UNITED NATIONS
HUMAN RIGHTS
SPECIAL PROCEDURES
SPECIAL RAPPORTEURS, INDEPENDENT EXPERTS & WORKING GROUPS

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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	
Email	

Background

Within the framework of Human Rights Council resolution 51/21, the Special Rapporteur on the highest attainable standard of physical and mental health has identified health equity as a strategic priority, ranging from the underlying determinants of health to the need to eliminate structural and systemic barriers in accessing health care services, goods, and facilities, particularly among persons living under vulnerable or marginalised circumstances. In compliance with her mandate and in line with these priorities, the Special Rapporteur on the right to health has decided to devote her next thematic report to the Human Rights Council, to be held in June 2024 to the theme of "Drug policies and responses: a right to health framework on harm reduction".

Objectives of the report

All persons are entitled to the enjoyment of the highest attainable standard of physical and mental health, which includes the underlying determinants of health and timely and appropriate health care. In the present report, the Special Rapporteur intends to explore the ways in which harm reduction intersects with the enjoyment of right to health and related human rights. Relying on the frameworks of the social and commercial,[1] determinants of health, the Special Rapporteur will examine the laws, policies, and practices that give rise to the need for harm reduction, as well as the laws, policies, and practices that take a harm reduction approach, aiming to address the negative health, social, and legal outcomes in various contexts.

Harm reduction has been primarily developed in the context of drug use, including needle and syringe programs, supervised injection and drug use facilities, opioid substitution therapy, overdose prevention, and community outreach programs, as well as access to legal assistance, social services, housing, and adequate food. However, in this report, the Special Rapporteur will take a broadened view of harm reduction to examine

[1] See: www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health

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how this approach can intersect with the right to health and related human rights in other realms, including but not limited to sex work, abortion, and safe sex.

The Special Rapporteur also intends consider harm reduction as key public health interventions for populations that are often stigmatised and discriminated against. She will explore how the laws, policies, and practices that give rise to the need for harm reduction can disproportionately impact certain people, such as those in situations of homelessness or poverty, persons who use drugs, sex workers, women, children, LGBTIQ+ persons, persons with disabilities, persons who are incarcerated or detained, migrants, Indigenous Peoples, Black persons, persons living with HIV or hepatitis, and persons living in rural areas. Taking an anti-coloniality and anti-racism approach, the Special Rapporteur will explore how in some contexts criminalisation and stigmatisation can serve as a legacy of colonialism and slavery.

Definitions

Most commonly, harm reduction refers to policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws.[2] For the purposes of this report, the Special Rapporteur defines harm reduction in a broader sense, including the policies, programmes, and practices that aim to minimise the negative health, social, and legal impacts associated with various behaviours and related policies and laws, as exemplified above.

Questionnaire

The questionnaire can be downloaded below in English (original language), French and Spanish (unofficial translations). Responses can address some of the questions or all of them, as feasible or preferred.

- Download the questionnaire (WORD): English | Français | Español

How and where to submit inputs

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

E-mail address	ohchr-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

Treatment of inputs/comments received

Please note that all responses will be published on the official webpage of the mandate of the Special Rapporteur by default.

Key Questions

[2] See also: https://undocs.org/Home/Mobile?FinalSymbol=A%2F65%2F255&Language=E&DeviceType=Desktop&LangRequested=False, para. 50.

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**.

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.

   State HIV prevention programmes among key populations: men who have sex with men (MSM), people who provide sexual services for remuneration (SW), people who inject drugs (PWID). The main task is to form sustainable behavioural changes to reduce risky behaviour aimed at reducing harm to health, improving health status and quality of life. The services are provided on the principle of organising public health activities and programmes aimed at preserving health, reducing the harmful effects of risky behaviour, including injecting and sexual behaviour, and stimulating behavioural change on the basis of full non-discrimination and comprehensive access to services, as well as the inadmissibility of persecution on the basis of belonging to key populations with HIV.

   The programme has been operating since 2019 and is funded from the state budget. The procedure for the provision of services is defined by the Order of the Ministry of Health of Ukraine of 12.07.2019 No. 1606 https://zakon.rada.gov.ua/laws/show/z0855-19#Text. Every year, about 300,000 people from key populations receive HIV prevention services: targeted information, education and communication services; distribution of condoms and lubricants; syringe exchange and distribution; HIV testing services; tuberculosis screening and follow-up for further treatment in case of a positive screening or testing result. Other sources (Global Fund, Pepfar and others) provide testing for hepatitis B and C, syphilis, naloxone, referrals to OST programmes and free legal aid as additional services to the state prevention programmes.

   The country has unimpeded access to substitution maintenance therapy. The programme is available in municipal and private healthcare facilities and operates in accordance with the regulatory procedure for its organisation https://zakon.rada.gov.ua/laws/show/z0889-12#Text and standards of medical care https://zakon.rada.gov.ua/rada/show/v2555282-20#Text . Currently, methadone and buprenorphine (tablet form), injectable form of extended-release buprenorphine (the drug was provided to the country as humanitarian aid and is not a standard treatment) are available for treatment. The country has an extensive network of treatment sites throughout the country (except for the territories temporarily occupied by the Russian Federation and territories with active hostilities): about 250 treatment sites. Treatment is also available in the penitentiary sector, but only at designated penitentiary institutions. Treatment coverage (as of 01.10.2023) amounted to 27,466 people (excluding data from penitentiary institutions) (9.8% of the approved estimated number of PWID who

use opioids and practice mixed use). Expansion of the OST treatment programme is a national priority to overcome the epidemic of HIV/AIDS, viral hepatitis and tuberculosis by 2030 https://zakon.rada.gov.ua/laws/show/1415-2019-%D1%80#Text. The national target is to cover 40% of the estimated number of PWID in need of OST treatment by 2030. Standards for the provision of medical care using medications include comprehensive patient management (diagnosis of HIV, HBV, TB, screening for concomitant mental disorders, provision of evidence-based psychosocial interventions and addressing other needs)

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.

   The main normative act that defines the functioning of the public health system in Ukraine with the aim of promoting public health, preventing diseases, improving the quality and increasing the life expectancy, regulates public relations in the field of public health and sanitary and epidemiological well-being of the population, defines the relevant rights and obligations of state bodies and local self-government bodies, legal entities and individuals in this area, establishes the legal and organisational principles of state supervision (control) in the areas of economic activity and health care.

   https://zakon.rada.gov.ua/laws/show/2573-20#Text

   Section V. HEALTH PROTECTION AND DISEASE PREVENTION

   9) development and implementation of harm reduction strategies - scientifically based action programmes aimed at counteracting harmful behavioural patterns (in particular, addiction to narcotic and psychotropic substances, consumption of alcoholic beverages and tobacco products, irrational diet) of individuals, social groups or society as a whole, by introducing mechanisms and tools to stimulate the production and optimal (rational) consumption of products with reduced health risks.

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.

   Ukraine has decriminalised drug use (administrative punishment is provided) and introduced a system of alternative punishment, but this provision does not apply to criminal offences in the field of trafficking in narcotic drugs and psychotropic substances (illegal manufacture, acquisition, storage, transportation or transfer of narcotic drugs, psychotropic substances or their analogues without the intent to sell). In 2021, 29,587 criminal offences in the field of trafficking in

narcotic drugs, psychotropic substances, their analogues or precursors were registered in Ukraine, including 21,949 offences in which people were served with notices of suspicion and 11,579 people were identified. Out of the total number of registered offences (29,587), 14,109 cases (47.7%) were registered under Article 309 of the Criminal Code of Ukraine (illegal production, acquisition, storage, transportation or transfer of narcotic drugs, psychotropic substances or their analogues without the intent to sell) and 4,484 cases (15.2%) were other offences (Articles 305, 306, 308, 310-327 of the Criminal Code of Ukraine). Out of the total number of persons convicted under Articles 305-320 of the Criminal Code of Ukraine (8,737), 7,145 (81.8%) were convicted for the illegal production, manufacture, acquisition, storage, transportation or transfer of narcotic drugs, psychotropic substances or their analogues without the intent to sell (Article 309);
In 2021, 7,344 cases of administrative offences related to the illegal production, acquisition, storage, transportation, shipment of narcotic drugs or psychotropic substances without the intent to sell in small amounts (Article 44 of the Code of Administrative Offences) were pending in Ukraine, of which 6,063 cases were considered and decisions were made. Cases of administrative offences were considered and decisions were made in respect of 6,063 people: - 4,068 people (67.1%) were brought to administrative responsibility and subjected to administrative penalties (3,807 in the form of fines, 204 in the form of community service, and 57 in the form of administrative arrest).
https://cmhmda.org.ua/wp-content/uploads/2023/01/zvit-shhodo-narkotychnoyi-ta-alkogolnoyi-sytuacziyi-v-ukrayini-2022.pdf

4. Beyond reducing the adverse health, social, and legal consequences of drug use, what other areas can benefit from harm reduction policies, programmes, and practices in furtherance of the right to health and related human rights? Examples may include, but are not limited to, the decriminalisation of sex work, the decriminalization of abortion, and safe sex programmes.

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.).

   In Ukraine, there is state-guaranteed treatment with OST drugs (free treatment), treatment in private healthcare facilities (at the expense of the patient), rehabilitation programmes for people with drug use disorders and resocialisation services. Legislation stipulates that rehabilitation (social and psychological) services for drug use disorders are the responsibility of the Ministry of Social Policy (National Social Service). According to the National Social Service, in 2021, families whose members used psychoactive substances used social services from social service centres. Monitoring of the provision of social

services in 2021 showed that the vast majority of them were aimed at preventing negative phenomena, developing a healthy lifestyle and the necessary skills. In addition, social services for substance addicts were provided by centres for social and psychological rehabilitation operating in three regions of Ukraine (Donetsk, Mykolaiv, Khmelnytskyi). In 2021, 965 drug addicts received counselling and social prevention services at these centres, of whom 100 were included in the resocialisation programme and 65 completed the course. There is no data on the number of people who have completed rehabilitation programmes (at the expense of the patient, private institutions).
Since September 2021, as part of the implementation of programmes of differentiated educational influence on convicts and as one of the tools to ensure the implementation of the programme of differentiated educational influence "Overcoming Drug Addiction", the State Criminal Execution Service of Ukraine has implemented a rehabilitation programme for convicts and detainees with mental and behavioural disorders due to the use of psychoactive substances for the relevant category of persons. In 2021, 727 people were enrolled in the programme and 127 completed it.
https://cmhmda.org.ua/wp-content/uploads/2023/01/zvit-shhodo-narkotychnoyi-ta-alkogolnoyi-sytuacziyi-v-ukrayini-2022.pdf

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)?

   Mental health care is provided by medical institutions of all forms of ownership and is implemented through specialised harm reduction centres, psychiatric and drug treatment hospitals, drug treatment dispensaries, drug treatment rooms in multidisciplinary medical and preventive care facilities providing primary, secondary and tertiary medical care, and on an outpatient basis in polyclinics. The available forms of medical care for people with drug dependence include: inpatient detoxification - in all drug treatment and some psychiatric facilities; outpatient detoxification - in all drug treatment facilities and outpatient units; medical consultations; OST using methadone hydrochloride and buprenorphine; rehabilitation programmes. Inpatient treatment includes: examination and short-term intervention; detoxification; symptomatic therapy; gradual relief of withdrawal symptoms; opioid maintenance therapy; treatment planning; counselling, etc.

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.).

The Transition Plan '20-50-80' was developed during the funding request preparation to the Global Fund for 2018-2020. On March 22, 2017, the Cabinet of Ministers approved the Strategy to ensure a sustainable response to the epidemic of tuberculosis, including chemoresistant, and HIV/AIDS until 2020 (hereinafter the Strategy) together with an Action Plan for the Strategy's implementation. On March 18, 2017, the National Council on TB and HIV/AIDS endorsed the funding request (FR) to the Global Fund for 2018-2020, therefore by extension it endorsed the TP. The TP specifically outlines the transfer of management to government structures in four areas: HIV key population programming, HIV treatment support and care, procurement of medicines and medical products, and M&E. Furthermore, it sets the benchmarks of 0%-50%-80% for public funding of basic prevention services for the three key populations and for PLHIV treatment support in 2018, 2019 and 2020, respectively. In 2021, the country will shift to 100% funding of services from the state budget.
The implementation of the treatment programme (OST) in penitentiary institutions, including the procurement of medicines, is available thanks to donor funds (under a Global Fund grant). In addition, in the context of a full-scale war with the Russian Federation and limited resources caused by the consequences of the war, OST drugs are also procured by donors or provided as humanitarian aid to ensure continuity of treatment. Thanks to the Global Fund grant, psychosocial support programmes for OST patients are being implemented in the facilities where such programmes are being implemented (designated service delivery points).

8. 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.