**QUESTIONNAIRE**

**Contact Details**

Please provide your contact details in case we need to contact you in connection with this questionnaire. Note that this is optional.

|  |  |
| --- | --- |
|  | Member State  Observer State  Other (please specify) |
| Name of State  Name of Survey Respondent | Eurasian Harm Reduction Association (EHRA) |
| Email | maria@harmreductioneurasia.org |

# How and where to submit inputs

Inputs may be sent by e-mail by 15 November 2023.

|  |  |
| --- | --- |
| **E-mail address** | ohchr-[srhealth@un.org](mailto:srhealth@un.org) |
| **E-mail subject line** | Contribution to HRC report - SR right to health |
| **Word limit** | 500 words per question |
| **File formats** | Word and PDF |
| **Accepted languages** | English, French, Spanish |

# Key Questions

*You can choose to answer all or some of the questions below. (500 words limit per question).*

Inputs may be sent by e-mail **by 15 November 2023**.

Question 1**. While the concept of harm reduction has traditionally been applied to drug use, the Special Rapporteur is taking a broadened approach to harm reduction. What types of harm reduction policies, programmes, and practices are in place in your community, and what is their purpose or aim? How successful have they been at achieving that aim? Please provide data, as possible.**

Harm reduction from EHRA position is a comprehensive evidence-based approach to drug use [[1]](#footnote-1). When accessible to those who need them and implemented at high quality, harm reduction programmes have a wide range of health and social impact for people who use drugs, their communities and society as a whole. In the countries of Central and Eastern Europe and Central Asia (CEECA), the accessibility and quality of harm reduction programmes are often limited due to repressive drug policies, legal constraints and the lack of funding. Yet there is another reason why the quality harm reduction is hindered in the CEECA - a narrow understanding of harm reduction goals and impact and their orientation merely at HIV prevention targets or as a pathway to abstinence with no respect to its wider health and social outcomes for people who use drugs and society at-large.

EHRA stands for defining harm reduction as a comprehensive approach with positive influence in health and social spheres and for setting measurable targets for the impact of harm reduction on health, social and legal aspects of the life of people who use drugs. EHRA members have huge experience in implementing comprehensive and quality harm reduction in CEECA countries[[2]](#footnote-2).

In CEECA needle and syringe programs (NSPs) are available in 27 out of 29 countries (excluding Turkmenistan and Bulgaria) but mainly in big cities. Syringes are accessible via vending machines in the Czech Republic, Hungary and Georgia. A number of countries in the region also have mobile NSPs (for example Belarus, Estonia, Russia, Ukraine, Georgia, Slovenia, Latvia) or outreach programmes which deliver needles and syringes alongside other injecting equipment and healthcare services or referrals. Moldova has a special harm reduction package distributed to users of new psychoactive substances, Czechia has equipment for smoking, snorting and oral administration. Slovenija, Slovakia and Estonia have safer smoking distribution kits (foil, pipes).

Opioid agonist treatment (OAT) is available in 26 countries (except Russia, Uzbekistan and Turkmenistan where it is still prohibited). Methadone remains the most widely used form of OAT in the region. Buprenorphine in most cases is not subsidized and available only with out-of-pocket expense. In addition to methadone and buprenorphine, Slovenia and Bulgaria have slow-release morphine. In 2020 Czechia introduced substitution therapy for stimulant users. OAT is provided by civil society organizations in Romania, Kosovo and Czechia. Heroin assisted therapy (HAT) as a form of OAT remains unavailable.

21 countries (Albania, Armenia, Bosnia and Herzegovina, Bulgaria, Croatia, Czechia, Estonia, Georgia, Hungary, Kyrgyzstan, Latvia, Lithuania, North Macedonia, Moldova, Montenegro, Poland, Romania, Serbia, Slovenia, Tajikistan and Ukraine) provide OAT treatment in prisons, only Kyrgyzstan, Moldova, Ukraine and Tajikistan have needle and syringe exchange programs.

Naloxone and overdose prevention education is explicitly stated as part of the harm reduction program for people who use drugs in Uzbekistan, Moldova, Kyrgyz Republic, Georgia and Tajikistan.[[3]](#footnote-3) Take-home naloxone is available at harm reduction sites in Estonia, Kyrgyzstan, Moldova, Kazakhstan, and several cities in Russia with support from international donors. In Ukraine naloxone is available without a prescription in pharmacies. Nasal naloxone is available in Estonia and Lithuania.

Drug checking is provided mostly through distribution of reagent test kits at festivals and nightlife settings in Slovenia[[4]](#footnote-4), Estonia, Czechia, Lithuania[[5]](#footnote-5), Ukraine[[6]](#footnote-6), Georgia[[7]](#footnote-7) and Poland but not as an official harm reduction intervention. In Slovenia organization DrogArt[[8]](#footnote-8) accepts samples of substances on a regular basis and provides data for the national Early Warning System.[[9]](#footnote-9) There are still no drug consumption rooms (DCR) in the region, although the first harm reduction site that allows drug use on its premises was opened in Sumy, Ukraine in 2019[[10]](#footnote-10). DCR are continues to be on the advocacy agenda in Poland, Czechia, Estonia and Moldova. There are plans to open several drug consumption rooms in Slovenia in 2024.

Question 2. **How do legal frameworks affect the harm reduction policies, programmes, and practices (whether related to drug use or otherwise) that are available in your community, country, or region? Are there laws or policies that either facilitate or serve as a barrier to adopting or implementing certain harm reduction policies, programmes, and practices? Aside from legal and regulatory barriers, are there other obstacles in place? Please provide specific examples.**

In majority of CEECA countries harm reduction is included in national AIDS response strategies and regulatory documents, in some these programs are part of broader health, drug response and social care programs. Programs of opioid agonist treatment could be considered as considerable sustainable program and part of health care system, funded from domestic resources[[11]](#footnote-11).

Due to criminalization of drug use and a lot of stigma around the topic openly acknowledging or admitting to drug use and talking about harm reduction is sometimes viewed as endorsing or promoting drug use. This perception can lead to stigmatization and negative consequences for individuals who use drugs, potentially impeding their ability to engage with support services without fear of discrimination.

The Government of the Russian Federation pursues a consistent policy of restricting information on narcotic substances, drug dependence and humane and science/evidence-based methods of harm reduction, treatment and prevention, including harm reduction programmes, frequently labelling this information “drugs propaganda”. Since the adoption of drug propaganda law Russian authorites has been censoring texts, performances, arts pieces that mentions drugs and put pressure on organizations trying to provide harm reduction services. (Russian Federation)[[12]](#footnote-12)

The laws on foreign agents and other restrictions to receive international support exacerbate the situation in Russia and Belarus. Due to the influence of Russian Federation introduction of similar laws was proposed in Georgia and Kyrgyzstan.

Strict drug laws criminalizing possession in miniscule quantities deter people from health and social services due to the fear of becoming recognized as a person who uses drugs and being prosecuted by the police.

Some regions allow the termination of employment based on an individual's drug dependency or participation in opioid substitution treatment, creating a significant hurdle to maintaining stable employment. (Tajikistan, Belarus, Ukraine, Kazakhstan). Mandatory registration of people who use drugs can be a barrier to accessing drug treatment and harm reduction services, as well as employment and education.

More information:

* <https://www.opensocietyfoundations.org/uploads/def77bbe-43fd-46ad-9f91-b1b8bd26a221/drugreg_20091001.pdf>
* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5984458/>
* Drug testing in schools in Kazakhstan <https://tengrinews.kz/kazakhstan_news/ejegodnuyu-proverku-shkolnikov-narkotiki-hotyat-vnedrit-499818/>

Question 3. **How does the jurisdiction in place in your region/country/state approach the criminalisation (or decriminalisation) of drug use? Please provide disaggregated data, including but not limited to gender, age, race/ethnicity, status of poverty, sexual orientation and the number of persons deprived of liberty for drug possession or consumption.**

In most countries of CEECA region the difference between simple possession and possession with intent to distribute is defined by the quantity of the substance even without determining the purity. There is no clear guidance for countries to define the threshold quantities. For example, in Georgia even 1 gram of methadone might be considered as an extra-large amount and may lead to lifelong imprisonment.

Armenia, Azerbaijan, Georgia, Estonia, Hungary, Lithuania, Latvia, Moldova and Russia still consider mere use an administrative offence. Russia alone prosecutes approximately 90,000 people for this offence annually, with more than 40,000 people sentenced to imprisonment for up to 15 days[[13]](#footnote-13). The majority of countries also have an offence of drug use in public or being intoxicated in public. In Kyrgyzstan in 2020 the highest number of cases related to drugs were attributed to Article 268 “Illicit manufacture of narcotic drugs, psychotropic substances and their analogues without the intent to distribute”.[[14]](#footnote-14) 52% of the participants of the study among prison inmates conducted for Kyrgyz ombudsmen office in 2021 reported that they were sentenced for the possession of small and large (e.g., over 1 gram of heroin) amounts.[[15]](#footnote-15) In 2018, every seventh person convicted in Ukraine (10,144 of 73,659 people convicted of criminal offences) was convicted of drug crimes. Of those, 8,513 people (84%) were convicted of crimes of simple possession for personal use (Article 309 of the Criminal Code of Ukraine). Within this group, 6,482 (76%) were convicted for possession of narcotics in miniscule amounts ranging from 0.005 to 1.00 gram of heroin.

Living with substance use dependence and even recreational use implies possession hence all people who use drugs are at risk of criminal sanctions. Data on the estimated number of people who use drugs in the region is unavailable but there are approximately 2,2 million people who inject drugs living in CEECA who have been criminalized by national legislation and marginalized by society.

Criminal records related to drug offenses often bar individuals from a wide range of professions, presenting a substantial challenge to finding work. After imprisonment it is usually hard to find a job and studies show that people who use drugs are in the potential risk to start activities such as sex work, which in most of countries is criminalized, or other misdemeanors and crimes, to support their drug use.[[16]](#footnote-16)

More information on disproportional sentencing and access to health services:

* <https://ececacd.org/wp-content/uploads/2021/11/EN_Drug-policy_full-version_%D0%93%D0%BE%D0%BB%D0%B8%D1%87%D0%B5%D0%BD%D0%BA%D0%BE_12.11.2021.pdf>
* <https://api.harmreductioneurasia.org/bce37d1b-49eb-4840-8975-6b96f64c6e2a.pdf>
* <https://api.harmreductioneurasia.org/3c9a8328-5666-4f40-9d5b-4fd8f51c1544.pdf>
* <https://react-aph.org/en/drug-users-and-human-rights-the-situation-in-the-eeca-region/>
* <https://www.mdpi.com/1660-4601/20/11/5937>
* <https://harmreductioneurasia.org/drug-policy/criminalization-costs-2>
* <https://impact.economist.com/perspectives/sites/default/files/eiu_aph_investing_hiv_launch.pdf>

Question 5. **What type of harm reduction policies, programmes, and practices, as well as mental health and other support (e.g., housing, legal, social, educational, and economic), are available for people who use drugs in the community, institutions, or detention facilities? Please share examples of the impact of criminalisation, discrimination, stereotypes and stigma on the different groups of the population e.g., persons in situation of homelessness, migration, or poverty, sex workers, women, children, LGBTIQ+ persons, persons who are detained or incarcerated, persons with disabilities, Indigenous Peoples, Black persons, persons affected by HIV or hepatitis, and persons living in rural areas, etc.).**

Harm reduction programs in Eurasia developed as HIV prevention intervention among people who inject drugs. Harm reduction is mentioned in national government policies in 25 of the 29 countries in the region. Needle and syringe programs (NSPs) are available in 27 out of 29 countries (excluding Turkmenistan and Bulgaria) but mainly in big cities. In most countries distributed materials are limited to needles, syringes and alcohol swabs. Types of syringes are not in line or very slowly adapting to changing drug scene due to strict procurement policies and/or lack of community involvement in service planning.

Historically harm reduction programs are targeting and serving as an entry point for the most vulnerable group of people who use drugs, those who fall out of the system. Unfortunately, in a lot of countries these services are organized in a way that makes them hard to reach especially for this group. Harm reduction services in Russia[[17]](#footnote-17), Hungary, Bosnia and Herzegovina, Albania, and Romania[[18]](#footnote-18) are extremely limited and mainly implemented by civil society on a volunteer basis. In Uzbekistan needle and syringe programs are operating on the basis of primary health care institutions which make them less attractive for the clients, but in most countries these programs are operated by community organizations, where in addition to paraphernalia clients can get HIV, HepC testing, psychological consultation, legal assistance, support from social worker or referral.

Contrary to NSP programs that are usually provided through community-based NGOs and do not require any identification, OAT programs[[19]](#footnote-19) are very medicalized, have strict rules, require ID, referral from the psychiatrist and other supporting documentation. Russia and Uzbekistan still ban opioid agonist treatment program and there are only six countries in which more than 20% of people who primarily inject opioids receive OAT. In most of the countries only Methadone is available as OAT medication. [[20]](#footnote-20)

Both NSP and OAT programs have limited geographical availability and usually operate only in big cities. In Kazakhstan, Belarus and Ukraine (before the war) even moving between the cities is problematic, as you can receive treatment only where you are registered. Furthermore, within a city there is usually one location where people need to travel for hours. Restricted access to take home medication exacerbates the problem. Before clients can have take-home dose, they need to go from 1 to 6 month every day and have clean tests. Another issue is opening ours and physical accessibility of the sites. A lot of OAT sites open at 8 am which is impossible for those who are employed.

There is still a lack of gender sensitive services, particularly those aimed at sex workers, men who have sex with men, LGBTQI, young people who use drugs, but in Ukraine, Moldova, Slovenia, Kazakhstan, Kyrgyzstan there are shelters specifically designed or accepting women who use drugs survivors of gender based violence[[21]](#footnote-21). In North Macedonia organisation HOPs with the help of UNFPA has a van with gynaecological equipment where women from key communities can get a basic check up. Georgia, Ukraine, Kyrgyzstan[[22]](#footnote-22) and Kazakhstan (from 2022) implement WINGS (Women Initiating New Goals for Safety)[[23]](#footnote-23).

More information: <https://harmreductioneurasia.org/harm-reduction/state-of-harm-reduction>

Question 6. **Are there alternative measures to institutionalisation or detention? For example, are there outpatient or inpatient facilities available in your country for people using drugs? Please provide additional details (are they compulsory, voluntary; number available in urban and rural areas; entity in charge; type of support provided and type of staff working in these facilities/centres)?**

Some countries have introduced alternatives for imprisonment for drug-related offenses, such as fines, suspended sentencing, probation, disciplinary works, and others. Compulsory treatment measures are used to keep drug offenders outside of the penal system, supposedly for their treatment or rehabilitation. However, they are not an alternative but an addition to the large-scale use of imprisonment as part of the criminal justice system based on the prohibition approach, as even when choosing the treatment option the criminal record still stands. For example, in Russia and Latvia failure to successfully complete treatment program will result in the actual sentence.

Though fines present an alternative to prison, however, drug users do not usually have the means to pay the required amount because they live below the poverty line. The penalization of drug use becomes one more issue in the criminalization of poverty when low-income people are burdened with inadequately high fines and fees for minor offenses and experience devastating consequences, including incarceration, when they are unable to pay. New changes in the legislation of the Kyrgyz Republic have put people who use drugs in an impossible position when minimal fines for drug law offences were increased and became out of proportion to the average salary.[[24]](#footnote-24)

The SÜTIK[[25]](#footnote-25) program (abbreviation of Estonian title Sõltlaste ühiskonnastamine tugiisikute kaasamisel) is a social support service that was developed in Estonia for people who use or are dependent on drugs and who have been diverted by the police or have approached the service voluntarily. It aims to improve the quality of life of people stopped for drug use or possession for personal use. The SÜTIK program is based on the Law Enforcement Assisted Diversion (LEAD) program originally initiated in Seattle, USA, in 2011.

The program primarily enables police officers to refer people who use drugs who have committed a drug-related offence to a support person, as an alternative to punishment. There is a 24/7 hotline to facilitate referrals by police officers and prosecutors, and for those who need instant help or information about the program. The role of the support person is to help the clients find solutions and support them in identifying and accessing the services they may need to help them cope with life in a better way, including solving the problems that may be caused by drug use. The program aims to improve coping skills, health outcomes, finding and retaining employment and improving the overall quality of life of people who use drugs through constant support, peer counselling and referrals to further services, as well as to decrease risky behavior.

The target group of the program are persons aged 18 or older who use drugs, and have been:

arrested for using or possessing a small amount of drugs and have been referred to the program by the police, or who have turned to the service of their own volition.

Question 7. **Please provide examples of harm reduction policies, programmes, and practices adopted or implemented with international cooperation or through foreign assistance in your country, as well as their impact on different groups within the population. What types of challenges can arise from reliance on foreign assistance? Please also provide examples focusing on the need for, and impact of, harm reduction policies, programmes, and practices on different groups of the population (e.g., persons in situation of homelessness, migration, or poverty, sex workers, women, children, LGBTIQ+ persons, persons who are detained or incarcerated, persons with disabilities, Indigenous Peoples, Black persons, persons affected by HIV or hepatitis, and persons living in rural areas, etc.).**

In almost all the countries, due to de facto criminalization of people who use drugs, harm reduction and other health services are severely underfunded and depend on international donors. Withdrawal of international funding from the region left gaps in service provision which governments are reluctant to fill. Lack of political support to harm reduction not only as an HIV-prevention but as a social service is one of the main drawbacks for sustainable and sufficient funding for the programs.

An assessment conducted[[26]](#footnote-26) in 2019-2020 in Tajikistan[[27]](#footnote-27), Belarus[[28]](#footnote-28) and Ukraine[[29]](#footnote-29) showed that the most problematic issues with regard to the sustainability of OAT programmes in the context of transition from donor support to domestic funding are availability and coverage of the program and financial resources. Due to lack of political will towards sustainability of OAT programs depending on the state the government will only cover the cost of the facilities, medical personnel, and drugs. Additional services such as psychosocial support and training for personnel are the two areas that suffer the most during the transition to national funding.

In June 2020, all harm reduction services with public funding stopped in Bulgaria for the second time in three (2017-2020) years. The oldest, biggest, and most experienced harm reduction organisation, Initiative for Health Foundation, shut down too. No needle and syringe programs remained open in the country.[[30]](#footnote-30)There is still a lack of gender sensitive services, particularly those aimed at sex workers, men who have sex with men, LGBTQI and young people who use drugs. As a result of gender stereotypes, women who use drugs and women living with HIV are subject to additional stigma and discrimination, compared to men with the same drug-use and HIV status. The reproductive rights of women who use drugs are violated by forced abortions, numerous SRHR barriers, such as limited access to contraceptive services, ante- and post-natal care, antiretroviral therapy, and prevention of mother-to-child HIV transmission services. Stigma and discrimination further prevent women who use drugs from accessing SRHR services. Only a few countries in the CEECA region, such as Azerbaijan, Hungary, Estonia, and Kyrgyzstan, have specific pregnancy and childbirth protocols for women who use drugs. A few others (e.g., Moldova and North Macedonia) briefly mention the issue of pregnancy and childbirth in clinical protocols for treatment with OAT medication.[[31]](#footnote-31)

In a survey in Kyrgyzstan, 81% of women in harm reduction programs reported surviving sexual, physical, or other injurious violence at the hands of their partner, their family, or the police.[[32]](#footnote-32) Similarly, in Georgia, 80% of women in harm reduction programs reported experiencing violence in the year prior to the survey.[[33]](#footnote-33)

More information:

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

**Q8. Are there programmes of research and innovation related to harm reduction from a right to health perspective (e.g., needle and syringe programmes, supervised injection and drug use facilities, opioid substitution therapy, and others beyond the area of drug use), including outreach and education programmes, in your community, country, or region? Please provide good practices and examples.**

1. **Drug checking services** are implementedwith the intention of helping the user reduce risk exposure without judgement of their decision to consume drugs**.**[[34]](#footnote-34),[[35]](#footnote-35) Drug checking is provided mostly through distribution of reagent test kits at festivals and nightlife settings in Slovenia[[36]](#footnote-36), Estonia, Czechia, Lithuania[[37]](#footnote-37), Ukraine[[38]](#footnote-38), Georgia[[39]](#footnote-39) and Poland but not as an official harm reduction intervention. In Slovenia organization DrogArt[[40]](#footnote-40) accepts samples of substances on a regular basis and provides data for the national Early Warning System.[[41]](#footnote-41)

**2. Harm reduction for NPS users.** In recent years, the increasing use of NPS has led to new threats for health of people who use drugs, including overdose, psychotic reactions, high HIV risks due to multiple injections and increased number of sexual contacts. An evaluation of the accessibility of services across eight countries in the region was undertaken, accompanied by a comprehensive regional overview. Additionally, best practices pertaining to these services were gathered. [[42]](#footnote-42)

3. **Access to social and health services for women who use drugs in case of gender based violence.** Women who use illicit substances are subjected to high levels of institutional violence, particularly criminalization, penalization, and deprivation of liberty, which severely affect their civil, political, economic, labor, and parental rights, as well as their human dignity. Due to criminalization and stigma, women who use illicit substances rarely seek help. In CEECA region some of the organisations have already succeeded in developing a strategic vision of the problem and various models and options for responding to the situation.[[43]](#footnote-43), [[44]](#footnote-44)

4**. Ensuring integration of mental health and harm reduction services.** The assessment conducted by EHRA shows barriers in access of mental health services for people who use drugs and best practices of the services interlinks and integration. The recommendations address the most critical barriers and other significant factors influencing the provision of services and aim at further optimisation of mental health support with an emphasis on people who use drugs. It should be noted that mental health interventions for key populations are components of the essential package of HIV response services for key populations, i.e. mental health services should be available to people who use drugs not only in the context of treating drug dependence. Most recommendations anticipate the implementation of changes at the public policy and institutional levels.[[45]](#footnote-45)

**5. Paralegal and legal support as component of harm reduction services.** In response to human rights violations, almost all CEECA countries have launched programs that in a way help overcome the identified barriers. Paralegal support is one such program. It is designed to empower key vulnerable groups. Paralegal support helps reduce barriers to accessing justice, protect the rights of key populations, provide them with information about their rights and entitlements, and strengthen their position in society. Paralegals and paralegals, knowing the characteristics of the communities they work with, can effectively address legal issues beyond the traditional legal system[[46]](#footnote-46).

**6. Online peer-to-peer counselling.** People who use psychoactive substances play a critical role in designing and implementing harm reduction programs. Peer counselling not only helps engage people who would not otherwise have access to harm reduction services for people who use psychoactive substances but also reaches and connects hard to-reach cross groups to such services. Around the world, we see that access to traditional harm reduction programs is increasingly limited, especially for young people and users of new psychoactive substances (NPS). Therefore, online harm reduction can be an effective way to inform and educate people in their private settings.

<https://api.harmreductioneurasia.org/af9ae4e8-316a-44dc-8541-8d569f17a5d6.pdf>

**7. Drug education for young people**. Evidence shows[[47]](#footnote-47) that young people come into contact with various types of illegal substances from early adolescence. At the same time most of the formal drug education young people receive is based on the “just say no” paradigm and scare tactics, instead of an honest, evidence based, and non-judgmental approach. While at schools, drug education only focuses on preventive approaches, in non-formal settings (including youth organisations and other after-school activities), the drug topic is almost never discussed because of a lack, or low level, of competency of youth workers in this area. Youth organisations play a crucial role in reaching out to young people. In 2022 partners from CEECA region developed Manual for youth and peer workers: how to communicate with young people about drugs[[48]](#footnote-48).

1. EHRA Position Paper on the Quality of Harm Reduction Services <https://api.harmreductioneurasia.org/1ac091a3-00d7-4f2a-bcae-33362a2eb05e.pdf> [↑](#footnote-ref-1)
2. <https://harmreductioneurasia.org/harm-reduction/quality-of-services/examples-of-comprehensive-services-from-ceeca> [↑](#footnote-ref-2)
3. Parsons, D., Burrows, D., Falkenberry, H. & McCallum, L. (April 2019). *Regional Analysis: Assessment of HIV Service Packages for Key Populations in Selected Countries in Eastern Europe and Central Asia*. APMG Health, Washington, DC [↑](#footnote-ref-3)
4. https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/np\_ang\_26\_1\_22\_pop.pdf [↑](#footnote-ref-4)
5. https://youngwave.lt/publikacijos/ [↑](#footnote-ref-5)
6. https://blog.drugstore.org.ua/narkotiki/drag-cheking-znat-chtoby-delat-soznatelnyy-vybor [↑](#footnote-ref-6)
7. https://www.facebook.com/dancewithmandala [↑](#footnote-ref-7)
8. https://www.drogart.org/ [↑](#footnote-ref-8)
9. https://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/np\_ang\_26\_1\_22\_pop.pdf [↑](#footnote-ref-9)
10. https://aph.org.ua/en/news/harm-reduction-sabinet-in-sumy-evaluation-of-one-year-of-work-by-local-authorities/ [↑](#footnote-ref-10)
11. Measuring the sustainability of opioid agonist therapy in Moldova, Ukraine, Belarus, Tajikistan, and Albania: <https://harmreductioneurasia.org/harm-reduction/ost/oat-sustain-method> [↑](#footnote-ref-11)
12. <https://harmreductioneurasia.org/wp-content/uploads/2020/06/Drug-propaganda-submission-to-specRaporters_Russia_ENG_18_06_2020.pdf> ,

    <https://harmreductioneurasia.org/wp-content/uploads/2020/03/Propaganda_EN.pdf> , <https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCESCR%2FICO%2FRUS%2F55495&Lang=en> [↑](#footnote-ref-12)
13. https://ececacd.org/wp-content/uploads/2021/11/EN\_Drug-policy\_full-version\_%D0%93%D0%BE%D0%BB%D0%B8%D1%87%D0%B5%D0%BD%D0%BA%D0%BE\_12.11.2021.pdf [↑](#footnote-ref-13)
14. https://api.harmreductioneurasia.org/e619e4a8-9e84-4a54-9719-de81ba929d09.pdf [↑](#footnote-ref-14)
15. https://api.harmreductioneurasia.org/e619e4a8-9e84-4a54-9719-de81ba929d09.pdf [↑](#footnote-ref-15)
16. Maher L, Dixon D, Hall W, Lynskey M. Property crime and income generation by heroin users. Aust NZ J Criminol 2002; 35: 187–202. Available at: https://espace.library.uq.edu.au/view/UQ:39428 [↑](#footnote-ref-16)
17. The impact of the Global Fund’s Eligibility Policy on the sustainability of the results of the last Global Fund HIV grant for Russia <https://harmreductioneurasia.org/hiv-situation-in-russia/> [↑](#footnote-ref-17)
18. Letter to GF on the emergency with sustainability of harm reduction in Albania, Bosnia and Herzegovina, Bulgaria and Romania <https://harmreductioneurasia.org/letter-of-support-for-south-east-europe/> [↑](#footnote-ref-18)
19. https://harmreductioneurasia.org/wp-content/uploads/2022/02/EHRA\_CheckMagazine-Issue02-SUBSTITUTION-THERAPY-EN-v5\_2021-digital.pdf [↑](#footnote-ref-19)
20. https://ehra-uploads.s3.eu-central-1.amazonaws.com/ddc7833c-4d76-4d27-bd31-8c8e8c7fb9b8.pdf [↑](#footnote-ref-20)
21. https://harmreductioneurasia.org/wp-content/uploads/2022/07/Best-practices-GenderBasedViolence\_EHRA-ENG.pdf [↑](#footnote-ref-21)
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23. https://projectwings.org/ [↑](#footnote-ref-23)
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