

Joint submission ahead of the report of the Special Rapporteur on freedom of peaceful assembly and of association on “Freedom of assembly and association rights, collective action and human solidarity facing existential threat: preserving the fundamental principles”

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Submitting organisations:

Harm Reduction International (HRI) is a leading non-governmental organisation that envisions a world in which drug policies uphold dignity, health, and rights. We use data and advocacy to promote harm reduction and drug policy reforms. We show how rights-based, evidence-informed responses to drugs contribute to healthier, safer societies, and why investing in harm reduction makes sense. HRI is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations.

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The **Eurasian Harm Reduction Association (EHRA)** is a non-for-profit public membership-based organization uniting harm reduction activists and organisations from Central and Eastern Europe and Central Asia (CEECA) with its mission to actively unite and support communities and civil societies to ensure the rights and freedoms, health, and well-being of people who use psychoactive substances in the CEECA region. The Association is registered in Lithuania in 2017 continuing regional harm reduction activists' network tradition since 1997.

Introduction

Harm Reduction International (HRI) and the Eurasian Harm Reduction Association (EHRA) welcome the opportunity of providing input to the Special Rapporteur on freedom of peaceful assembly and of association, ahead of their report on “freedom of assembly and association rights, collective action and human solidarity facing existential threat: preserving the fundamental principles”.

This submission focuses on cuts to international aid for the HIV/AIDS response, in particular HIV prevention programs such as harm reduction and repressive environments, with specific attention to their impact on people who use drugs, on community-led organisations, and on civil society engaged in drug policy reform and service delivery. It echoes and complements the submission by EHRA titled “Report on freedom of assembly and association in CEECA: Impact on harm reduction and drug policy reform (2025)”, which recommendations it fully supports.

Context and background

People who use drugs are amongst the most stigmatised and marginalised populations in many countries, due to punitive approaches to drug control centred around repression and punishment. In recent years, monitoring by community organisations, civil society, and the UN system has shed light on the many human rights impacts of punitive drug control, leading to calls for a paradigm shift towards evidence-based, health- and rights-centred drug policies.¹ As most recently concluded by the High Commissioner for Human Rights and the Special Rapporteur on the right to health, key measures are the decriminalisation of drug use and possession and other minor drug offences, the responsible regulation of drugs, the promotion of quality harm reduction services, and the meaningful involvement of people who use drugs and other affected communities in policymaking and service delivery.²

In January 2025, the US government announced a 90-day pause – or freeze – on a significant portion of foreign aid programmes, including the President’s Emergency Plan for AIDS Relief (PEPFAR) and related USAID activities.³ This freeze and the subsequent termination of grants have had a catastrophic impact on lifesaving HIV programmes and prevention services for all affected populations particularly in low- and middle-income countries, including essential harm reduction services for people who use drugs;⁴ at a time when services for people who use

¹ Among many others, see United Nations, ‘United Nations system common position supporting the implementation of the international drug control policy through effective inter-agency collaboration’ UN Doc. CEB/2018/2, <https://unsceb.org/sites/default/files/2021-01/2018%20N%20-%20UN%20system%20common%20position%20on%20drug%20policy.pdf>.

² Human Rights Council, ‘Human rights challenges in addressing and countering all aspects of the world drug problem - Report of the Office of the United Nations High Commissioner for Human Rights’ UN Doc. A/HRC/54/53 (15 August 2023); Human Rights Council, ‘Drug use, harm reduction and the right to health - Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Tlaleng Mofokeng’ UN Doc. A/HRC/56/52 (30 April 2024). For more details on standards related to freedom to peaceful assembly and association and peaceful assembly in the context of drug laws and policies, see the International Guidelines on Human Rights and Drug Policy, available at: <https://www.humanrights-drugpolicy.org/guidelines/obligations-arising-from-human-rights-standards/freedom-of-association-and-peaceful-assembly/>.

³ The White House (20 January 2025), ‘Reevaluating and realigning United States foreign aid’, available at: <https://www.whitehouse.gov/presidential-actions/2025/01/reevaluating-and-realigning-united-states-foreign-aid/>.

⁴ HRI 2025 Impact of the US funding cuts on harm reduction <https://hri.global/publications/impact-of-the-us-funding-cuts-on-harm-reduction/>

drugs and related initiatives (such as human rights advocacy and network-building) were already critically underfunded.⁵

The US government investment in the global HIV response, and global health more broadly, is unparalleled. While the US is not the only donor to have reduced investment in the global HIV responses in recent times,⁶ it is undoubtedly the most significant. The US President's Emergency Plan for AIDS Relief (PEPFAR) was the second largest harm reduction donor and a crucial contributor to the largest source of harm reduction funding in low- and middle-income countries. While the Global Fund provided USD 74 million, PEPFAR expenditure on programmes for people who inject drugs amounted to USD 7.9 million in 2022. Most of this recorded PEPFAR expenditure (81%) went towards HIV prevention programmes for people who inject drugs.⁷ In addition, the US was among the main funders of other key actors, such as UNAIDS, and the Robert Carr Fund (RCF, a pooled funding mechanism dedicated to sustaining and expanding the role of community-led and civil society networks in the HIV response).⁸

The US foreign aid cuts, coupled with the extremely repressive rhetoric of the Trump administration towards people who use drugs and other marginalised populations, had severe implications for people who use drugs globally, and particularly in countries where PEPFAR is supporting HIV, HCV and TB programmes more broadly. In addition, stop work orders provided to multilateral agencies receiving PEPFAR support such as UNAIDS, UNODC, and pooled mechanisms such as RCF are affecting activities at all levels, disrupting services and other crucial supportive processes that have implications for people who use drugs, such as community-led monitoring and the roll-out of HIV response sustainability roadmaps.⁹ It is worth noting that community-led organisations play a fundamental role, being at the forefront not only of advocating for evidence-based, rights-centred policies, but in many contexts also delivering services to some among the hardest-to-reach populations, and conducting critical monitoring of service delivery, policy rollout, as well as epidemiological and drug market trends.

These funding cuts are taking place against a backdrop of criminalisation and repression of people who use drugs and community-led organisations and networks, which is often compounded by the criminalisation and marginalisation of other groups, including sex workers, people living with HIV, LGBTQI+ individuals, and migrants. Despite significant progress in recent years, the predominant approach to drugs globally remains a punitive one. Most countries around the world criminalise drug use and possession for personal use, resulting not only in critical levels of overincarceration and poor individual and public health outcomes, but also in persistent stigma and discrimination against people whose lives include drugs; which often linger even after decriminalisation. Some individuals and communities – such as women

⁵ For general context, see Harm Reduction International (2024), 'The Cost of Complacency: a harm reduction funding crisis', available at: https://hri.global/wp-content/uploads/2024/06/HRI_Funding-Report-2024_AW_080724.pdf.

⁶ Ibid., p. 29.

⁷ Ibid., p. 27. This does not include PEPFAR expenditure in Ukraine in 2022 as reporting requirements were removed following the Russian invasion.

⁸ <https://robertcarrfund.org/>.

⁹ UNAIDS (2024), 'HIV Response Sustainability Primer', https://www.unaids.org/sites/default/files/media_asset/HIV%20response%20sustainability%20response%20primer_web.pdf.

and young people who use drugs, indigenous peoples, or racialised groups - are uniquely impacted.¹⁰

Criminalisation, stigma and discrimination have clear impacts on the freedom of association and assembly of people who use drugs or otherwise engage in the drug market, with state laws, policies and practices actively targeting drug-user led movements and civil society organisations promoting drug policy reform; or otherwise impinging on their operations. Organisations around the world report structural barriers to engagement in civic space, including legal barriers, lack of resources, and stigma at both social and institutional level, and sometimes even by other civil society groups or social movements.¹¹ In Georgia for example, the local network of people who use drugs (Georgian Network of People who Use Drugs, GeNPUD) was denied official state registration on the basis that their name attempted to “put illegal activities in legal framework”. The decision was later condemned by a Tbilisi City Court judge, which in 2018 ruled that registration should be allowed.¹²

More broadly, the repressive and stigmatising environment fostered by punitive drug control hinders association as well as participation in decision-making processes, and in civic life more broadly. In societies where merely identifying as a person who engages with drugs can lead to incarceration, social exclusion, abuse, or even killing, taking active part in public life can be just unthinkable.

Recognising the lack of enabling environments as a critical stumbling block to the HIV response, the 2021 Political Declaration on HIV and AIDS set new societal enabler targets for 2025, commonly referred to as the 10-10-10 targets; specifically:

- Ensure that less than 10% of countries have restrictive legal and policy frameworks that unfairly target people living with, at risk of and affected by HIV, such as age of consent laws and laws related to HIV non-disclosure, exposure and transmission, laws that impose HIV-related travel restrictions and mandatory testing and laws that lead to the denial or limitation of access to services;
- Ensure that less than 10% of people living with, at risk of and affected by HIV experience stigma and discrimination; and
- Reduce to no more than 10% the number of women, girls, people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence.

At the same time, awareness of the essential role of community organisations led to setting, in the [2021-2026 Global AIDS Strategy](#) of targets aimed at increasing the number of services delivered by community-led organisations, meaning: 30% of testing and treatment services,

¹⁰ For more on this see, see among many others Human Rights Council, ‘Human rights challenges in addressing and countering all aspects of the world drug problem - Report of the Office of the United Nations High Commissioner for Human Rights’ UN Doc. A/HRC/54/53 (15 August 2023).

¹¹ Among others, see Edgar Guerra and Guus Zwitter, ‘Civil Society Organizations and Harm Reduction Policy: The Mexican Case’ *Contemporary Drug Problems* 51(1), <https://journals.sagepub.com/doi/10.1177/00914509231214344>.

¹² Drug Policy Georgia (26 March 2018), GeNPUD v. House of Justice, available at: <http://www.drugpolicy.dsl.ge/eng/GeNPUD%20v.%20House%20of%20Justice.htm>.

80% of prevention services for key populations and women, 60% of programmes to support the achievement of societal enablers.¹³

1. Immediate impacts on freedom of assembly and association rights

- What have been the immediate impacts of the disruption of the global financial aid ecosystem on the enjoyment of the freedom of assembly and association rights in your country or the countries in which you are working (including civil society, informal associations, unions, rights/solidarity movements, etc.)?
- What has been the wider impact, including adoption/expanded application of restrictive legislation (such as related to transparency, anti-money laundering, etc.), criminalisation of activists associated with receiving foreign funding, stigmatisation, and any other forms of reprisals (including raids, excessive requirement of information, among others)?
- Please provide concrete examples and any statistics if a preliminary impact assessment has been conducted (including on the types of associations and projects affected).

The International Network of People who Use Drugs (INPUD) has defined the US funding freeze as an “existential threat” for many drugs user-led organisations and networks,¹⁴ causing disruption in services, reduction in workforce, and loss of life; and sending civil society and service providers into crisis/survival mode. In such a context, activities linked to the expression of the freedom of assembly and association (such as network-building activities, advocacy, protests, etc) risk being among the first ones to be cut.

Since the freeze was announced, community organisations and civil society have quickly coordinated to monitor developments in the aid ecosystem and track impact on the ground; once again proving their essential oversight role. A survey launched by INPUD in March 2025¹⁵ found significant disruptions not only on health services (such as HIV testing and treatment, OAT, and hepatitis testing and treatment) but also on “outreach and peer-led harm reduction services” and “legal and human rights support” – identified as the two most impacted activities. In Tajikistan, for example, community-led monitoring activities such as a Stigma Index study were completely suspended.¹⁶

Similarly, the Eurasian Harm Reduction Association (EHRA) recorded the following impact, as of April 2025:

¹³ UNAIDS (2020), ‘Global AIDS Strategy 2021-2026: End Inequalities. End AIDS’. https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf

¹⁴ International Network of People who Use Drugs (2025), ‘The Human Cost of Policy Shifts: the Fallout of the United States ‘ Foreign Aid Cuts on Harm Reduction Programming and People who Use Drugs’, <https://inpud.net/wp-content/uploads/2025/04/The-Human-Cost-of-Policy-Shifts-Rapid-Assessment-Findings.pdf>.

¹⁵ Unless specified, all information in this section comes from: INPUD (2025), ‘The Human Cost of Policy Shifts: the Fallout of the United States ‘ Foreign Aid Cuts on Harm Reduction Programming and People who Use Drugs’, <https://inpud.net/wp-content/uploads/2025/04/The-Human-Cost-of-Policy-Shifts-Rapid-Assessment-Findings.pdf>.

¹⁶ EHRA and HRI (2025), ‘Harm reduction note: Tajikistan’, <https://hri.global/wp-content/uploads/2025/05/Tajikistan.pdf>.

- In Tajikistan, the work of at least 3 NGOs providing HIV prevention services was affected, leading to a loss of support to 1700 clients and over 100 new cases of HIV going undetected;
- In Kyrgyzstan, the freezing of USD 3 millions in funding impacted the work of 5 NGOs servicing over 8000 people; among others, some 200 people lost access to PrEP;
- In Kazakhstan, where 2% of the HIV response was funded by PEPFAR, outreach for people who use drugs and men who have sex with men (MSM) was disrupted in two regions, impacting access to over 20,000 people;
- In Ukraine, activities have resumed after a pause, apart from PrEP and condom delivery; and access to treatment for some 90,000 people is considered at risk after the end of 2025.

Sixty-three percent of respondents to the INPUD survey expected the cuts to have “significant to severe impact on their organisation’s ability to stay financially afloat”, and almost half reported having lost between 26% and 100% of their budget; leading not only to closing services, but also to the termination of staff, including peer workers who play a critical role in the response but face unique hardships in finding employment. As highlighted, “the economic impact on the drug user community has been equally severe, throwing families and households into economic upheaval as the result of lay-offs and closures”.

The survey also paused on the human rights and legal implications of the cuts as well as of the US government’s promotion of extremely repressive narratives, which reportedly emboldened other governments to adopt more punitive and securitised approaches. Among others, this reportedly resulted in a spike in stigma and discrimination, an intensification of policing and criminalisation of people who use drugs, and a significant reduction of drug-user led organisations’ ability to “meaningfully engage in policy discussions, advocate for human rights and evidence-based harm reduction, and hold governments accountable for their international and national commitments.”¹⁷

Such loss of funding is likely to impact engagement not only at national but also at international and multilateral level. A recent report based on a survey of youth-led organisations found a growing exclusion from – or lack of resources to engage in - policymaking spaces both domestically and internationally, and the cancellation of advocacy initiatives and campaigns.¹⁸ The same report by reiterated a perceived intensification in threats and repression, through the introduction of restrictive laws and rising use of ‘foreign agents’ narratives.¹⁹

¹⁷ INPUD (2025), ‘The Human Cost of Policy Shifts: the Fallout of the United States ‘ Foreign Aid Cuts on Harm Reduction Programming and People who Use Drugs’. For details on country-specific developments, see Harm Reduction International (27 May 2025), ‘Impact of the US Funding Cuts on Harm Reduction’, <https://hri.global/publications/impact-of-the-us-funding-cuts-on-harm-reduction/>.

¹⁸ Y+ Global et al. (2025), ‘Devastating impact of the US Government stop-work order on youth, HIV and Sexual and Reproductive Health services’, [https://www.yplusglobal.org/docs/resources/USG_Funding_Survey%20Results_Factsheet_\(FINAL\).pdf](https://www.yplusglobal.org/docs/resources/USG_Funding_Survey%20Results_Factsheet_(FINAL).pdf).

¹⁹ Ibid.

- What conditions within the development aid/international cooperation system and the civil society sector in general contributed to the more devastating impacts; and what conditions protected/are protecting the sector and could ensure its survival?

Harm reduction services – as well as drug-user networks and civil society organisations promoting drug policy reform - are critically and chronically underfunded. The latest available data preceding the cuts indicated that in 2022, harm reduction funding amounted to USD 151 million; representing a mere 6% of the USD 2.7 billion needed annually by 2025. This leaves a funding gap of 94%, which compares to a funding gap of 29% for the overall HIV response.²⁰

Because of a lack of domestic investment in many countries, harm reduction, as well as civil society, is also overly reliant on international funding; and in fact “more reliant on multilateral funding than ever before.”²¹ According to a 2024 HRI report, domestic harm reduction investment is reducing in countries that previously had the highest levels of investment; while many countries had no identifiable domestic financing. Domestic funding for harm reduction in LMI countries amounted to USD 49.7 million, representing 33% of all harm reduction funding identified in 2022 and it accounted for a mere 0.4% of all domestic funding for HIV in 2022.

As of 2022, the Global Fund accounted for 73% of all donor support for harm reduction.²² This makes the response highly dependent on decisions taken by foreign governments (such as in the case of the US) and multilateral actors, while at the same time particularly sensitive to the impact of repressive laws, such as ‘foreign agent’ laws employed by governments to target critical voices and obstacle access to international funds (as explored more in detail under section 2).²³

As abovementioned, the US is not the only donor to have reassessed its priorities. The Trump administration’s cuts are just the latest (and the most significant) to affect the movement. For example, Open Society Foundations (OSF) – a key funder of not only of services but also of advocacy and community building initiatives - has almost halved its harm reduction funding between 2019 and 2022. Similarly, “the PITCH project funded by the Dutch Government was an important source of funding for community advocacy and supported community-based organisations to uphold the rights of people who use drugs. The programme’s final evaluation highlights the creation of new advocacy groups for people who use drugs in Myanmar and Ukraine as a key achievement. Bridging the Gaps, which like PITCH ended in 2020, supported 95 local, regional and global civil society organisations working across 15 countries between 2016 and 2020 with a focus on capacity building. The harm reduction funding within the Dutch Government’s new programme for key populations, Love Alliance, is 70% lower in 2022 than the funding for the two projects was in 2019.”²⁴

²⁰ For more details, see HRI (2024), ‘The Cost of Complacency: a harm reduction funding crisis’, available at: https://hri.global/wp-content/uploads/2024/06/HRI_Funding-Report-2024_AW_080724.pdf.

²¹ Ibid.

²² Ibid.

²³ Ibid. Also HRI (2024), ‘The Global State of Harm Reduction 2024’, <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/>.

²⁴ Ibid.

2. Local enabling environment (opportunities and gaps):

- What other factors have contributed to/exacerbated the mentioned impacts (including issues related to the securitisation of State polices/narratives)?

As outlined in the background section, people who use drugs and drug policy reform organisations mostly operate in contexts of criminalisation and securitisation – when not militarisation – of drug control. Stigma and discrimination are entrenched both at institutional level and in society, resulting in (a) structural issues related to the right to assembly and association; and (b) obstacles to funding, as few actors – both institutional and private - are open to supporting this kind of movement. This, in turn, translates into a high degree of donor dependence, insomuch that changes in the priorities of few – sometimes just one – actors can have monumental consequences.

People who use drugs and drug policy reform organisations often operate in repressive environments and/or are directly targeted by authorities, with legal, policy and practical barriers to their operations. A region where this trend is particularly visible is Eastern and Central Asia. As reconstructed by EHRA, in 2012 Russia became “the first country in the region to introduce specific laws, enacted under the guise of national security and traditional values, targeting the opposition and internationally supported NGOs. The 2012 Foreign Agent Law has been used to stigmatize, discredit, and suppress NGOs, particularly those advocating for harm reduction.”²⁵ In 2016, the Andrey Rylkov Foundation (ARF), a leading organisation providing harm reduction services and engaging in drug policy reform, became the first public health organisation to be listed as a foreign agent. This led to the imposition of strict reporting requirements, which made it make it difficult to secure funding and operate. As reported, “in 2018, ARF was fined USD 12,000, which it was able to pay through crowdfunding. In June 2024, the European Court of Human Rights issued a judgment (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.”²⁶

Other countries in the region soon followed suit: as of 2024, restrictive and repressive laws had been adopted in Belarus, Kyrgyzstan, Georgia, Russia and Tajikistan dissolved hundreds of NGOs; while efforts to enact similar laws in Serbia, Montenegro, Bulgaria, and Bosnia and Herzegovina have as of April 2025 been unsuccessful.²⁷ According to 2024 reports, civil society organisations in Georgia, Russia and Kazakhstan and Tajikistan are “are under threat for delivering or being involved in harm reduction services and advocacy”, in some cases resulting in a reduction in healthcare services.²⁸ In Kyrgyzstan, as a consequence of the 2024

²⁵ Eurasian Harm Reduction Association (2025), ‘State of Harm Reduction in the CEECA Region 2024’, <https://ehra-uploads.s3.eu-central-1.amazonaws.com/6d90e779-ffce-42b5-8a8b-ffeb1947be82.pdf>.

²⁶ HRI (2024), ‘The Global State of Harm Reduction 2024’, p. 137, <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/>.

²⁷ Eurasian Harm Reduction Association (2025), ‘State of Harm Reduction in the CEECA Region 2024’, <https://ehra-uploads.s3.eu-central-1.amazonaws.com/6d90e779-ffce-42b5-8a8b-ffeb1947be82.pdf>.

Also EHRA’s 2025 report “Mapping Repression: Legal trends impacting civil society in Central and Eastern Europe and Central Asia” (soon to be published).

²⁸ HRI (2024), ‘The Global State of Harm Reduction 2024’, <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2024/>.

‘foreign representatives’ law, Soros Foundation Kyrgyzstan - which among others had been providing legal support for key populations - has closed down.²⁹

Possibly the latest example of securitisation of and through drug control is that of Hungary. As reconstructed by organisations such as the EHRA and Drug Reporter, in March 2025 the Hungarian government intensified its already repressive approach to drugs, launching a new ‘war on drugs’ under which guise civic space risks being further curtailed.³⁰ Amendments to the Constitution and the country’s anti-narcotics law - adopted with no civil society involvement - introduced a prohibition of the use and “promotion” of drugs and even stricter penalties for drug-related offences;³¹ while law enforcement is being pushed to aggressively enforce drug laws.³² Civil society organisations calling for drug policy reform and essential services for people who use drugs are labelled as ‘foreign agents’ and promoters of drug use, increasingly scapegoated and targeted, exacerbating an already repressive environment. As detailed by Drug Reporter, drug laws are already being used to curtail association rights – with law enforcement banning a cannabis legalisation protest organised by a small political party.³³

For a more comprehensive reconstruction of trends in EECA, including the adoption of foreign agents laws, propaganda bans, selective regulation and other forms of harassment, we refer to EHRA’s 2025 report “Mapping Repression: Legal trends impacting civil society in Central and Eastern Europe and Central Asia.”³⁴

As reconstructed in the same report, the effects of such repressive laws do not stop at the shrinking of civic space but – due to the impact on organisations supporting the response to HIV and other health emergencies – reverberate on the public health infrastructure, and ultimately on the enjoyment of the right to health of all. Among others, organisations targeted by these laws “face public distrust, reducing uptake of services among vulnerable groups”, struggle to maintain relationships with international donors (which may see their funding blocked or overly scrutinised), and are forced to devote disproportionate time and resources to legal and bureaucratic processes – sometimes at the expense of service provision and advocacy.

²⁹ Ibid., p. 137.

³⁰ Peter Sarosi (22 March 2025), ‘Orban’s New War on Drugs Turns Into a Major Crackdown on Political Freedoms’ *DrugReporter*, <https://drogriporter.hu/en/orbans-new-war-on-drugs-turns-into-a-major-crackdown-on-political-freedoms/>; Stop the Crackdown – Save Lives: Defend Civil Society and the Rule of Law in Hungary (3 June 2026), available at: <https://correlation-net.org/2025/06/03/stop-the-crackdown-save-lives-defend-civil-society-and-the-rule-of-law-in-hungary/>.

³¹ Cseke Balazs and Andrea Horvath Kawai (15 April 2025), ‘A person is either male or female, drugs and Pride are banned – Hungarian Parliament adopts 15th constitutional amendment’ *Telex*, <https://telex.hu/english/2025/04/15/a-person-is-either-male-or-female-drugs-and-pride-are-banned-hungarian-parliament-adopts-15th-constitutional-amendment>; Peter Sarosi (29 April 2025), ‘Hungarian Government Enacts Stricter Drug Laws: Civil Society Under Attack’ *DrugReporter*, <https://drogriporter.hu/en/hungarian-government-enacts-stricter-drug-laws-civil-society-under-attack/>.

³² Magyar Adam (10 April 2025), ‘Hungary’s government launches war on drugs, but ignores root causes’ *EuroNews*, <https://www.euronews.com/2025/04/10/hungarys-government-launches-war-on-drugs-but-ignores-root-causes>.

³³ Peter Sarosi (22 March 2025), ‘Orban’s New War on Drugs Turns Into a Major Crackdown on Political Freedoms’ *DrugReporter*, <https://drogriporter.hu/en/orbans-new-war-on-drugs-turns-into-a-major-crackdown-on-political-freedoms/>.

³⁴ EHRA (2025), “Mapping Repression: Legal trends impacting civil society in Central and Eastern Europe and Central Asia” (soon to be published).

3) Avenues to counter/ mitigate severe impacts undermining freedom of assembly and association rights:

- Please provide examples of any actions taken by States, regional bodies or other actors (including philanthropy organisation) to fill the funding gap and/or to mitigate the existential threats to freedom of assembly and association rights?

As reconstructed by EHRA in its submission to this call for input, some donors have taken action to partially fill the funding gap which has been intensifying in recent years and to respond to repressive environments, including by launching emergency initiatives to sustain civil society. For example, “a coalition of public and private donors established an Emergency Support Fund for Key Populations in Eastern Europe and Central Asia (EECA), which since 2022 has provided rapid-response grants (usually up to €5,000) to grassroots organizations facing sudden funding gaps or security threats. This fund, managed by partnerships including Aidsfonds, ECOM and others, has been critical in keeping frontline harm reduction services running during crises, such as replacing lost PPE during COVID-19 lockdowns or supporting outreach after local crackdowns. Similarly, the Robert Carr Fund offered ‘exceptional opportunity’ grants in 2022–2024 to regional networks (like the Eurasian Harm Reduction Association) to help them adapt to shrinking civic space and continue advocacy. Such flexible funding streams have allowed civil society to reach to emergencies – for example, by covering legal fees to challenge unjust fines, or by funding core salaries when project funds were cut.”

- Please provide any examples of effective strategies taken by civil society/movements to mitigate the threat?

Organisations and network working on drug policy reform, as actors operating in and against fundamentally punitive systems, have decades-long experience in mitigating threats. As a way of example, we echo EHRA’s reconstruction in its submission according to which “one key strategy has been forming cross-sector alliances and coalitions. Harm reduction NGOs, LGBTQI+ groups, women’s rights organisations, and human rights coalitions are increasingly joining forces in the face of a common crackdown (i.e. Rise&Decriminalize movement). This unity was exemplified in Georgia in 2023: when a “foreign influence” law threatened all NGOs, public health and human rights groups rallied together in mass protests and successfully pressured a temporary withdrawal of the bill.

Civil society has also embraced legal resilience tactics. In countries where courts retain some independence, NGOs have challenged repressive actions judicially – for example, Humanitarian Action, a harm reduction NGO in St. Petersburg (Russia), went to court to fight its “foreign agent” designation and won an annulment in 2022 (though the victory was short-lived amidst further legal changes). Such cases set important precedents and buy time. Regional and international litigation is another avenue: activists have brought cases to the European Court of Human Rights and UN Human Rights Committee alleging that “foreign

agent” laws violate fundamental freedoms. These efforts not only seek remedies but put moral pressure on governments.

On the community level, groups are adjusting their modes of operation to stay safe. Many have bolstered their digital security and encrypted communications to prevent state surveillance of their members. Trainings on secure messaging, data protection, and online anonymity – often supported by international partners – have proliferated. EHRA and allied networks have emphasized developing digital safety and legal literacy tools for frontline organizations so they can withstand state intrusion. Some NGOs have decentralized or informalized their structures: rather than maintain a single registered entity that can be targeted, activists form loose networks or peer-led initiatives that are harder to shut down. In Central Asia, some community groups have opted to register as commercial entities or social enterprises (e.g. small businesses) instead of NGOs, as those face less scrutiny – an imperfect but creative workaround to stay operational.”³⁵

5) Strengthening the global protection of freedom of assembly and association rights:

In a context of extremely limited resources, it is critical for **multilateral organisations such as the Global Fund** to “to strengthen the full and meaningful engagement of key populations, including people who use drugs, in all CCM governance deliberations, (re-)programming discussions, and decision-making for resource (re-)allocation so that communities can contribute their vast expertise and are not left on the back foot”.³⁶ Ahead of the upcoming Global Fund replenishment and connected re-strategizing process, civil society has also called on the Global Fund to – among others - establish a dedicated funding stream for community-led key population networks, especially in countries without domestic support; and, protect advocacy and structural change, including by sustaining funding for legal reform and human rights advocacy led by people who use drugs.

These measures are essential to ensure resources are used effectively and to create, protect, and promote enabling environments where people who use drugs and related organisations can work and thrive.³⁷

The development of a new **Global AIDS Strategy** will also be a critical moment for re-affirming the essential role of community-led organisations and of adequate funding for community and civil society organisations. Dedicated targets including on enabling environments should be maintained, if not strengthened, and donors should ensure adequate resources are invested to promote achievement of such goals.

³⁵ Submission by EHRA to this call for input.

³⁶ INPUD (2025), ‘The Human Cost of Policy Shifts: Protecting Programming for and by People Who Use Drugs in the Global Fund’s Reprioritisation’, available at: <https://inpud.net/wp-content/uploads/2025/05/The-Human-Cost-of-Policy-Shifts-INPUD-briefing-for-Global-Fund-Board.pdf>.

³⁷ Ibid.

All donors should safeguard and whenever possible increase funding for community-led advocacy and network strengthening, as crucial for promotion of meaningful engagement in policymaking and for protecting civic space at a time of increasing repression.

6) Recommendations:

What action could be taken by states, international and regional organisations, INGOs, the private sector, civil society or other actors to ensure global financial support that fosters, enables and protects the independence and sustainability of civil society?

- A sustainable HIV response requires a substantial scale-up of domestic investment and the introduction of mechanisms such as social contracting, aimed at channelling government funding to civil society.³⁸ Budgetary decisions – as all policy decisions – should be made with full participation of people who use drugs and other affected communities; which should be meaningfully engaged in the design, monitoring, and implementation of all related laws and policies; and funding should be secured for initiatives aimed at promoting network building and active engagement in civic space.
- International donors and governments must put an end to ineffective and unjust punitive responses to drugs. Decriminalising drug use and people who use drugs will maximise the impact of existing investments and will also save money. This will free up essential funds to invest in programmes that prioritise community, health and justice; including harm reduction as well as other social and community programmes that benefit marginalised people and lead to healthier, safer societies.³⁹
- International donors and governments should double-down efforts to achieve the targets set for the global HIV response, including by investing in community-led organisations, to empower them not only to deliver essential services, but also to strengthen networks, engage in advocacy, and actively participate in decision-making processes at national and international levels. In contexts of repression and uncertainty, flexible funding is particularly essential, as it allows organisations to quickly adapt to new scenarios and effectively respond to emerging threats.
- The UN system should critically assess its own engagement in drug control at both national and international level, ensuring that no funding risks contributing to punitive and ineffective responses, and that key actors within the system – such as UNAIDS and WHO – have the resources they need to continue supporting the response, and civil society and community actors playing a fundamental roles.

³⁸ HRI (2025), 'Making the Investment Case- Economic Evidence for harm reduction', available at: <https://hri.global/publications/making-the-investment-case-economic-evidence-for-harm-reduction-2024-update/>.

³⁹ HRI (2024), 'The Cost of Complacency: a harm reduction funding crisis', available at: https://hri.global/wp-content/uploads/2024/06/HRI_Funding-Report-2024_AW_080724.pdf.

- More broadly, in order to address the structural issues from which the outlined issues emerge, governments as well as the international community should shift their approaches to drug control from punitive to rights based, harm reduction approaches (what the High Commissioner for Human Rights has described as a “paradigm shift”); which are proven to save lives and money, reduce HIV and viral hepatitis, and improve individual and public health outcomes.

Where are beacons of hope and innovative initiatives that make it possible to understand the future sustainability of the rights of assembly and association? How can these experiences be protected or promoted?

More and more countries are reviewing their approaches to drug control and their investments into different approaching, shifting away from punishment and repression and introducing health- and rights-centred drug policies which constitute more of an enabling environment for organisations providing harm reduction and HIV services, and advocating for drug policy reform. As examples:

- In 20120 Costa Rica introduced a restorative justice program which among other things allowed to offer persons who use drugs charged with offences access to a voluntary, tailored treatment plan as part of the agreement, which includes psychological and social support. In 2020, 141 people participated in the restorative justice programme, saving the country over USD 590,000. The number increased to 2250 people participating in the program in 2023.⁴⁰
- Colombia’s new National Drug Policy, adopted in 2023 after consultations with civil society and affected groups, marks a decisive “shift in Colombia’s drug policy, from a punitive approach to a strategy that focuses on protecting life and the environment.” In 2024, USD 49 million in assets seized from criminal organisations were diverted for the implementation of the policy.⁴¹
- A similar redirection of funds by the government was witnessed in Uruguay. Between 2020 and 2024, USD 727,680 were allocated annually to Centros Ciudadela, one of the programmes under the National Drug Strategy which adopts a harm reduction approach.⁴² This became possible after Uruguay legalized the use, production, distribution and sale of cannabis in 2013.

Finally, a good example of how domestic funding can work and how civil society can be meaningfully included in the response is the case of Community Oriented Substance Use Programme (COSUP) in Tshwane, South Africa, which represents an innovative model of harm reduction funding in collaboration with civil society, which combines procurement

⁴⁰ HRI (2025), ‘Divest Invest Case Study Costa Rica’, <https://hri.global/publications/divest-invest-case-study-costa-rica-restorative-justice-approach/>.

⁴¹ HRI (2025), ‘Divest Invest Case Study Colombia’, <https://hri.global/publications/divest-invest-case-study-colombia-a-progressive-national-drug-policy/>;

⁴² HRI (2025), ‘Divest Invest Case Study Uruguay’, <https://hri.global/publications/divest-invest-case-study-uruguay/>.

contracting and grant funding. Under this programme, the University of Pretoria implements the government grant while community leaders such as the Chair of the South African Network of People who Use Drugs (SANPUD) sits on COSUP's central management team and peer educators from the community of people who use drugs are central to the programme and services. The City of Tshwane makes scheduled payments based on the Service Level Agreement (SLA) and contract timeline. However, COSUP also has access to the flexibility and up-front payments that are typical of grants. The level of trust and historical dealings with the Department of Family Medicine meant that the funding was flexible, and line items were adjusted as priorities shifted. Unlike other municipalities, interventions for drug use in Tshwane are funded by the Department of Health.²²

A total of 2,957 people who use drugs were enrolled in COSUP and attended 19,533 counselling, social work or support sessions between 2016 and 2020. More than 600 people initiated Opioid Agonist Therapy (OAT, a key harm reduction service), around half of whom were self-funded, and the other half were city funded. After a national lockdown was declared in 2020 due to the COVID-19 pandemic, COSUP continued providing services, which confirms the model's inherent adaptability, collaboration and innovation in addressing healthcare challenges during time of crisis. Between 2020 and 2023 the programme focused on Phase II aimed to consolidate services and align COSUP with the National Draft Plan and other policy documents as well as capacitate and train more people who use drugs. In early 2024, the City of Tshwane entered into a new SLA worth USD 6.8 million with the University of Pretoria to continue the COSUP programme until 2026.⁴³

⁴³ HRI (2025), 'COSUP in South Africa – a model for domestic harm reduction funding', <https://hri.global/publications/cosup-in-south-africa-a-model-for-domestic-harm-reduction-funding/>.