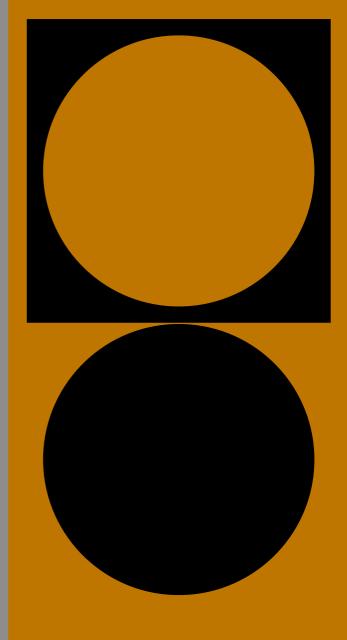
REGIONAL OVERVIEW: EURASIA





AUTHOR OF EURASIA REGIONAL OVERVIEW: Maria Plotko



Maria Plotko is the Senior Programme Officer at the Eurasian Harm Reduction Association. Maria leads grants management, research and human rights related activities. Her work focuses on women who use drugs, quality of harm reduction services, community-led monitoring and human rights.

TABLE EPIDEMIOLOGY OF HIV AND VIRAL HEPATITIS, AND HARM REDUCTION RESPONSES IN EURASIA

Country/territory	People who inject drugs	HIV prevalence among people who inject drugs (%)	Hepatitis C (anti-HCV) prevalence among people who inject drugs (%)	Hepatitis B (anti- HBsAg) prevalence among people who inject drugs (%)	Harm reduction responses				
					NSP ^a	OAT ^b	Peer distribution of naloxone ^c	DCR ^d	Safer smoking equipment ^e
Albania	8,700	0.1	56	18	√2	✓ M B	×	×	×
Armenia	14,000	2.6	49.2	ndf	√ 12	✓ M	×	×	×
Azerbaijan	60,300	6.1	59.3	7.9	√ 17	✓ M	×	×	×
Belarus	80,000	22.7	59	9.6	√ 34	✓ M B	×	×	×
Bosnia and Herzegovina	12,500		30.8	2.5	×	✓ M	×	×	×
Bulgaria	10,000	12.8	78.3	5.9	√2	✓ M MO	×	×	✓
Croatia	6,344	0.3	30.7	3.1	√ 8 ⁹	✓ M B MO	×	×	×
Czechia	44,900	0.1	37.7	0	√ 111	✓ M B	×	×	✓
Estonia	8,600	54	73		√ 35	✓ M B	×	×	✓
Georgia	49,700	0.9	32.1	2.5	√ 14	✓ M B	✓	×	×
Hungary	6,500	0	35.9	1	√ 31	✓ M B	×	×	×
Kazakhstan	79,900	7.6	58.6	8.3	√ 125	√ M	×	×	×
Kosovo	4,600	0	23.8	5	✓	✓ M B	×	×	×
Kyrgyzstan	17,379	16.5	64.5	11.3	√ 14	✓ M B	✓	×	×
Latvia	7,715	26	51.3	0.4	√ 20	√ M	×	×	×
Lithuania	8,868	4.7	85.9	4.9	√ 11	✓ M B	×	×	×
Moldova	27,500	11.4	42.7	5.4	√ 28	✓ M B	×	×	✓
Montenegro	2,300	0.5	62.8	1.4	√2	✓ M B	×	×	×
North Macedonia	6,500	0	65.4	5.6	√ 16	✓ M B	×	×	×
Poland	14,664	14-21	57.9	2.9	√ 7	✓ M B	×	×	×
Romania	10,000	19.4	72.7	3.2	√2	✓ M B	×	×	×
Russia	1,881,000	49.8	72.5	nd	✓	×	×	×	×
Serbia	20,500	1.5	61.4	10.5	√ 1	✓ M B	×	×	×
Slovakia	8,818	0.1	32.5	6.3	√ 19	✓ M B	×	×	✓
Slovenia	4,900	0	25	4.2	√ 12	✓ M B	✓	×	✓
Tajikistan	18,200	8.9	61.3	2	√ 48	√ M	✓	×	×
Turkmenistan	nd	nd	nd	nd	×	×	×	×	×
Ukraine	350,000	20.9	67	46.7	√ 2,380	✓ M B	×	×	×
Uzbekistan	54,500	2.9	20.9	5.1	√ 230	×	×	×	×

a At least one needle and syringe programme operational in the country or territory, and the number of programmes (where data is available).

b At least one opioid agonist therapy programme operational in the country or territory, and the medications available for therapy. B=buprenorphine, H=heroin, M=methadone, N=Naloxone.

At least one naloxone distribution programme that engages people who use drugs (peers) in the distribution of naloxone and naloxone training, and facilitates secondary distribution of naloxone between peers.

d At least one drug consumption room (also known as safe consumption sites among other names) operational in the country or territory, and the number of facilities.

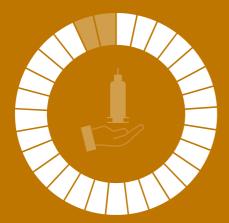
At least one programme in the country or territory distributing safer smoking equipment to people who use drugs.

nd = no data.

g 8 NSP are fixed and 129 outreach



NSP, OAT, DCRs AND SAFER SMOKING KITS



27 countries (93%) in Eurasia provide **needle and syringe programmes** (no change from 2022)



26 countries (90%) in Eurasia provide **opioid agonist therapy** (no change from 2022)



No country in Eurasia provides drug consumptions rooms (no change from 2022)



6 countries (21%) in Eurasia provides safer smoking kits (+1 from 2022, Bulgaria)

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KEY ISSUE

CRACKDOWN ON CIVIL SOCIETY

Global donors funded harm reduction in Eastern Europe and Central Asia (Eurasia) as an effective tool for HIV prevention and helped to begin and scale-up many needle and syringe programmes (NSP) and opioid agonist therapy (OAT). Harm reduction through an HIV lens was and still is politically safer in the region, while drug policy reform and harm reduction are perceived as foreign ideas contradictory to 'traditional' values.

Laws and policies criminalising sex work, the possession and use of drugs, HIV transmission and same-sex relationships in the region significantly obstruct access to healthcare.

With most harm reduction programmes still reliant on international funding, the growing number of foreign agent and anti-LGBTQI+ laws poses a significant threat to the continuation of HIV-related services and support for key population groups.^{a,1}

Representatives from Georgia, Russia, Kazakhstan and Tajikistan who responded to the *Global State* of Harm Reduction survey² stated that civil society organisations in their countries are under threat for delivering or being involved in harm reduction services and advocacy. Representatives from Russia and Tajikistan reported decreases in the number of NSPs

Russia was the first country in the region to introduce specific laws targeting civil society organisations that do not support government policy and/or are supported by international funding. At the heart of this issue are four main laws: the law on foreign agents, the law on undesirable organisations, and the so-called drug and LGBTQI+ propaganda laws. The vaguely worded Foreign Agent Law,3 adopted in 2012, has been used as a tool to stigmatise, discredit and silence NGOs critical of authorities, and it has forced international donors to gradually withdraw their support. Over 320 NGOs in Russia have been labelled as foreign agents since the law was enacted.4 In 2016, the Andrey Rylkov Foundation (ARF), an organisation that provides harm reduction services and is actively engaged in drug policy reform, became the first public health organisation to be listed as a foreign agent. Steep fines for not complying with the new regulations and additional reporting requirements, especially for smaller organisations, make it difficult to secure funding and operate which forces organisations to shut down. In 2018, ARF was fined USD 12,000, which it was able to pay through crowdfunding.5 In June 2024, the European Court of Human Rights issued a judgment⁶ (Case of Andrey Rylkov Foundation and Others v. Russia) highlighting the ongoing misuse of repressive laws in Russia aimed at stifling dissent and suppressing civic freedom.

Russia's draconian drug propaganda law⁷ criminalises not only advocacy for harm reduction and drug policy reform, but even pictures of controlled substances and any kind of discussion

a UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services.

that is not in line with prohibitionist values.^{8,9} It also describes 'propaganda' relating to drug use for medical purposes, which is generally understood as a ban on advocating for OAT.

Such crackdowns on civil society instil fear and self-censorship. Russia's repression of NGOs serves as a blueprint for neighbouring countries, where similar laws are either in place or under consideration. These countries include Azerbaijan, Kazakhstan, Belarus, Kyrgyzstan, Tajikistan, Uzbekistan, Hungary and Georgia. Hungary enacted similarly repressive legislation when it passed the Russian-like Sovereignty Protection Act in 2023.^{10,11} In March 2024, the UN Special Rapporteur on the situation of human rights defenders criticised the dissolution of 700 NGOs in Tajikistan. In the same year, laws similar to the Russian Foreign Agent law were adopted in Kyrgyzstan and Georgia.¹² Serbia¹³ and Bosnia and Herzegovina¹⁴ also attempted to pass similar laws but were unsuccessful. Civil society is fighting against these crackdowns where possible. In Kazakhstan, for example, civil society is campaigning to save OAT and stop an anti-LGBTQI+ law from being adopted. The law on foreign representatives adopted in April 2024^{15,16} in Kyrgyzstan grants the authorities extensive oversight over NGOs engaging in what is broadly termed political activities and receiving foreign funding. Failure to register as a foreign representative could result in an NGO's operations being suspended for up to six months without a court order, and possibly forced liquidation. Soros Foundation Kyrgyzstan, which among other activities had been providing legal support for key populations, has already closed down. Harm reduction NGOs have ceased their advocacy activities and smaller community organisations have announced their plans to shut down pre-emptively. In Georgia, the law on transparency of foreign influence, 17,18,19 branded by civil society as the 'Russian law', was adopted in May 2024 despite the president vetoing it. It declares civil society and media organisations which receive more than 20% of their funding from

foreign sources as 'organisations acting in the interest of a foreign power'. Such organisations are now required to register as such and are subject to increased reporting requirements, inspections and administrative liability, including the equivalent of up to more than EUR 9,000 in fines for violations. In recent months, the government has launched a smear campaign against many NGOs and media organisations, accusing them of acting on behalf of foreign governments and undermining the Georgian state. The bylaws are still underway, and it is not clear how the law will be applied, but civil society already feels the threat if they are involved in harm reduction services and advocacy.20 Those who register as foreign representatives could end up having to self-censor and stop advocacy work. At the same time, the Georgian parliament has advanced the set of bills that include bans on promoting same-sex relationships and gender reassignment surgeries.21

Foreign agents laws pose serious threats to organisations engaged in advocacy, community development, the documentation of human rights violations, and harm reduction.

This undermines the achievements of the globally agreed goal to end AIDS as a public health threat by 2030, making it challenging to support community-led responses and significantly reduce stigma and discrimination against key populations. ²² International bodies and officials have condemned recent developments in Kyrgyzstan and Georgia. ^{23,24,25,26,27,28} Urgent international attention and support are essential to safeguard harm reduction, community-led HIV responses and human rights in the region.

"Russia's repression of NGOs serves as a blueprint for neighbouring countries, where similar laws are either in place or under consideration. These countries include Azerbaijan, Kazakhstan, Belarus, Kyrgyzstan, Tajikistan, Uzbekistan, Hungary and Georgia."

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KEY ISSUE

CHALLENGES ADVANCING DRUG CHECKING SERVICES

The implementation of drug checking services in Eurasia, despite operating in a legally grey area, represents a critical step forward. Nine out of 28 countries have introduced the service to some extent, mostly through the support of international donors or donations, except for Czechia and Slovenia where the service is funded by the state. Ukraine is unique, as drug checking is supported through the national grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. A pilot project in Croatia to distribute reagent test kits through a drop-in centre in Rijeka is awaiting approval from the Ministry of Health.

According to the current legislation in all Eurasia countries, staff in drug checking services are not allowed to come into contact with substances and perform tests themselves due to the laws criminalising possession of controlled substances, which makes possessing the sample or giving the sample back to the user illegal. To mitigate this issue, organisations distribute colorimetric reagent test kits to clients so they can perform the tests themselves. Reagents are chemicals that turn different colours in the presence of certain drugs. They are useful for learning more about the general content of the substance in hand and identifying 'red flags' (i.e. unexpected substances). Reagent test kits are only able to detect the presence of a drug, not the quantity or purity. All drug checking is community-led, and programme staff provide counselling, basic harm reduction supplies and educational materials.29

In Slovenia, drug checking is part of the National Early Warning System on Psychoactive Substances coordinated by the National Institute of Public Health. The DrogArt³⁰ drug checking service collects substances through several harm reduction sites, packs them in specially labelled envelopes and sends them to the National Laboratory for Health, Environment and Food for analysis. Results are provided in four to seven days. Colorimetric reagent tests are also available at harm reduction stands in nightlife settings.

In Hungary, Estonia, Czechia,³¹ Lithuania, Slovakia, Georgia, Ukraine and Poland, NGOs distribute reagent test kits, mostly in nightlife settings and during music festivals. After a consultation, the clients perform the tests themselves and are invited to come back to discuss the results. The Ukrainian Drugstore project, in addition to distributing test kits during parties,³² provides drug checking and online counselling services via its website and app Free2Ask.³³

The Polish Social Drug Policy Initiative³⁴ has been working at events in clubs and at music festivals since 2015 where it provides harm reduction services, including reagent test kits, psychological counselling and educational information. The Polish PRO Test, run by the organisation Chemical Safety, operates as a social business.³⁵ Its website offers colorimetric tests for purchase and educational materials, and in cooperation with local NGOs it provides harm reduction information and publishes alerts for dangerous substances.

Czechia, Georgia and Lithuania also have walk-in drug checking facilities. In Czechia, test kits can be accessed in NSP sites. In Georgia, the NGO Mandala,³⁶ and in Lithuania the NGO Young Wave,³⁷ mainly work with young people who use drugs. Both organisations have offices in the respective capitals where people can come to collect test kits.

Since drug checking is not supported by the state in most countries, organisations struggle to provide uninterrupted services. The lack of resources also prevents these services from expanding. Georgia, Czechia, Ukraine and Croatia report³⁸ that only a very limited number of people who need them have access to drug checking services. In 2023, to expand drug checking in the country, the Addiction Research Centre Alternative Georgia started providing drug checking kits through syringe vending machines in Tbilisi.³⁹ The primary goal of the vending machines is to access hard-to-reach groups of people who use drugs and to cover underserved geographical areas. Vending machines were installed near pharmacies and served both the general population and people

who inject drugs. Harm reduction services distribute plastic cards to people who use drugs, who can use them to access a hidden menu on the machine, allowing them to obtain an HIV prevention kit.⁴⁰

Colorimetric tests are a very basic tool that can serve as a gateway for implementing comprehensive drug checking services. Introducing this service without waiting for legal changes once again highlights community efforts to meet the needs of people who use drugs, address the overdose crisis and provide essential harm reduction tools despite restrictive operating environments. Continued support and expansion of these services is crucial for supporting the health and wellbeing of people who use drugs and addressing the evolving challenges of drug use, particularly in relation to the spread of new psychoactive substances in the region.

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