paper prescriptions from occupied or combat areas, and unfortunately, in such cases, pharmacists must refuse service to the patient (or their relative);
- recent issues with data verification in pharmacies have blocked dispensing for up to a day. Given the small number of such pharmacies, some patients remain without medicines for days.

Prescription of medicines under the reimbursement program

According to MoH Order No. 360, prescriptions under the reimbursement programme for the provision of palliative care to persons with mental and behavioural disorders are issued by physicians with specialisations in Psychiatry, Child Psychiatry, and Narcology. For all other patients, prescriptions for medicines used for pain treatment and palliative care are issued by primary healthcare physicians (PHCPs).

In accordance with the requirements/regulations of the National Health Service of Ukraine (NHSU), prescriptions for reimbursable opioid analgesics may be issued to patients with a recorded condition of Z.51.5 “Palliative care” and a documented diagnosis of “Chronic pain”.

At the same time, the NHSU currently restricts this mechanism and imposes additional barriers to patients receiving pain relief. If a patient has a recorded condition Z.51.5 (which requires the patient to consult an outpatient specialist), a PHCP may independently prescribe, adjust, and issue a reimbursable prescription only if the patient has a cancer diagnosis.

In cases where the patient does not have an oncological diagnosis, the PHCP may issue a reimbursable prescription only on the basis of a prior appointment at the level of specialised medical care (SMC). That is, if a non-cancer patient requires an opioid analgesic or a substitution due to ineffective therapy, the PHCP must refer the patient to the SMC level for a new prescription or treatment adjustment.

This creates a situation in which a patient may remain without adequate treatment for an extended period, because:

- obtaining an appointment with a specialist takes time (2–4 weeks);
- the required specialist may not be available in the patient’s locality;
- it is not always possible to access the appropriate specialist immediately.

Furthermore, it may be stated that specialists are currently less competent in managing pain and prescribing analgesia for palliative patients than PHCPs, as the latter have regularly undergone training in this area in recent years with support from the Renaissance Foundation and within USAID programmes. Additionally, the prescription of pain relief requires an assessment of the patient's overall condition and treatment history.

The restriction allowing PHCPs to assess pain and prescribe opioid analgesics only in cases of cancer-related pain is unsubstantiated, as the Medical Care Standard "Chronic Pain Syndrome in Adults and Children" stipulates that medical care must be provided by physicians at all levels of healthcare and is not limited or stratified by specific diagnoses.

3.5.2. Adoption of Innovative Medicines and Treatment Methods for Substance Use and Mental Disorders

Use of Psychedelic-Assisted Psychotherapy

Given the high prevalence of mental disorders and the associated psychiatric comorbidities, the issue of treating treatment-resistant forms of mental illness that do not respond to standard therapies is increasingly relevant. This primarily concerns depression and post-traumatic stress disorder (PTSD).

Numerous clinical studies on the use of psychedelics in the context of psychedelic-assisted therapy have already been conducted or are ongoing. These studies have investigated the following substances:

- Psilocybin – studied for the treatment of depression (particularly treatment-resistant depression and major depressive disorder), obsessive-compulsive disorder, eating disorders, and disorders associated with nicotine and alcohol use;
- MDMA – clinical trials have primarily focused on PTSD, alcohol-use disorders, and symptoms of social anxiety in individuals with autism spectrum disorders;
- LSD – investigated for anxiety related to end-of-life care and disorders associated with psychoactive substance use;
- Ketamine – studied for the treatment of depression and PTSD.

Promising results have already been obtained for the use of psychedelics, in particular:

MDMA in the treatment of PTSD (Mitchell, J. M., Bogenschutz, M., Lilienstein, A., Harrison, C., Kleiman, S., Parker-Guilbert, K., Ot'alora G., M., et al. (2021), 'MDMA-assisted therapy for se- vere PTSD: A randomized, double-blind, placebo-controlled phase 3 study', Nature Medicine 27:6, pp. 1025-1033.),

Psilocybin for reducing depressive symptoms in patients with treatment-resistant depression and major depressive disorder (see e.g. Goodwin et al., 2022; von Rotz et al., 2023). (Goodwin, G. M., Aaronson, S. T., Alvarez, O., Arden, P. C., Baker, A., Bennett, J. C., Bird, C., et al. (2022), 'Single-dose psilocybin for a treatment-resistant episode of major depression', The New England Journal of Medicine 387:18, pp. 1637–1648; von Rotz, R., Schindowski, E. M., Jungwirth, J., Schuldt, A., Rieser, N. M., Zahoranszky, K., Seifritz, E., et al. (2023),

'Single-dose psilocybin-assisted therapy in major depressive disorder: A placebo-controlled, double-blind, randomised clinical trial', eClinicalMedicine 56:101809.)

Ketamine in the treatment of treatment-resistant depression and PTSD. (https://jamanetwork.com/journals/jamapsychiatry/fullarticle/1860851; https://psychiatryonline.org/doi/10.1176/appi.ajp.2020.20050596; https://doi.org/10.1177/10600280231199666)

Australia currently leads in the implementation of psychedelic-assisted psychotherapy. The Therapeutic Goods Administration (TGA) permits the use of MDMA for PTSD and psilocybin for treatment-resistant depression. In other countries—such as Israel, the USA, Canada, Switzerland, and the UK—psychedelics are used in clinical research as adjuncts to psychotherapy. Australia has also issued a position paper regulating the use of psychedelic psychotherapy.

In January 2024, the first patient in Australia received this therapy outside the scope of a clinical trial, as a formally regulated treatment method. Physicians must obtain special authorization (available as of July 1, 2023) and be certified to provide psychedelic-assisted psychotherapy. Under this framework, psilocybin is prescribed for treatment-resistant depression and MDMA for PTSD that does not respond to conventional therapy.

To regulate MDMA and psilocybin use in Australia, they were rescheduled from Schedule 9 (Prohibited Substances) to Schedule 8 (Controlled Substances).

Experience in EU Countries

According to the European Drugs Agency (EUDA), as of July 30, 2024, no regulatory body in the EU has approved the use of "classic" psychedelics. However, the "non-classic" psychedelic esketamine (Spravato*) has been approved for the treatment of severe treatment-resistant depression in adults. There is also an observed increase in off-label ketamine use in European clinics.

*Note: Spravato is a nasal spray used alongside antidepressants when two other treatments have failed; due to abuse risk, it is administered under medical supervision.

As for ketamine, the U.S. Food and Drug Administration (FDA) has not approved its use for psychiatric disorders. In October 2023, the FDA issued a warning on compounded ketamine formulations, highlighting potential risks such as misuse, respiratory depression, hypertension, and psychiatric disturbances. Accordingly, medical supervision is required to monitor sedation, dissociation, blood pressure, and heart rate.

Recommendations for Use in Military Personnel

In December 2023, the U.S. Congress approved funding for military research and clinical trials on psychedelics for active-duty service members. In January 2024, the U.S. Department of Veterans Affairs announced funding for research on psilocybin and MDMA in treating PTSD and depression in veterans. However, the most recent (2023) joint clinical practice guideline by the U.S. Department of Veterans Affairs and Department of Defense neither supports nor opposes their use. Phase II trials of MDMA-assisted group therapy for veterans are ongoing (completion expected September 2025) https://clinicaltrials.gov/study/NCT05961527 , as are Phase II trials of psilocybin (completion expected July–August 2025).

Growing interest in psychedelic-assisted psychotherapy, bolstered by promising results, has led to increased attention to psychedelics in Europe. According to EUDA, there is evidence of rising psychedelic use in spiritual practices and unregulated settings (so-called "psychedelic retreats"). To monitor these trends, EUDA launched a project mapping psychedelic-related practices and interventions in Europe. Psychedelics are increasingly used for self-discovery, self-treatment, and spiritual purposes, often in the form of microdosing. However, there is currently no consensus on what constitutes a microdose or its effects.

Despite promising findings and interest in this form of treatment, there is no international consensus on psychedelic-assisted therapy. A key factor in the lack of recognition is the FDA's rejection of MDMA approval in August 2024, citing insufficient data on safety, side effects, and abuse risks.

Nonetheless, this approach is recognized as a promising treatment method.

Key limitations related to psychedelic-assisted psychotherapy include:

- Quality of evidence – limitations in available data are addressed below;
- Regulatory restrictions on the use of psychoactive substances.

Regarding regulation: Most classic (LSD, psilocybin, mescaline) and non-classic (MDMA, ketamine) psychedelics are controlled under Schedule I of the 1971 UN Convention on Psychotropic Substances, which prohibits their use. Another regulatory barrier is the FDA's rejection of MDMA approval, as noted above.

Regarding quality and strength of evidence: Despite the growing attention, several factors impact the robustness of the evidence base:[79]

- Inadequate documentation of side effects and long-term consequences, including limited data on drug interactions;
- Absence of placebo controls or failure to blind participants, reducing reliability. In most studies, participants knew their group assignment (placebo vs. psychedelic), undermining result validity due to the strong psychoactive effects of the substances;
- Selection bias – study participants were often volunteers or self-referred, suggesting pre-existing positive expectations toward the treatment;
- Small sample sizes, limiting generalizability to larger populations;
- Short observation periods – a lack of long-term studies makes it unclear whether improvements are sustained and due to the treatment itself.

General recommendations for the implementation of psychedelic-assisted psychotherapy:

- Use only as a last-line treatment after failure of conventional therapies;
- Administer exclusively by specially trained personnel (with potential licensing);

79 (https://www.nature.com/articles/s41386-023-01656-7#Abs1; https://journals.sagepub.com/doi/10.1177/2045125323119846; https://psychology.org.au/getmedia/16c54647-b0d8-4878-9e84-5783821529c4/010723aps-ps-psychedelics-p1.pdf — information from speakers' presentations at the European Conference on Addiction Issues, Lisbon, 2024)

- Establish clear policies on patient–therapist physical interaction to prevent abuse (e.g., Australian guidelines require male–female co-therapy teams);
- Maintain comprehensive documentation of side effects and adverse reactions;
- Further study of patient profiles predictive of positive treatment response to guide candidate selection.

Regulatory barriers to implementation include:

- Lack of international consensus on psychedelics, evidenced by FDA's August 2024 rejection of MDMA, limiting their inclusion in national guidelines. In Ukraine, development of medical care standards or Unified Clinical Protocols requires international guidelines with high levels of evidence (see Section 1.2);
- Classification of MDMA and psilocybin as Schedule I, List 2 substances under Ukrainian law (Cabinet Resolution No. 770 of May 6, 2000), prohibiting their circulation.

Conversely, ketamine is not prohibited in Ukraine. It is registered and listed under List 2 – "Psychotropic substances with restricted circulation." According to its prescribing information, ketamine is used as an anesthetic (monotherapy) for short-term diagnostic or surgical procedures in children and in certain cases in adults. Its use in psychotherapy is strictly off-label. Other psychedelics remain prohibited in Ukraine.

Use of Medical Cannabis

As part of new approaches to treatment and innovative therapies, the use of medical cannabis has now been regulated. On August 16, 2024, the law allowing and regulating the circulation of cannabis (Cannabis sativa) in Ukraine came into effect.[80] The law permits cultivation, importation, manufacturing, distribution, and use of cannabis-based medicinal products strictly for medical purposes and under strict compliance with legal requirements.

To implement the law, a series of by-laws and draft regulations have been adopted to ensure that patients can access cannabis-based medicines. Cannabis, its resin, extracts, and tinctures have been removed from the list of highly dangerous substances and reclassified as "Narcotic substances and plants with restricted circulation."[81]

The procedure for acquiring seeds[82] has been approved, and the regulation for the electronic tracking system for medical cannabis at all stages of circulation[83] has been adopted (expected to launch in autumn).

80 https://zakon.rada.gov.ua/laws/show/3528-20#Text
81 On Amendments to the List of... | dated 24.05.2024 No. 653 (rada.gov.ua)
82 https://zakon.rada.gov.ua/laws/show/776-2024-%D0%BF#Text
83 https://zakon.rada.gov.ua/laws/show/857-2024-%D0%BF#Text

Amendments were also made to the regulation on the transportation of controlled substances,[83] and changes were introduced to the Ministry of Health's Order on prescribing rules for medicinal products and medical devices, as well as procedures for dispensing them from pharmacies and their branches.[84] Cannabis-based medicines, like all controlled drugs, will only be dispensed by prescription based on medical indications and issued via electronic prescription.

For pharmacy-based compounding of cannabis medicines, changes were introduced to the Order of the Ministry of Health "On Approval of the Rules for Manufacturing and Quality Control of Medicines in Pharmacies," including the possible use of EU member state pharmacopeias, notably the German Pharmacopeia.[85]

In addition to regulating the circulation of medical cannabis, it is essential to address prescription criteria. These issues have been addressed through the adoption of Ministry of Health Order No. 1586 of 13.09.2024, "On the Approval of the List of Dosage Forms That May Be Prepared in Pharmacies from Herbal Cannabis Substances, the List of Diseases and Conditions for Which Such Medicines May Be Prescribed, and Guidelines for Their Prescription and Medical Use" (https://zakon.rada.gov.ua/laws/show/z1422-24#Text).

According to this order, cannabis-based medicinal products may be prescribed by both primary and specialized care physicians. These medicines are not considered first-line therapy and may only be prescribed if (one of the following applies):

- There is no adequate response to other treatments;
- Use of other treatments causes adverse reactions or is poorly tolerated.

Thus, it is established that cannabis-based medicines are not first-line therapies. The order also defines contraindications, in particular:

- Pregnant and breastfeeding women (in the case of tetrahydrocannabinol-containing medicines);
- Patients with known or suspected personal or family history of schizophrenia or other psychotic disorders, as well as patients with severe personality disorders (excluding depression associated with the primary illness, in the case of THC-containing medicines).

In cases of moderate or severe hepatic impairment, use of cannabis-based medicines should be avoided or administered at reduced doses.

In exceptional cases, cannabis-based medicines may be prescribed to the above categories of patients only if:

- There is a conclusion from a Medical Advisory Commission, university clinic, clinical base of a medical education institution, or hospital;
- Relevant recommendations are available in sectoral health standards or peer-reviewed scientific publications indexed in Web of Science Core Collection and/or Scopus and based on clinical trial results.

83 https://zakon.rada.gov.ua/laws/show/366-2008-%D0%BF#Text
84 On Approval of the Rules for Prescription... | dated 19.07.2005 No. 360 (rada.gov.ua)
85 https://zakon.rada.gov.ua/laws/show/z1846-12?find=1&text=%D0%B1%D1%96%D1%81#w1_1

Conclusions to Section III[86]

I. Legal and Regulatory Framework for the Provision of Mental and Behavioural Disorder Treatment Services Related to Psychoactive Substance Use

- The legal framework governing the provision of diagnosis and treatment services for disorders associated with psychoactive substance (PAS) use requires alignment. In particular, amendments to the Law of Ukraine "On Measures to Counter Illicit Trafficking of Narcotic Drugs, Psychotropic Substances and Precursors and Their Abuse" are necessary to bring it into conformity with the Law of Ukraine "On Psychiatric Care". This includes harmonising terminology and allowing psychiatrists to make diagnoses independently outside of inpatient settings, thereby improving service pathways and facilitating timely access to treatment.
- One of the main treatment methods for substance use disorders is psychosocial interventions. It is essential that their provision in healthcare facilities is regulated at the state level. Order No. 2118 of the Ministry of Health (MoH) of 13 December 2003 "On the Organisation of Psychosocial Assistance to the Population" governs the provision of psychosocial services at the primary and secondary care levels. At the tertiary level, psychosocial services related to dependence are provided only to individuals undergoing rehabilitation who also have substance dependence. However, psychosocial services are currently provided only by primary care physicians or specialists with a background in psychology (psychotherapists, psychologists). This limits the ability of addiction specialists, psychiatrists, and nurses to deliver structured psychological interventions, which are critical for treating substance-related disorders.
- The Ministry of Health has approved a phased transition to ICD-11, which will become mandatory in Ukraine from 1 January 2027. Given significant changes in diagnostic approaches and classification structure, early preparation for its implementation is essential.

Standardisation of Services for the Diagnosis and Treatment of Mental and Behavioural Disorders Related to Substance and Alcohol Use

- Advocate with drug registration holders for the inclusion of acamprosate, naltrexone, and thiamine—used for treating alcohol-related disorders and Korsakoff–Wernicke syndrome prevention—into the medical care standard for use in Ukraine.
- Since unregistered drugs cannot be included in the medical care standard until registration, develop and adopt a new Clinical Protocol alongside the standard to enable the use of acamprosate, naltrexone, and thiamine in alcohol-related disorder treatment.
- When developing or updating medical and technological documents related to mental health, ensure integration of services for early detection, diagnosis, and treatment of substance and alcohol-related disorders.

86 Given the significant volume of material in Section III, for convenience and better understanding, we provide conclusions for the section organized by specific thematic areas.

- Promote the use of off-label medications when benefits outweigh risks, in accordance with applicable law. This requires incorporating shared decision-making approaches into undergraduate and postgraduate medical education to support effective off-label use.
- Clearly differentiate between the goals, tasks, and services provided within medical care standards and those under social support standards.
- Develop typical service pathways for disorders with established medical-technical documents, followed by regional and facility-level adaptation.

Service Providers for Diagnosis and Treatment of Substance- and Alcohol-Related Mental and Behavioural Disorders

- Family doctors and primary care facilities play a key role in initial screening and brief interventions for PAS and alcohol-related disorders. This is supported by the availability of certain mental health services within the Primary Healthcare Benefit Package.
- Due to the limited diagnostic role of family physicians in substance- and alcohol-related disorders, regional patient pathways should be developed for those with positive screening results to access specialised care.
- The existing network of facilities providing psychiatric and addiction services does not ensure geographic accessibility. Expanding outpatient psychiatric service provision, particularly through cluster and supra-cluster hospitals, is necessary to meet the diverse needs for outpatient care.
- Mental health centres, which the Ministry of Health has prioritised for development, have strong potential to provide diagnostic and treatment services for substance and alcohol-related disorders.
- To ensure a shift toward outpatient psychiatric care where appropriate, the implementation of the Outpatient Psychiatric Care package within the Programme of Medical Guarantees is necessary.

Service Providers, Regulation of Provider Requirements, and Quality Control

- There is no clear delineation of roles between medical staff and psychosocial service providers regarding varying intensities of psychosocial interventions for individuals with substance and alcohol-related disorders. This is due to the lack of professional standards for addiction specialists, psychiatrists, psychotherapists, clinical psychologists, and other relevant professionals.
- Psychosocial services are limited to providers with psychological or psychotherapeutic training, which may affect service quality given the small number of such specialists in healthcare facilities. These services are key in treating substance- and alcohol-related disorders.
- The absence of mandatory professional standards and their actual nonexistence has led to the lack of national regulation over the quality of psychosocial service provision, resulting in generally low quality despite growing demand.

Proposed Solutions:

- Approve professional standards for psychotherapists, clinical psychologists, addiction specialists, psychiatrists, psychologists, etc.
- Conduct large-scale training for family doctors and specialists in healthcare facilities or psychologists/psychotherapists providing specialised care to equip them with skills in screening and brief interventions for patients with PAS use or related disorders.
- Promote and widely implement positions for psychotherapists, psychologist-physicians, and clinical psychologists in healthcare institutions.
- Expand the roles and competencies of mid-level medical personnel to provide screening and brief interventions aimed at reducing or ceasing substance use, including alcohol.
- Implement telemedicine and electronic tools to partially address workforce shortages.
- Establish cooperation with and engage communities in peer-to-peer service provision and in implementing reintegration initiatives.

Financing of Services

- Existing Programme of Medical Guarantees (PMG) packages do not adequately fund comprehensive treatment of substance- and alcohol-related disorders. The Inpatient Psychiatric Care package only covers short-term hospitalisation, primarily for acute intoxication and withdrawal that require admission, but not for long-term treatment of dependence syndromes.
- Since dependence treatment is long-term and often requires outpatient care of varying intensity, and the existing Outpatient Care package does not cover these costs, a new dedicated package for Outpatient Psychiatric Care should be developed.
- Clarify which services are funded by which agencies and define service content accordingly.

II. Specifics of Providing Services for Diagnosis and Treatment of Disorders Related to Alcohol and Psychoactive Substances Use among Military Personnel

- According to the order of the Ministry of Defense of Ukraine, in cases of dependence syndromes with severe, persistent disorders, a person is declared unfit for military service, whereas persons with moderate and mild disorders are deemed fit for service only in rear (non-combat) units. However, there are currently no clear criteria allowing differentiation of the disorder's severity as severe, persistent, moderate, or mild. It is unclear how decisions should be made in cases of comorbidity—dependence on psychoactive substances or alcohol—and the presence of multiple mental disorders, including moderately expressed ones.

- There is a limitation regarding further treatment in cases of acute intoxication by psychoactive substances, which may lead to a significant number of persons with dependence (all persons receiving treatment due to acute intoxication from psychoactive substances require diagnosis for the presence of dependence) not being timely diagnosed and, accordingly, not receiving treatment.
- Considering that disorders coded F10–F19 constitute grounds for recognizing unfitness for military service or fitness only for rear units, and that the diagnosis is mostly based on the patient's subjective criteria without the possibility of instrumental or other examination methods, there is a risk of simulation of the disorder and corruption-related components in the diagnosis process. In turn, the existence of these risks leads to an increase and return of the practice of establishing the diagnosis in inpatient settings and/or involving medical-consultative commissions, which may be carried out within the framework of the Law of Ukraine "On Counteracting Illegal Trafficking...", which in turn complicates access to medical care.
- Patients on opioid substitution therapy (OST), depending on the severity of the disorder and the presence and degree of concomitant mental disorders, are recognized as either unfit or fit for military service in rear units. For patients deemed fit, treatment should be provided on the basis of civilian healthcare facilities. To organize this, it is necessary to develop a joint interdepartmental order between the Ministry of Health of Ukraine and the Ministry of Defense of Ukraine regarding the procedure for ensuring treatment of persons with mental and behavioral disorders due to opioid use through OST medications. Taking into account also the need to regulate the algorithm for screening and diagnosis of HIV infection and viral hepatitis, and considering the high prevalence of these diseases concurrently, the procedure may include, in addition to OST issues, regulation of matters related to screening, diagnosis, and treatment algorithms for HIV and viral hepatitis.
- There is a need to develop and implement an early screening and detection program for military personnel who have problematic use of psychoactive substances that began during military service, ensuring their access to appropriate services and care—primarily brief structured interventions and mental health services—with subsequent (if necessary) referral for intensive care (in case brief low- or moderate-intensity interventions prove ineffective). The aforementioned procedure should include actions to be taken in the event of confirmed intoxication of a serviceman, carried out within the framework of the Cabinet of Ministers of Ukraine Resolution dated January 12, 2024 No. 32, which approves the "Procedure for Referring Military Reservists and Reservists during Training, as well as Armed Forces Servicemen, for Examination for Alcohol, Drug, or Other Intoxication, or under the Influence of Medicinal Substances That Reduce Attention and Reaction Speed, and Conducting Such Examination."

- A national monitoring system for misuse of medicinal products, particularly prescription drugs (with emphasis on opioid analgesics, barbiturates), needs to be developed to prevent the formation of dependence. Within the framework of developing this system, there is a need to assess existing practices of prescribing and use of analgesic medicinal products by military personnel.

III. The Problem of Controlled Medicinal Products Circulation in Ukraine. Implementation of Novel Medicinal Products and Innovative Methods for Treatment of Mental Disorders and Disorders of the Mind and Behavior Due to Psychoactive Substance and Alcohol Use

- The increase in chronic diseases and the consequences of Russia's armed aggression lead to a growing need for narcotic and psychotropic medicinal products. This trend highlights the importance of ensuring availability of these substances for the population of Ukraine.
- The market for controlled medicinal products in Ukraine is significantly limited compared to the international one, especially regarding dosage forms. The absence of certain forms, such as pediatric and prolonged-release forms, substantially limits patient treatment.
- Over the past ten years, the regulatory framework concerning the circulation of controlled substances has undergone significant changes toward liberalization and increased accessibility for medical needs. However, there remains a need for certain amendments to harmonize legislation and eliminate contradictions.
- A catastrophically low number of pharmacies dispensing controlled medicinal products limits accessibility to these medications, especially for patients in rural areas, frontline zones, and de-occupied territories.
- It is necessary to create an effective electronic system for collecting information regarding consumption and demand for controlled medicinal products for further quota calculations based on these data. This will help optimize the supply of necessary medications to the population.
- Psychedelic-assisted therapy is one of the promising directions of care provision; studies on its benefits are currently being conducted worldwide for treatment of depression resistant to traditional forms of therapy and PTSD. Separate studies are underway regarding the use of this therapy for treatment of disorders related to alcohol use.

Despite the presence of promising data, there is currently no convincing evidence regarding safety and unequivocal benefits of such treatment; therefore, the use of psychedelics is not approved by the FDA. Available information, international recommendations, and warnings concerning the use of psychedelics highlight the necessity of developing strict policies regulating their use in psychedelic-assisted psychotherapy.

According to national regulatory frameworks, the use of psilocybin, MDMA, and LSD is prohibited, as these substances are classified as those whose circulation is banned. At the same time, the use of ketamine is possible within the framework of off-label policies and regulations.

SECTION IV

IMPROVING COORDINATION BETWEEN LAW ENFORCEMENT, CRIMINAL JUSTICE, AND HEALTH AND SOCIAL SERVICES FOR PEOPLE WHO USE DRUGS

The directions for interagency cooperation and interaction in the field of drug policy are determined, among other things, by international obligations concerning its implementation and derive from practical objectives.

As part of the implementation of Clause 3 of the protocol of the meeting chaired by the Deputy Prime Minister for European and Euro-Atlantic Integration of Ukraine, Olha Stefanishyna, regarding the preparation for bilateral meetings with the European Commission within the framework of the official assessment of the state of implementation of EU law into Ukrainian legislation (No. 16482/0/1-24 dated 20 May 2024), the Ministry of Justice of Ukraine held interagency meetings (on 7 and 19 June 2024) to organise the preparation of the "Rule of Law" Roadmap.

The development of the Rule of Law Roadmap is a prerequisite for opening negotiation chapters under the fundamental cluster. The Roadmap establishes Ukraine's commitments to align with EU standards (legislative, institutional, and implementation-related) and must cover key tasks/obligations under Negotiation Chapters 23 "Judiciary and Fundamental Rights" and 24 "Justice, Freedom and Security." The structure of the Roadmap and the main responsible state bodies were determined following the meeting on 19 June 2024.

Chapters of the negotiation section include blocks 2. "Cooperation in the field of drugs" and 3. "Fight against terrorism and prevention of radicalisation."

Chapter 24 covers "Cooperation in the field of drugs." This section provides a framework and defines the key areas in which cooperation between drug policy stakeholders and international institutions is expected.

According to the Resolution of the Cabinet of Ministers of Ukraine No. 189 dated 28 February 2023, "negotiation chapters" refer to sections corresponding to priority areas of EU law (EU acquis) according to which the process of Ukraine's accession negotiations to the EU is organised.

Based on the explanatory meeting programmes and Roadmap examples of Albania and Serbia, the specified chapter should include information on:

- the national early warning system (NEWS) for new psychoactive substances;

- the national drug observatory (NDO) and cooperation with the European Union Drug Agency (EUDA);
- the implementation of the national drug strategy;
- drug-related prevention, treatment, and harm reduction measures;
- analysis of national legislation on psychoactive substances and precursors and its approximation to EU regulations;
- a system for regularly updating the list of prohibited psychoactive substances;
- the creation of a legal framework for the proper destruction of precursors.

The screening of legislation under this chapter should include acts that were part of the self-screening process to assess national legislation's alignment with European directives, including:

- Regulation (EU) 2023/1322 of the European Parliament and of the Council of 27 June 2023 on the European Union Drugs Agency (EUDA);
- the EU Drugs Strategy;
- Directive (EU) 2017/2103 of the European Parliament and of the Council of 15 November 2017 amending Council Framework Decision 2004/757/JHA to include new psychoactive substances in the definition of "drug";
- Regulation (EC) No 273/2004 of the European Parliament and of the Council of 11 February 2004 on drug precursors;
- Regulation (EU) 2017/2101 of the European Parliament and of the Council of 15 November 2017 amending Regulation (EC) No 1920/2006 as regards information exchange on new psychoactive substances, early warning systems, and risk assessment procedures;
- relevant international multilateral treaties.

However, it is important to emphasise that the implementation of these directives and regulations is not possible without ensuring effective cross-sectoral and interagency cooperation.

The Council Conclusions on people with drug-related disorders co-occurring with other mental health disorders, adopted by the Council (Justice and Home Affairs) at its 3992nd meeting on 4 December 2023, highlighted the need to implement an interdisciplinary and cross-sectoral approach to addressing substance use-related issues. Specifically:

1. Recognise substance use disorders—often co-occurring with comorbid mental health disorders—as major challenges for healthcare systems and policies that require a multidisciplinary and comprehensive response tailored to the needs of people who use drugs.

2. Develop interventions at various levels of care for people with substance use disorders and comorbid mental health disorders, employing a multidisciplinary approach involving key stakeholders, including decision-makers, medical and social professionals, the academic community, civil society, and people with lived experience of substance use and related disorders.

4.1. National Mechanisms for Regulating Interagency and Cross-Sectoral Cooperation in the Field of Drug Policy

4.1.1 Stakeholders and Distribution of Functions and Powers

Effective drug policy implementation requires a clear understanding of all relevant stakeholders, their authority within the field, and the distribution of responsibilities among them.

The current regulatory acts that define the list of drug policy stakeholders and their functions include:

- Cabinet of Ministers Resolution No. 735-r of 28 August 2013 "On Approval of the State Drug Policy Strategy for the Period up to 2020" (hereinafter referred to as the current Strategy) — specifying stakeholders and distribution of functions among them;
- Cabinet of Ministers Resolution No. 689 of 10 July 2019 "On Issues of Monitoring the Drug and Alcohol Situation in Ukraine" — specifying monitoring entities;
- Statutory documents of the stakeholders;
- Provisions of specific laws of Ukraine, including the Laws "On the National Police," "On Measures to Counteract the Illicit Circulation of Narcotic Drugs, Psychotropic Substances and Precursors and Their Abuse," and "On Narcotic Drugs, Psychotropic Substances and Precursors."

Analysis of the List of Drug Policy Stakeholders and Their Powers Based on the Drug Policy Strategy up to 2020

Currently, there is **no regulatory act** that clearly defines the list of stakeholders involved in the formation and implementation of drug policy in Ukraine. The draft Drug Policy Strategy up to 2030 has undergone several revisions. Its latest publicly available version includes a reference to the Ministry of Health (MoH) as responsible for strategic planning, overall coordination, ensuring policy integration, and monitoring and evaluating implementation, with the dissemination of evaluation results to public authorities, stakeholders, and the public. Additionally, the draft Strategy states that the MoH plays a coordinating role in forming and implementing state policy on the circulation of narcotic drugs, psychotropic substances, their analogues and precursors, and in combating their illicit circulation. However, the document fails to comprehensively identify the stakeholders involved in the formation and implementation of drug policy, which may significantly affect the effectiveness of interagency cooperation (notably, the 2013 Strategy included a separate section on stakeholders).

Given that coordination between stakeholders impacts the effectiveness of Strategy implementation, it is necessary to analyse the powers of key actors in this area.

Analysis of Stakeholders' Powers Based on Their Statutory Activities

The central executive body responsible for the formation and implementation of state policy in the field of circulation of narcotic drugs, psychotropic substances, their analogues and precursors, and combating their illicit circulation is the Ministry of Health of Ukraine.

According to the Regulation on the Ministry of Health, approved by Cabinet of Ministers Resolution No. 267 of 25 March 2015 (as amended on 15 November 2023), the MoH:

- exercises state control over the activities of psychiatric institutions and professionals involved in providing psychiatric care;
- approves lists of permitted methods for prevention, diagnosis, treatment, rehabilitation, and medicinal products (in particular through the development of medical and technological documents such as medical care standards);
- approves forms of primary medical records;
- approves rules for physical restraint and/or isolation of persons with mental disorders;
- approves rules for prescribing medicinal products, including narcotic drugs;
- approves the list of drugs containing small amounts of narcotic drugs, psychotropic substances, and precursors that are subject to control during import and export;
- **approves procedures for:**
  - identifying and registering individuals who use narcotic drugs or psychotropic substances illegally;
  - registering, recording, and storing prescriptions for narcotic drugs and psychotropic substances included in Schedules II and III, as well as rules for issuing them;
  - conducting medical examinations and assessments of individuals who misuse narcotic drugs or psychotropic substances;
  - operating the national early warning system for new psychoactive substances;
- establishes lists of healthcare professionals and institutions authorized to dispense narcotic drugs and psychotropic substances to individuals;
- develops and approves training programs, methodological guidelines, and manuals on drug and precursor control;
- organises training courses for specialists working in drug and precursor circulation;
- annually submits a report to the Cabinet of Ministers of Ukraine on the implementation of state drug policy and counteraction to illicit drug circulation;

- identifies conditions and causes leading to illicit circulation of drugs and precursors and organises measures to eliminate them within its authority;
- conducts ongoing monitoring of drug-related crimes, collects and summarises information on the sources and routes of illicit drugs and precursors;
- receives, analyses, and summarises information on the circulation of drugs and precursors and counteraction to their illicit trafficking;
- approves the procedure for classifying substances as analogues of narcotic drugs or psychotropic substances;
- approves tables of small, large, and especially large quantities of narcotic drugs, psychotropic substances, and precursors found in illicit circulation;
- **coordinates the implementation of obligations under international treaties ratified by the Verkhovna Rada of Ukraine in the field of drug circulation and counteraction to illicit trafficking;**
- prepares and submits proposals to the Cabinet of Ministers of Ukraine on:

  - establishing the list of narcotic drugs, psychotropic substances, and precursors and amendments thereto;

  - setting maximum allowable amounts of narcotic drugs, psychotropic substances, and precursors in medicinal products;

  - defining the list of instruments and equipment used for manufacturing drugs and precursors subject to control, and rules for their development, production, storage, distribution, transportation, purchase, sale, import/export, use, and destruction;

  - procedures for activities related to the circulation of narcotic drugs, psychotropic substances, and precursors, and for controlling such circulation.

These functions are divided among various MoH departments, including the medical, pharmaceutical, and public health departments, and the department responsible for international cooperation and European integration. This division may result in uncoordinated efforts. There is currently no single MoH unit responsible for coordinating drug policy, so it is necessary to develop clear internal instructions for cooperation among departments involved in drug policy.

Thus, the Regulation on the MoH does not formally establish a coordinating role in the formation of drug policy, reducing the MoH's role to control over drug circulation and coordination of medical practice.

It should also be noted that the updated version of the Regulation on the MoH contains stigmatising terminology, such as "narcomania."

Within the structure subordinate to the MoH, there are two institutions performing drug policy-related functions:

- **The Public Health Centre of the MoH of Ukraine**
- **The Institute of Forensic Psychiatry of the MoH of Ukraine**

The Institute of Forensic Psychiatry is responsible for scientific research and the development of innovative methods for diagnosing and treating mental disorders, conducting forensic examinations, and implementing training and educational activities.

The Public Health Centre is responsible for:

- developing draft regulations and strategies in the field of public health (including mental health), aimed at preventing communicable and noncommunicable diseases and promoting health, including coordination on TB, HIV, viral hepatitis, and opioid dependence prevention and control at the national level;
- monitoring the drug and alcohol situation in Ukraine by:

  - collecting data from stakeholders implementing drug and alcohol policies and analysing data on processes and phenomena in the circulation of psychoactive substances and alcohol, combating illicit trafficking, and access to prevention, diagnosis, and treatment services;

  - forecasting trends in the drug and alcohol situation in Ukraine;

  - preparing proposals for improving the situation regarding drug and alcohol use;

  - developing and coordinating implementation of regional monitoring programs for the drug and alcohol situation and assessing health risks;

  - preparing proposals for documents ensuring access to prevention, harm reduction, diagnosis, and treatment services for substance use and alcohol-related disorders;

  - coordinating public health institutions in monitoring and evaluating the social and economic factors of drug and alcohol situations;

  - cooperating with ministries, other central executive bodies, and local governments on monitoring drug and alcohol situations;

  - conducting studies on the prevalence and key characteristics of psychoactive substance and alcohol use;

  - expanding international cooperation and implementing best practices and experiences in drug and alcohol monitoring, including participation in the European Monitoring Centre for Drugs and Drug Addiction;

  - promoting health, preventing noncommunicable diseases, and supporting healthy lifestyles, including through organising and coordinating opioid agonist therapy for people with opioid-related mental and behavioural disorders.

According to the **Regulation on the State Service of Ukraine on Medicines** and Drugs Control, approved by the Cabinet of Ministers of Ukraine on 12 August 2015 No. 647, the State Service, within the scope of its assigned responsibilities:

- develops draft state targeted programs on quality control of medicinal products and medical devices, as well as control in the field of circulation of narcotic drugs, psychotropic substances, and precursors, counteracting their illicit circulation, and participates in the implementation of such programs;

- issues licenses to business entities for the cultivation of plants included in Table I of the List of Narcotic Drugs, Psychotropic Substances and Precursors, and for the development, production, manufacturing, storage, transportation, acquisition, sale (dispensation), import into the territory of Ukraine, export from the territory of Ukraine, use, and destruction of narcotic drugs, psychotropic substances, and precursors included in the specified List;
- exercises control over compliance by business entities with the licensing conditions for economic activities in the field of circulation of narcotic drugs, psychotropic substances, and precursors;
- adopts decisions, in accordance with established procedures, to revoke licenses for the cultivation of plants included in Table I of the List of Narcotic Drugs, Psychotropic Substances and Precursors, and for the development, production, manufacturing, storage, transportation, acquisition, sale (dispensation), import into the territory of Ukraine, export from the territory of Ukraine, use, and destruction of the above-mentioned substances;
- issues permits to business entities for the import (export) and transit through the territory of Ukraine of narcotic drugs, psychotropic substances, and precursors; conducts annual calculations and preliminary assessment of Ukraine's need for narcotic drugs and psychotropic substances;
- prepares proposals for determining quotas for the circulation of narcotic drugs and psychotropic substances;
- inspects warehouse, trade, and other premises used in the circulation of narcotic drugs, psychotropic substances, and precursors;
- cooperates with law enforcement agencies, citizens, civil society organizations, and international organizations in the field of countering the illicit circulation of narcotic drugs, psychotropic substances, and precursors;
- pursuant to international treaties of Ukraine, engages in interaction and information exchange with relevant international organizations on matters of control over the circulation of narcotic drugs, psychotropic substances, and precursors, including informing competent authorities of other states about export from or transit through the territory of Ukraine of narcotic drugs, psychotropic substances, and precursors, and reporting the completion of such transactions to the International Narcotics Control Board (INCB) of the United Nations;
- ensures public awareness on issues related to the control of the circulation of medical devices, narcotic drugs, psychotropic substances, and precursors.

Distribution of functions and powers among **law enforcement agencies** is as follows:

Ministry of Internal Affairs (MoIA) — In accordance with the Regulation on the Department for Ensuring the Formation of State Policy in the Sphere of Counteraction to Drug-Related Crime of the Ministry of Internal Affairs of Ukraine, approved by Order of the MoIA dated 12 December 2019 No. 1038, the following responsibilities are assigned:

- participation in the development of state policy in the field of counteraction to drug-related crime and coordination of activities in this area on the instructions of the MoIA leadership;
- study and implementation of positive international and domestic experience in identifying, documenting, and suppressing cases of illicit drug circulation;
- participation in international cooperation on combating transnational and organized drug-related crime, establishing effective interaction in this area.
- The Department for Ensuring the Formation of State Policy in the Sphere of Counteraction to Drug-Related Crime of the MoIA implements the above functions and, in particular:
- participates in the development and submission of proposals to ensure the implementation of state policy in the area of drug-related crime, including political and strategic goals, principles, and directions of its development;
- submits proposals for improving legislation in the field of counteraction to drug-related crime;
- analyses sectoral issues concerning the formation and implementation of state policy in this field and, based on its results, prepares proposals for directing and coordinating the activities of the National Police of Ukraine;
- participates in scientific, analytical, criminological, and sociological research on the state of drug-related crime;
- conducts systematic analysis of the activities of the National Police of Ukraine in the area of drug-related crime;
- initiates analytical and scientific research on current issues of counteraction to drug-related crime to be conducted by the structural subdivisions of the MoIA, higher education institutions with specific learning conditions, and research institutions under the jurisdiction of the MoIA;
- carries out comprehensive analysis of trends and dynamics in the field of drug-related crime, including political, socio-economic, demographic, and other factors significantly influencing it, as well as identifying the causes and conditions of their emergence.

National Police of Ukraine — implements measures to counteract the illicit circulation of narcotic drugs, psychotropic substances, or their analogues, prevent their leakage from legal to illegal circulation, and detect and investigate crimes related to their illicit circulation. According to the Resolution of the Cabinet of Ministers of Ukraine of 28 October 2015 No. 877 "On Approval of the Regulation on the National Police" and paragraph 22 of part one of Article 23 of the Law of Ukraine "On the National Police", the National Police, within its statutory powers, is responsible for the receipt, storage, and destruction of narcotic drugs or psychotropic substances.

By Resolution of the Cabinet of Ministers of Ukraine of 13 January 2023 No. 131 "On the Liquidation of a Territorial Body of the National Police", the Department for Combating Drug-Related Crime, which previously functioned as an interregional territorial body of the National Police, was liquidated as a legal entity under public law. The National Police now independently performs the related functions and responsibilities.

Security Service of Ukraine (SSU) — is responsible for countering illicit international trafficking of narcotic drugs, psychotropic substances or their analogues, conducting counterintelligence and operational-search activities, and preventing and solving organized crimes committed at the transnational level.

Office of the Prosecutor General — The Prosecutor General and relevant prosecutors, including their first deputies and deputies, within the scope of their duties, coordinate the activities of law enforcement agencies at the respective level in the field of crime prevention. The main form of coordination is the convening of coordination meetings with law enforcement leadership, during which information about their activities is reviewed. The decisions adopted at these coordination meetings are mandatory for all designated law enforcement agencies. The procedures and other forms of coordination are approved by order of the Prosecutor General.

The prosecutor supports public prosecution in criminal proceedings in accordance with the rights and obligations defined by the Criminal Procedure Code of Ukraine. Upon detection of signs of administrative or criminal offenses, the prosecutor is obligated to take the actions provided for by law to initiate the relevant proceedings.

In exercising supervision over the legality of the enforcement of court decisions in criminal cases and other coercive measures involving restriction of personal freedom, the prosecutor has the right, at any time and upon presentation of identification confirming their position, to visit places of detention, pre-trial detention centers, penitentiary institutions, institutions where individuals are held under compulsory medical or educational measures, and other facilities where individuals are detained either by court order or administrative decision.

The State Border Guard Service of Ukraine and the State Customs Service of Ukraine are responsible for counteracting drug trafficking.

In addition to the aforementioned entities, the Law of Ukraine "On Narcotic Drugs, Psychotropic Substances and Precursors" outlines the following functions of **the Cabinet of Ministers of Ukraine:**

- approval of the list of psychiatric medical contraindications and other contraindications regarding specific types of activities (works, professions, services) involving the circulation of narcotic drugs, psychotropic substances, and precursors;
- approval of the list of tools and equipment used for the production and manufacturing of narcotic drugs, psychotropic substances, and precursors, which are subject to control, and the rules for their development, production, storage, distribution, transportation, shipment, acquisition, sale (dispensation), import into and export from the territory of Ukraine, use, and destruction;
- approval of quotas for narcotic drugs and psychotropic substances — the maximum quantity permitted within a defined period;
- establishment of procedures for the destruction of narcotic drugs and psychotropic substances in cases where the primary (internal) and secondary (external) packaging and labeling do not meet the requirements for medical use;

- establishment of procedures for the use of narcotic drugs, psychotropic substances, and precursors in veterinary medicine;
- establishment of procedures for issuing permits for the import, export, or transit through the territory of Ukraine of narcotic drugs, psychotropic substances, or precursors.

The Ministry of Education and Science (MoES), the Ministry of Social Policy, the Ministry of Youth and Sports, and the National Social Service (NSS) implement functions related to the prevention of psychoactive substance (PAS) use (primary prevention) and the provision of psychosocial services to individuals who use PAS, particularly treating them as individuals in difficult life circumstances.

The Ministry of Youth and Sports implements activities aimed at promoting and reinforcing healthy lifestyles, organizing meaningful leisure activities for young people, developing street cultures and informal youth communities, and conducting awareness-raising campaigns to combat the spread of socially dangerous diseases and various forms of dependency. Thus, the Ministry is indirectly involved in primary prevention through the implementation of such measures.

The MoES, in accordance with its mandate, approves regulations governing the psychological service within the education system, where PAS prevention measures are implemented. Specifically, the MoES mandates the establishment of psychological services within educational institutions, through which social pedagogues carry out awareness-raising and preventive work among participants of the educational process on issues of preventing and countering domestic violence, including with and against children, criminal behavior, alcohol consumption, and PAS use. The psychological service also works on correcting identified difficulties in the psychosocial development of learners, mitigating risks related to adaptation to the educational environment, tendencies toward substance use and delinquency, and other forms of deviant behavior.

The National Social Service coordinates the activities of structural units of local state administrations and executive bodies of local councils on social protection matters, including the organization of social services for families and individuals in difficult life circumstances, and vulnerable groups. It also oversees and provides methodological support for the delivery of social support and services, including through administrative service centers.

The NSS:

- coordinates the identification of families/individuals in difficult life circumstances and the provision of social services and social accompaniment;
- coordinates social prevention measures for such circumstances.

The specific features of assistance to persons in difficult life circumstances are defined in the Order of the Ministry of Social Policy No. 318 of 31 March 2016, "On Approval of the State Standard for Social Accompaniment of Families (Persons) in Difficult Life Circumstances."

According to the Resolution of the Cabinet of Ministers of Ukraine No. 587 of 1 June 2020, "On the Organization of Social Services," families/persons in or at high risk of entering difficult life circumstances include those with mental and behavioral disorders, including those related to PAS use.

Monitoring of the effectiveness of preventive measures, rehabilitation, and resocialisation of persons dependent on PAS is conducted by the social protection departments, including family, children, and youth support institutions such as social service centers, social work departments, and centers for social and psychological rehabilitation.

Preventive work is carried out by social workers through the provision of social services, implementation of tested prevention programs aimed at developing life skills and resistance to drug-related risks, involving parents and enhancing their competencies, engaging drug-dependent persons in social programs and resocialisation efforts, and retraining social workers and psychologists.

During social accompaniment, information and educational work is carried out with family members to promote healthy lifestyles, foster motivation for behavioral change and treatment, provide individual consultations on the consequences of alcohol and drug use, and offer referrals to services provided by social and psychological rehabilitation centers and other social service providers.

The Ministry of Justice (MoJ) is responsible for the coordination of criminal penalties and probation. One of its primary objectives is to ensure compliance with human rights and legislation regarding the execution and serving of criminal sentences, and the realization of the legal rights and interests of convicted persons and detainees.

To foster healthy lifestyles among convicted individuals with drug and alcohol dependencies and assist in overcoming addiction and rehabilitation during incarceration, the institutions of the State Criminal Executive Service of Ukraine (coordinated by the MoJ) implement the following programs:

- "Rehabilitation Program for Convicted Persons and Detainees with Mental and Behavioral Disorders Due to PAS Use";
- "Overcoming Drug Dependence" and "Overcoming Alcohol Dependence" programs.

Entity	Functions
Ministry of Health (MOH)	• Development of drug policy regarding narcotic drugs, psychotropic substances, and precursors, and prevention of their misuse • Development and approval of treatment standards involving narcotic medicinal products and organization of medical care • Approval of reporting forms and medical documentation related to narcotic medicinal products

Entity	Functions
	• Reporting to the Cabinet of Ministers of Ukraine on drug policy measures • Classification of substances and compounds as analogues of narcotic drugs and psychotropic substances • Determination of classification of narcotic drugs as small, large, or especially large quantities • Coordination of implementation of international obligations concerning narcotic drugs, psychotropic substances, and precursors • Monitoring the state of crime prevention in the sphere of narcotic drugs, psychotropic substances, their analogues, and precursors • Ensuring the functioning of the early warning information system on new psychoactive substance
State Service of Medicines (Derzhliksluzhba)	• Issuance of licenses for working with narcotic drugs • Preparation of quota proposals • Issuance of permits for import and export of narcotic drugs, psychotropic substances, and precursors • Control over compliance with licensing conditions related to narcotic drugs and psychotropic substances • Reporting according to international obligations
Ministry of Internal Affairs (MIA)	Ensuring the formation of state policy in the field of combating drug-related crime
National Police	Implementation of measures to combat drug-related crime
Security Service of Ukraine (SBU	Counteraction to illegal international trafficking of narcotic drugs, psychotropic substances, or their analogues. Conducting counterintelligence and operational-investigative measures. Prevention, deterrence, and disclosure of crimes committed by organized groups at the transnational level
Ministry of Social Policy	Ensuring the formation of state policy in the sphere of social services and social protection

Entity	Functions
National Social Service	Coordination of assistance provision (social services) to individuals/families in difficult life circumstances, including those with mental and behavioral disorders related to psychoactive substance use
Ministry of Education and Science (MES)	Coordination of prevention measures for psychoactive substance and alcohol use among children
Ministry of Justice	Coordination of the work of the State Criminal-Executive Service of Ukraine
State Border Guard Service and State Customs Service	Counteraction to drug smuggling

Conclusions

1. Delays in the adoption of the new Drug Strategy — which should include a dedicated section on interagency coordination — result in a lack of coherence in the functions of actors responsible for drug policy formation and implementation. Substantial discrepancies exist among legal acts that determine the responsibilities and mandates of relevant actors.

2. According to the analyzed statutes, the functions of drug policy formation are currently divided between the Ministry of Health (MoH) and the Ministry of Internal Affairs (MoIA), with the MoH responsible for policy formation and implementation related to the circulation of narcotic drugs, psychotropic substances, their analogues and precursors, and counteraction to their illicit trafficking, and the MoIA responsible for the development of policy in the field of counter-narcotics crime.

The Cabinet of Ministers is authorized to develop and adopt specific policies in this area.

3. At present, **no single body has been clearly designated as responsible for state regulation, oversight, and coordination of executive authorities** in this sphere. This results in a lack of coordination, fragmented efforts, and the absence of a unified strategic vision and prioritization.

4. Adoption of the draft Drug Strategy — which defines the MoH's role as responsible for the formation of drug policy regarding the circulation of narcotic drugs, psychotropic substances, their analogues and precursors, prevention and counteraction to their non-medical use, and coordination of executive authorities in these areas — would significantly improve interagency coordination.

5. Within the MoH, it is necessary to clearly delineate drug policy functions among the relevant departments.

4.1.2. Regulatory Framework for Stakeholder Coordination and Implementation Mechanisms

The mechanism for coordinating the activities of stakeholders in this field is implemented through the establishment and functioning of interagency working groups, which serve as platforms for discussion, information exchange, and joint decision-making. Currently, three such groups operate under the Ministry of Health (MoH):

1. The Interagency Working Group on the Improvement of Regulatory Acts in the Field of Circulation of Narcotic Drugs, Psychotropic Substances, Their Analogues and Precursors, and Counteraction to Their Illicit Trafficking. MoH Order No. 204 of 2 March 2017. Amendments — No. 1310 of 19 July 2023.

2. The Interagency Working Group on the Development of the National Drug Policy Strategy Until 2030 in Ukraine. MoH Order No. 1912 of 19 August 2020. Amendments — No. 442 of 15 March 2024.

3. The Interagency Working Group on Opioid Agonist Therapy (OAT) and Harm Reduction. MoH Order No. 268 of 6 February 2020. Amendments — No. 1895 of 2 November 2023.

Organization / Institution Representation	Group 1	Group 2	Group 3
Representatives of Ministries and State Authorities			
Ministry of Health (Public Health Department – 2 persons per group)	3	3	3
Ministry of Justice of Ukraine (Directorate of Justice and Criminal Justice – 1 group)	2		
Ministry of Internal Affairs of Ukraine (Department for Cooperation with the National Police of Ukraine)	2	1	1
Ministry of Education and Science of Ukraine (Directorate of Science and Innovation)		2	
Ministry of Youth and Sports of Ukraine (Department of Youth Policy)		1	
Ministry of Foreign Affairs of Ukraine (Department of International Organizations)		1	
Armed Forces of Ukraine (Department for Prevention, Detection and Termination of Criminal and Other Offenses of the Main Directorate of the Military Service of Law and Order)	1		
Security Service of Ukraine (Department for National State Protection – Group 1)	3	3	
National Security and Defense Council of Ukraine	1		
National Police of Ukraine (Department for Combating Drug Crime – Group 1; Department for Drug Crime Control – Group 3)	2	3	2

Organization / Institution Representation	Group 1	Group 2	Group 3
Representatives of Ministries and State Authorities			
State Bureau of Investigations	2		
Members of Parliament	2		
Commissioner for Social Human Rights of the Verkhovna Rada of Ukraine		1	
Department for Monitoring Social Rights of the Secretariat of the Commissioner of the Verkhovna Rada of Ukraine for Human Rights		1	
Department for Monitoring Equal Rights and Freedoms of the Secretariat of the Commissioner of the Verkhovna Rada of Ukraine for Human Rights		1	
State Customs Service of Ukraine (Department for Combating Smuggling and Customs Offences, Division of Non-Tariff Regulation – Group 1)	2	1	
State Service of Ukraine on Medicines and Drugs Control (Division for State Regulation and Control in the Sphere of Circulation of Narcotic Drugs, Psychotropic Substances, Precursors, and Combating Their Illicit Trafficking)	6	4	4
State Labour Service of Ukraine		1	
State Judicial Administration of Ukraine		1	
State Border Guard Service of Ukraine (Department of Operative and Investigative Activities)		3	
Representatives of State Institutions			
State Institution "Institute of Psychiatry, Forensic Psychiatric Examination and Drug Monitoring of the Ministry of Health of Ukraine"	2		
State Institution "Public Health Center of the Ministry of Health of Ukraine"	2	1	3
State Institution "Health Care Center of the State Criminal and Executive Service of Ukraine" of the Ministry of Justice of Ukraine		1	1
State Institution "Probation Center"		1	
State Expert Center of the Ministry of Health of Ukraine			2

Organization / Institution Representation	Group 1	Group 2	Group 3
Representatives of Donors and International Technical Assistance Projects			
The Global Fund to Fight AIDS, Tuberculosis and Malaria on Human Rights			1
United Nations Office on Drugs and Crime (UNODC) Country Office	1		1
U.S. Centers for Disease Control and Prevention (CDC) Office in Ukraine		2	1
UNAIDS Office in Ukraine			1
International Renaissance Foundation	1	2	
Representatives of Research Institutes, Universities, and Professional Communities			
Academician V.V. Stashis Research Institute for the Study of Crime Problems of the National Academy of Legal Sciences of Ukraine		1	
University Clinic of Taras Shevchenko National University of Kyiv	1	1	
P.L. Shupyk National University of Health of Ukraine		1	
Non-Governmental Organization "Association of Psychiatrists of Ukraine"	1		
Ukrainian Military Medical Academy	1		
Non-Governmental Organization "Ukrainian Institute for Social Research named after Oleksandr Yaremenko"		1	
Kyiv Scientific Research Institute of Forensic Examinations of the Ministry of Justice of Ukraine		2	
Specialized Laboratory for Examinations and Research of the State Customs Service of Ukraine	1		
Representatives of Research Institutes, Universities, and Professional Communities			
Municipal Non-Commercial Enterprise of the Sumy Regional Council "Regional Clinical Medical Center of Socially Dangerous Diseases"			1
Municipal Non-Commercial Enterprise "Kyiv City Narcological Clinical Hospital 'Sociotherapy'" of the Kyiv City State Administration		1	1
National Military Medical Clinical Center "Main Military Clinical Hospital"		1	

Organization / Institution Representation	Group 1	Group 2	Group 3
Representatives of NGOs and Patient Communities			
National Hotline on Drug Dependence, OST and Viral Hepatitis			1
Hope and Trust Foundation / All-Ukrainian Association of Drug-Dependent Women "VONA"			1
Non-Governmental Organization "Association of Experts and Professionals in the Field of Controlled and Narcotic Substances"	1		
Public Union "International Anti-Narcotics Association"		1	
Non-Governmental Organization "Ukrainian Cannabis Association"	1		
International Charitable Foundation "Alliance for Public Health"	1	2	2
Charitable Organization "Charitable Foundation 'Wellbeing of Generations'"	1	2	
Charitable Organization "Free Zone"			1
Charitable Organization "Ukrainian Institute of Public Health Policy"		1	1
Charitable Organization "Charitable Foundation 'Healthy Solutions for an Open Society'"		2	
Charitable Organization "Charitable Foundation 'All-Ukrainian Association of People with Drug Dependence (VOLNa)'"	1	2	
Charitable Organization "100% LIFE"	1	1	1

Based on the above, the following conclusions can be drawn:

1. Currently, three working groups operate under the MoH, with mandates covering various aspects of drug policy, including:

- OAT and harm reduction;
- development of the Drug Policy Strategy;
- circulation of narcotic drugs, psychotropic substances, their analogues and precursors, and counteraction to their illicit trafficking.

At the same time, **there is no national working group with responsibilities and functions encompassing overall coordination of drug policy**, including interagency coordination, demand reduction through effective and evidence-based prevention measures, monitoring and evaluation of the drug situation, assessment of drug policy effectiveness, and ensuring access to diagnostics and treatment (excluding OAT). Thus, the mechanisms created at the national level cover only narrow segments of drug policy, leading to fragmentation.

The working groups mentioned above operate with insufficient effectiveness regarding the regularity of their meetings. Group No. 1 did not meet at all in 2023 or 2024. Group No. 2 met up to two times during 2023–2024. Group No. 3 is the most active, holding at least three meetings per year.

2. All groups include key representatives of the MoH, other state authorities, public institutions, major donors and international technical assistance projects, research institutes and universities, healthcare facilities (HCFs), and civil society organizations. This composition potentially ensures broad expertise in the issues under consideration and enables balanced decision-making that accounts for different perspectives. At the same time, the participation of certain civil society representatives in the working groups requires reconsideration due to unconfirmed expertise or potential conflicts of interest. Additionally, the participation of the academic community in the work of the groups and in policy formation remains weak. As a result, decision-making may lack balance.

3. It is recommended to revise the current groups and establish a separate working group for the coordination of drug policy measures, with the creation of subgroups by thematic areas, including:

- monitoring of the drug situation and data systems for decision-making;
- organization and provision of prevention, diagnostics, treatment, and harm reduction services for PAS use;
- coordination of government bodies in drug policy, strengthening interagency cooperation, and EU integration.

Areas of Interaction Between Drug Policy Stakeholders and Key Regulatory Acts

The key areas of stakeholder interaction include:

- prevention (demand reduction);
- access to harm reduction services;
- access to diagnostic and treatment services;
- prevention of illicit circulation of controlled medicines through state regulatory mechanisms;
- monitoring of the drug situation and data exchange systems (addressed in a separate section).

An overview of key regulations in the defined areas of interaction is provided below. Some areas of interaction still lack clarity regarding the roles and involvement of stakeholders.

Prevention (Demand Reduction)

Most primary prevention activities, particularly among adolescents and youth, are implemented within the education system and coordinated by the Ministry of Education and Science (MoES). However, there are currently no effective mechanisms for cooperation between educational institutions that may identify adolescents with signs of PAS use and HCFs that provide medical care.

In addition, primary prevention at the national level should involve a broad range of stakeholders and operate at various levels. According to the European Prevention Curriculum developed by the European Union Drugs Agency (EUDA), prevention is cross-sectoral and should be implemented:

- in educational institutions;
- in the workplace;
- at the community level;
- in the media;
- at the HCF level.

However, due to the absence of a unified, legally approved prevention standard that encompasses all levels, is evidence-based, and incorporates cross-sectoral coordination mechanisms, primary prevention is currently implemented in a disorganized and unsystematic manner. There is no protocol for service coordination in cases where individuals at high risk of PAS use or current users are identified, which impedes timely response.

Ensuring access to harm reduction (HR) services

Currently, HR services are provided under the MoH Order No. 288 of 20 February 2024 "On the Approval of the Procedure for the Provision of HIV Prevention Services among Certain Key Populations in Relation to HIV Infection." This Order does not provide for interagency cooperation or coordination.

At the same time, the following innovative HR approaches are currently not being implemented at the national level:

- drug checking;
- safe consumption rooms;
- as the approval of these activities must be granted by law enforcement agencies.

Given that the drug market is currently dominated by synthetic psychoactive substances (PAS), the composition of which is usually unknown, and that there is increasing information about the presence of fentanyl/carfentanil and other hazardous adulterants in these substances, the development of innovative HR programs is now extremely relevant. In particular, such programs should offer people who use drugs the possibility to test the composition of a substance, which would in turn help prevent overdoses.

Ensuring access to diagnostic, treatment, and social services

Spheres/directions	Interaction entities	Regulatory act governing interaction
providing social services to persons in difficult life circumstances	entities responsible for identifying persons in difficult life circumstances social service providers	Resolution of June 1, 2020 No. 587 "On the organization of the provision of social services"

The Procedure defines the mechanism for identifying individuals/families who are in difficult life circumstances or are at the highest risk of entering such circumstances, and for organising the provision of social services according to their individual needs. The Resolution includes a broad list of entities responsible for identifying individuals/families who belong to vulnerable population groups or are in difficult life circumstances, including:

- structural subdivisions for social protection of the population of district administrations in the cities of Kyiv and Sevastopol;
- executive bodies of village, settlement, and city councils (hereinafter – the authorised body);
- social service centers, centers for the provision of social services, territorial centers for social services (social service provision), other institutions/facilities providing social services, including specialised support services for persons affected by domestic violence and/or gender-based violence;
- children's services, social managers, social work specialists, social workers or other authorised officials of the authorised body;
- educational institutions;
- healthcare institutions;
- institutions providing free primary legal aid, centers providing free secondary legal aid, as well as enterprises, institutions, organisations regardless of the form of ownership, public associations, charitable and religious organisations, individual entrepreneurs and individuals providing social care services without engaging in entrepreneurial activity, and volunteers (hereinafter – the entity).

If such an individual/family is identified, the entity must inform the authorised body or the social service provider by sending a written or electronic notification, using electronic communication means, no later than the next business day.

No later than the next business day after receiving information about the identification of an individual/family belonging to a vulnerable population group or exposed to factors that may lead to difficult life circumstances, the authorised body shall notify the social manager/social work specialist, in particular through the Social Web Portal of the Ministry of Social Policy, so that they may assess the needs of the individual/family for social services.

Based on the results of the needs assessment, the social manager/social work specialist shall draw up a needs assessment report (in paper or electronic form, including using the "Case Management" digital tool), which shall be submitted no later than the next business day, including through the Social Web Portal of the Ministry of Social Policy, to the authorised body for a decision on the provision/refusal of social services.

The Resolution also stipulates the mechanism for self-referral by the individual.

The form of the needs assessment report is approved by the Ministry of Social Policy.

Thus, the aforementioned normative act defines, in particular, the procedure for notifying other entities about the need to provide social services to persons who have found themselves in difficult life circumstances.

A separate analysis is required to assess the implementation of these provisions, especially in terms of interaction with HCFs, which primarily work with people who use PAS and, accordingly, are most in need of social services. In practice, HCFs currently do not inform the authorised body or social service providers about the need for services for their patients.

Spheres/directions	Interaction entities	Regulatory act governing interaction
Provision of psychiatric care on a compulsory basis – compulsory medical measures	HCFs providing psychiatric care the court at the location of the HCF (decision-making on compulsory care) the guardianship and custody authority (in cases of providing psychiatric care to persons under 14 years of age in the absence of parents or in case of disagreement with hospitalization)	Law of Ukraine "On Psychiatric Care" Order of the Ministry of Health of August 31, 2017 No. 992 "On approval of the Rules for applying compulsory medical measures in a special psychiatric care facility" – applied by court decision to persons who have committed a socially dangerous act that falls under the characteristics of an act provided for in the Special Part of the Criminal Code of Ukraine

Article 8 of the Law of Ukraine "On Psychiatric Care" defines the involvement of police officers in the provision of psychiatric care and in preventing dangerous actions by persons with mental disorders. Police officers are required to assist healthcare professionals or family members (a parent or spouse) of a person requiring psychiatric care upon their request in cases of compulsory psychiatric treatment and to ensure safe conditions for accessing the individual and conducting their psychiatric examination or hospitalisation. Articles 13 and 15 set out the grounds under which the guardianship authority makes decisions on hospitalisation, including when one of the parents disagrees or when the parents of a minor under 14 are absent, and when a person is declared legally incapable and, due to their condition, is unable to request or provide informed written consent.

Compulsory medical measures are applied by court decision in the cases and manner established by the Criminal Code of Ukraine, the Criminal Procedure Code of Ukraine, this Law, and other laws.

By court decision, the following compulsory medical measures may be applied:

1. Provision of outpatient psychiatric care on a compulsory basis;

2. Hospitalisation in a psychiatric care facility under general supervision;

3. Hospitalisation in a psychiatric care facility under enhanced supervision;

4. Hospitalisation in a psychiatric care facility under strict supervision.

This legislative act currently provides the primary framework for the provision of psychiatric care to persons with substance use-related disorders and does not contain discriminatory provisions. However, following the adoption of this law, overlapping provisions of the Law of Ukraine "On Measures to Counter Illicit Trafficking in Narcotic Drugs, Psychotropic Substances and Precursors and Their Abuse" have not been repealed.

Spheres/directions	Interaction entities	Regulatory act governing interaction
Definition of terminology, system of diagnosis, referral for medical examination	Ministry of Health (MOH) Health Care Facilities (HCFs) Ministry of Internal Affairs of Ukraine Office of the Prosecutor General National Police Court	Law of Ukraine "On Measures to Counteract the Illicit Trafficking of Narcotic Drugs, Psychotropic Substances and Precursors and Their Abuse"

This latter law operates with outdated and discriminatory terminology, such as "narcomania," which is not included in ICD-10, and contains provisions contradicting the Law of Ukraine "On Psychiatric Care." For instance, it states that the diagnosis of "narcomania" must be established by a medical advisory commission in an inpatient setting, which contradicts the Law on Psychiatric Care.

Existing outdated legislative provisions stipulate that the diagnosis of mental and behavioural disorders due to PAS use can only be made in inpatient settings and by a commission. This requirement significantly limits patients' access to treatment, leads to unnecessary and unjustified budget expenditures for inpatient stays and staffing, and constitutes an economically unjustified burden that hinders the timely provision of services.

Furthermore, the law establishes a number of discriminatory and unfounded practices by law enforcement agencies that contradict the Law on Psychiatric Care. Article 12, titled "Identification of Persons Who Illegally Use Narcotic Drugs or Psychotropic Substances," states:

"A person about whom information has been received by healthcare institutions, the central executive body responsible for drug policy, or the National Police—from institutions, enterprises, organisations, media, or individual citizens—regarding illegal drug use or intoxication, is subject to medical examination."

The fact of illegal use may be determined based on witness testimony. This provision violates basic human rights principles, allowing for compulsory psychiatric examinations based solely on statements from individuals or organisations without sufficient grounds.

The law also stipulates: "The procedure for identifying and registering persons who illegally use narcotic drugs or psychotropic substances is determined by a joint legal act of the central executive bodies responsible for healthcare policy, drug control, the Ministry of Internal Affairs, and the Prosecutor General's Office."

"The procedure for conducting medical examinations and evaluations is determined by a joint legal act of the above-mentioned bodies."

However, these bodies, by their statutory mandates, are not authorised to regulate diagnostic or registration procedures, reflecting legacy practices of a repressive drug policy.

In light of the above, the law requires either repeal or revision to exclude medical matters already regulated under the specialised Law of Ukraine "On Psychiatric Care," align terminology with ICD-10, and remove excessive law enforcement powers over medical issues.

Along with changes to the terminology in this law, amendments are also needed in related legislative acts:

- the Criminal Enforcement Code of Ukraine, the Criminal Code of Ukraine;
- the Code of Ukraine on Administrative Offences;
- the Family Code of Ukraine;
- the Laws of Ukraine: "Fundamentals of Ukrainian Legislation on Health Protection";
- "On Cinematography";
- "On Combating Tuberculosis";
- "On Security Activities";
- "On the Basics of Social Protection of Homeless Persons and Street Children";
- "On Immigration";
- "On the Participation of Citizens in the Protection of Public Order and the State Border";
- "On the Bodies and Services for Children and Special Institutions for Children."

In particular, Article 59-1, "Probation Supervision," of the Law of Ukraine stipulates that the court may impose on the convicted person under probation the obligation to undergo treatment for drug or alcohol dependence, or mental and behavioural disorders due to PAS use, or diseases posing a danger to public health.

Spheres/directions	Interaction entities	Regulatory act governing interaction
Probation supervision	Court (decision-making) Authorized probation authorities at the place of residence of the convicted person (monitoring compliance with the decision) Law enforcement agencies (response in case of non-compliance, search) Persons sentenced to probation Health Care Facilities (provision of treatment)	Law of Ukraine "On Amendments to the Criminal Code, the Criminal Procedure Code of Ukraine and Other Legislative Acts of Ukraine Regarding the Improvement of Types of Criminal Punishment", No. 3342-IX, adopted on 23.08.2023, effective from 28.03.2024

However, the issue remains unresolved as to which treatment program, duration, and intensity are acceptable for persons subjected to this measure, and which indicators define its effectiveness. Otherwise, there is a risk that preference will be given to the simplest interventions with minimal impact on reducing or stopping PAS use. The interaction between HCFs and the authorised probation body at the place of residence of the convicted person, including information sharing on the implementation of the court decision, also remains unregulated.

Spheres/directions	Interaction entities	Regulatory act governing interaction
Procedure for identifying and registering persons who illegally use narcotic drugs or psychotropic substances	Ministry of Health (MOH) Ministry of Internal Affairs (MIA) National Police	Order of the Ministry of Health of Ukraine, the Prosecutor General's Office of Ukraine, the Ministry of Internal Affairs of Ukraine, and the Ministry of Justice of Ukraine "On Approval of the Instruction on the Procedure for Identifying and Registering Persons Who Illegally Use Narcotic Drugs or Psychotropic Substances," dated October 10, 1997 No. 306/680/21/66/5

The relevant Order was adopted over 25 years ago and has not been amended despite changes in related regulatory fields. As a result, Order No. 306/680/21/66/5 currently contains contradictions with other legislation and operates with outdated terminology.

Additionally, under the Law of Ukraine "On Psychiatric Care," any psychiatric, narcological, or other specialised healthcare facility, department, or office—regardless of ownership—that provides psychiatric care is defined as a "psychiatric care facility." However, Order No. 306/680/21/66/5 still uses the term "treatment and prevention facility."

The Order also stipulates that a diagnosis must be made by a medical advisory commission, while Article 27, part two, of the Law "On Psychiatric Care" provides that a diagnosis of a mental disorder is exclusively within the competence of a psychiatrist or psychiatrists. This legal inconsistency creates barriers for individuals with PAS-related mental or behavioural disorders, who are forced to undergo a burdensome procedure involving the convening of a commission, often resulting in treatment refusal. This requirement also leads to unjustified costs for HCFs.

Furthermore, Order No. 306/680/21/66/5 establishes the procedure for the interaction of law enforcement, correctional facilities, and HCFs to ensure comprehensive registration of persons using narcotic drugs and psychotropic substances. It should be noted that the Penal Labour Code of Ukraine, which defined correctional labour facilities, was repealed following the adoption of the Criminal Enforcement Code of Ukraine. The latter classifies institutions as either open or closed-type.

The Law of Ukraine "On the National Police" repealed the Law "On the Militia." However, Order No. 306/680/21/66/5 still uses the term "militia." That repealed law authorised the militia to identify and deliver, with a prosecutor's sanction, individuals with chronic "alcoholism" or "drug addiction" who used injectable narcotics for mandatory examination and treatment.

Currently, the National Police is not legally tasked with such functions. Yet, Article 13, part one of the Law "On Measures to Counter Illicit Trafficking in Narcotic Drugs, Psychotropic Substances and Precursors and Their Abuse" still provides for medical examinations at the request of police officers and medical evaluations at the direction of a narcologist. A person avoiding such procedures is subject to forced delivery by the National Police to a narcological facility.

Order No. 306/680/21/66/5 is not only inconsistent with national legislation but also incompatible with the International Classification of Diseases, 10th and 11th revisions (ICD-10, ICD-11), especially in the naming of diagnoses. It includes the term "narcomania," whereas ICD-10 and Ukrainian law define the population as persons with mental disorders, including those due to PAS use.

The Order also includes the term "narcological dispensary supervision," which was also used in the now-repealed MoH Order No. 20 of 22 January 2007 "On the Approval of the Instruction on the Organisation of Dispensary and Consultative Supervision of Persons with Mental Disorders during Outpatient Psychiatric Care." This order was repealed by MoH Order No. 1063 of 13 May 2019.

Spheres/directions	Interaction entities	Regulatory act governing interaction
Driver examination for intoxication	Ministry of Health (MOH) Health Care Facilities (HCFs) Ministry of Internal Affairs of Ukraine National Police	Resolution of the Cabinet of Ministers of Ukraine dated December 17, 2008 No. 1103 "On Approval of the Procedure for Referring Drivers of Vehicles for Examination to Detect Alcohol, Drug or Other Intoxication, or Being Under the Influence of Medicinal Products that Reduce Attention and Reaction Speed, and Conducting Such Examination" Order of the Ministry of Health and Ministry of Internal Affairs "On Approval of the Instruction on the Procedure for Detecting Signs of Alcohol, Drug or Other Intoxication, or Being Under the Influence of Medicinal Products that Reduce Attention and Reaction Speed in Drivers of Vehicles," dated November 9, 2015 No. 1452/735
Examination of conscripts and reservists during training, as well as Armed Forces personnel, for intoxication or being under the influence of medicinal products that reduce attention and reaction speed	Ministry of Health (MOH) Armed Forces of Ukraine (AFU) (command authorities of the Military Service; military unit; other military formations established in accordance with the laws of Ukraine; special law enforcement units)	Resolution of the Cabinet of Ministers of Ukraine "On Approval of the Procedure for Referring Conscripts and Reservists during Training, as well as Armed Forces Personnel, for Examination to Detect Alcohol, Drug or Other Intoxication, or Being Under the Influence of Medicinal Products that Reduce Their Attention and Reaction Speed, and Conducting Such Examination," dated January 12, 2024 No. 32

Intoxication assessments are among the most in-demand services provided by narcological HCFs. Current regulations only govern examinations for drivers and military personnel, whereas there is a need to regulate such examinations for other categories of citizens as well.

At present, there are no effective mechanisms for funding these services. The material and technical resources of HCFs are unsatisfactory: fewer than half of the facilities conducting examinations have the necessary equipment and consumables, which may result in false-negative outcomes.

Moreover, there are no established standards for conducting such tests. The only current document is the Methodological Guidelines "Procedure for Sampling Biological Material from Living Individuals, Handling, and Conducting Toxicological Examinations to Identify Alcohol, Drug, or Other Intoxication or the Influence of Medicinal Products Affecting Attention and Reaction Speed" (approved by the Director of the Department of Medical Care Development of the MoH of Ukraine, M.K. Khobzei, on 18 January 2011). These guidelines require revision.

Due to the lack of regulatory oversight, systematic collection, generalisation, and systematisation of intoxication assessment results due to alcohol and/or PAS use by HCFs is not conducted. This prevents comprehensive epidemiological surveillance and an adequate state response.

To prevent further complications related to PAS and alcohol use, ensure timely identification of individuals with substance-related disorders, and refer them for services, a comprehensive service delivery system must be introduced for persons with mental and behavioural disorders due to PAS and alcohol use. All individuals with detected intoxication must receive diagnostic services and follow-up interventions according to the severity of identified problems—from brief interventions (for all) to referral for inpatient or outpatient treatment.

A critical limitation—partially due to weak technical infrastructure—is the current inability to identify substances in biological samples, especially in cases of new PAS use. This may lead to false-negative results.

Therefore, there is an urgent need for:

- the development of regulations governing the referral and conduct of intoxication assessments for the population (not only drivers and military personnel), including financial mechanisms for service funding;
- the development of a documentation and information system for recording the results of medical examinations for all categories of persons intoxicated by PAS in HCFs;
- the implementation of diagnostic, prevention, and treatment algorithms for all individuals who test positive in intoxication assessments;
- the development of testing standards and the introduction of mechanisms for forming conclusions based on clinical indicators rather than solely the presence of a substance in a biological sample; and the strengthening of the material and technical base of HCFs.

Prevention of Illicit Trafficking of Narcotic Drugs through State Regulatory Mechanisms

Spheres/directions	Interaction entities	Regulatory act governing interaction
Preparation of quotas for import and export of narcotic drugs	Cabinet of Ministers of Ukraine State Service of Ukraine on Medicines and Drugs Control Business entities (State Expert Center, HCFs, drug manufacturers) Interested authorities (for approval purposes)	Law of Ukraine "On Narcotic Drugs, Psychotropic Substances and Precursors" Resolution of the Cabinet of Ministers of Ukraine dated June 3, 2009 No. 589 "On Approval of the Procedure for Conducting Activities Related to the Circulation of Narcotic Drugs, Psychotropic Substances and Precursors, and Control over Their Circulation"

The Law of Ukraine "On Narcotic Drugs, Psychotropic Substances and Precursors" mandates the annual submission and national-level approval of quotas for narcotic drugs and psychotropic substances. These quotas govern the cultivation of plants containing such substances (as listed in the Schedule), as well as the production, manufacture, storage, import, and export of these substances.

Article 5 of the Law stipulates that the central executive body implementing state policy on the circulation of narcotic drugs, psychotropic substances, their analogues, and precursors—and countering their illicit trafficking (currently, the State Service of Ukraine on Medicines and Drugs Control)—prepares proposals for determining the quotas. These proposals, following coordination with relevant stakeholders, are submitted to the Cabinet of Ministers of Ukraine for approval.

Cabinet of Ministers Resolution No. 589 of 3 June 2009 "On the Approval of the Procedure for Conducting Activities Related to the Circulation of Narcotic Drugs, Psychotropic Substances and Precursors, and for Controlling Their Circulation" (paragraph 8) states that production, manufacture, storage, import into Ukraine, and export from Ukraine of narcotic drugs and psychotropic substances listed in Schedules II and III, or preparations containing such substances in amounts exceeding the maximum permissible limits defined by the Cabinet of Ministers, is prohibited.

Currently, the following regulatory procedures are in place for determining quotas:

- The Ministry of Health of the Autonomous Republic of Crimea and health departments of regional, Kyiv, and Sevastopol city state administrations annually submit calculations of narcotic and psychotropic substance requirements to the MoH by 15 November.

- Business entities submit applications to the State Medicines and Drugs Control Service by 1 December annually.
- Based on submitted data, the State Medicines and Drugs Control Service prepares proposals and submits them to the MoH.
- Prior to approval by the Cabinet of Ministers, quotas must be agreed upon with stakeholders, including law enforcement bodies such as the SSU, Ministry of Internal Affairs, and National Police.

From 2015 to 2022, and continuing to the present, quotas were approved only once (in 2022). This delay is due to the absence of a clear methodology for calculating quotas, which in turn complicates their approval by law enforcement agencies. For instance, each entity (e.g., a manufacturer) submits proposals based on their intent to win a national tender for producing medicines under the INN "methadone" and "buprenorphine," resulting in duplicated quota volumes. Healthcare facilities also submit requests. There is currently no defined process for submitting quotas for large-scale national programmes where procurement and supply of medicines are centralised. The absence of a uniform, clear methodology capable of assessing the adequacy of submitted requests—including in wartime conditions—leads to quota rejection. As a result, the country operates in violation of its legislation and is unable to properly control the import and export of narcotic drugs and psychotropic substances.

Spheres/directions	Interaction entities	Regulatory act governing interaction
Procedure for classifying substances as analogues of narcotic drugs and psychotropic substances and preparing conclusions regarding the classification of synthetic or natural substances whose chemical structure and properties are similar to the chemical structure and properties of narcotic drugs and psychotropic substances included in the List of Narcotic Drugs, Psychotropic Substances and Precursors approved by the Resolution of the Cabinet of Ministers of Ukraine dated May 6, 2000 No. 770, and whose psychoactive effects they reproduce	Ministry of Health (MOH) State Institution "Center for Mental Health and Drug and Alcohol Monitoring of the Ministry of Health of Ukraine" Ministry of Internal Affairs (MIA) National Police Security Service of Ukraine (SBU) State Service of Ukraine on Medicines and Drugs Control	Order of the Ministry of Health "On Certain Issues of Classifying Substances as Analogues of Narcotic Drugs and Psychotropic Substances" dated April 3, 2019 No. 715

The current MoH Order defines:

- The procedure for classifying substances as analogues of narcotic drugs and psychotropic substances;
- The regulations of the MoH Commission for the classification of substances as analogues of narcotic drugs and psychotropic substances. The order also outlines the functioning of the group that provides MoH with recommendations to include a new psychoactive substance in the Schedule.

However, there is no clearly defined and legally approved national mechanism for updating Cabinet of Ministers Resolution No. 770 of 6 May 2000. In practice, institutions submit proposals to the MoH in arbitrary form with justifications for the classification of a substance into one of the Schedules. MoH then forwards these proposals to a list of institutions and organisations for consideration. However, there are no established formats, review procedures, or decision-making criteria.

This gap may lead to untimely responses to new threats and the emergence of new PAS and impedes Ukraine's ability to fulfill international obligations regarding rapid response systems for new PAS.

Summary:

1. Effective implementation of key strategic directions and interventions requires the establishment of efficient interagency cooperation and coordination, as outlined in various European directives and regulations whose implementation is essential for the EU integration negotiation process.

2. A number of legal acts regulate interagency cooperation in drug policy. The following key regulatory acts were analysed:

- Prevention (demand reduction);
- Access to harm reduction services;
- Access to diagnostic, treatment, and social services;
- Prevention of illicit trafficking of narcotic drugs through state regulatory mechanisms;
- Monitoring of the drug situation and data-sharing systems (analysed in a separate section).

3. Based on the analysis, the following regulatory acts require cancellation, updating, or development:

Require cancellation:

- Joint Order No. 306/680/21/66/5 of the MoH, Prosecutor General's Office, Ministry of Internal Affairs, and Ministry of Justice of Ukraine of 10 October 1997 "On the Approval of the Instruction on the Procedure for Identifying and Registering Persons Who Illegally Use Narcotic Drugs or Psychotropic Substances."

Require updating:

- Law of Ukraine "On Measures to Counter Illicit Trafficking in Narcotic Drugs, Psychotropic Substances and Precursors and Their Abuse."

Require development:

- National standards for PAS use prevention;
- Procedure for implementing Article 59-1 "Probation Supervision" of the Law of Ukraine regarding treatment for drug, alcohol dependence, or PAS-related mental and behavioural disorders, and interaction between HCFs, probation authorities, and law enforcement at the convict's place of residence;
- Procedure for updating Cabinet of Ministers Resolution No. 770 in terms of scheduling of substances;
- Methodology for calculating quotas for narcotic drugs and psychotropic substances for cultivation, production, manufacture, storage, import, and export as per the Schedule;
- Procedure for referral and conduct of intoxication assessments for the general population (not just drivers and military personnel), including financial mechanisms for service provision;
- System for documenting and entering results of intoxication assessments in HCF information systems;
- Standards for testing and implementation of decision-making mechanisms based on clinical indicators rather than solely substance presence in biological samples; strengthening the technical base of HCFs;
- Procedure for providing treatment for PAS-induced mental and behavioural disorders among military personnel.

4.2. Data Exchange and National Drug Monitoring Systems

This section examines the current state of implementation of one of the key pillars of drug policy — the monitoring system and data for decision-making. This area requires effective cross-sectoral cooperation between key stakeholders in drug policy, a clear allocation of responsibilities, and the alignment of national data collection and analysis systems with international standards.

The need to establish a proper monitoring system, ensure data quality, and enable their use, particularly for decision-making, has been defined by international obligations within the framework of the EU accession negotiation process.

The Council Conclusions on people with mental and behavioural disorders due to drug use and psychiatric comorbidities, adopted at the 3992nd meeting (Justice and Home Affairs) on 4 December 2023, set out the following priorities and commitments for member states:

SUPPORT the development of reliable and cross-country comparable indicators as a critical tool for monitoring the situation of individuals with substance use and mental disorders, facilitating the screening and diagnosis of comorbid conditions, and evaluating related policies;

PRIORITISE AND SUPPORT research on various aspects of the condition of individuals with mental and behavioural disorders due to psychoactive substance use, emphasising the need to use harmonised definitions and measurement tools, as well as to study best practices that professionals can apply effectively.

The Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence (2003/488/EC) outlines the following actions to be undertaken by Member States:

- Ensure reporting at national and community levels to monitor the measures adopted by Member States in this field, their outcomes, and the implementation of the recommendations.

To support the development of evaluation methodologies that enhance the effectiveness and impact of drug dependence prevention and harm reduction, Member States should:

- Use scientifically proven methods as the basis for selecting appropriate interventions;
- Conduct needs assessments at the initial stage of any programme;
- Develop and implement adequate evaluation protocols for all prevention and harm reduction programmes;
- Develop and apply quality assessment criteria in line with the recommendations of the European Union Drugs Agency (EUDA);
- Organise standardised data collection and information dissemination in accordance with EUDA recommendations through national REITOX focal points;
- Use evaluation results effectively to refine and advance policies in the field of drug dependence prevention;
- Develop evaluation training programmes tailored to various levels and target groups;
- Integrate innovative approaches that engage all participants and stakeholders in the evaluation process to improve the reliability of findings;
- In cooperation with the European Commission, promote the exchange of programme results, skills, and experiences within the European Union and with third countries, particularly candidate countries for EU membership.

As demonstrated by the above regulatory documents, national obligations go far beyond the technical collection of data. Quality assurance systems, effectiveness indicators, and decision-oriented data systems must be implemented at all levels of service provision and response to drug use.

4.2.1. International Obligations for National Reporting and Data Collection

At the international level, data on the drug situation are collected by the following bodies:

- United Nations Commission on Narcotic Drugs (CND) — collects data by thematic areas.

- United Nations Office on Drugs and Crime (UNODC) — collects country-level data using five instruments:
  - Annual Report Questionnaire (ARQ)
  - Individual Drug Seizures (IDS)
  - United Nations Survey on Crime Trends and the Operations of Criminal Justice Systems (UN-CTS)
  - United Nations Illicit Arms Flows Questionnaire (UN-IAFQ)
  - Questionnaire for the Global Report on Trafficking in Persons (GLOTiP)
- European Union Drugs Agency (EUDA)* — collects data based on the following indicators:
  - Problem drug use
  - Treatment demand indicator
  - Drug-related infectious diseases
  - Drug-related deaths and mortality
  - Prevalence and patterns of drug use

*Formerly known as the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) until July 2024 — a European Union agency responsible for monitoring the drug and alcohol situation.

The following is a description of the reporting indicators used by the United Nations Office on Drugs and Crime (UNODC) in relation to drug issues.

There are two indicators that directly relate to drugs, which are described below:

Annual Report Questionnaire (ARQ) — established under the international drug control conventions of 1961, 1971, and 1988, the ARQ gathers comprehensive data on a wide range of drug-related issues, including demand (e.g., prevalence of drug use, treatment data, mortality) and supply (e.g., seizures, cultivation), as well as regulatory matters. Member States report annually to UNODC via the integrated modules through the Data eXchange Platform (DXP). The ARQ also contributes to the calculation of Indicator 3.5.1: "Coverage of treatment interventions (pharmacological, psychosocial, rehabilitation, and aftercare services) for substance use disorders," jointly overseen by UNODC and WHO.

Individual Drug Seizures (IDS) — this mandatory data collection involves reporting individual cases of drug seizures by time and location. Member States submit quarterly reports to UNODC via the DXP platform.

Reporting is carried out through the designation of a national focal point with secure access to the Data eXchange Platform (DXP), used for data submission.

Table. List of indicators within the framework of international drug reporting to UNODC

Annual Report Questionnaire (ARQ)	Module A10 – Price and purity of drugs
	Module A11 – Sales of drugs using the Internet and related technologies
	Module A12 – Drug-related criminal justice process
	Module R01 – Prisons
	Module R02 – Drug-related acute intoxication and non-fatal overdoses
	Module R05 – Prevention of infectious diseases
	Module R06 – Links between drug trafficking, corruption and other forms of organized crime
	Module R07 – Supply reduction activities and international cooperation
	Module R08 – Alternative development
	Module R10 – New psychoactive substances identified
	Module R11 – Illicit financial flows and money-laundering
	Module R13 – Access to internationally controlled medications
Individual Drug Seizures (IDS)	Drug information
	Date and location
	Trafficking route
	Traffickers
	Details-transport, concealment, location type...
	Other variables

Data are collected by various authorities:

- Seizures — Drug Control Service, police, Ministry of Internal Affairs, customs
- Criminal justice system — police, prosecution, courts, prisons
- Treatment — Ministry of Health of Ukraine
- Drug use prevalence — Ministry of Health of Ukraine

Submission deadlines:

- ARQ: by 30 November of the current year for the previous year
- IDS: quarterly

Data from different countries are compiled into a global report.

European Union Drugs Agency (EUDA) Reporting

EUDA, as the legal successor of the EMCDDA with extended functions, collects data from EU Member States and candidate countries and compiles annual reports. Its functions and powers are defined in Regulation (EU) 2023/1322 of the European Parliament and of the Council of 27 June 2023 on the European Union Drugs Agency (EUDA), which repeals Regulation (EC) No 1920/2006.

Table. List of indicators within the framework of international drug reporting to EUDA

Prevalence and patterns of drug use	Prevalence of psychoactive substance use	General population surveys, surveys among age groups 15-16 years regarding prevalence and forms of psychoactive substance use
Problem drug use	Problematic use of narcotic drugs and psychotropic substances	Analysis of data on population use of narcotic drugs and psychotropic substances by injection, regular and/or long-term use of opioids, cocaine, and/or amphetamines, cannabis, including new narcotic drugs and psychotropic substances
Treatment demand indicator	Treatment seeking, prevalence of mental and behavioral disorders due to psychoactive substance use	Information on the number of people receiving treatment for drug problems. Analysis of this indicator allows understanding of general trends in problem drug use and analyzing the organization of medical services based on outpatient and inpatient treatment forms
Drug- related deaths and mortality	Mortality related to psychoactive substance use	This indicator provides data on the number of deaths directly caused by illicit drugs (drug-induced deaths) and mortality rates among problem drug users
Drug- related infectious diseases	Infectious diseases among people who inject narcotic drugs and psychotropic substances	Statistical data on the number of people who inject narcotic drugs and psychotropic substances and have a history of viral hepatitis, tuberculosis, HIV infection; information on programs (orders, instructions, methodological recommendations, NGO projects, etc.) regarding HIV testing

Additionally, upon EUDA's request, countries submit separate reporting forms, in particular:

Data reporting – EU4MD II	**ST11**	Drug law offences
	ST13	Drug seizures
	ST14	Purity, potency
	ST15	Composition of illicit drug tablets
	ST16	Price
2024 Data reporting – (COUNTRY)	**ST1**	General Population Surveys
	ST2	School surveys
	ST6**	Evolution of direct drug-related deaths
	ST7/8	PDU
	ST9p1	Drug-related infectious diseases results (DRID methods)
	ST9p2	DRID results
	ST9p3	DRID behaviours (voluntary)
	ST10	Harm reduction
	ST12	Drug use among prisoners
	ST18	Overall mortality and causes of death among cohorts of drug users recruited in treatment services
	ST24	Availability and access to treatment
	ST30	Targeted surveys (voluntary)

EUDA collects information based on five key indicators, each accompanied by specific guidelines. In addition, countries may be requested to submit supplementary evaluation forms:

- National Early Warning System review questionnaire
- National drug observatory assessment

Ukraine's international obligations for monitoring the drug situation are set forth in multiple normative acts and regulations, most notably Regulation (EU) 2023/1322, which describes in detail the structure and expectations for national drug monitoring systems.

Key provisions of this Regulation include:

- Use of a multidisciplinary approach to analyse drug-related data, covering drug use, dependence, prevention and treatment, harm reduction, rehabilitation and reintegration, drug markets and supply (including illicit production), and mental health, public health impact, stigma, and marginalisation.
- Coordination with other EU agencies, including Europol, for monitoring supply trends, production, trafficking, drug-related crimes, new technologies, and emerging substances.

- Technical support to candidate countries (including Ukraine) in developing monitoring systems.
- Engagement with stakeholders such as academia, civil society (including organisations of people who use drugs), and formerly incarcerated persons to improve data and trend analysis.
- Implementation of national data collection mechanisms via the national focal point designated by each country.
- Establishment of an Early Warning System for new psychoactive substances (NPS), including detection, risk assessment, and response.
- Strengthening rapid response systems for emerging risks and improving information exchange.
- Enhancing the laboratory capacity for chemical-toxicological identification and sharing of data on NPS.
- Promoting evidence-based prevention aligned with the European Drug Prevention Quality Standards.

According to the Regulation, one of the key tasks is to ensure real-time communication and implementation of the Early Warning System, which requires a designated national coordinator with inter-agency connections across all monitoring entities. Each NPS must be promptly reported to EUDA, including:

- Methods and patterns of use
- Production
- Distribution and trafficking routes
- Use for medical, scientific, or recreational purposes
- Detection and risk assessment

Risk assessments must consider threats to life and health, social consequences, public safety, and broader societal risks.

The Regulation mandates the appointment of a national monitoring coordinator with a clearly defined and legally grounded mandate. This individual must maintain scientific independence and impartiality to ensure data quality.

Functions of the National Coordinator include:

- Collecting and submitting relevant national data in accordance with the national reporting package; coordinating multi-sectoral expertise from health, justice, and law enforcement sectors, and engaging with experts, civil society, and academic institutions where relevant.
- Supporting the development of new epidemiological data sources to enable timely reporting on drug use trends.
- Facilitating special and targeted data collection efforts on emerging health and safety threats.
- Providing EUDA with information on new trends in the use of existing or combined substances that pose potential health risks, including health-related measures.

- Promoting information exchange and contributing to the Early Warning System on NPS.
- Supporting the development and implementation of harmonised indicators and data sets to ensure reliable and comparable EU-wide information.
- Nominating national experts for indicator-specific discussions and special data collection initiatives at EUDA's request.
- Facilitating the use of internationally harmonised protocols and standards for drug monitoring.
- Submitting annual activity reports to EUDA and other relevant stakeholders.
- Implementing quality assurance mechanisms to ensure data reliability.

National coordination centres are responsible for establishing cooperation with relevant national and regional authorities and organisations to collect required data. They must, where possible, disaggregate data by gender and incorporate gender-sensitive aspects into drug policy data collection and reporting.

According to the Regulation, each national coordinator's capacity must be evaluated by 3 July 2026.

4.2.2.National Monitoring System for Alcohol and Drug Use

To ensure the effective delivery of services related to the use of and dependence on psychoactive substances (PAS), it is essential to develop a national monitoring and evaluation system, epidemiological surveillance, and strategic information infrastructure. Intervention data and evaluations of their effectiveness must be based on evidence, trend analysis of drug use scenes, prevalence among specific groups, and assessments of current models' performance.

Ukraine's national drug and alcohol monitoring system was established at the state level in 2019 through the adoption of Cabinet of Ministers Resolution No. 689 of 10 July 2019 "On Monitoring of the Drug and Alcohol Situation in Ukraine" (hereinafter — Resolution No. 689). The resolution defines:

- Monitoring objectives
- Monitoring actors
- Monitoring indicators

The monitoring framework applies indicators recommended by:

- The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
- The United Nations Commission on Narcotic Drugs (CND)
- The International Narcotics Control Board (INCB)

According to the Resolution, the key monitoring indicators include:

- General population surveys among individuals aged 15–16 on the prevalence and patterns of PAS use (including substance class, type, and effects)
- General population surveys among individuals aged 15–64 on the prevalence and patterns of PAS use
- Treatment demand and prevalence of mental and behavioural disorders due to PAS use

- Problematic use of narcotic drugs and psychotropic substances
- PAS-related mortality
- Infectious diseases among people who inject drugs
- Illicit trafficking of PAS and related crimes
- Prevention measures aimed at reducing PAS use
- Legislation on PAS circulation and measures to combat illicit trafficking
- Social reintegration of people dependent on PAS

In accordance with the instruction issued by the Deputy Minister — Chief State Sanitary Doctor of Ukraine (No. DZM/60/8-23, dated 5 July 2023), in 2024 the Public Health Center of the Ministry of Health of Ukraine (hereinafter — the Center), together with the Institute of Psychiatry, Forensic Psychiatric Examination, and Drug Monitoring of the Ministry of Health of Ukraine (hereinafter — the Institute), developed a plan for the transfer of functions related to drug and alcohol monitoring from the Institute to the Center, as outlined in Resolution No. 689.

According to the plan, responsibilities for monitoring the drug and alcohol situation, cooperation with relevant international organisations, and other related tasks will be transferred from the Institute to the Center. A draft amendment to Resolution No. 689 and the related Procedure for Monitoring the Drug and Alcohol Situation in Ukraine (hereinafter — the Procedure) has been prepared and is currently undergoing approval by relevant stakeholders.

Key changes in the draft amendment under review include:

- An expanded and revised list of monitoring actors
- Designation of the Public Health Center of the Ministry of Health of Ukraine as the lead monitoring agency
- A significantly expanded list of indicators and data sources aligned with EUDA protocols, with updated reporting forms
- Inclusion of an expanded indicator: “Prevalence and patterns of PAS use, including alcohol, among the general population and specific subgroups”, which enables assessment of drug and alcohol use beyond the 15–16 age group. Data sources now include the National Survey on Noncommunicable Disease Risk Factors — STEPS, and other national and regional surveys. These sources allow for simultaneous assessment of both drug and alcohol use.
- To assess alcohol consumption, data from the Ministry of Economy will be used on taxation, production, and circulation of ethyl, cognac, and fruit spirits and alcoholic beverages, enabling per capita alcohol consumption estimates
- The indicator “Mortality related to PAS use” has been expanded to include alcohol. It is now formulated as: “Mortality related to the use of psychoactive substances, including alcohol”. This indicator includes:

The indicator "Mortality related to PAS use" has been expanded to include alcohol. It is now formulated as: "Mortality related to the use of psychoactive substances, including alcohol". This indicator includes:

- Number of deaths directly linked to PAS use
- Confirmed presence of PAS in biological samples
- Number of deaths due to causes significantly influenced by alcohol use (disaggregated by gender, age, and cause of death per ICD-10)

A new indicator has been introduced: "Other harms associated with short- and long-term PAS use, including alcohol". It includes data on:

- Number and characteristics of individuals diagnosed with diseases directly related to PAS use, including alcohol
- Incidents statistically linked to PAS use, including alcohol

Data sources for these indicators include:

- The National Health Service of Ukraine (NHSU) — reports on individuals seeking medical care for conditions where PAS use, including alcohol, is a contributing factor (disaggregated by gender, age, and cause of death per ICD-10)
- The Ministry of Internal Affairs (MIA) and the National Police — data on traffic accidents and injuries involving PAS use and alcohol intoxication
- The State Labour Service — data on occupational accidents and injuries at high-risk sites involving alcohol or drug intoxication
- The MIA, National Police, and Ministry of Health — data on injuries, assaults, and suicides unrelated to military action, specifying alcohol or PAS use

The transfer of responsibilities has been formalised in the Statute of the Public Health Center. However, full execution of these powers requires:

- Amendments to Resolution No. 689
- Renewal of working agreements with EUDA

Since assuming international monitoring obligations in 2019, Ukraine has prepared an annual national monitoring report. These reports are published on the authorised institution's platforms and circulated among stakeholders.

However, there have been no national events for the presentation or discussion of the reports. Moreover, there is no established mechanism at the national level for using these data in policy decision-making.

Table. List of reports that the country is obliged to submit

Report Name	Content Description	Reporting Institution
Annual Report on Drug Situation	Information on the current drug situation with data on 5 key indicators: - Problem drug use - Treatment demand indicator - Drug-related infectious diseases - Drug-related deaths and mortality	EUDA

Report Name	Content Description		Reporting Institution
	- Prevalence and patterns of drug use		
National Early Warning System Review Questionnaire	Self-assessment questionnaire on the early warning system capacity in the country		EUDA
National Drug Observatory: Assessment	Assessment of the country's capacity to perform the role of national drug observatory		EUDA
2023 Data Reporting – EU4MD II	ST11	Drug law offences	EUDA
	ST13	Drug seizures	
	ST14	Purity, potency	
	ST15	Composition of illicit drug tablets	
	ST16	Price	
2024 Data reporting – (COUNTRY)	ST1	General Population Surveys	
	ST2	School surveys	
	ST6**	Evolution of direct drug-related deaths	
	ST7/8	PDU	
	ST9p1	Drug-related infectious diseases results (DRID methods)	
	ST9p2	DRID results	
	ST9p3	DRID behaviours (voluntary)	
	ST10	Harm reduction	
	ST12	Drug use among prisoners	
	ST18	Overall mortality and causes of death among cohorts of drug users recruited in treatment services	
	ST24	Availability and access to treatment	
	ST30	Targeted surveys (voluntary)	
	TDI-Light	TDI-Light	
UNODC 2024 Data Collection Cycle on drugs, crime and criminal justice systems	ARQ	Annual Report Questionnaire	UNODC
	IDS	Individual Drug Seizures	UNODC

An analysis of how monitoring indicators are currently reported shows several existing information gaps at the national level:

- Absence of data on the prevalence of PAS use among the general population and vulnerable groups, including military personnel and veterans, internally displaced persons (IDPs), persons with mental disorders, and persons with disabilities
- Lack of reliable data on drug-related mortality, including deaths from overdoses and other related causes such as traffic accidents, injuries, and violence
- Limited data on medical treatment for PAS-related disorders due to poor reporting quality, client duplication, absence of private sector reporting, and lack of data disaggregation by sex, age, etc.
- No available data from forensic laboratories on the composition and purity of PAS
- Absence of data on other consequences of PAS use, including violence

The role of national surveys as a data source

A key issue in implementing a monitoring system is the reliability of data sources. For drug scene analysis, national population surveys play a crucial role.

Sources of data on PAS use trends and health outcomes related to PAS use:

IBBS – The Integrated Bio-Behavioural Survey and population size estimates of people who inject drugs, as a component of HIV/AIDS surveillance. These studies provide not only a comprehensive assessment of the HIV epidemic among PWID, but also valuable data for planning and implementing prevention and response efforts.

Funding: International technical assistance in the field of HIV/AIDS response
Frequency: Once every 3 years
Responsible entity: Public Health Center (PHC)

STEPS – The WHO STEPwise approach to NCD risk factor surveillance among adults, covering behavioural risk factors (tobacco and alcohol use, physical inactivity, unhealthy diet) and biological risk factors. This data supports the development and monitoring of NCD prevention strategies, including alcohol use. There are ongoing discussions about expanding the survey to include PAS-related questions for population-level PAS use estimates.

Funding: Collaboration between the Ministry of Health of Ukraine and WHO
Frequency: Once every 5 years
Responsible entity: PHC, WHO

ESPAD – The European School Survey Project on Alcohol and Other Drugs. It provides insight into substance use patterns among adolescents aged 15–16.

Funding: European agencies and international technical support projects
Frequency: Once every 4 years
Responsible entity: PHC

DRUG Survey – The European Web Survey on Drugs among adults. This study captures drug use prevalence among adults but is not retrospective, limiting its scalability. It is best suited to identifying trends and offers limited potential for broad policy responses.

Funding: Conducted within the EMCDDA's initiative; no dedicated funding
Frequency: Annually
Responsible entity: PHC (from 2025); previously — Alliance for Public Health

4.2.3. Stakeholder Roles and Data Usage for Evidence-Based Decision Making

Effective monitoring of the drug situation requires the collection and analysis of diverse indicators related to health, medical and social consequences, predictors of PAS use, and drug-related crimes. Implementing this activity is impossible without robust intersectoral cooperation and communication.

Current monitoring actors include:

Ministry of Health (MoH), Ministry of Education and Science (MoES), Ministry of Youth and Sports, Ministry of Social Policy, Ministry of Justice, Ministry of Internal Affairs (MIA), Ministry of Defence, National Police, State Fiscal Service, State Border Guard Service, State Service of Ukraine on Medicines and Drugs Control, State Statistics Service, State Financial Monitoring Service, Ministry of Foreign Affairs, Council of Ministers of the Autonomous Republic of Crimea, regional, Kyiv and Sevastopol city state administrations;

By agreement: Supreme Court, Security Service of Ukraine (SSU), Prosecutor General's Office, National Academy of Medical Sciences, State Management of Affairs, JSC "Ukrzaliznytsia", and civil society organisations.

The Public Health Center of the Ministry of Health of Ukraine (PHC) is the entity responsible for the overall coordination of monitoring actors. However, as noted above, this responsibility has not yet been legally formalised in the normative framework, particularly in Resolution No. 689.

Communication among actors should occur not only during the preparation of international reporting, but also on a routine basis within the country as part of the regular exchange of data on drug use trends and drug scenes. This may be implemented through:

- Approval of an early warning system and notification procedures for the emergence of new PAS
- Establishment of a national platform for data exchange on drug trends, including real-time information sharing and data triangulation

The national platform would strengthen the credibility of data used for decision-making, particularly in developing and implementing effective national strategies for prevention, harm reduction, and access to diagnosis and treatment of PAS-related disorders.

4.3 Analysis of the role of civil society and decision-making involvement

The national platform would strengthen the credibility of data used for decision-making, particularly in developing and implementing effective national strategies for prevention, harm reduction, and access to diagnosis and treatment of PAS-related disorders.

- Biweekly online meetings between OST patients and PHC staff
- Engagement in three Ministry of Health working groups (see Section 1.2)
- Participation in the Working Group on the Implementation of the Strategy for a Comprehensive Response to Human Rights Barriers to Access to HIV and TB Services by 2030, established by PHC Order No. 21-agd dated 10 August 2023 (hereinafter — the Working Group on the Human Rights Barriers Strategy)
- Community-led service monitoring
- OST hotline operations

The Working Group on the Human Rights Barriers Strategy performs the following functions:

1. Monitoring, collecting, and systematising evidence of human rights violations related to access to HIV and TB care

2. Analysing the root causes of legal barriers to accessing health services

3. Developing draft legislation and amendments to national laws and bylaws to remove human rights barriers

4. Conducting advocacy, communication, and social mobilisation activities to eliminate human rights barriers

5. Coordinating anti-stigma and anti-discrimination measures in relation to HIV and TB

6. Ensuring unified approaches or algorithms for monitoring (including community-led monitoring) of human rights barriers in access to health services and HIV/TB care, treatment, and support

7. Coordinating the implementation of information systems to record human rights violations related to access to HIV/TB services

The Working Group operates via three thematic subgroups:

- Monitoring and evaluation (including community-led monitoring), and data analysis
- Development and amendment of normative documents, policies, and procedures
- Advocacy, communication, and social mobilisation, and combating stigma and discrimination

An assessment of the biweekly online platform between OST patients and PHC staff revealed the following:

- The platform serves as an effective tool for gathering regional-level insights from community representatives, enabling rapid national-level responses to rights violations
- However, it is less effective as a channel for disseminating programme updates or service opportunities to the wider community and patient base, primarily because participants often fail to relay information to other patients or community members
- Technical assistance visits revealed that only a small number of patients were aware of the platform's existence or had been informed by community representatives, resulting in limited information dissemination

Conclusions to Section IV

I. National Mechanisms for Regulating Interagency and Intersectoral Cooperation in Drug Policy

Effective implementation of several strategic directions and interventions is not feasible without the establishment of robust interagency coordination and cooperation. Such coordination is required under specific European directives and regulations, the implementation of which is a prerequisite for the EU integration negotiation process.

There are several normative legal acts regulating interagency cooperation in drug policy. The key acts were analysed according to the following areas:

- Prevention (reducing demand for drugs)
- Ensuring access to harm reduction services
- Ensuring access to diagnostics, treatment, and social services
- Preventing the illicit circulation of narcotic medicines through state regulatory mechanisms
- Drug situation monitoring and data exchange systems (analysed in a separate section)

The analysis identified key legal acts requiring repeal or revision, and outlined issues needing regulation through new legal acts:

To be repealed:

- Joint Order of the Ministry of Health, the Prosecutor General's Office, the Ministry of Internal Affairs, and the Ministry of Justice of Ukraine No. 306/680/21/66/5 dated 10 October 1997 "On Approval of the Instruction on the Procedure for Identifying and Registering Persons Who Illegally Use Narcotic Drugs or Psychotropic Substances"

To be amended:

- Law of Ukraine "On Measures to Counter Illicit Trafficking of Narcotic Drugs, Psychotropic Substances and Precursors and Their Abuse"

To be developed:

- National prevention standards for PAS use
- Procedure for implementing Article 59-1 of the Law on Probation Supervision in terms of undergoing treatment for substance use disorders and other conditions threatening public health, including coordination between healthcare facilities, authorised probation bodies, and law enforcement
- Updated procedure of CMU Resolution No. 770 of 6 May 2000 regarding narcotic drug scheduling
- Methodology for calculating drug and psychotropic substance quotas for cultivation, manufacture, storage, import/export
- Procedure for conducting intoxication assessments for the general population (not only drivers and military), including funding mechanisms
- Documentation and data integration protocols in healthcare information systems on intoxication testing outcomes

- Standards for testing procedures and clinical-based conclusions beyond substance detection; strengthening the technical capacities of healthcare providers
- Procedure for providing treatment for PAS-related mental and behavioural disorders in military personnel

II. Intersectoral Cooperation on Information Exchange and National Data Systems for Decision-Making

At the international level, obligations are defined for the implementation of a drug situation monitoring system that includes timely reporting to relevant international institutions about emerging trends and new psychoactive substances (PAS).

Effective monitoring requires robust intersectoral coordination between all stakeholders for timely data exchange. This includes:

- Appointment of a national drug situation monitoring coordinator
- Legal approval of reporting forms and data collection systems
- Ensuring data quality

Key issues:

- The role of the national coordinator is not fully regulated, particularly due to a lack of amendments to CMU Resolution No. 685. This undermines the effectiveness of sensitive data exchange between sectors.
- There is no early warning system for new PAS, nor a legal framework outlining procedures, data exchange mechanisms, or responsible actors.
- A national epidemiological surveillance system is needed to track the number of individuals identified by healthcare services as using PAS or having PAS-related disorders.
- Although national drug situation reporting has been in place since 2019, data quality has never been analysed, and data have not been used for decision-making. Reports have mainly served international partners and were prepared based on informal agreements.
- A system for assessing PAS-related consequences and mortality is required to evaluate disease burden and the impact on years of life and productivity lost. Accurate overdose data will enable development of targeted overdose prevention strategies, improved harm reduction, treatment, and reintegration programmes. This cannot be achieved without national-level mortality surveillance.
- National survey-based studies play a key role in understanding the current drug situation and require adequate funding. To improve data quality and address emerging PAS use, innovative drug scene research methods should be introduced, including:
    - Wastewater analysis
    - Drug checking
    - Used syringe residue analysis
    - Web/darknet scraping for PAS data

Implementation requires the development of interagency orders regulating early warning systems. None of these studies are currently conducted in Ukraine.

- A national population-based survey on PAS prevalence is needed, especially among the general population, military personnel, and veterans.
- There is no national mechanism for data exchange between all stakeholders. This could be resolved through the creation of a national platform for data exchange on drug trends, including real-time information sharing and data triangulation. A data-driven decision-making approach is essential.

III. Analysis of the Role of Civil Society and Community Organisations in Decision-Making

At the national level, there are effective mechanisms for engaging people who use PAS in drug policy development and decision-making. These mechanisms include participation in all key working groups in the field and implementation of community-led monitoring of the quality and accessibility of services.

Despite the existence of a community-led monitoring mechanism, there is still no methodology for its implementation. There is a low level of awareness among monitors regarding the existing legal framework and service provision standards. This often results in inconsistencies in documented findings and conclusions, incorrect recording of violations (including instances where a non-violation is reported as one), missed violations, and bias. Consequently, there is a need to develop a methodology and standard operating procedures (SOPs) for community-led monitoring of service availability and quality.

Analysis of the composition and participation of community representatives in decision-making processes reveals that over the years, a limited group of individuals has consistently taken part, with little change in representation. This raises questions about whether the issues and positions raised truly reflect the views of the broader community or are instead personal opinions, and whether representation rights have become monopolised. Therefore, the communication system and mechanisms to ensure every community member's right to be heard require dedicated monitoring and evaluation.

Following the official launch of EU accession negotiations in 2024, Ukraine faces the need for systematic and sustained efforts to align its legislation with EU law within the negotiation chapters.

KEY FINDINGS AND POLICY RECOMMENDATIONS

TRANSFORMING THE DRUG POLICY MODEL IN LINE WITH LEADING TRENDS, EU BEST PRACTICES, AND GLOBAL APPROACHES IN DRUG POLICY

Given Ukraine's aspirations for European integration, it is critically important for the country to adopt a human-centered drug policy reform strategy aligned with European standards and best practices. This strategy should comply with the legislation of European countries, in particular the EU acquis communautaire in the field of drug policy: the Association Agreement, the EU Drugs Strategy 2021–2025 and the corresponding Action Plan, as well as the approaches outlined in documents by the UN and other global international organizations.

Currently, Ukraine's drug policy is built on a punitive model. This model prioritizes criminal prosecution and punishment of people who use drugs (PWUD) over treatment, rehabilitation, and social integration. Official judicial statistics for 2023 support this assertion: 10,831 people were convicted under Article 309 of the Criminal Code of Ukraine ("Illegal production, manufacture, acquisition, storage, transportation, or shipment of narcotic drugs, psychotropic substances, or their analogues without intent to sell"). Although in 90% of cases courts release defendants on probation, they are not required to undergo addiction treatment. Probation programmes are rarely applied to these individuals. In essence, the state invests more in prosecution than in real support and assistance for PWUD, including harm reduction programmes. This leads to widespread negative consequences such as the spread of infections (HIV, hepatitis), increased mortality among PWUD, deteriorating health, social isolation, and stigma, which discourages people from seeking help due to fear of punishment.

In contrast, the medical and social approach adopted by many progressive European countries treats drug dependence as a public health issue rather than a criminal offence. EU drug policy focuses, on one hand, on reducing drug demand through prevention, treatment, rehabilitation, and social integration, and on reducing harm through safe consumption rooms, widespread access to HIV and hepatitis testing for early detection of infections, etc. On the other hand, European states focus on reducing drug supply by combatting drug trafficking and organized crime. The medical-social approach does not impose harsh criminal prosecution and punishment on regular users for use and/or possession. Decriminalisation approaches for possession without intent to sell (within private possession limits) vary from full removal of all sanctions for personal use (as in Germany and Uruguay) to replacing criminal penalties with administrative ones, which may include health interventions (e.g., Czech Republic).

Shifting Ukraine's drug policy away from a punitive model toward a medical and social approach (based on human rights and public health) is an urgent need. Civilian populations, military personnel, and veterans must be guaranteed access to effective harm reduction programmes, such as opioid substitution therapy (OST), needle and syringe programmes (NSP), and counselling, as well as access to qualified psychiatric care.

ALIGNING UKRAINE'S CRIMINAL LAW ON DRUGS WITH EU LAW

The war in Ukraine has severely worsened the mental health situation, increasing rates of depression, PTSD, and other disorders, and has led to greater drug use among civilians and the military. The judicial and law enforcement systems are overloaded, as they are focused on prosecuting drug users rather than combatting organized crime. UN drug conventions require states to criminalise illicit drug trafficking but not possession for personal use. Establishing threshold quantities of drugs for legal possession and personal use will require a balance between protecting the rights of PWUD by providing treatment and harm reduction (e.g., safe drug use) and prosecuting dealers and traffickers whose actions increase the number of dependent individuals.

An updated legal framework should clearly stipulate that no criminal or administrative penalties shall be applied for possession of narcotic substances for personal use in quantities below established thresholds.

Threshold quantities of PAS should also be revised, based on pharmacologically grounded calculations of lethal doses for narcotic and psychotropic substances. This would be in line with EU best practices and would change the approach of law enforcement and judicial authorities.

DEVELOPING HIGH-QUALITY, EVIDENCE-BASED SERVICES RELATED TO PSYCHOACTIVE SUBSTANCE USE THAT MEET PATIENT NEEDS

In the context of public health programmes, significant attention must be given to the provision of quality, evidence-based services for military personnel and veterans, who may have used or developed dependence on PAS due to war-related stress and trauma. This issue remains taboo in society but is growing in scale.

Programmes for early screening and identification of servicemembers with problematic PAS use initiated during military service must be developed and implemented. The state must guarantee their access to appropriate services, including brief structured interventions, mental health services, and, if necessary, referrals for intensive care. Resolving this issue will require amendments to CMU Resolution No. 32 of 12.01.2024.

Servicemembers with substance dependence who are OST patients and deemed fit for duty should receive treatment in civilian healthcare facilities. A joint interagency order by the Ministry of Health and Ministry of Defence is required to organize and systematize this process.

Mental health care standards must include the integration of early identification, diagnosis, and treatment services for PAS and alcohol use disorders.

Although there are state standards for medical care and psychosocial rehabilitation for PWUD, the transition from medical care to psychosocial rehabilitation remains undefined. A clear differentiation is needed between the purpose, objectives, and services under medical care standards and those provided under social assistance standards.

Currently, narcologists and psychiatrists have limited capacity to provide psychosocial services. MOH regulations allow only family doctors or professionals with psychotherapy or psychology training to provide these services. However, motivational interviewing and relapse prevention techniques (part of cognitive behavioural therapy) are essential interventions for PAS and alcohol use disorders. It is crucial that narcologists, psychiatrists (or even trained nurses) be allowed to conduct such interventions, as not all facilities have psychologists or psychotherapists.

The shortage of specialists is also due to the absence of professional standards for certain roles (e.g., psychotherapists, clinical psychologists, narcologists, psychiatrists). This results in an unclear division of functions between medical staff and psychosocial service providers and leads to inefficient use of state resources.

Geographic inaccessibility of services (due to the current network of healthcare facilities) is also a concern. The current system focuses on inpatient psychiatric care, while many people require outpatient treatment of varying intensity. Outpatient psychiatric services should be introduced in cluster and supra-cluster hospitals.

To prevent dependency among civilians, servicemembers, and veterans, a national system for monitoring the misuse of medicines, particularly prescription drugs (opioid analgesics, barbiturates, etc.) must be approved and operationalised. An urgent component of addressing this issue is the assessment of current practices in prescribing and using pain medications among military personnel.

There must also be regulation and coordination of access to controlled medicines for both civilians and the military, for pain relief and mental health support. Currently, the number of pharmacies dispensing controlled medicines is critically low, limiting access, especially in rural areas, frontline zones, and de-occupied territories.

Approaches to funding comprehensive treatment and services for people with PAS and alcohol-related disorders must be changed. The current guaranteed benefit packages (GBPs) lack adequate funding to cover comprehensive treatment costs.

IMPROVING THE FUNCTIONING AND COORDINATION OF DRUG POLICY ACTORS

The delay in finalizing and approving the Drug Policy Strategy until 2030—and aligning it with European norms, standards, and trends—is largely due to the absence of a central governance body for drug policy in Ukraine.

The Ministry of Health should play a leading role in formulating and coordinating drug policy and the activities of other executive bodies. However, the current Regulation on the MOH does not establish its coordinating function for drug policy. Notably, the revised version of the Regulation still uses stigmatizing terms such as "narcomania."

Ukraine still maintains a system of compulsory registration of PWUD with personal data (Interagency Order No. 306 of 10.10.1997), traditionally used to impose various sanctions. Most patients view this as a major deterrent to seeking treatment. This procedure contradicts the Law of Ukraine "On Psychiatric Care" in both diagnostic procedures and hospitalization protocols.

EU regulations require the appointment of a national drug situation monitoring coordinator. According to EU directives and Ukraine's national plan, this function is assigned to the Public Health Center of the Ministry of Health (PHC MOH). To formalize this, CMU Resolution No. 685 must be amended. Failure to do so undermines intersectoral data exchange, approval of reporting forms, and development of data collection systems.

High-quality data collection also requires the use of innovative methods to study the drug scene, such as: drug checking (DC), used syringe analysis (USA), and web/darknet scraping (W/DS). None of these are currently implemented in Ukraine. Their implementation requires specific interagency orders, including those governing early warning systems.

A key human rights recommendation from international drug control organisations is the involvement of civil society organisations in drug policy decision-making. Ukraine has a number of effective mechanisms for engaging civil society and the community, including community-led monitoring of service quality and availability. However, there is still no methodology for conducting this monitoring.

APPENDIX NO. 1

Numbered quantities of MDMA for personal use, as well as typical patterns of consumption and purchase
(Global Drug Survey data collected from November–December 2017)

Approach	Country	Legislation		Global Drug Survey: Consumption & Purchase Data			
		Global Drug Survey data on consumption and purchase Quantity of MDMA defined by law, instruction No., tablets/pills/capsules	Quantity of MDMA defined by law, approximate amount in grams	Average MDMA use per session (tablets/capsules) — number of tablets/capsules	Average MDMA use per session (powder) — amount in grams	MDMA media purchase GDS (tablets/capsules) — number of tablets/capsules	MDMA media purchase GDS (powders) — amount in grams
TQ by Law	Australia	N/A	0,5–10	2	0,3	4	1
TQ by Law	New Zealand	100	5	1	0,2	2	1
TQ Authority	Austria	N/A	30	1	0,2	2	1
TQ Authority	Netherlands	1	0,5	1	0,2	5	1
TQ Authority	Czech Republic	40	4	1	0,3	2	1
TQ Authority	Slovakia	N/A	10 times usual dose	1	0,2	2	1
Recommendations	Denmark	1-2	N/A	1	0,4	3	1
Recommendations	Finland	10	N/A	1	0,2	2	1
Recommendations	United Kingdom	10-20	N/A	1	0,4	3	1

* TQ = Threshold Quantity

APPENDIX NO. 2

Calculated doses with LD50 increased by 10×, 100×, and 1000×

To understand the potential consequences of taking high doses, below is a table with calculated doses at 10×, 100×, and 1,000× LD50 for a person weighing 70 kg:

Substance	LD50 × 10 (mg)	LD50 × 100 (mg)	LD50 × 1,000 (mg)
Buprenorphine	21,000	210,000	2,100,000
Dextropropoxyphene	161,000	1,610,000	16,100,000
Desomorphine	25,900	259,000	2,590,000
Cannabis (THC)	889,000	8,890,000	88,900,000
Heroin	15,260	152,600	1,526,000
Ethylmorphine	700,000	7,000,000	70,000,000
Codeine	298,900	2,989,000	29,890,000
Cocaine	67,200	672,000	6,720,000
Methadone	19,600	196,000	1,960,000
Metkatinone	35,000	350,000	3,500,000
Morphine	140,000	1,400,000	14,000,000
Tramadol	210,000	2,100,000	21,000,000
Trimeperidine	112,000	1,120,000	11,200,000
Fentanyl	21	210	2,100
Methylfentanyl	1.82	18.2	182
Pentazocine	70,000	700,000	7,000,000
Benzylmorphine	140,000	1,400,000	14,000,000
AH-7921	11,900	119,000	1,190,000
AAcetylfentanyl	63	630	6,300
MT-45	68,600	686,000	6,860,000
U-47700	175,0	17,500	175,000

APPENDIX NO. 3

Controlled medicines in the list of medicinal products, medical devices, and their accessories procured with state budget funds for program implementation and centralized healthcare measures.

Medicines and Medical Devices for Treating Children with Oncological and Oncohematological Diseases, and for Hematopoietic Stem Cell Transplantation in Children and Adults		
Fentanyl	Transdermal patch	25 mcg/hr
Fentanyl	Transdermal patch	50 mcg/hr
Fentanyl	Transdermal patch	75 mcg/hr
Fentanyl	Transdermal patch	100 mcg/hr

APPENDIX NO. 4

Controlled Medicines Included in the Reimbursement Program

INN	Dosage Form	Note
Medicinal products for pain treatment and palliative care		
Morphine	Granules (extended-release), oral solution, tablets (prolonged-release), tablets	
Fentanyl	Transdermal patch	
Mental and behavioral disorders, epilepsy		
Phenobarbital	Oral solution, tablets	Reimbursement starting August 2024
Diazepam	Tablets	

APPENDIX NO. 5

Controlled substances in the National Essential Medicines List

Class / Group / Subgroup / International Nonproprietary Name (INN)	Dosage form, medication dose
I. Anesthetics	
General anesthetics and oxygen	
Injectable medicinal products	
Ketamine	injections: 50 mg/ml, 2 ml; 10 ml
Additional list	
Ephedrine	injections: 30 mg (hydrochloride)/ml, 1 ml ampoules
Local anaesthetics	
Preoperative and sedative agents for short-term procedures	
Midazolam	Injections: 1 mg/ml; 5 mg/ml Oral solution: 2 mg/ml [d] Tablets: 7.5 mg; 15 mg
Diazepam (may be used as an alternative to midazolam)	Injections: 5 mg/ml Tablets: 5 mg; 10 mg
Morphine	Injections: 10 mg/ml; 20 mg/ml (sulfate or hydrochloride), in ampoules
II. Medicinal products for pain treatment and palliative care	
Opioid analgesics	
Codeine	Tablets: 30 mg (phosphate)
Morphine	Granules (slow-release): 20 mg – 200 mg (as morphine sulfate) Injections: 10 mg/ml; 20 mg/ml (as morphine hydrochloride or morphine sulfate), in ampoules

Hydromorphone (may be used as an alternative to morphine)	Oral solution: 10 mg (as morphine hydrochloride or morphine sulfate)/5 ml Tablets (prolonged-release): 10 mg – 200 mg (as morphine hydrochloride or morphine sulfate) Tablets: 5 mg; 10 mg (as morphine hydrochloride or morphine sulfate)
Oxycodone (may be used as an alternative to morphine)	Tablets: 10 mg; 20 mg; 40 mg; 80 mg Injections: 10 mg/ml; 50 mg/ml Film-coated tablets, prolonged-release: 10 mg; 20 mg; 40 mg; 80 mg
Fentanyl*	Transdermal patch: 12 µg/h; 25 µg/h; 50 µg/h; 75 µg/h; 100 µg/h Solution for injection: 0.05 mg/ml, 2 ml ampoules
Additional list	
Methadone*	Tablets: 5 mg; 10 mg Concentrate for oral solution preparation: 5 mg/ml; 10 mg/ml (hydrochloride) Oral solution: 5 mg/ml; 10 mg/ml; 5 mg/5 ml; 10 mg/5 ml (hydrochloride); 1 mg/ml
III. Medicinal products for symptomatic pharmacotherapy in palliative care / Medicinal products for the relief of other common symptoms in palliative care	
Diazepam	Injections: 5 mg/ml Oral solution: 2 mg/5 ml Rectal solution: 2.5 mg; 5 mg; 10 mg Tablets: 5 mg; 10 mg
Midazolam	Injections: 1 mg/ml; 5 mg/ml Oral solution: 2 mg/ml [d] Solid oral dosage form: 7.5 mg; 15 mg

IV. Anticonvulsant / Antiepileptic agents	
Diazepam	Gel or rectal solution: 5 mg/ml in tubes of 0.5 ml; 2 ml; 4 ml Solution for injection: 5 mg/ml, 2 ml Tablets: 5 mg; 10 mg
Lorazepam	Parenteral forms: 2 mg/ml, 1 ml ampoules; 4 mg/ml, 1 ml ampoules Tablets: 1 mg; 2.5 mg
Midazolam	Oral mucosal solution: 5 mg/ml; 10 mg/ml Injections: 1 mg/ml; 5 mg/ml; 10 mg/ml*
Phenobarbital	Injections: 200 mg/ml (sodium) Oral solution: 15 mg/5 ml Tablets: 5 mg – 100 mg
V. Medicinal products for the treatment of mental and behavioral disorders	
Medicinal products used for the treatment of anxiety disorders	
Diazepam	Tablets (scored): 2 mg; 5 mg
Medicinal products for the treatment of disorders related to psychoactive substance use	
Methadone	Concentrate for oral solution preparation: 5 mg/ml; 10 mg/ml (hydrochloride) Oral solution: 1 mg/ml; 5 mg/ml; 5 mg/5 ml; 10 mg/5 ml (hydrochloride) Tablets: 5 mg; 10 mg; 25 mg; 40 mg
Buprenorphine	Tablets (sublingual): 0.2 mg; 0.4 mg; 2 mg; 4 mg; 8 mg
VI. Medicinal products used in emergency (urgent) medical care	
Diazepam	Injections: 5 mg/ml
Morphine	Injections: 10 mg/ml; 20 mg/ml (sulfate or hydrochloride) in ampoules
Fentanyl	Injections: 0.05 mg/ml, 2 ml ampoules

APPENDIX NO. 6

Controlled Substances in the Formularium Approved by the Medical Forces Command

International Name and Dosage Form	NVMCC	VMCC	VMLRCC	RH	WH 300 beds	WH 200 beds	WH 100 beds	VMH	MR	MP	Supply Priority
Ketamine ampules 0.05 mg/ml – 2 ml	+	+	+	+	+	+	+	+	+	+	1
Morphine ampules 1% – 1 ml	+	+	+	+	+	+	+	+	+	+	1
Morphine sulfate tablets 0.005 or 0.01 mg	+	+	+	+							1
Oxycodone hydrochloride tablets 0.01 or 0.04 mg	+	+	+	+							1
Fentanyl ampules 0.005% – 2 ml	+	+	+	+	+	+	+	+			1
Fentanyl transdermal patch 12, 25, 50, 75 or 100 µg/h	+	+	+	+	+	+	+	+	+		1
Trimeperidine ampules 2% – 1 ml	+	+	+	+	+	+	+	+	+		1
Tramadol hydrochloride ampules 5% – 2 ml	+	+									1
Diazepam ampules 0.5% – 2 ml	+	+	+	+	+	+	+	+	+	+	1
Diazepam tablets 0.005 mg	+	+	+	+	+	+	+	+	+	+	1
Midazolam vials 1 mg/ml – 30 ml	+	+									2
Midazolam ampules 5 mg/ml – 3 ml	+	+	+	+	+	+	+	+	+		2
Midazolam tablets 0.0075 mg	+	+	+	+	+	+	+				2
Midazolam injection solution ampules 5 mg/ml – 1 ml	+	+	+	+	+	+	+	+			2

Abbreviations:
NVMCC – National Military Medical Clinical Center "HVKHG" (Kyiv)
VMCC – Military Medical Clinical Center (Lviv, Vinnytsia, Odesa, Dnipro, Kharkiv)
VMLRCC – Military Medical Treatment and Rehabilitation Center (Irpin)
RH – Rehabilitation Hospital
WH – Military Hospital (with specified bed numbers: 300, 200, 100)
VMH – Military Mobile Hospital
MR – Medical Company of Brigade
MP – Medical Point of Battalion

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It should be noted that, additionally, at the request of the CSO "Health Solutions," a detailed analytical study of all verdicts available in the Unified State Register of Court Decisions was conducted to identify the specifics of applying criminal legislation on drug-related offenses, with a focus on crimes committed by military personnel. The results of this study are available online via the provided link. The findings of this study fully align with the conclusions presented further in this report.

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87 Given the significant volume of material in Section III, for convenience and better understanding, we provide conclusions for the section organized by specific thematic areas.