



2024 REPORT

DRUG SITUATION IN UKRAINE

(based on 2023 data)

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LIST OF ABBREVIATIONS

HIV	Human immunodeficiency virus
HBV / HCV	Hepatitis B / C virus
WHO	World Health Organization
SMDC	State Service of Ukraine on Medicines and Drugs Control
SCS	State Customs Service of Ukraine
SBS	State Border Service of Ukraine
EMCDDA	European Monitoring Center for Drugs and Drug Addiction
HCF	healthcare facility
OAT	Opioid Agonist Treatment
CCU	Criminal Code of Ukraine
CUAO	Code of Ukraine on Administrative Offenses
PWID	People who inject drugs
PLHIV	People living with HIV
MIA	Ministry of Internal Affairs of Ukraine
MYS	Ministry of Youth and Sports of Ukraine
MSP	Ministry of Social Policy of Ukraine
MoJ	Ministry of Justice of Ukraine
MoH	Ministry of Health of Ukraine
MES	Ministry of Education and Science of Ukraine
NSS	National Social Service of Ukraine
NPU	National Police of Ukraine
NHSU	National Health Service of Ukraine
PS	Psychoactive substance
SSU	Security Service of Ukraine
SW	Sex workers
TB	Tuberculosis
Centre	State institution 'Public Health Centre of the Ministry of Health of Ukraine'
MSM	Men who have sex with men

1. REGULATORY FRAMEWORK FOR MONITORING THE DRUG SITUATION AND MONITORING INDICATORS

The national drug monitoring system in Ukraine was introduced in 2019 through the adoption of the [Resolution of the Cabinet of Ministers of Ukraine No. 689 dated 10/07/2019](#) 'Issues of Monitoring the Drug and Alcohol Situation in Ukraine' (hereinafter 'CMU Resolution No. 689').

Submission and Collection of Information/Data (hereinafter 'Procedure'), which discloses the state of the drug situation according to the indicators defined by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the United Nations Commission on Narcotic Drugs, the International Narcotics Control Board; the list of monitoring entities.

Monitoring indicators:

- prevalence of PS use among people aged 15-16 years;
- prevalence of PS use among the population aged 15-64 years;
- treatment seeking, prevalence of mental and behavioural disorders due to PS use;
- problematic use of narcotics and psychotropic substances;
- mortality related to PS use;
- infectious diseases among people who inject drugs and psychotropic substances;
- illicit trafficking in PSs and related crime;
- preventive measures aimed at reducing the level of PS use;
- legislation in the field of PS circulation and combating their illicit trafficking;
- social reintegration of people dependent on PS use.

The agency responsible for monitoring

In accordance with Order of the Deputy Minister – Chief State Sanitary Doctor of Ukraine No. Д3М/60/8-23 dated 05/07/2023, the State Institution 'Public Health Centre of the Ministry of Health of Ukraine' (hereinafter 'Centre') is responsible for the monitoring starting from 2024.

To regulate this transfer of functions, a draft amendment to CMU Resolution No. 689 was prepared and is currently undergoing the procedure of approval by stakeholders.

Reporting period: 2023.

Monitoring entities in accordance with the Procedure

MoH, MES, MYS, NSS, MoJ, MIA, MoD, NPU, State Tax Service of Ukraine (STS), Administration of SBS, SMDC, State Statistics Service (SSS), State Financial Monitoring Service (SFMS), MFA, Council of Ministers of the Autonomous Republic of Crimea, regional, Kyiv and Sevastopol city state administrations, and upon agreement, the Supreme Court, SSU, Prosecutor General's Office, National Academy of Medical Sciences, State Administration of Affairs, JSC Ukrzaliznytsia, NGOs.

Data limitations

In the context of martial law, introduced by the Decree of the President of Ukraine No. 64 dated 24/02/2022 "On the Introduction of Martial Law in Ukraine", and due

to active hostilities in some regions of Ukraine, as well as limited access to relevant resources in these territories, some monitoring entities are unable to exercise their powers in full, so it is not possible to provide all the necessary information in this Report.

Partial data limitations are also related to their low quality due to the lack of automated systems for collecting them, primary accounting and reporting documentation and, if available, the low quality of its input.

2. REGULATIONS ON NARCOTICS, PSYCHOTROPIC SUBSTANCES AND PRECURSORS ADOPTED IN 2023

Laws of Ukraine

Law of Ukraine 'On Amendments to the Criminal Code, the Criminal Procedure Code and Other Legislative Acts of Ukraine on Improving the Types of Criminal Punishment'. Adoption – 23 August 2023. Entry into force – 28 March 2024.

Goal: To regulate the introduction of probationary supervision as a form of punishment and an alternative to imprisonment and restraint of liberty for people committing drug-law offences. For example, paragraph 3 of Article 59 defines the list of sentences under probationary supervision that may be imposed by the court in the form of treatment for drug and alcohol addiction, mental and behavioural disorders resulting from the use of psychoactive substances (hereinafter - PS) or a disease that poses a threat to the health of others.

Law of Ukraine 'On Amendments to Certain Laws of Ukraine on State Regulation of the Circulation of Plants of the Cannabis Genus for Use in Training, Educational, Scientific and R&D Activities, Production of Narcotics, Psychotropic Substances and Medicinal Products in Order to Expand Patient Access to Necessary Treatment'. Adoption – 21 December 2023. Entry into force – 16 August 2024.

Goal: To regulate the conditions for the legal circulation and use of cannabis, its resins, extracts and tinctures for medical, industrial, scientific and technical purposes (issues of production, prescription, release, etc.).

Regulations of central authorities

Order of the MoH of Ukraine 'On Approval of the Procedure for Supply of Medicinal Products and Medical Devices from Pharmacies and their Structural Subdivisions' No. 360 dated 19 July 2005. Amended by Order No. 1333 dated 21/07/2023. Registered with the MoJ on 07/08/23 under No. 1332/40388.

Goal: To introduce a mandatory electronic prescription for drug-containing medicines.

Order of the MIA 'On the Organisation of the Activities of Temporary Detention Facilities of the National Police of Ukraine' No. 777 dated 25 September 2023. Registered with the MoJ on 24/11/2023 under No. 2034/41090.

Goal: To regulate the issue of ensuring that detainees have continuous/permanent access to medicines for taking them as prescribed by a doctor and/or for treatment, if necessary, when they are detained in NPU temporary detention facilities.

3. DRUG-LAW OFFENCES

This section covers the following data and indicators:

1) administrative prosecution for drug-law offences:

- number of people prosecuted;
- number of cases pending in court;
- types of administrative penalties;
- amount of fines imposed by courts for administrative violations;
- number of seized drugs in cases of administrative violations;
- number of violations and persons who committed administrative violations for driving under the influence of drugs and committing domestic violence under the influence of drugs.

2) criminal prosecution for drug-law offences:

- types of offenses;
- number of people identified for committing offences;
- number of cases pending in court;
- types of punishment;
- number of prisoners;
- number of offences and people who committed criminal offences under the influence of drugs.

Liability for drug-law offences is determined by the [Code of Ukraine on Administrative Offenses](#) (hereinafter 'CAO') and Chapter XIII of the [Criminal Code of Ukraine](#). Administrative or criminal liability is determined, in particular, based on the following factors (but not limited to):

- the presence of a selling purpose;
- amount (small, gross, especially gross) of seized narcotics, psychotropic substances and precursors.

[Order of the MoH No. 188 dated 01 August 2000](#) approved the tables of small, gross and especially gross amounts of narcotics, psychotropic substances and precursors that are in illicit circulation.

According to the current legislation, Ukraine has a system of courts of general jurisdiction: local courts are the institutions of first instance (consideration of the case on the merits), courts of appeal are the institutions of appeal (review of the decision of the first instance), higher courts are the institutions of cassation, and the Supreme Court is the institution to review whether institutions of cassation have followed the legal procedure for consideration of the case and eliminate violations of the law.

A court decision comes into force after the deadline for filing an appeal by all parties to the case has expired, unless an appeal has been filed.

3.1. Administrative liability

Source of information (report)	Responsible authority (institution)	Reporting form No.	Frequency of information collection
<u>Report of the courts of first instance on consideration of cases on administrative offence*</u>	State Judicial Administration of Ukraine	Form No. 1-a approved by Order of the State Judicial Administration of Ukraine No. 325 dated 23 June 2018	Annual
Report on the state of application of administrative legislation by the NPU, form No. 1-АП	NPU	Form No. 810	On request

*The report of the courts of first instance on administrative offences in 2023 was compiled without taking into account the reports of the local general courts of Luhansk region and Kherson District Administrative Court.

In 2023:

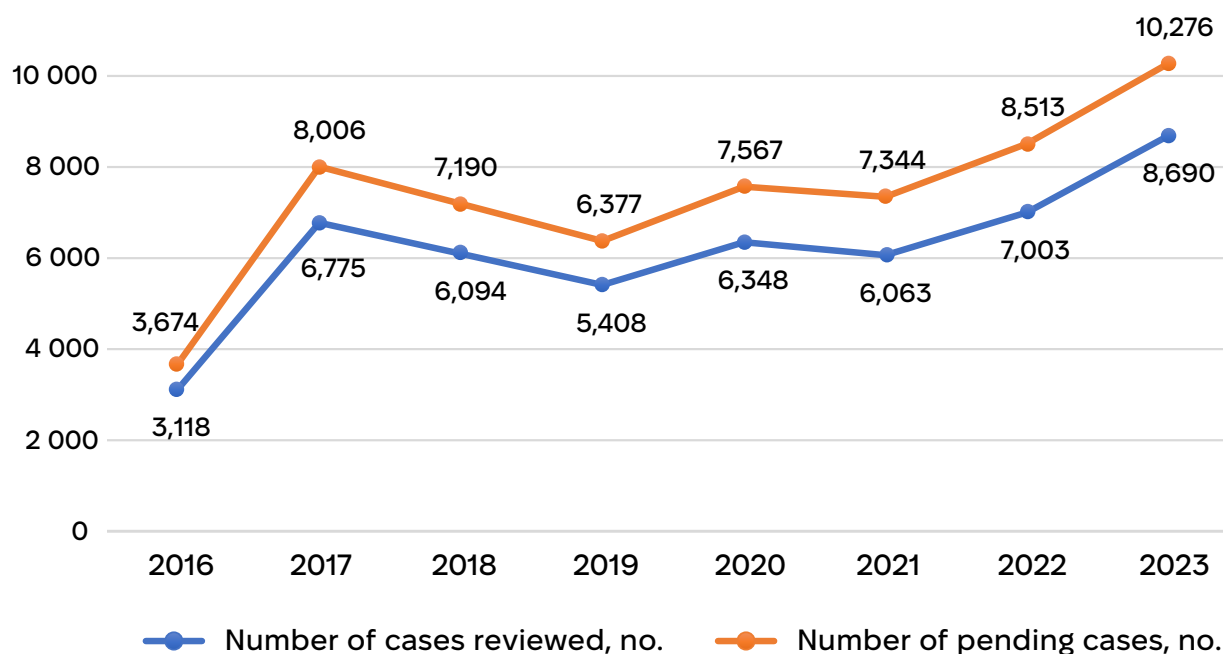
10,276 cases of administrative offences under Article 44 of the CUAO were **pending** in local general courts;

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

8,690 cases were **considered** and appropriate decisions were made.

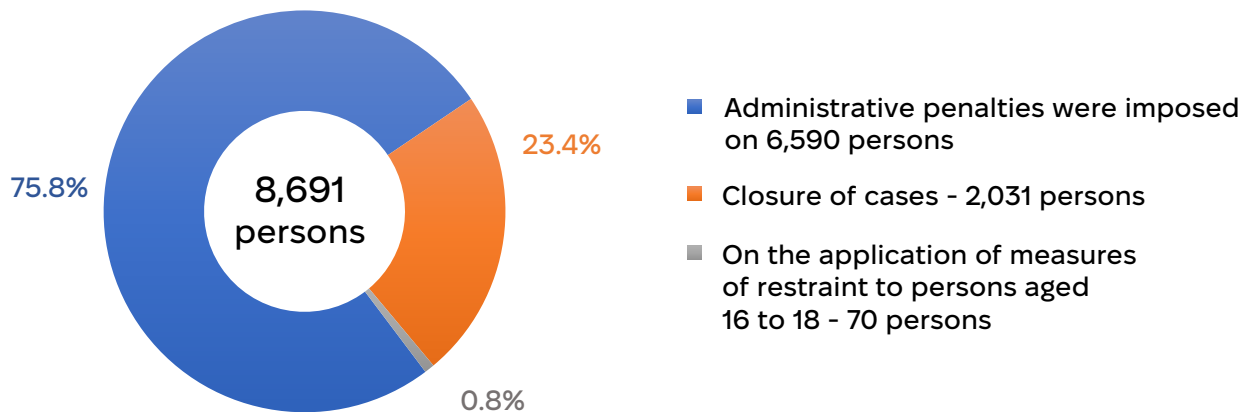
In 2016-2023, the number of cases that were considered remained almost unchanged, with an average of 84.0% of the total number of administrative offences related to drug-law offences that were considered by the courts of first instance (Fig. 1).

Fig. 1. Dynamics of the number of cases of administrative offence in the field of drug-law offences that were pending and considered in 2016-2023



Calculation source: 'Report of the courts of first instance on consideration of cases on administrative offence' for [2016](#), [2017](#), [2018](#), [2019](#), [2020](#), [2021](#), [2022](#) and [2023](#)

Fig. 2. Results of consideration of cases on administrative offense and decisions made in 2023



Calculation source: 'Report of the courts of first instance on consideration of cases on administrative offence' for [2016](#), [2017](#), [2018](#), [2019](#), [2020](#), [2021](#), [2022](#) and [2023](#)

Fig. 3. Number of people whose cases were considered in 2016-2023, by decision

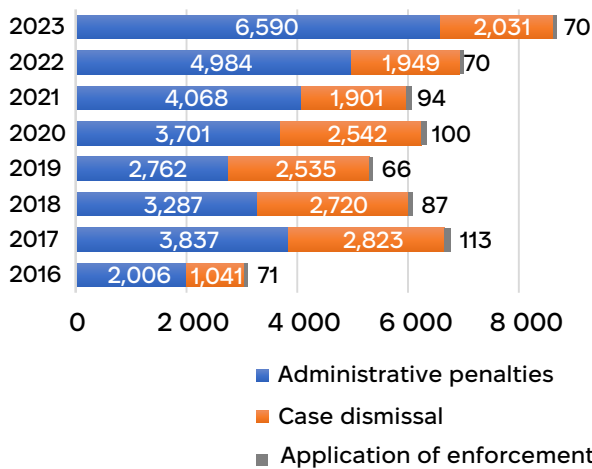
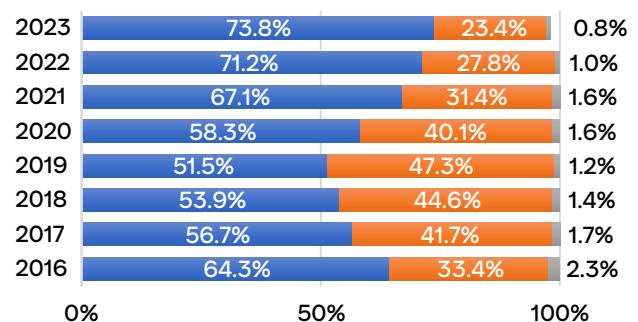


Fig. 4. Proportion of people whose cases were considered in 2016-2023, by decision (%)



Calculation source: 'Report of the courts of first instance on consideration of cases on administrative offence' for [2016](#), [2017](#), [2018](#), [2019](#), [2020](#), [2021](#), [2022](#) and [2023](#)

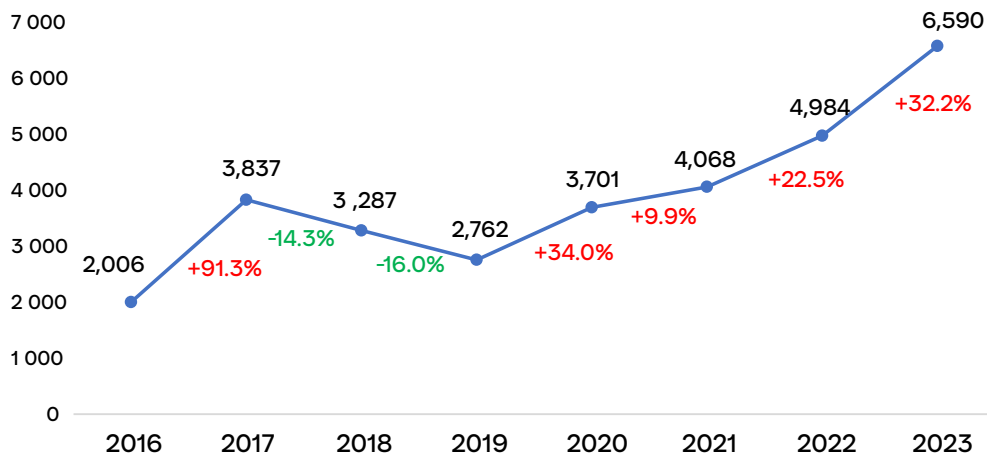
Note:

*Minors aged 16 to 18 are subject to enforcement measures under Article 24-1 of the CUAO (obligation to publicly or otherwise apologise to the victim; warning; reprimand or severe reprimand; placement of the minor under the supervision of parents or people in loco parentis, or under the supervision of a teaching or labour collective with their consent, as well as individuals at their request).

Decisions to impose an administrative penalty are the most common decisions of courts in cases of administrative offences in the field of drug-law offences: Their share in the structure of decisions in 2023 was 73.8%, as shown in Fig. 5.

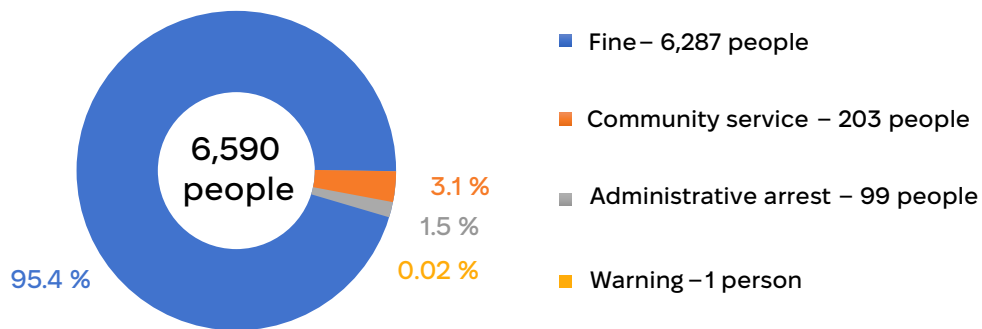
In 2019-2023, the number of people subject to administrative penalties tended to increase.

Fig. 5. Dynamics of the number of people subject to administrative penalties in 2016-2023



In 2023, 6,590 people were held administratively liable and subjected to an administrative penalty, while the vast majority of people (95.4%) were fined. Fig. 6 shows data on the number of decisions taken with the application of certain types of penalties.

Fig. 6. Decisions on imposing an administrative penalty in 2023, by type of penalty



In 2016-2023, fines remained the main type of administrative penalty. The proportion of people subject to a fine has been steadily increasing year on year. Accordingly, the proportion of people subjected to administrative penalties in the form of community service and administrative arrest decreased (see Fig. 7 and Fig. 8).

Fig. 7. Number of people subject to administrative penalties in 2016-2023, by type of penalty

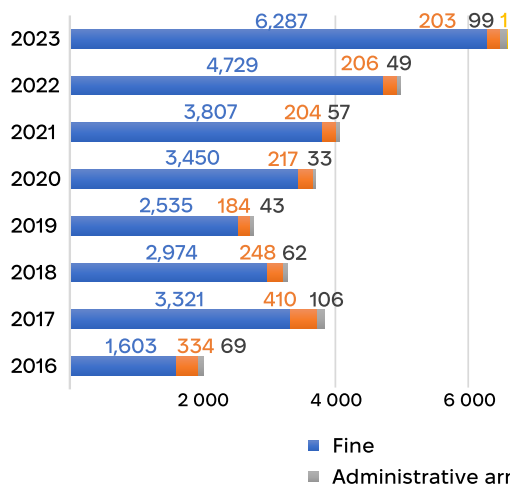
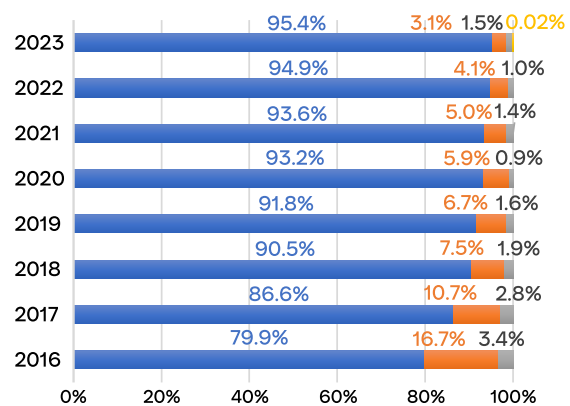


Fig. 8. Proportion of people subject to administrative penalties in 2016-2023, by type of penalty (%)



Calculation source: 'Report of the courts of first instance on consideration of cases on administrative offence' for [2016](#), [2017](#), [2018](#), [2019](#), [2020](#), [2021](#), [2022](#) and [2023](#)

In 2023, the largest share (69.6%) of the total number of people held administratively liable was made up of able-bodied people who were not working or studying at the time of the offence, as shown in Fig. 9.

Fig. 9. Profile of people subject to administrative penalties in 2023, by employment status

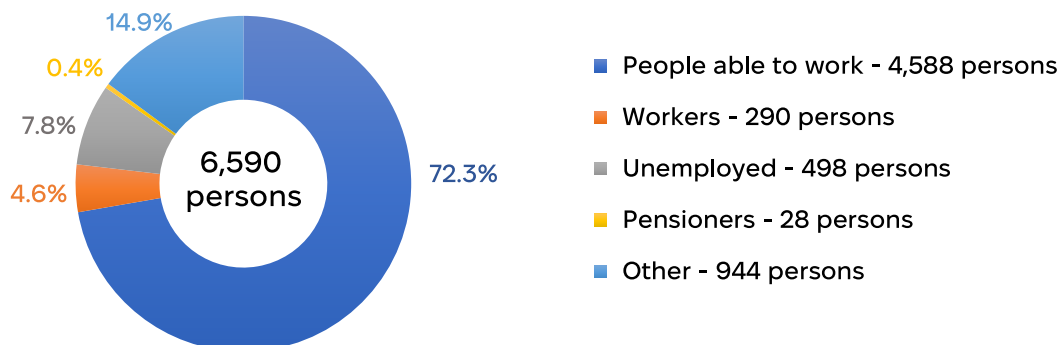


Fig. 10 and Fig. 11 show the proportion of people held administratively liable in 2018-2022, which remained almost unchanged and averaged 74.6%. However, in 2023, such people accounted for 69.6%.

Fig. 10. Number of people subject to administrative penalties in 2016-2023, by employment status

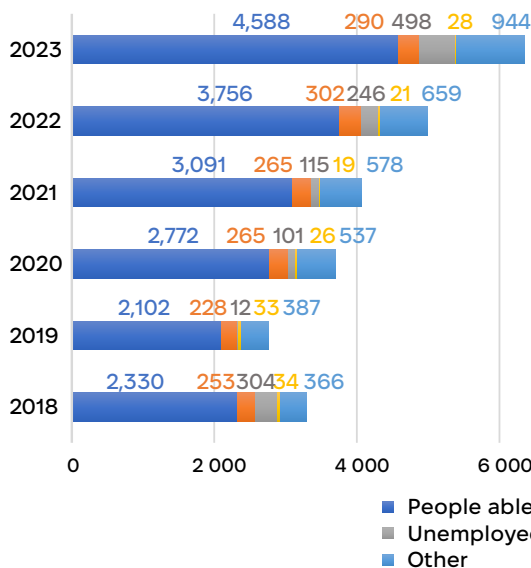
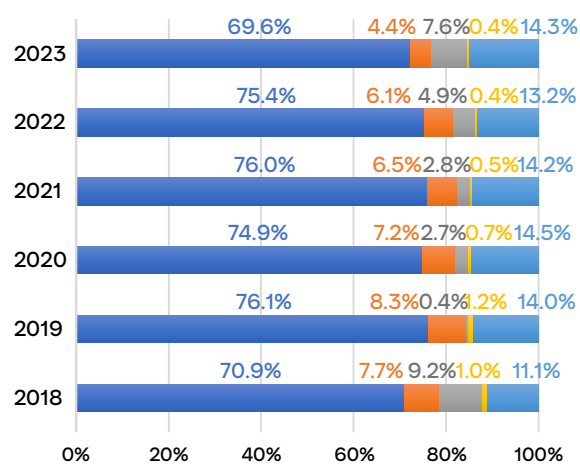


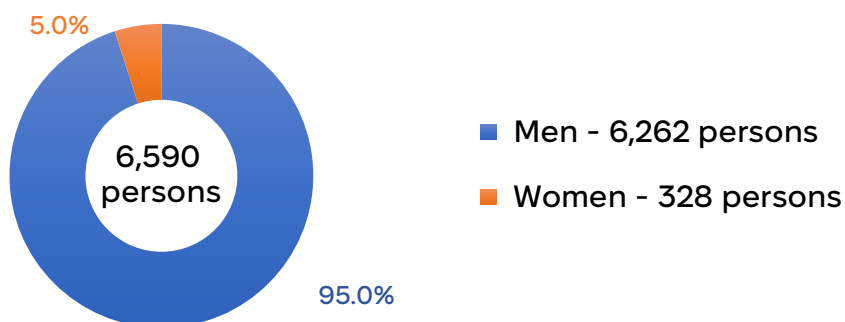
Fig. 11. Proportion of people subject to administrative penalties in 2016-2023, by employment status (%)



Calculation source: 'Report of the courts of first instance on consideration of cases on administrative offence' for [2016](#), [2017](#), [2018](#), [2019](#), [2020](#), [2021](#), [2022](#) and [2023](#)

Of the total number of people held administratively liable, 95% were men, as shown in Fig. 12.

Fig. 12. Profile of people subject to administrative penalties in 2023, by gender



In 2018-2023, the gender distribution in the structure of people held administratively liable remained almost unchanged (on average, 96% men and 4% women) Fig. 13 and Fig. 14.

Fig. 13. Number of people subject to administrative penalties in 2016-2023, by gender

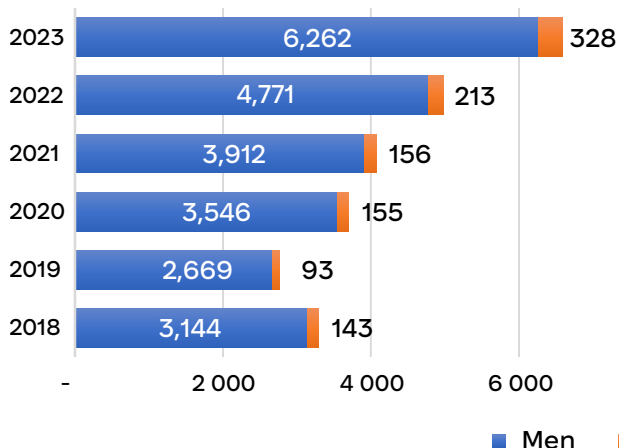
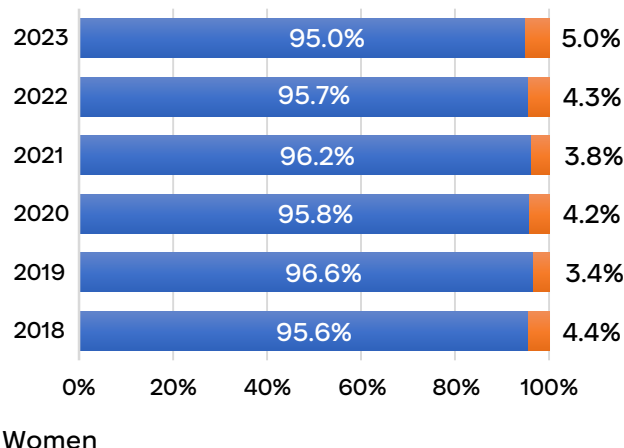


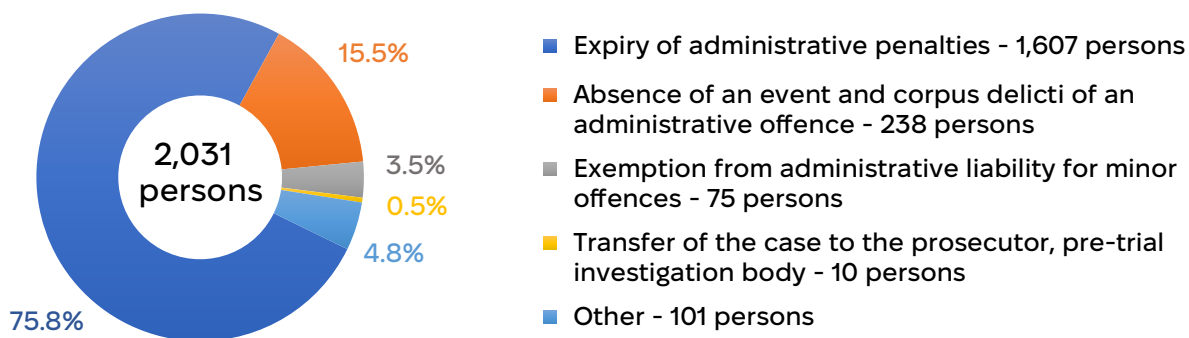
Fig. 14. Proportion of people subject to administrative penalties in 2016-2023, by gender (%)



Calculation source: 'Report of the courts of first instance on consideration of cases on administrative offence' for [2016](#), [2017](#), [2018](#), [2019](#), [2020](#), [2021](#), [2022](#) and [2023](#)

In 2023, cases were dismissed in respect of 2,031 people (23.4% of the total number of people in respect of whom cases were considered). The reasons for case dismissal and the number of people in respect of whom the cases were dismissed are shown in Fig. 15. At the same time, the main reason for case dismissal is the expiry of the time limit for imposing an administrative penalty (79.1% of the reasons for case dismissal).

Fig. 15. Reasons for case dismissal in 2023



The proportion of people whose cases were dismissed due to the expiry of the time limit for imposing an administrative penalty remained the highest in 2016-2022, averaging 89.1% (see Fig. 16 and Fig. 17). However, in 2023, their share decreased to 75.8%.

There has also been an increase in the proportion of people whose cases were dismissed due to exemption from liability for minor offences and due to the absence of occurrence and corpus delicti.

Fig. 16. Number of people whose cases were dismissed in 2016-2023, by reason of dismissal

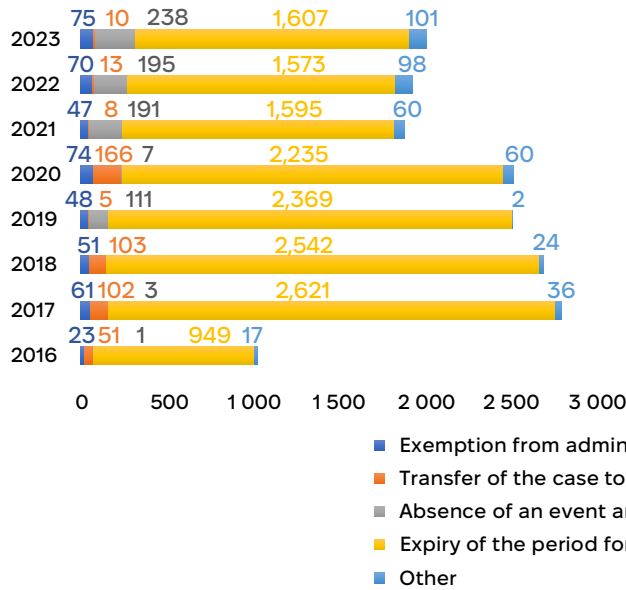
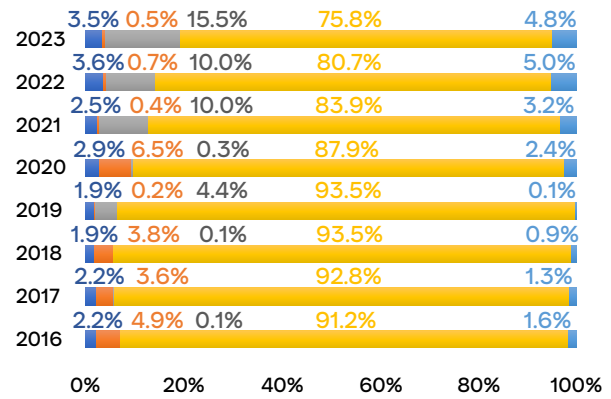


Fig. 17. Number of people whose cases were dismissed in 2016-2023, by reason of dismissal (%)



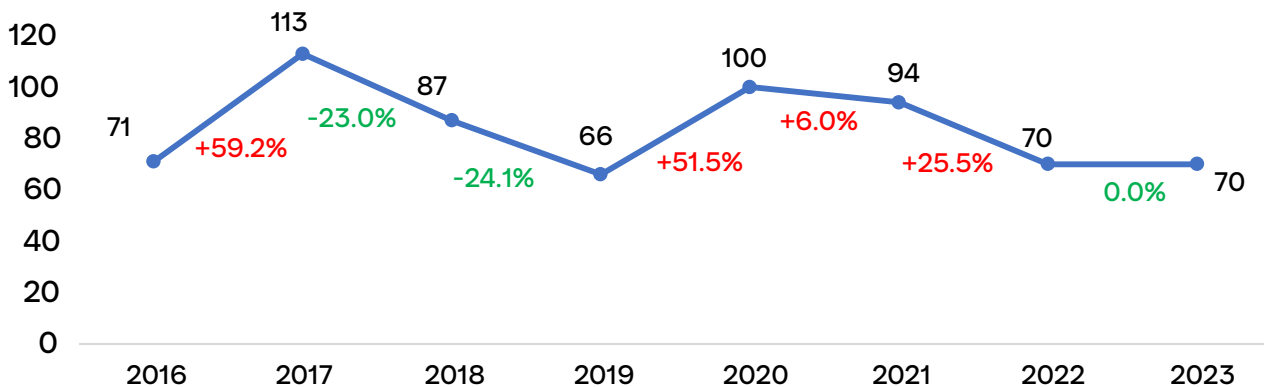
Calculation source: 'Report of the courts of first instance on consideration of cases on administrative offence' for [2016](#), [2017](#), [2018](#), [2019](#), [2020](#), [2021](#), [2022](#) and [2023](#)

The Code of Ukraine on Administrative Offences (part 2 of Article 13) provides that in case of committing administrative offences by people aged 16 to 18 years under Art. 44 'Illegal production, acquisition, storage, transportation, transfer of narcotics or psychotropic substances not for selling purposes in small amounts', such people are subject to administrative liability on general grounds.

However, taking into account the nature of the offence committed and the identity of the offender, these people may be subject to the enforcement measures provided for in Article 24-1 of this Code.

In 2023, in relation to 70 people aged 16 to 18 years (0.8% of the total number of people whose cases were considered), a decision was made to apply enforcement measures under Article 24-1 of the CUAO (Fig. 18).

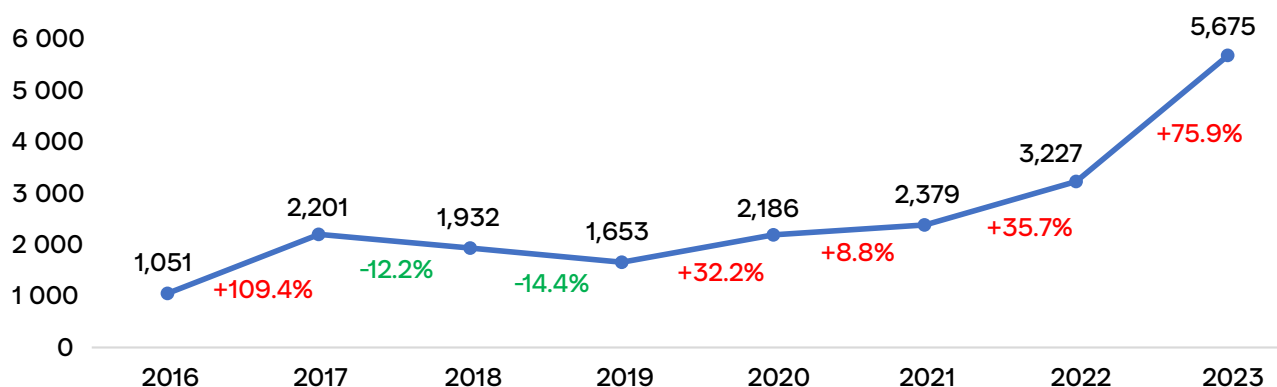
Fig. 18. Dynamics of the number of people aged 16 to 18 years in respect of whom a decision was made to apply enforcement measures (Article 24-1 of the CUAO) in 2016-2023



Calculation source: 'Report of the courts of first instance on consideration of cases on administrative offence' for [2016](#), [2017](#), [2018](#), [2019](#), [2020](#), [2021](#), [2022](#) and [2023](#)

In 2023, the **total amount of fines** imposed by a court decision in cases of administrative offences amounted to UAH 5,675,322.00. (an average of UAH 861.20 per person) (Fig. 19).

Fig. 19. Dynamics of the total amount of fines imposed by a court decision in cases of administrative offences (UAH thousand) in 2016-2023

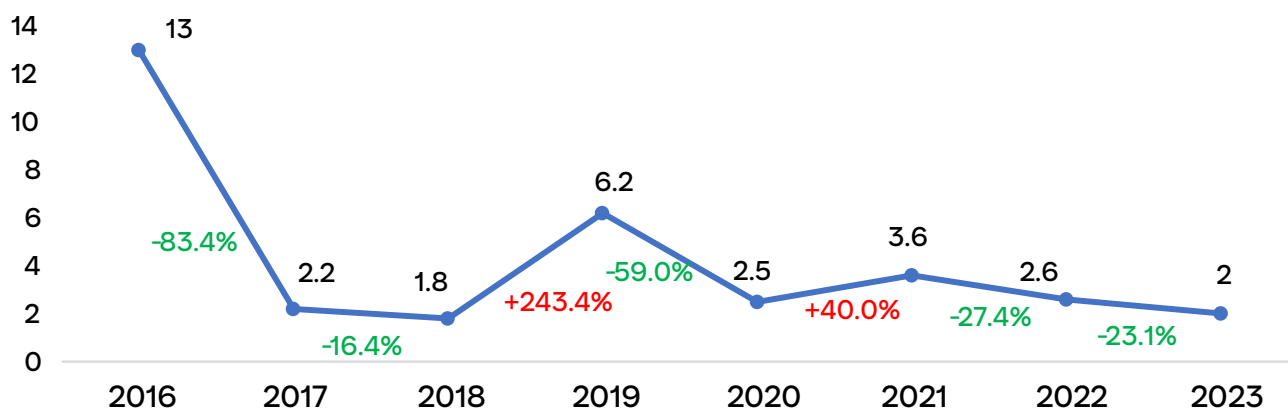


Calculation source: 'Report of the courts of first instance on consideration of cases on administrative offence' for [2016](#), [2017](#), [2018](#), [2019](#), [2020](#), [2021](#), [2022](#) and [2023](#)

In Ukraine, information on seized drugs in cases of administrative offences is provided in the annual 'Report of the courts of first instance on consideration of cases on administrative offence', but only in the form of a total volume, given the small amounts of substances seized during the commission of administrative offences.

The total amount of narcotics seized in cases of administrative offences in 2023 was 2 kg. Fig. 20 shows the dynamics of seizures of narcotics in cases of administrative offences.

Fig. 20. Dynamics of seizures of narcotics and psychotropic substances in cases of administrative offences (kg)



Calculation source: 'Report of the courts of first instance on consideration of cases on administrative offence' for [2016](#), [2017](#), [2018](#), [2019](#), [2020](#), [2021](#), [2022](#) and [2023](#)

At the Centre's request, the NPU provided information/data on the reports on administrative offences committed under the influence of drugs under Art:

130 (driving vehicles or vessels) and

173-2 (committing domestic violence, gender-based violence) of the CUAO.

Fig. 21. Number of administrative offences committed under the influence of drugs in 2020-2023

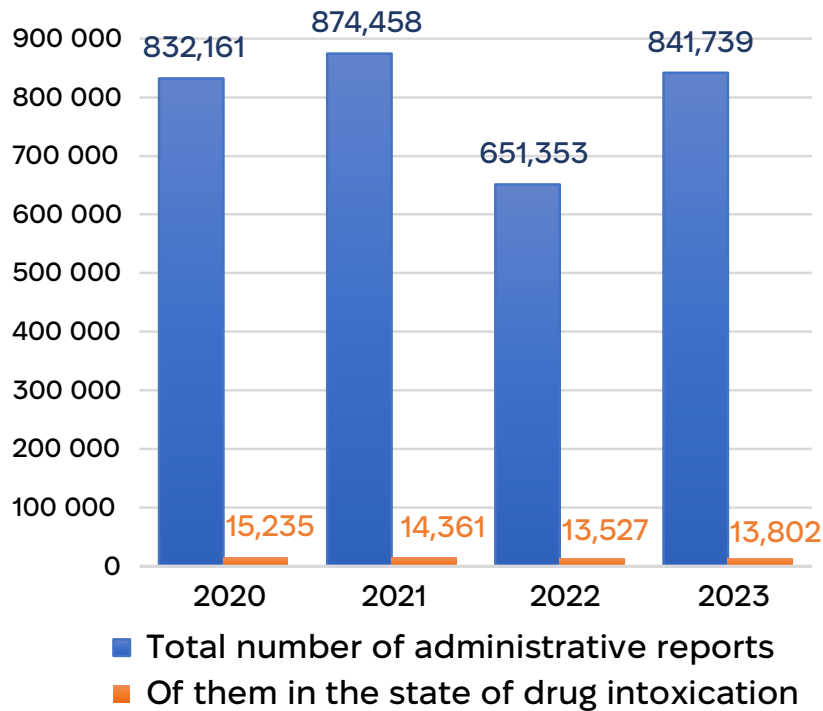
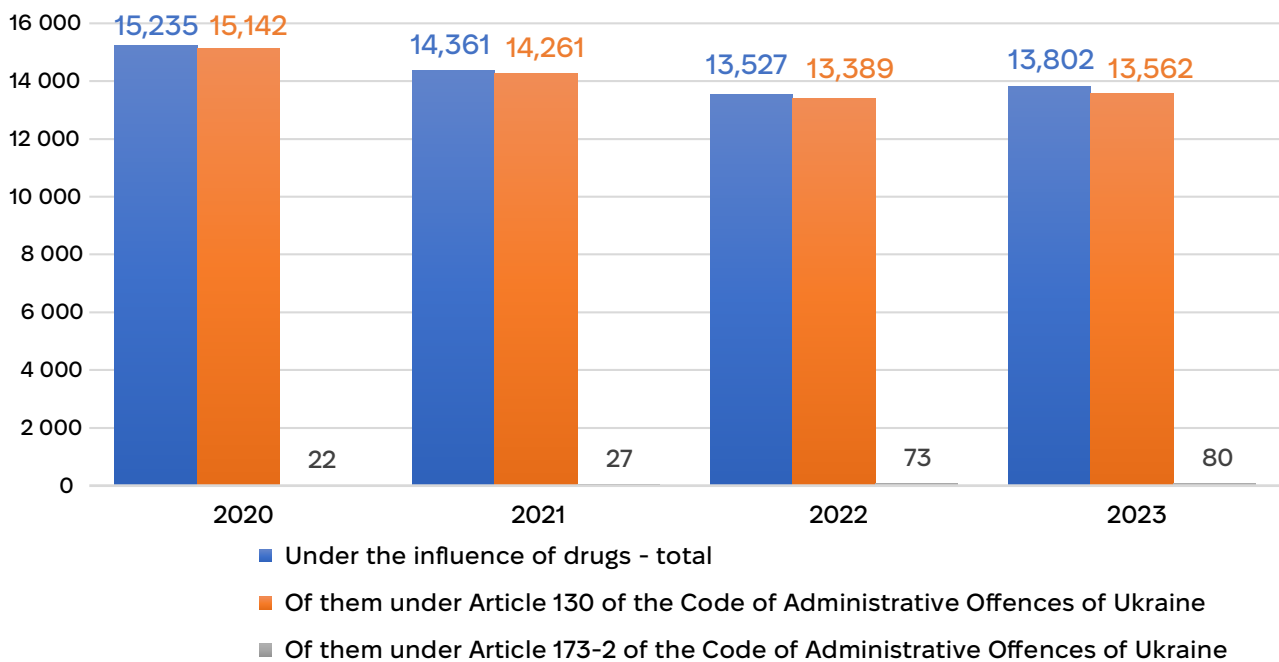


Fig. 22. Dynamics of administrative offences committed under the influence of drugs, by type of offence



At present, a tendency to increase the number of committed administrative offences and the number of people held administratively liable for committing such offences continues. This trend requires further observation and analysis, especially given that the 2023 data does not include information from a number of territories of the country that are temporarily occupied and where active hostilities are taking place.

3.2. Criminal liability

Source of information (report)	Responsible authority (institution)	Reporting form No.	Frequency of information collection
Unified Report on Criminal Offences	Office of the General Prosecutor	Form No. 1 (monthly) approved by Order of the Prosecutor General No. 299 dated 30 June 2020. In agreement with the SSS	Annual
Unified Report on People Who Committed Criminal Offences	Office of the General Prosecutor	Form No. 2 (monthly) approved by Order of the Prosecutor General No. 299 dated 30 June 2020. In agreement with the SSS	Annual
Report of Courts of First Instance on Consideration of Criminal Proceedings	State Judicial Administration of Ukraine	Form No. 1-к (annual) approved by Order of the State Judicial Administration of Ukraine No. 325 dated 23/06/2018	Annual
Report on People Held Criminally Liable and Types of Criminal Punishment	State Judicial Administration of Ukraine	Form No. 6 (annual) approved by Order of the State Judicial Administration of Ukraine No. 325 dated 23/06/2018	Annual
Report on the Structure of Prisoners	State Judicial Administration of Ukraine	Form No. 7 (annual) approved by Order of the State Judicial Administration of Ukraine No. 325 dated 23/06/2018	Annual
Report on Juvenile Prisoners	State Judicial Administration of Ukraine	Form No. 8 (annual) approved by Order of the State Judicial Administration of Ukraine No. 325 dated 23/06/2018	Annual

Criminal liability is defined by the [Criminal Code of Ukraine](#) (hereinafter 'CCU') and is envisaged for the following actions:

- smuggling;
- use of funds obtained from the illegal circulation of narcotics, psychotropic substances, their analogues and precursors;
- Illegal production, making, purchasing, storage, transportation, sending or sale of narcotics, psychotropic substances or their analogues;
- Planting or cultivation of opium poppy or cannabis;
- Illegal injection, inducement to use narcotics, organizing or running places for illegal use, production or making of narcotics, psychotropic substances or their analogues;
- Illegal making of a prescription authorizing the purchase of narcotics or psychotropic substances, violation of rules related to circulation of narcotics, psychotropic substances, their analogues or precursors.

In 2023, **38,670 criminal offences in the field of trafficking in narcotics, psychotropic substances, their analogues or precursors were recorded in Ukraine**, including 31,454 criminal offences in which people were served with a notice of suspicion, 19,723 people were served with a notice of suspicion, and **18,247 people were identified as having committed drug-law offences**.

Table 1 shows the number of criminal offences for drug-law offences by different articles of the CCU. [Annex 3](#) contains more detailed information on the number of offenses under each of the CCU articles.

Table 1. Number of criminal offences for drug-law offences

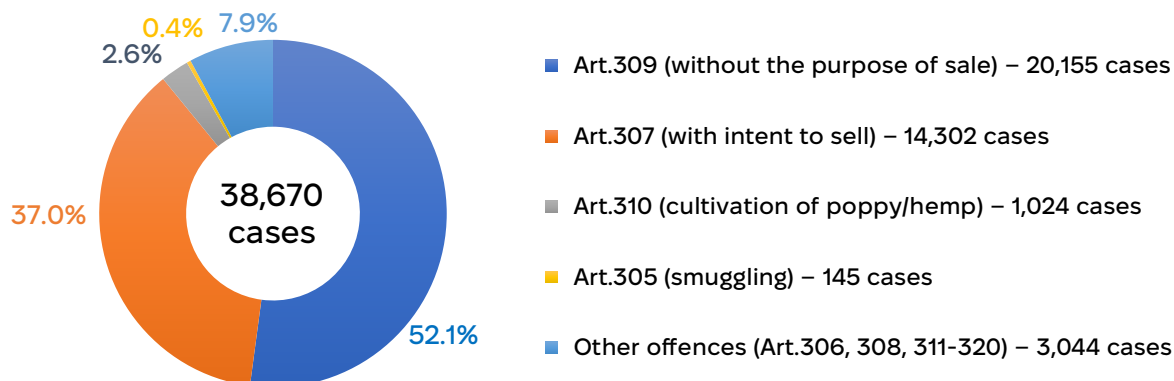
Articles of the CCU	Criminal offenses recorded in 2023	Number of criminal offences for drug-law offences	Number of people served with a notice of suspicion	Perpetrators of criminal offences identified	
				Men	Women
305	145	74	75	29	11
306	56	50	35	21	1
307	14,302	11,611	2,727	1,574	230
308	1,333	1,275	75	54	10
309	20,155	16,016	15,317	13,984	1,015
310	1,024	938	934	648	228
311	343	281	169	119	11
312	0	0	0	0	0
313	107	91	82	52	1
314	6	1	1	1	0
315	15	14	7	3	0
316	3	2	2	1	0
317	461	431	258	200	20
318	255	254	4	2	2
319	398	376	4	1	2
320	67	40	33	2	25
Total	38,670	31,454	19,723	16,691	1,556

In 2023, out of the total number of recorded offences (38,670):

- **20,155** cases (52.1%) were reported under Art. 309 of the CCU (Illegal production, making, purchasing, storage, transportation or sending of narcotics, psychotropic substances or their analogues not for selling purposes);
- **14,302** (37%) – under Art. 307 of the CCU (Illegal production, making, purchasing, storage, transportation, sending or sale of narcotics, psychotropic substances or their analogue for selling purposes);
- **1,024** cases (2.6%) – under Art. 310 of the CCU (Planting or cultivation of opium poppy or cannabis);
- **145** cases (0.4%) – under Art. 305 of the CCU (Smuggling of narcotics, psychotropic substances, their analogues or precursors);
- **3,044** cases (7.9%) – other offenses (Art. 306, 308, 311-320 of the CCU).

The description of criminal offences recorded in 2023 for crimes in the field of trafficking in narcotics and psychotropic substances, according to the type of offence, is shown in Fig. 23.

Fig. 23. Criminal offences recorded in 2023 for crimes in the field of trafficking in narcotics and psychotropic substances, by type of offence



The above data shows that the largest number of criminal proceedings relate to people who have produced, purchased, stored, transported or sent narcotics, psychotropic substances or their analogues not for selling purposes (Article 309 of the CCU), and therefore are actually drug users, many of whom have mental and behavioural disorders as a result of PS use.

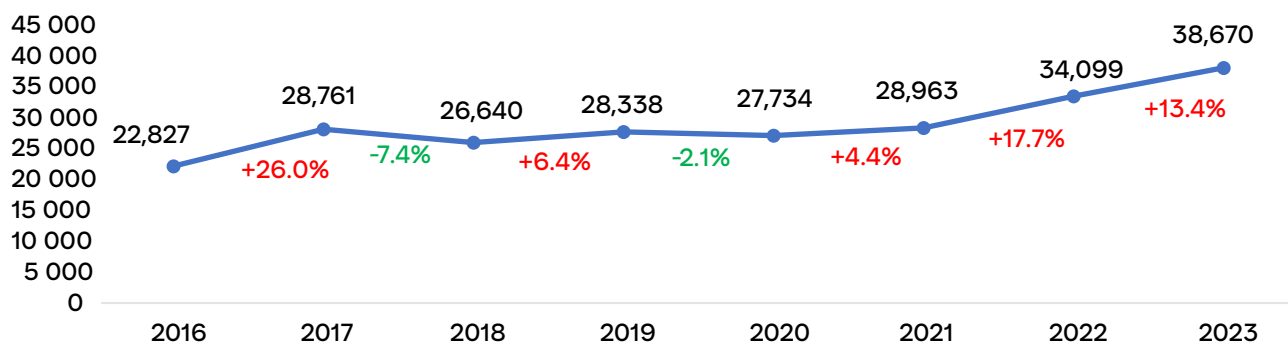
When looking at the dynamics of the number of offences (Fig. 24) during 2016-2022 under Articles 305-320 of the CCU, it can be seen that the number of recorded offences tends to increase.

Analysis of the dynamics of the number of recorded criminal offences in the field of drug-law offences in 2016-2023, by type of offence (Fig. 25) demonstrates that:

Since 2016, a constant and rapid increase in the number of recorded criminal offences under Article 307 of the CCU (Illegal production, making, purchasing, storage, transportation, sending or sale of narcotics, psychotropic substances or their analogues) has been observed;

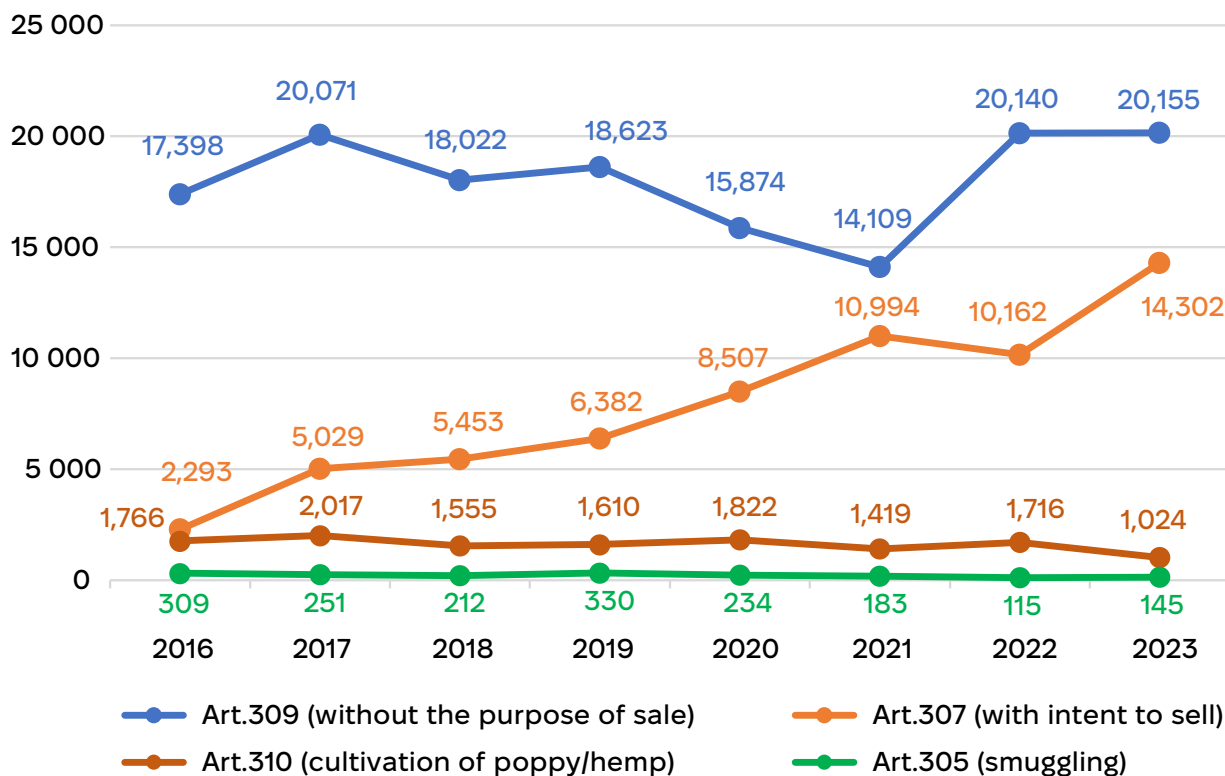
The number of recorded offences under Article 309 of the CCU had a downward trend from 2016 to 2021, and increased rapidly in 2022-2023. In 2023, the number of registered criminal offences under Article 309 of the CCU increased by 0.1% compared to 2022, while the number of offences under Article 307 of the CCU increased by 40.7%.

Fig. 24. Dynamics of the total number of recorded criminal offences in the field of drug-law offences in 2016-2023 (Articles 305-320 of the CCU)



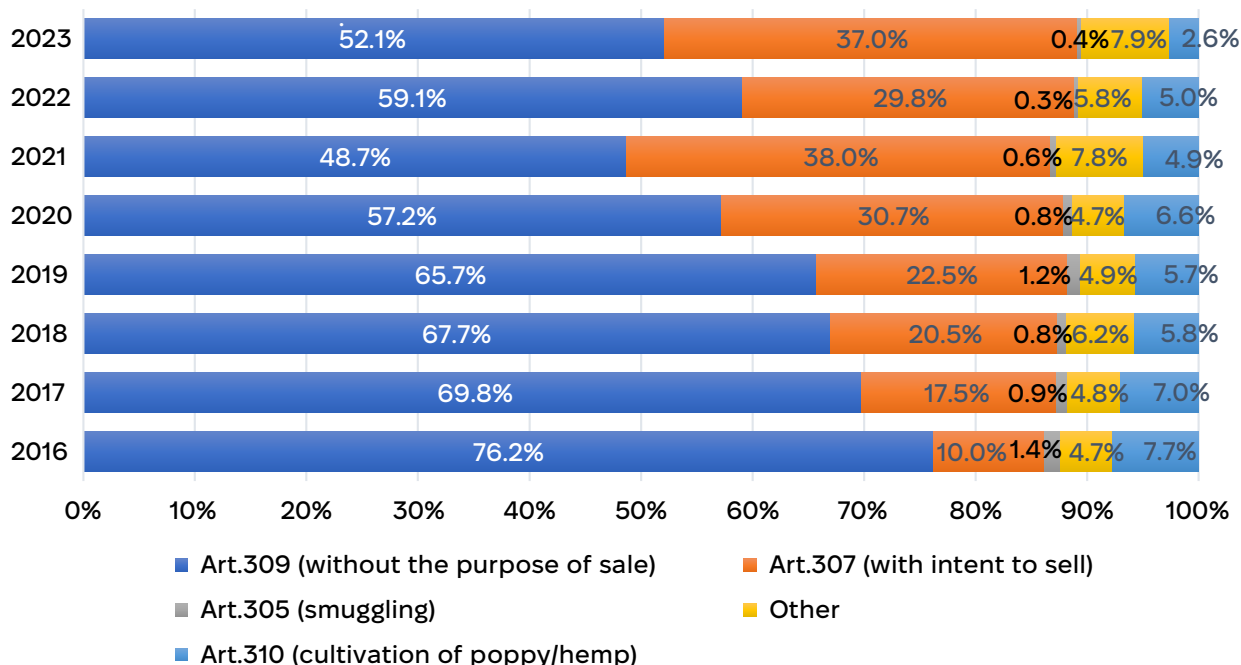
Calculation source: 'Unified Report on Criminal Offences' for 2016-2023.

Fig. 25. Dynamics of the number of recorded criminal offences in the field of drug-law offences in 2016-2023, by type of offence



Calculation source: 'Unified Report on Criminal Offences' for 2016-2023.

Fig. 26. Proportion of recorded criminal offences in the field of drug-law offences in 2016-2023, by type of offence (%) (Articles 305-320 of the CCU)

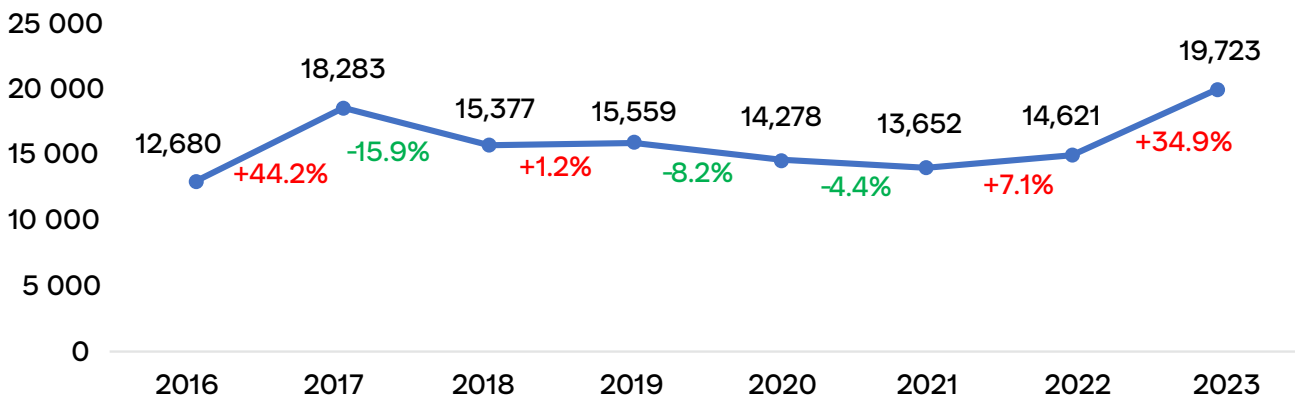


Calculation source: 'Unified Report on Criminal Offences' for 2016-2023.

Regarding the number of people served with notices of suspicion of committing drug-law offences and the number of detected people who committed drug-law offences under Articles 305-320 of the CCU in 2016-2023, see Fig. 27.

After a sharp (44.2%) increase in 2017 in the number of people served with notices of suspicion of committing drug-law offences, there was a general downward trend in this indicator, but in 2023 it went up again and increased by 34.9% compared to 2022, exceeding the figures for 2017 by 7.9%.

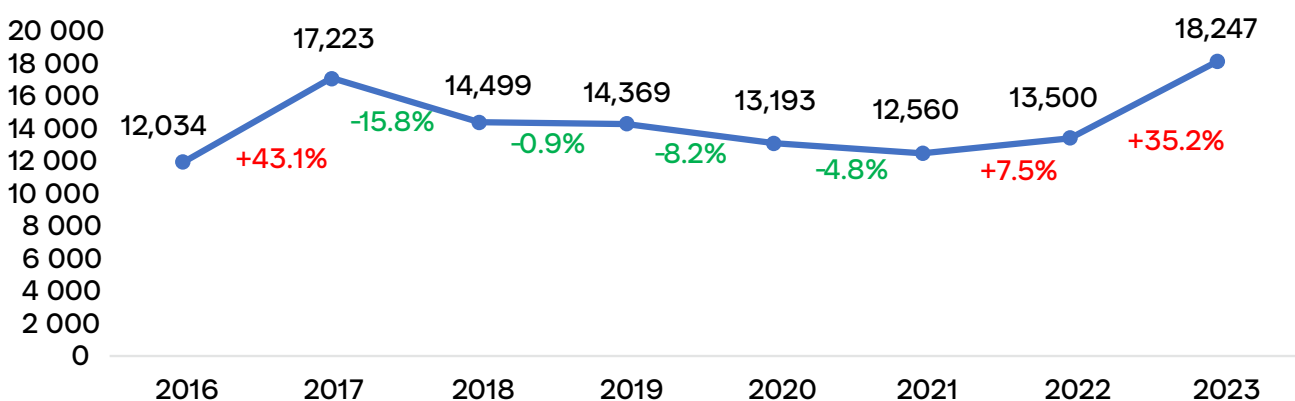
Fig. 27. Dynamics of the total number of people served with notices of suspicion of committing drug-law offences in 2016-2023 (Articles 305-320 of the CCU)



Calculation source: 'Unified Report on People Who Committed Criminal Offences' for 2016-2023.

The same trend was observed in terms of the number of identified people who committed drug-law offences (Fig. 28): a sharp increase in 2017 (by 43.1%), a gradual decrease until 2021, and an increase in the number of identified people in 2022 (by 7.5% compared to 2021). In 2023, the number of identified people increased sharply by 35.2% compared to 2022 and amounted to 18,247.

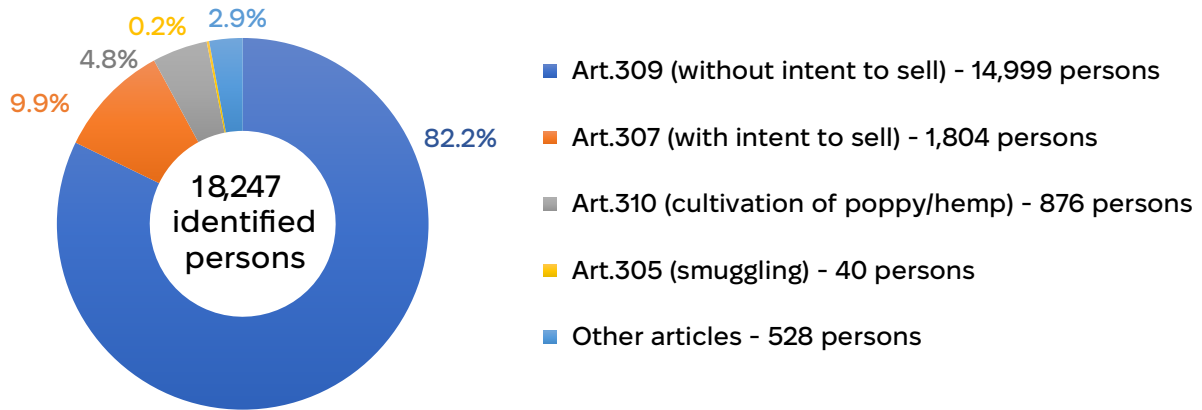
Fig. 28. Dynamics of the total number of identified people who committed criminal offenses related to drug-law offences in 2016-2023 (Articles 305-320 of the CCU)



Calculation source: 'Unified Report on People Who Committed Criminal Offences' for 2016-2023.

In 2023, law enforcement agencies of Ukraine identified **18,247 people who committed drug-law offences**. The breakdown by articles of the CCU is shown in Fig. 29. The number of detected persons is not unified, as one person may be found to have committed two or more drug-law offences.

Fig. 29. Articles of the CCU under which identified people who committed criminal offenses related to drug-law offences in 2023, by type of offense (Articles 305-320 of the CCU)



In terms of gender, in 2016-2023, the majority of detected people who commit drug-law offences were men, with an average share of 89.0% of all identified people, and this trend remains stable. Regarding the number of detected people who commit drug-law offences by gender, see Fig. 30. The profile of such people in 2016-2023 is shown in Fig. 31 and Fig. 32.

Fig. 30. Characteristics of identified people who committed criminal offenses related to drug-law offences in 2023, by gender (Articles 305-320 of the CCU)

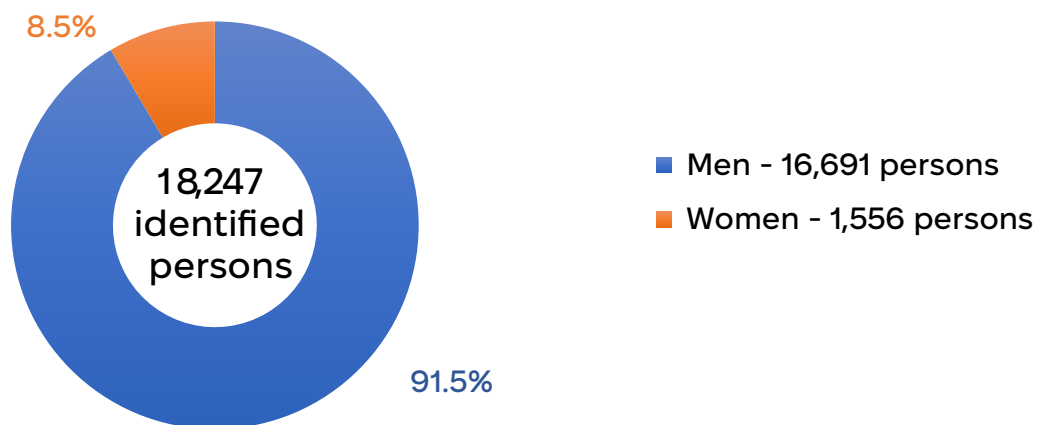


Fig. 31. Number of identified people in 2016-2023, by gender

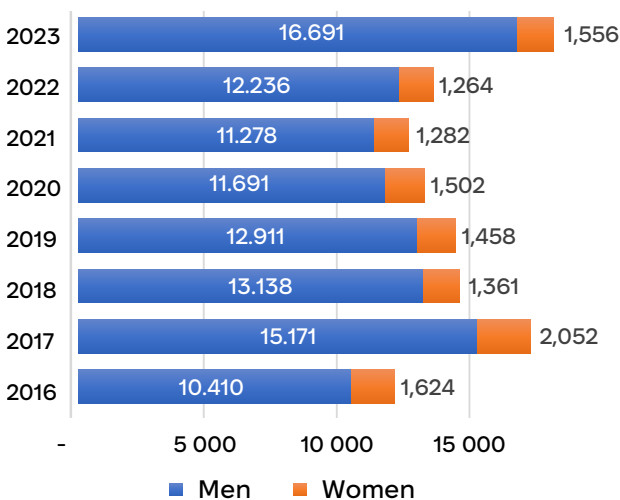
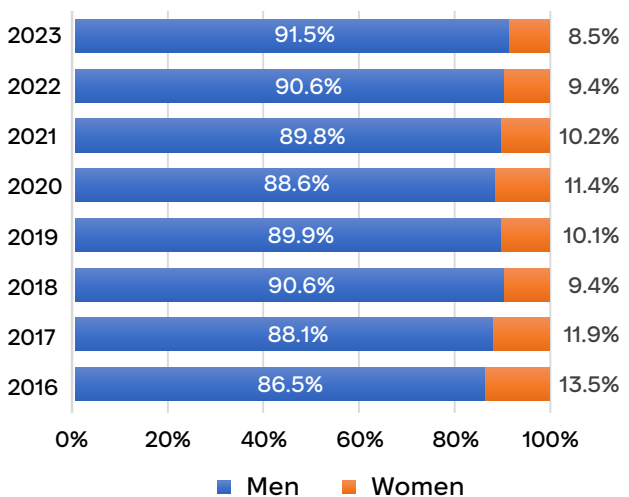


Fig. 32. Proportion of identified people in 2016-2023, by gender (%)



Calculation source: 'Unified Report on People Who Committed Criminal Offences' for 2016-2023.

In 2023, the largest proportion of detected people who commit drug-law offences were aged 29-39 years (43.5%). Information on the age distribution is given at Fig. 33 for 2023, the number of detected offenders in 2016-2023 is shown in Fig. 34 and Fig. 35.

Fig. 33. Characteristics of identified persons who committed criminal offenses related to drug-law offences in 2023, by age (Articles 305-320 of the CCU)

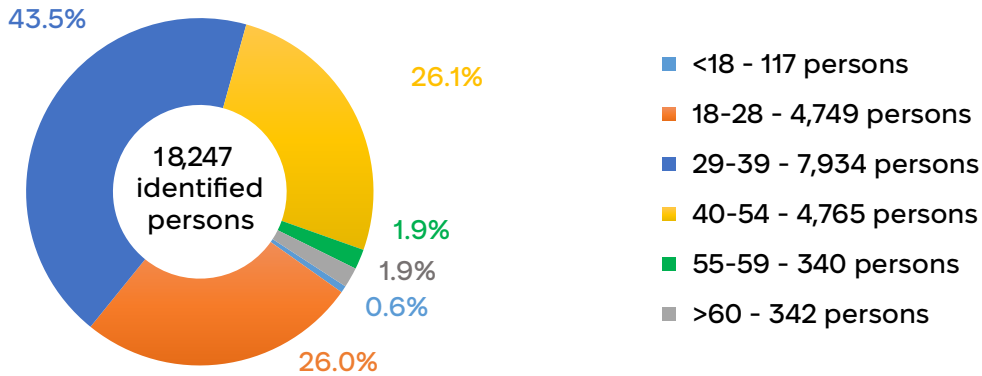


Fig. 34. Number of people identified in 2016-2023, by gender

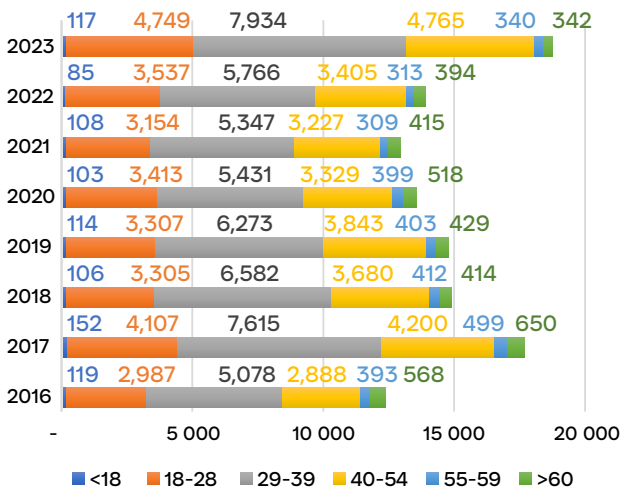
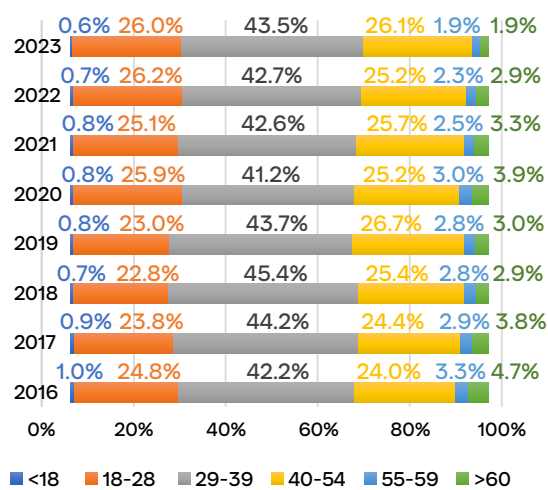


Fig. 35. Proportion of people identified in 2016-2023, by gender (%)

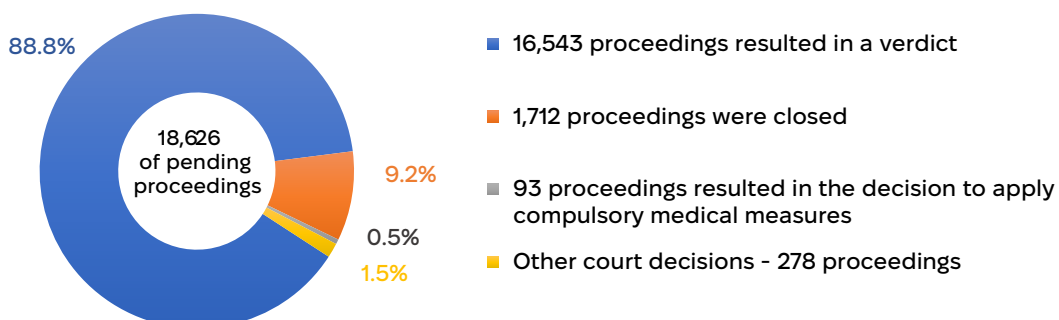


Calculation source: 'Unified Report on People Who Committed Criminal Offences' for 2016-2023.

In 2023, **29,581** proceedings were pending in courts regarding criminal offences in the field of trafficking in narcotics, psychotropic substances, their analogues or precursors (Art. 305-320 of the CCU) (including 20,596 received in the reporting period) concerning 32,321 people.

The courts of first instance considered 18,626 proceedings, most of which (16,543, or 88.8%) resulted in a verdict. The results of court proceedings on criminal drug-law offences under Articles 305-320 of the CCU in 2023 are shown in Fig. 36.

Fig. 36. The results of court consideration of proceedings on criminal drug-law offences (Art. 305-320 of the CCU) in 2023



A total of 13,902 people were convicted for offences in the field of trafficking in narcotics, psychotropic substances, their analogues or precursors, the majority of whom were **sentenced (12,388 people)**, which is 18.5% of the total number of people convicted in Ukraine for all offences. Information on court decisions that came into force is shown in Fig. 37.

Fig. 37. Court decisions that came into force in 2023

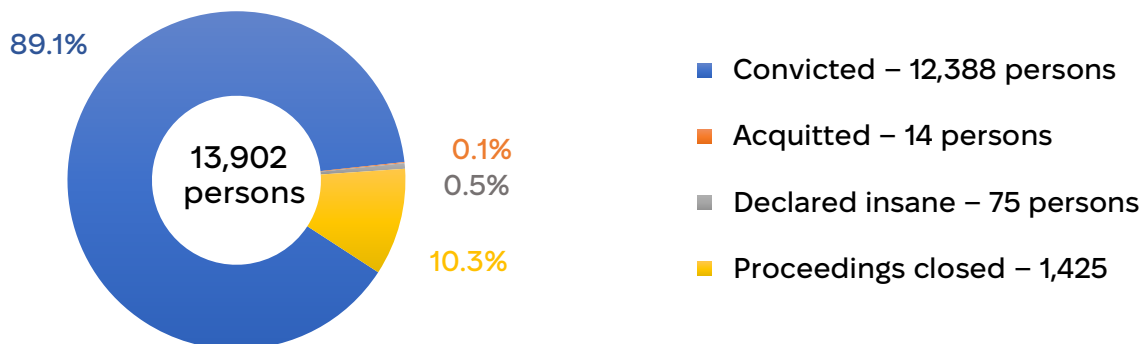
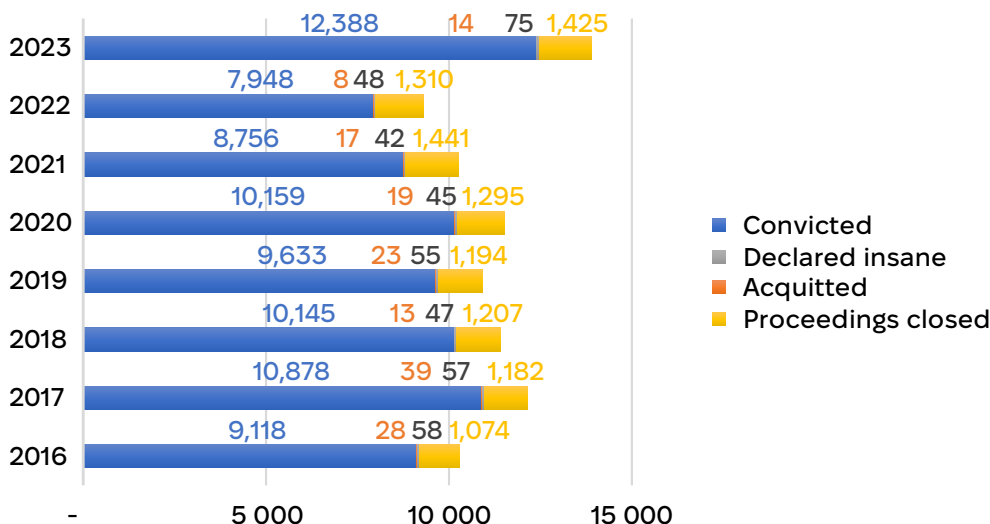


Fig. 38. Number of people whose court decisions came into force in 2016-2023, by type of decision



Calculation source: ‘Report on People Held Criminally Liable and Types of Criminal Punishment’, 2016-2023.

In terms of the types of punishment applied, **out of the total number of people convicted in 2023 under Art. 305-320 of the CCU, more than 47% of people were exempted from punishment** (Fig. 39.) In 2016-2023, their number and share decreased from 2016 to 2020, but increased significantly in 2021.

Fig. 39. Number of convicted persons in 2023, by type of punishment

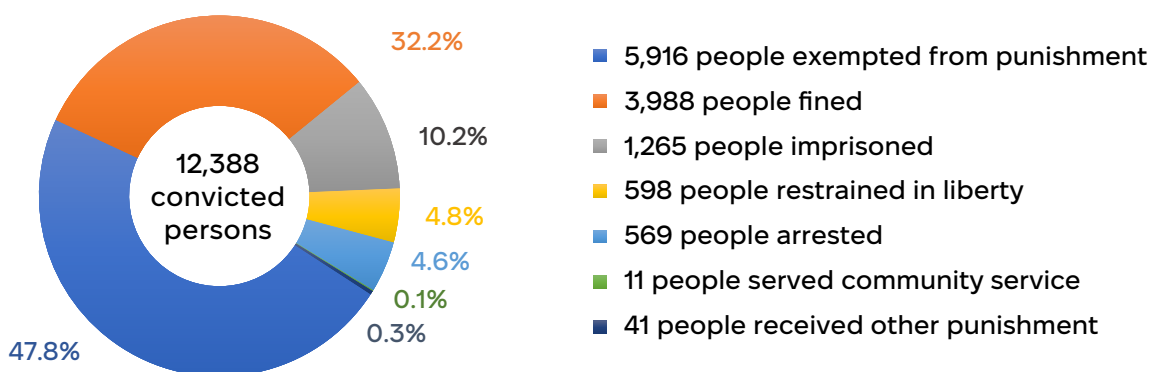


Fig. 40. Number of prisoners in 2016-2023, by type of punishment

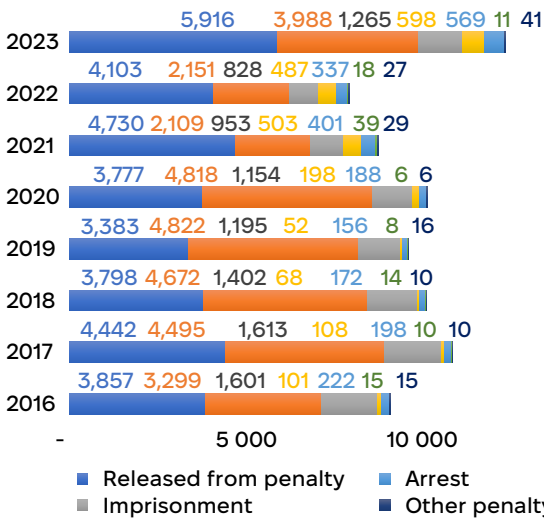
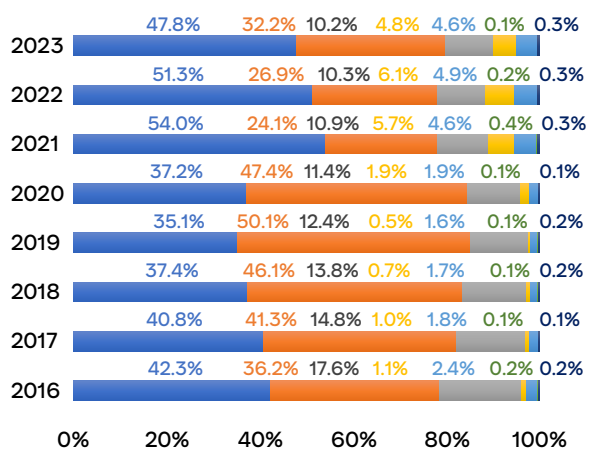


Fig. 41. Proportion of prisoners in 2016-2023, by type of punishment (%)



Calculation source: 'Report on People Held Criminally Liable and Types of Criminal Punishment', 2016-2023.

In terms of the type of offence, the largest number of people convicted under Art. 305-320 of the CCU are people convicted of illegal production, making, purchase, storage, transportation or transfer of narcotics, psychotropic substances or their analogues not for selling purposes (Art. 309 of the CCU). Over the period 2016-2022, the proportion of people convicted under this article averaged 81.9%. However, in 2023, the proportion of convicted persons increased to 87.4% (Fig. 42). The number and percentage of convicted persons in 2016-2023 by type of offence is shown in Fig. 43. and Fig. 44.

Fig. 42. Number and percentage of convicted persons in 2023, by type of offence

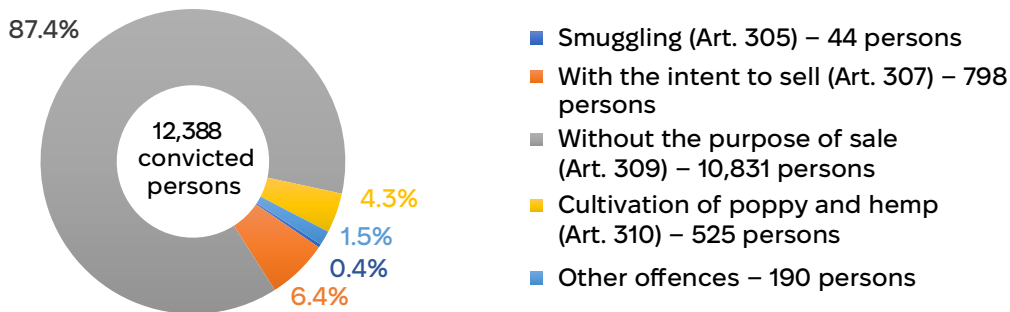


Fig. 43. Number of prisoners in 2016-2023, by type of offence

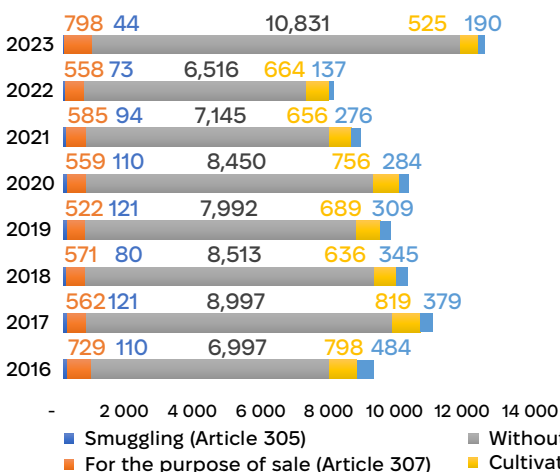
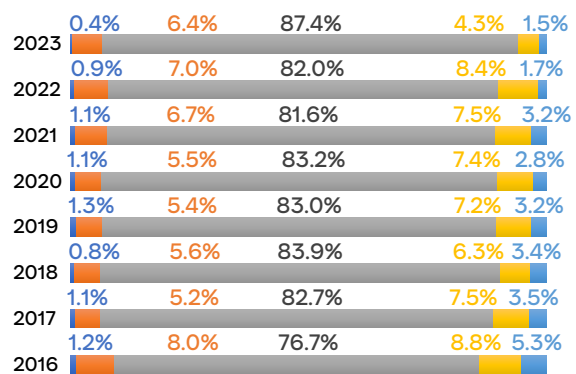


Fig. 44. Proportion of prisoners in 2016-2023, by type of offence (%)



Calculation source: 'Report on the Structure of Prisoners' for 2016-2023

In terms of gender, in 2016-2023, the proportion of men remained the highest among people convicted under Art. 305-320 of the CCU, and tends to increase slightly but steadily every year (Fig. 45). The average proportion of male convicted persons over the period is 90%.

At the same time, the proportion of convicted women decreased by one third over the same period – from 12.2% in 2016 to 7.7% in 2023. The trend of convicted persons by gender in 2016-2023 is shown in Fig. 46 and Fig. 47.

Fig. 45. Profile of convicted persons in 2023, by gender

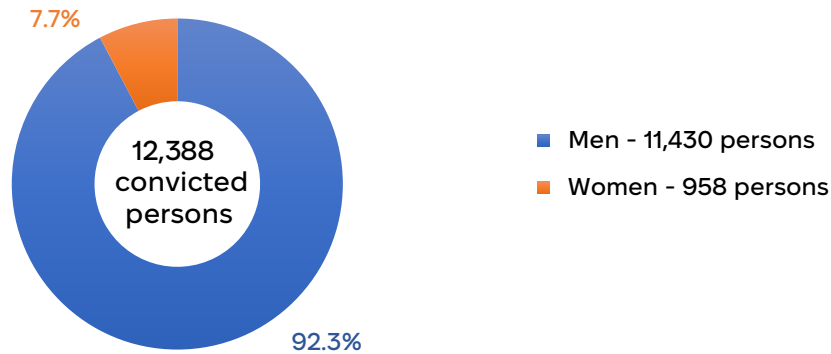


Fig. 46. Number of prisoners in 2016-2023, by gender

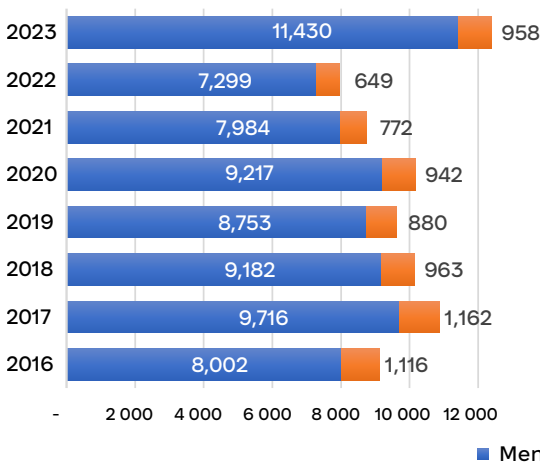
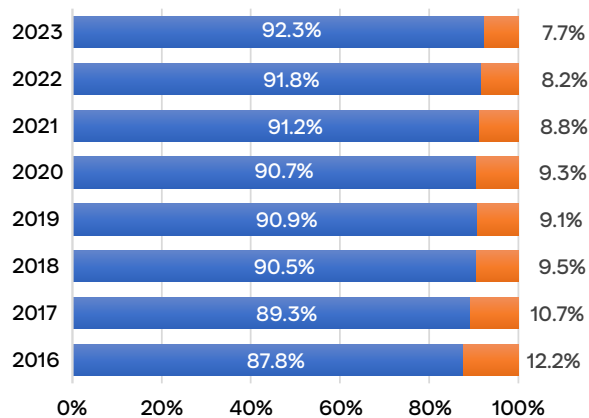


Fig. 47. Proportion of prisoners in 2016-2023, by gender (%)



Calculation source: 'Report on the Structure of Prisoners' for 2016-2023.

In terms of education, 10,833 people (87.7%) of the convicted persons completed high/middle school education or vocational education. In 2016-2023, there was a gradual increase in the proportion of convicted persons with Master's or Specialist's degree and Bachelor's degree, as shown in Fig. 48. At the same time, in 2021 and 2023, there was a significant increase in the proportion of convicted persons with middle school education. The profile of convicted persons by education in 2016-2023 is shown in Fig. 49. and Fig. 50.

Fig. 48. Profile of convicted persons in 2023, by level of education

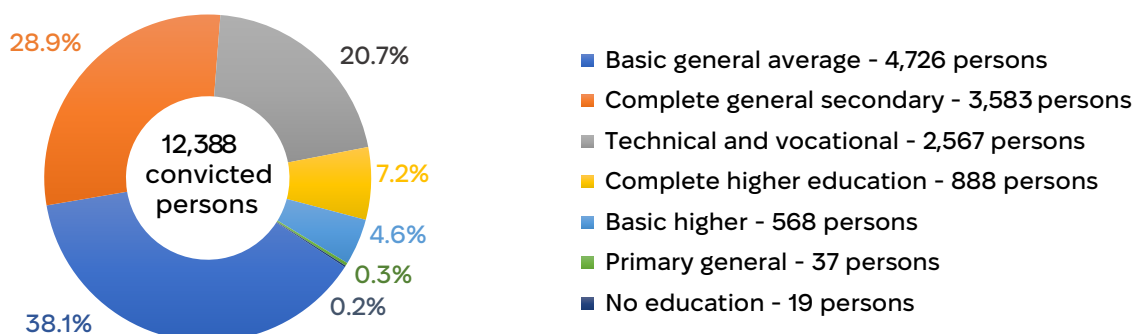


Fig. 49. Number of convicted persons in 2016-2023, by education

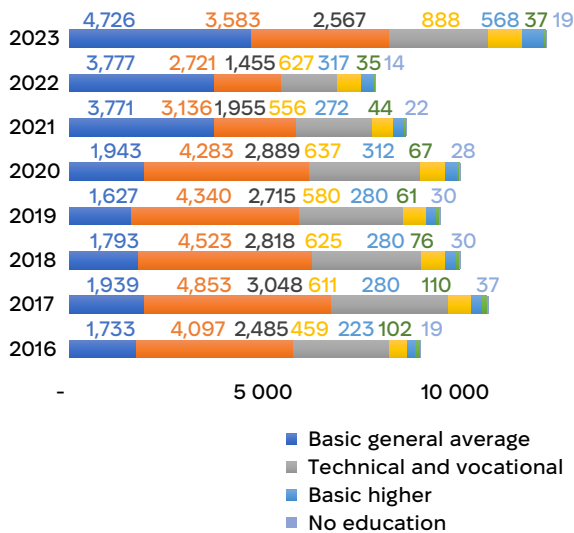
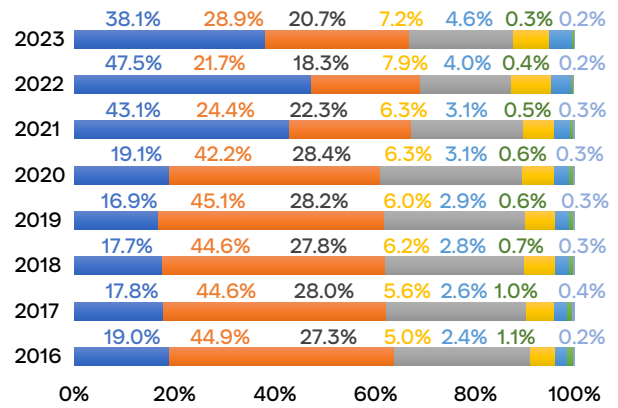


Fig. 50. Proportion of convicted persons in 2016-2023, by education (%)



Calculation source: 'Report on the Structure of Prisoners' for 2016-2023.

In terms of age groups, the largest number of persons convicted under Art. 305-320 of the CCU in 2023 were people aged 30-49 years (Fig. 51). This trend remained almost unchanged during 2016-2023 (Fig. 52 and Fig. 53).

Fig. 51. Profile of convicted persons in 2023, by age group

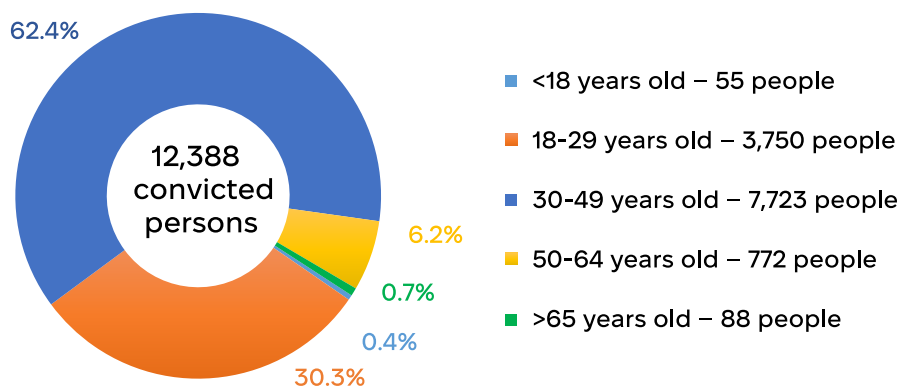


Fig. 52. Number of convicted persons in 2016-2023, by age group

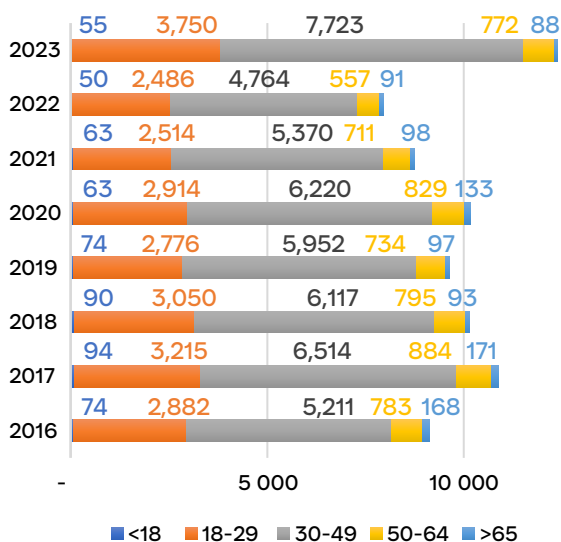
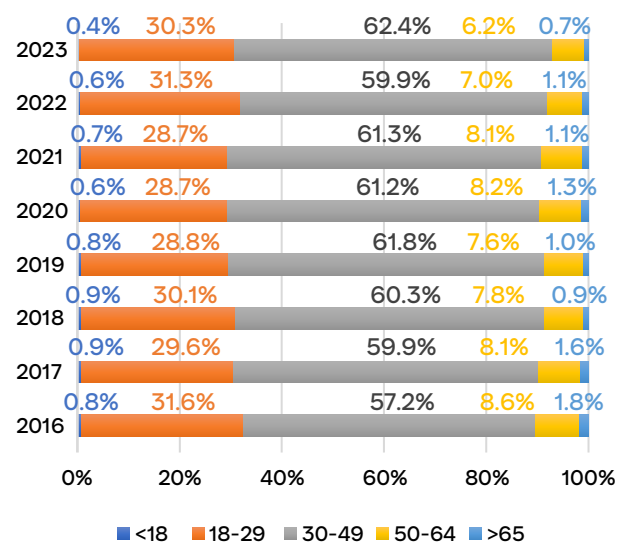


Fig. 53. Proportion of convicted persons in 2016-2023, by age group (%)

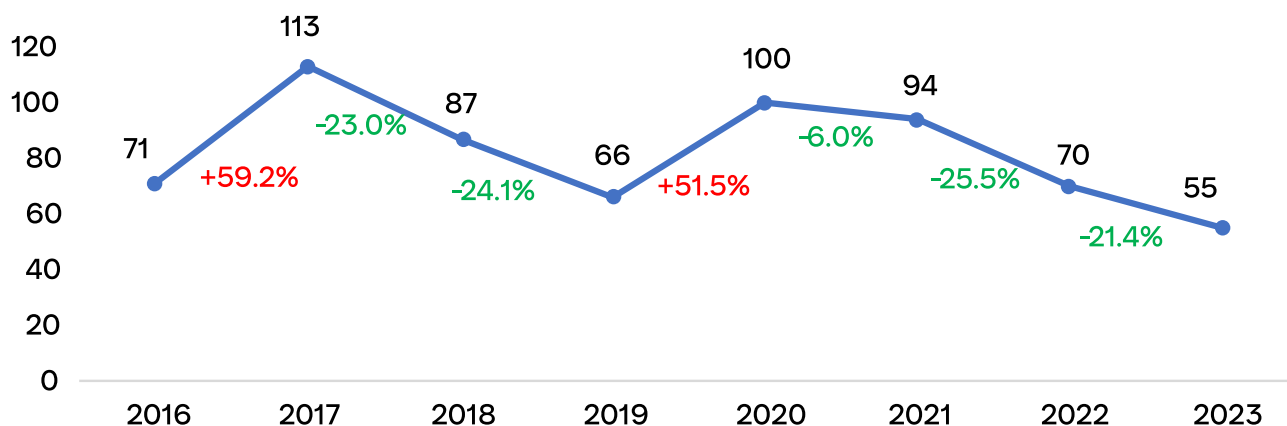


Calculation source: 'Report on the Structure of Convicted People' for 2016-2022.

In 2023, out of the total number of people convicted of crimes under Art. 305-320 of the CCU, 142 people (1.1%) committed the crime as part of a group/organised group/criminal organisation (in 2022 – 172 people (2.2%), 259 people (2.1%) were under the influence of drugs at the time of the crime (in 2022 – 129 people (1.6%).

Out of the total number of people convicted of criminal drug-law offences, 55 people (0.4%) committed the relevant offences at the age of 14 to 18 (Fig. 54).

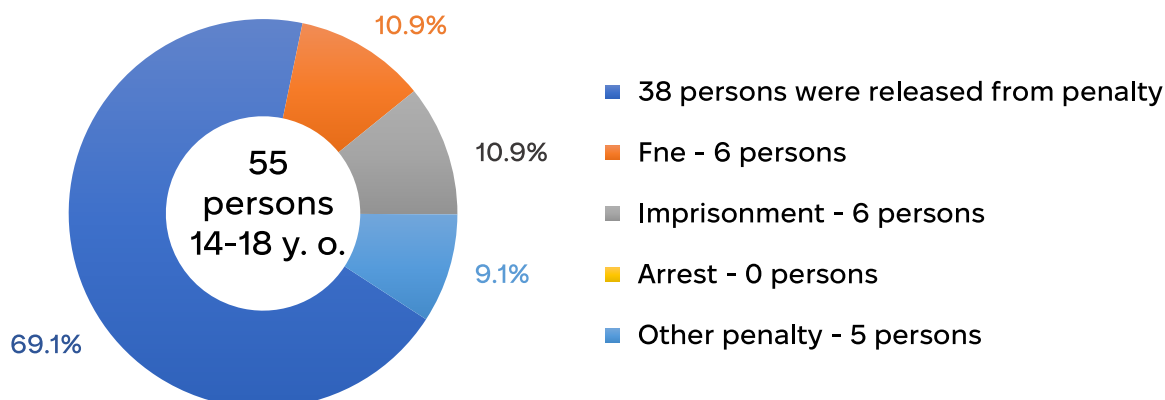
Fig. 54. Dynamics of the number of people aged 14-18 convicted of criminal offences (Art. 305-320 of the CCU) in 2016-2023



Calculation source: Report on Juvenile Prisoners' for 2016-2023.

In terms of the types of punishment applied, out of the total number of prisoners aged 14-18 under Art. 305-320 of the CCU, the largest share of such people (69.1%) was exempted from punishment (Fig. 55)

Fig. 55. Profile of convicted persons aged 14-18 in 2023, by type of punishment



Of the total number of people aged 14 to 18 convicted in 2023 under Art. 305-320 of the CCU (Fig. 56), 56.4% of minors were convicted of illegal production, making, purchase, storage, transportation, sending or sale of narcotics, psychotropic substances or their analogue for selling purposes (Art. 307).

In 2016-2021, the largest proportion of people aged 14-18 convicted under Art. 305-320 of the CCU was the share of people convicted under Art. 309 of the CCU, as shown in Fig. 57 and Fig. 58. At the same time, this share has been steadily decreasing with a simultaneous increase in the share of juveniles convicted under Art. 307 of the CCU.

Fig. 56. Number of convicted persons aged 14-18 in 2023, by type of offense

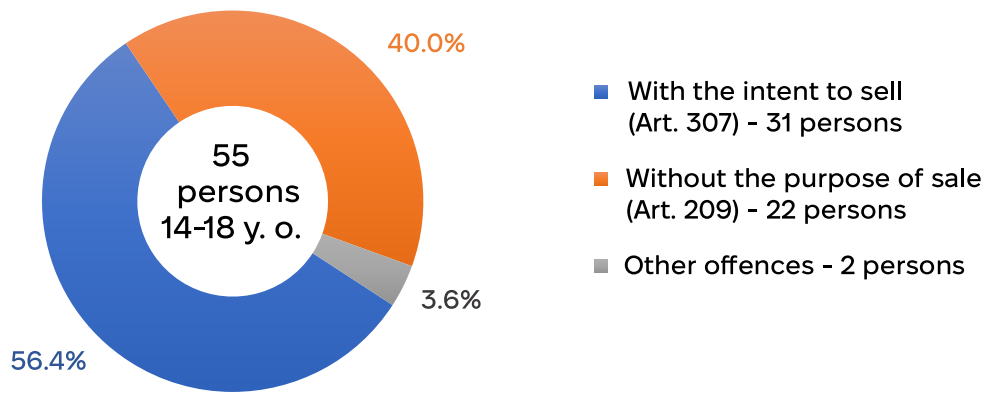


Fig. 57. Number of convicted persons aged 14-18 in 2016-2023, by type of offense

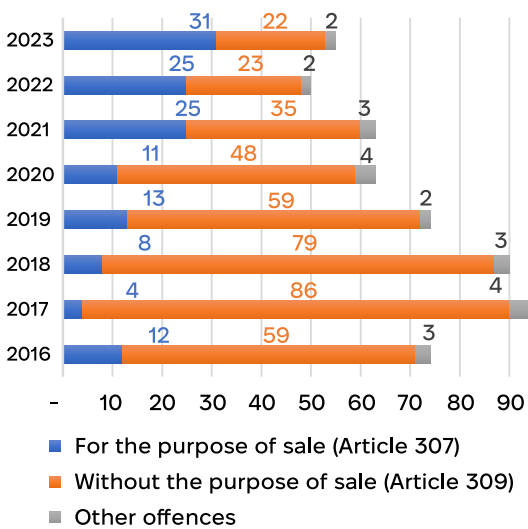
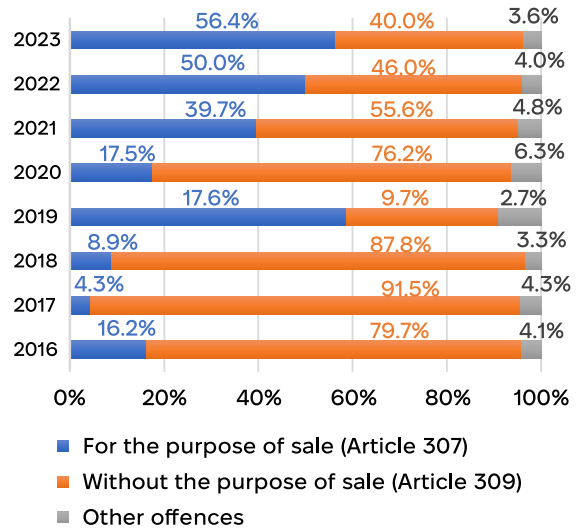


Fig. 58. Proportion of convicted persons aged 14-18 in 2016-2023, by type of offence (%)



Calculation source: 'Report on the Structure of Prisoners' for 2016-2023

In terms of gender, out of the total number of convicted persons aged 14-18 under Art. 305-320 of the CCU, males accounted for over 90%, as shown in Fig. 59 and Fig. 60.

Fig. 59. Number of convicted persons aged 14-18 in 2016-2023, by gender

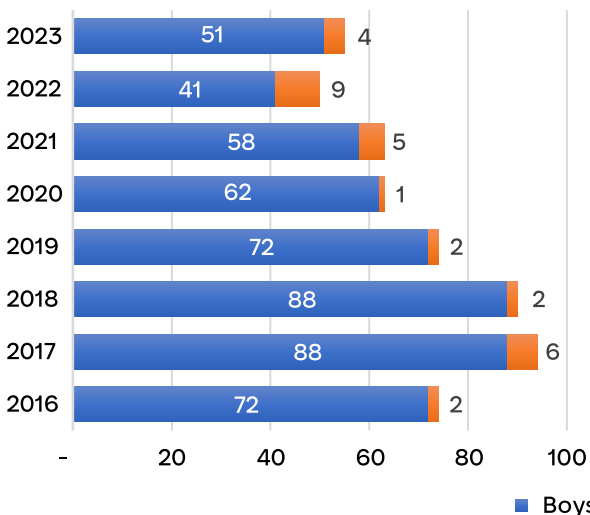
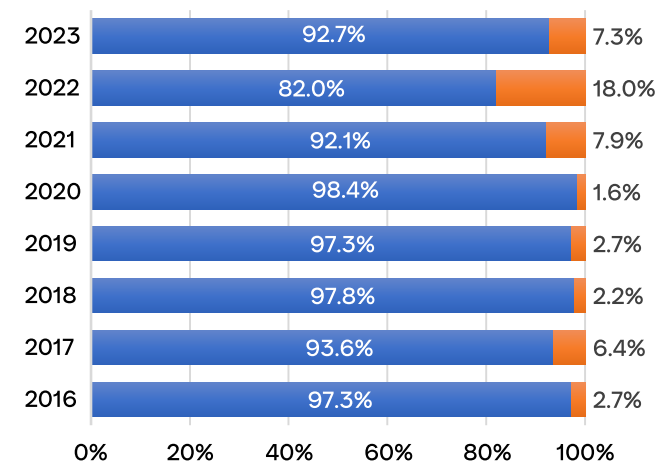


Fig. 60. Proportion of convicted persons aged 14-18 in 2016-2023, by gender (%)



Calculation source: 'Report on the Structure of Prisoners' for 2016-2023

In 2023, out of the total number of people aged 14-18 convicted under Art. 305-320 of the CCU, 4 people (7.3%) committed a crime as a group.

Criminal offences committed by minors under the influence of narcotics, psychotropic or toxic substances were analysed separately (Fig. 61 and Fig. 62), as well as the same offenses committed by adults (Fig. 63).

Fig. 61. Number of criminal offences committed by minors under the influence of narcotics, psychotropic or toxic substances, by articles of the CCU

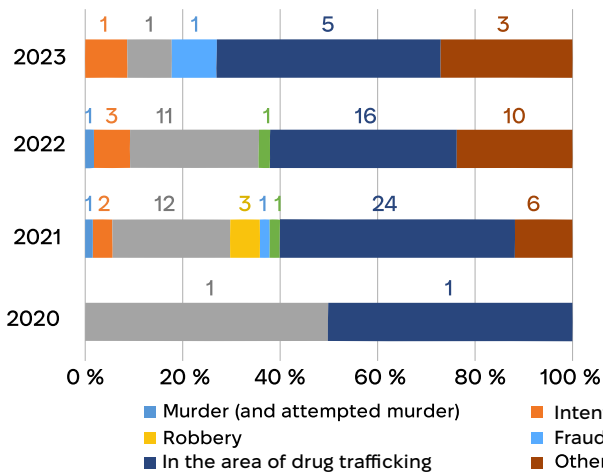
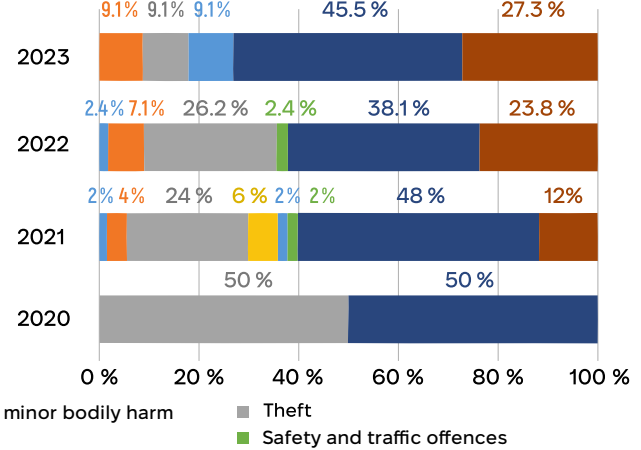


Fig. 62. Proportion of criminal offences committed by minors under the influence of narcotics, psychotropic or toxic substances, by articles of the CCU (%)



At the request of the Centre, the NPU provided information on criminal offences committed by people under the influence of drugs for the period from 2021 to 2023.

Analysing the data, it is worth highlighting the following:

- attempted criminal offence (Art. 15 CCU) premeditated murder (Art. 115 of the CCU);
- theft (Art. 185 of the CCU);
- robbery (Art. 186 of the CCU);
- brigandism (Art. 187 of the CCU);
- offenses related to the unlawful handling of weapons, ammunition or explosives under the influence of drugs (Art. 263 of the CCU);
- Violation of rules related to traffic or driving safety by drivers driving vehicles under the influence of drugs (Art. 286-1 of the CCU);
- hooliganism (Art. 296 of the CCU).

Fig. 63. Number of recorded criminal offences committed by people under the influence of drugs in 2021-2023, by type of offence

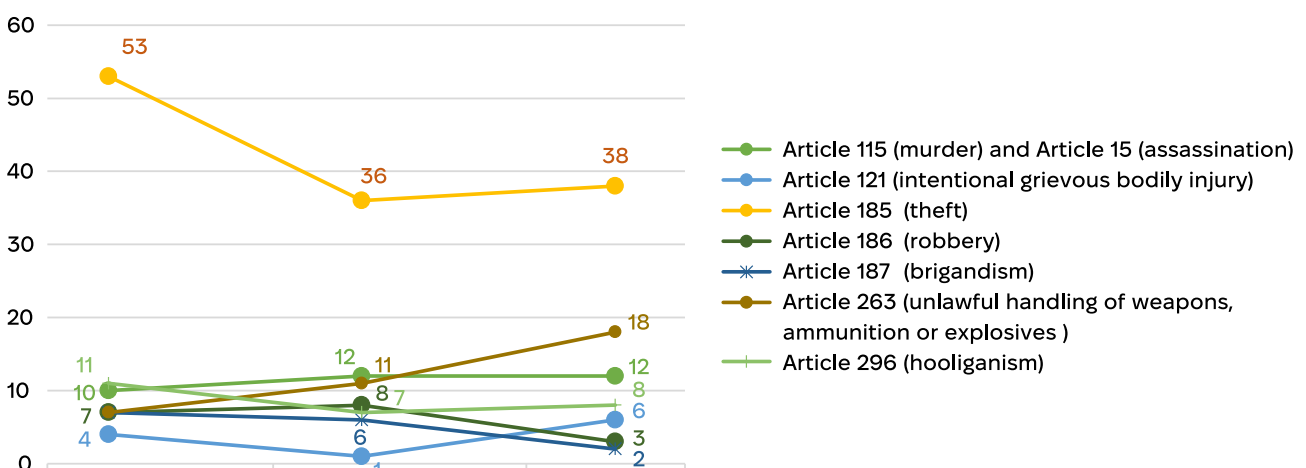


Table 2 provides data on the number of criminal offences under Article 286-1 of the CCU, by year. According to the available data, we can observe an increase in the number of criminal offences under Article 286-1 of the CCU. The number of such offences increased by 56.3% in 2023 compared to 2022.

Table 2. Number of criminal offenses under Article 286-1 of the CCU, by year

Year of the offence	Criminal offences recorded during the reporting period	Perpetrators of criminal offences identified	The pre-trial investigation completed with:		
			indictment	plea agreement	Motion for exemption from criminal liability and application of coercive measures
2021	581	305	330	6	–
2022	744	560	553	13	3
2023	908	718	683	11	4

Information on the number of people who committed criminal offences under Art. 286-1 of the CCU in 2021-2023 is shown in Fig. 64. Between 2022 and 2023, the number of such people increased from 560 to 718, which is 28%.

Fig. 64. Number of identified perpetrators of criminal offences under Art. 286-1 of the CCU

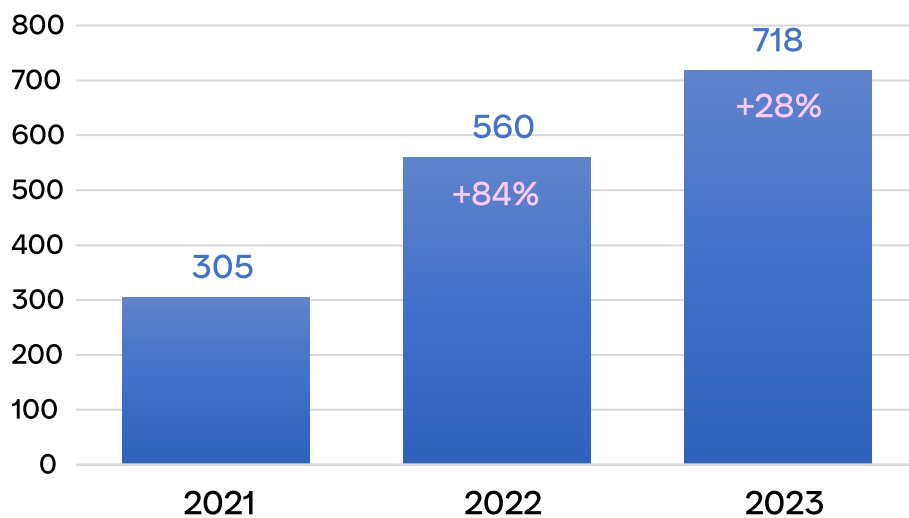


Fig. 65. Description of completed pre-trial investigations under Article 286-1 of the CCU, by type

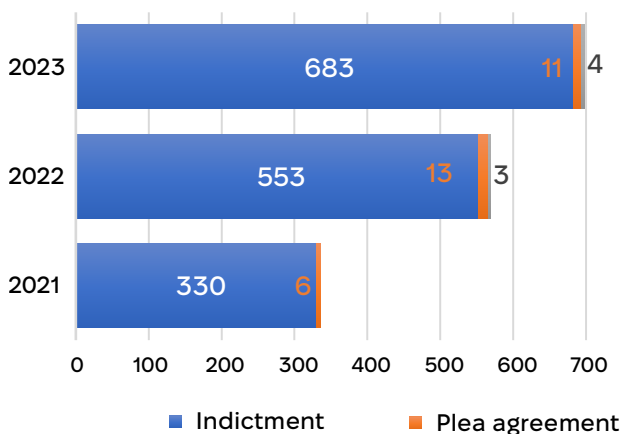
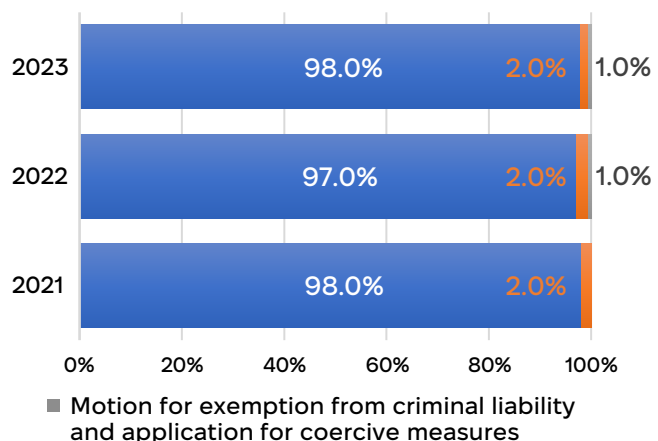
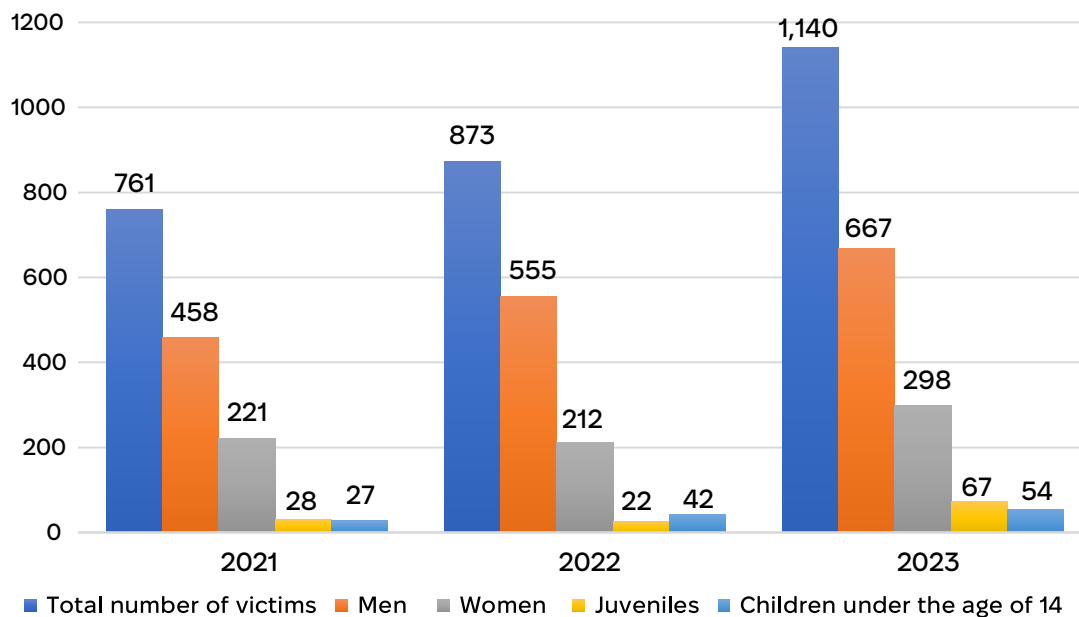


Fig. 66. Proportion of completed pre-trial investigations under Article 286-1 of the CCU, by type (%)



As the number of committed criminal offences increased, so did the number of victims (Fig. 67). In 2021, the number of victims was 761, of whom 263 died; in 2022, the number of victims was 873, of whom 253 died. In 2023, the number of victims was 1,140, 369 of whom died.

Fig. 67. Number of victims after committing a criminal offence under Article 286-1 of the CCU



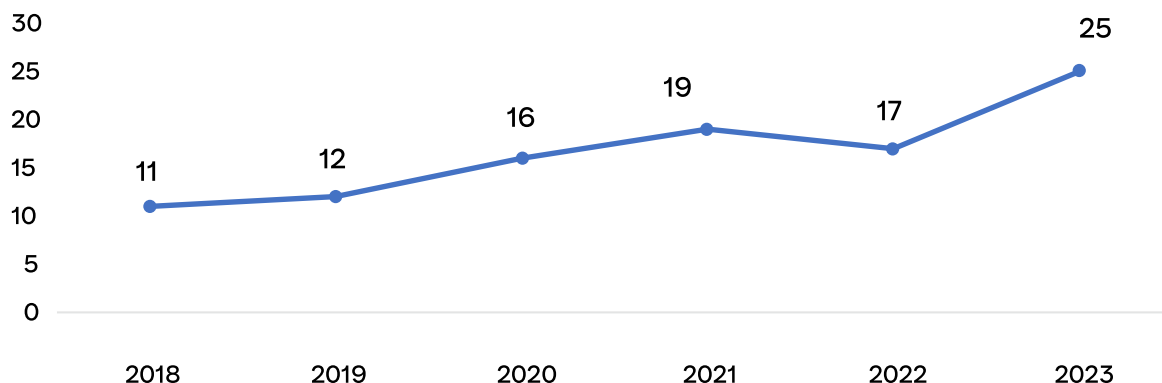
3.3. Courts' handling of appeals and cassations

Source of information (report)	Responsible authority (institution)	Reporting form No.	Frequency of information collection
Report of Courts of Appeal on Appellate Review of Cases on Administrative Offences	Judicial Administration of Ukraine	Form No. 1-n approved by Order of the State Judicial Administration of Ukraine No. 325 dated 23/06/2018	Annual
Report of the Courts of Appeal on Appellate Review of Criminal Proceedings	Judicial Administration of Ukraine	Form No. 2-к approved by Order of the State Judicial Administration of Ukraine No. 325 dated 23/06/2018	Annual
Report on the Administration of Justice by the Supreme Court	Supreme Court	–	Annual
Analysis of the Administration of Justice by the Criminal Court of Cassation within the Supreme Court in 2023	Supreme Court	–	Annual

Cases of administrative drug-law offences subject to appellate review

The dynamics of the number of cases of administrative offences subject to appellate review in 2018-2023 under Article 44 of the CUAO is shown in Fig. 68.

Fig. 68. Dynamics of the number of administrative offence cases subject to appellate review in 2018-2023

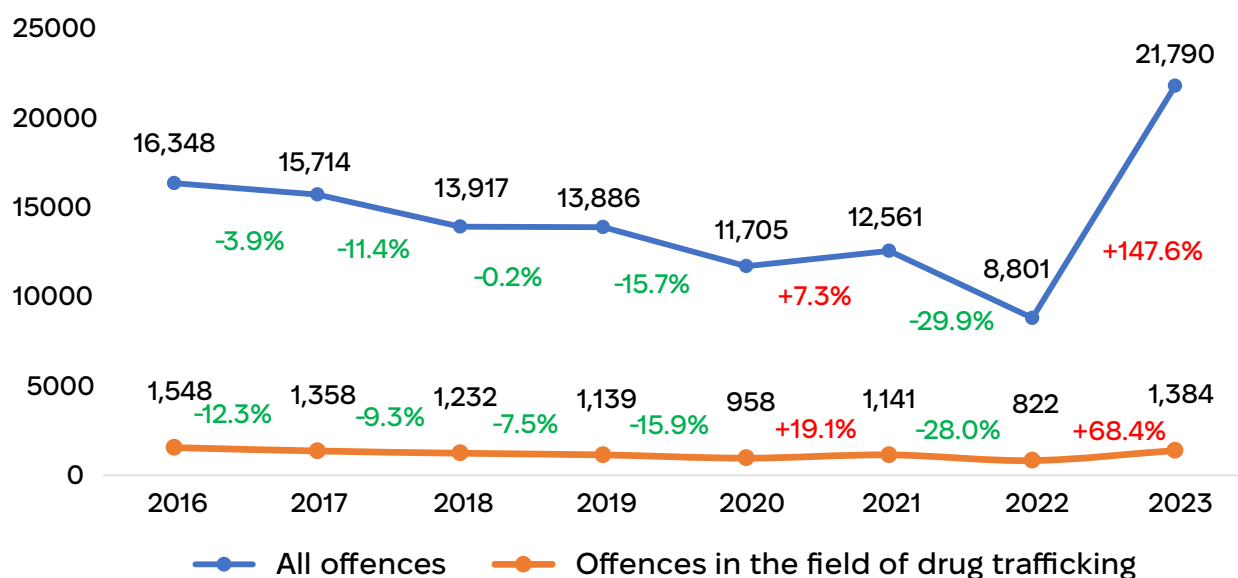


Calculation source: 'Appellate Review of Cases on Administrative Offences' for 2018-2023.

Sentences for criminal drug-law offences subject to appellate review

In 2023, the share of sentences for criminal drug afficking offences subject to appellate review was 6.4% of the total number of reconsidered sentences for criminal offences. In 2016-2022, this indicator averaged 8.8%. The dynamics of the number of criminal sentences subject to appellate review in 2016-2023 is shown Fig. 69.

Fig. 69. Dynamics of the number of criminal sentences subject to appellate review in 2016-2023



Calculation source: 'Report of the Courts of Appeal on Appellate Review of Criminal Proceedings' for 2016-2023.

In 2023, 1,384 sentences for criminal drug-law offences were subject to appellate review, as shown in Fig. 70.

Among the outcomes of the sentence reviewed in 2023, the largest share was made up of decisions to uphold the sentence (42.1%). This indicator remained almost unchanged during 2016-2023, with a simultaneous increase in the share of decisions to change the sentence and a decrease in the share of decisions to revoke the sentence (Fig. 71 and Fig. 72).

Fig. 70. Outcomes of appellate review of sentences for criminal drug-law offences, 2023

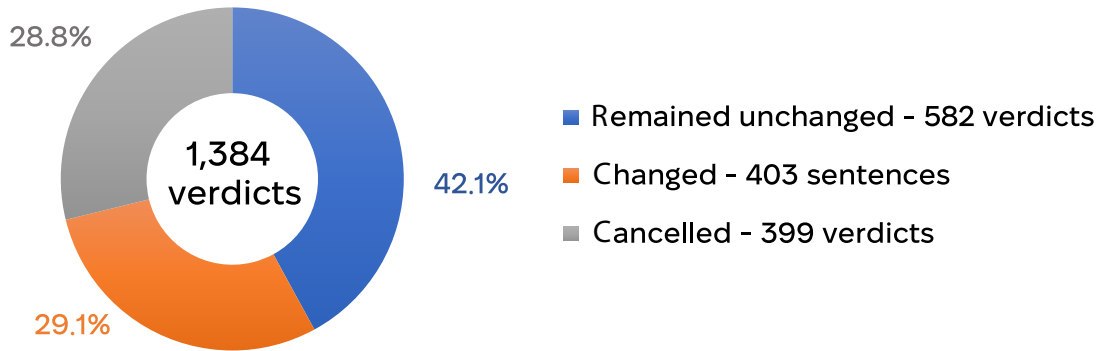


Fig. 71. Number of sentences subject to appellate review in 2016-2023

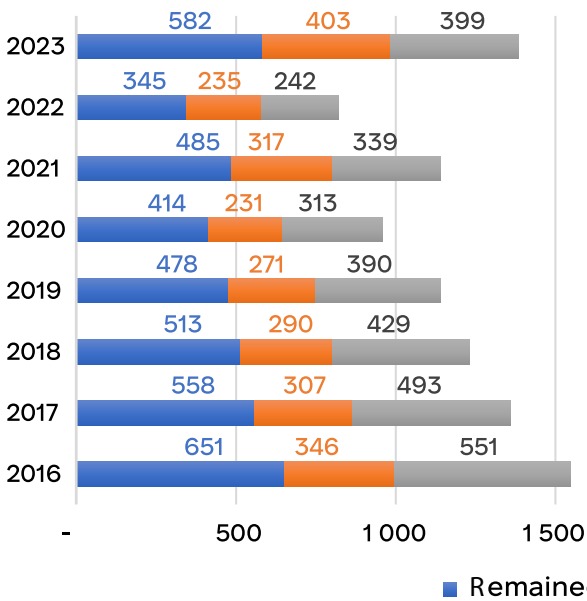
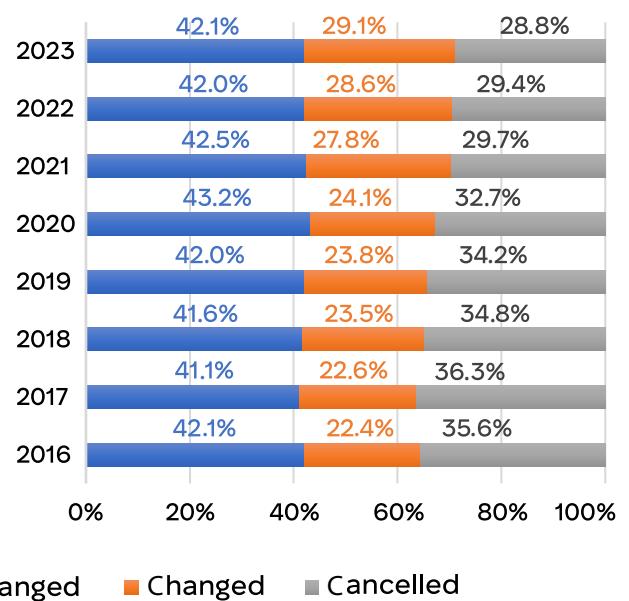


Fig. 72. Proportion of sentences subject to appellate review in 2016-2023 (%)

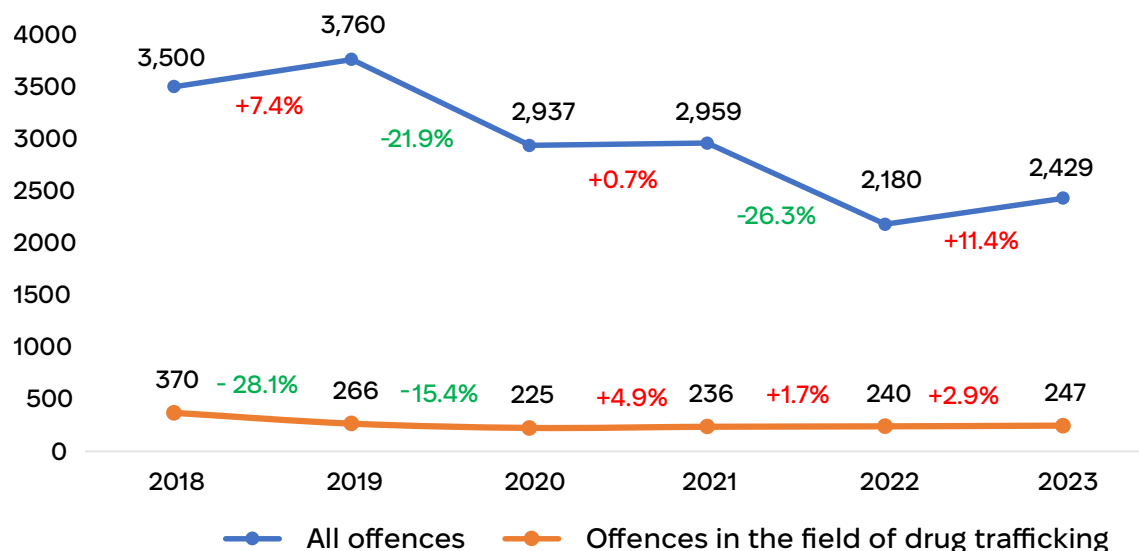


Calculation source: 'Report of the Courts of Appeal on Appellate Review of Criminal Proceedings' for 2016-2023.

Cassation review of court decisions on criminal drug-law offences

In 2023, the share of court decisions on criminal drug-law offences subject to cassation review was 10.2% of the total number of court decisions on criminal offences subject to cassation review. During 2018-2022, this indicator averaged 8.9%, as shown in Fig. 73.

Fig. 73. Dynamics of the number of court decisions on criminal offences subject to cassation review in 2018-2023



Calculation source: 'Report on the Administration of Justice by the Criminal Court of Cassation within the Supreme Court' for 2018-2023) Data before 2018 are not available*

* As a result of the judicial reform in Ukraine in 2017, the High Specialised Court of Ukraine for Civil and Criminal Cases ceased its activities and the newly established Supreme Court began its work on 15 December 2017. Therefore, the data is available only from 2018

3.4. Work of the probation body

Source of information (report)	Responsible authority (institution)	Reporting form No.	Frequency of information collection
Information from the probation body	State Institution Center of Probation	–	On request

In 2015, the Law of Ukraine On Probation was adopted to ensure the safety of society by correcting convicted persons, preventing them from committing repeated criminal offences and providing the court with information about the accused for the court to decide on the extent of their responsibility.

The State Institution "Probation Center" (hereinafter referred to as the Probation Center) ensures the fulfillment of the tasks of the State Criminal Executive Service of Ukraine on probation and directly refers and coordinates the activities of the authorized bodies on probation. One of the tasks of the Probation Center is to organize the execution of sentences in the form of deprivation of the right to hold certain positions or engage in certain activities, community service, correctional labor, probation supervision, as well as supervision of convicts released from serving a punishment with probation.

To work with probationers, dependent on drug use, in order to correct and change their criminal behavior, probation officers use the following tools of social and educational work: risk assessment related to committing a second criminal offense by a probationer (hereinafter – risk assessment), individual work plan with a probationer and the probation program "Prevention of Psychoactive Substance Use.

The risk assessment is the result of analysing the impact of risk factors on the probability of the convicted person's unlawful behaviour, its possible consequences, identifying criminogenic needs and measures to mitigate them.

The risk assessment is aimed at identifying criminogenic needs that influence the occurrence of offender's unlawful behaviour and on which the strategy of working with the offender is based.

The risk assessment form for repetition of crime is a formalised assessment tool used by probation officers to organise individual work with a convicted person in accordance with the procedure prescribed by law.

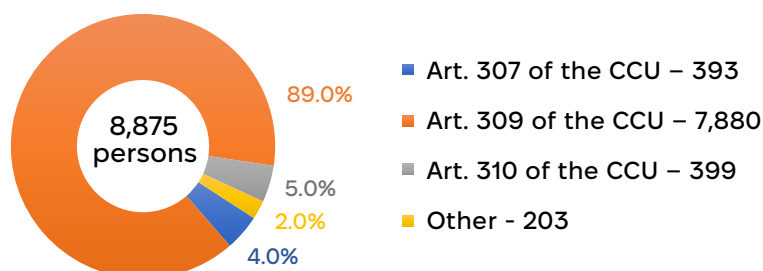
The risk factors are analysed and the risk assessment form is completed within the specified time frame based on information received from the probationer, other persons, state bodies, local self-government bodies, companies, institutions and organisations.

The analysis of information and assessment of indicators related to a person's drug use is dynamic risk factors of risk assessment: "Use of narcotic drugs, psychotropic substances or their analogues". If, following the risk assessment, these risk factors fall into the domain of criminogenic needs, probation officers draw up an individual work plan with tasks and measures aimed at addressing those criminogenic needs, using the potential of a partner network of more than 500 organisations that provide probationers with assistance (services) related to the prevention/treatment of drug/alcohol addiction, and probation volunteers. The number of such partners in 2023 was 876 people.

A probation program is a court-appointed program for a person sentenced to probationary supervision or released from serving a punishment with probation that provides for a set of measures aimed at correcting social behavior or its individual manifestations, forming socially favorable personality changes that can be objectively verified. The purpose of the probation program "Prevention of Psychoactive Substance Use" is to achieve positive changes in the behavior of the probationer by developing and maintaining effective self-control skills, awareness of the need for harm reduction strategies related to substance use, and increase their motivation to quit. During 2023, employees of the authorized probation authorities ensured the implementation of the measures of the said probation program towards 123 adults and 2 minor probationers who completed the program and achieved its goal.

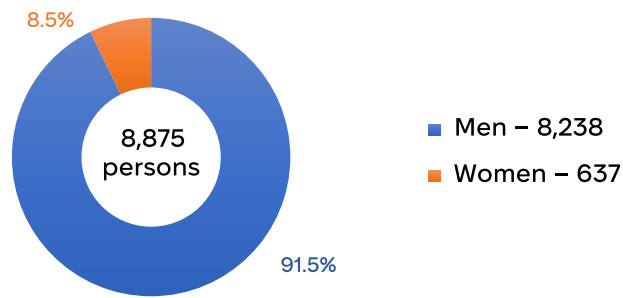
In 2023, following the consideration of criminal cases, the courts sent 8,875 court decisions in cases related to drug-law offences to PI Center of Probation for execution. Figure 74 shows the number of convicted persons court decisions against whom were executed by PI Center of Probation in 2023 broken down by Articles 305-320 of the Criminal Code of Ukraine (CCU).

Fig. 74. Number of convicted persons decisions against whom were received by PI Center of Probation in 2023, broken down by Articles of the CCU



The proportion of men and women in the court decisions to impose punishment in 2023 is 91.5% and 8.5% respectively, as shown in Figure 75.

Fig. 75. Proportion of persons on whom punishment was imposed in 2023, by gender

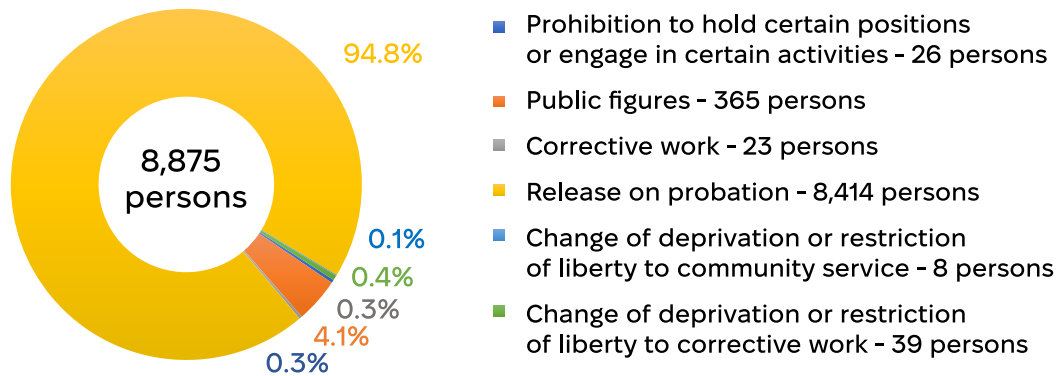


According to the type of punishment, court decisions relate to:

- prohibition to hold certain positions or engage in certain activities;
- community service;
- corrective work;
- release on probation;
- change of deprivation of liberty or restriction of liberty to community service;
- change of deprivation or restriction of liberty to corrective work.

The number of persons who were subjected to one of the above punishments is shown in Fig. 76.

Fig. 76. Number of persons on whom punishment was imposed in 2023, by type of punishment



In 2023, the probation body recorded 53 violations of the procedure and conditions of serving sentences. Of these, 49 were men and 4 women.

4. DRUG USE AMONG THE POPULATION OF UKRAINE

Source of information (report)	Responsible authority (institution)	Reporting form No.	Frequency of information collection
<u>European School Survey Project on Alcohol and Other Drugs (ESPAD)</u>	NGO Ukrainian Institute for Social Research after Olexander Yaremenko	–	Once every 4 years
National survey on drug use among people aged 15–64	The survey was not conducted		
<u>Online survey on the prevalence and frequency of certain narcotic drug and psychotropic substance use in Ukraine 2023</u>	State Institution “Institute of Psychiatry, Forensic Psychiatric Examination and Drug Monitoring of the Ministry of Health of Ukraine”	–	–
<u>Report on the results of the of the integrated biobehavioral research 2020 among people who inject drugs</u>	Centre	–	–

Since 1995, Ukraine has been conducting the European School Survey Project on Alcohol and Other Drugs (ESPAD). The survey is conducted every four years. Ukraine is represented in all waves of the survey, which were conducted in 1995, 1999, 2003, 2007, 2011, 2015, and 2019. In 2019, the survey targeted pupils/students born in 2003, who were 15–16 years old at the time.

The 2019 survey was conducted in 260 educational facilities in Ukraine and covered adolescents aged 14–17 studying in general secondary schools (grades 9–11), vocational schools (1st–2nd years after basic secondary education), and institutions of professional pre-higher education (1st–2nd years after basic secondary education). The total number of respondents in this age group is 8,509 pupils/students aged 14–17 in 24 regions of Ukraine and Kyiv.

Reports on the survey results can be accessed here:

https://www.uisr.org.ua/img/upload/files/B_Report_ESPAD_2019_Internet.pdf

(in Ukrainian)

<http://www.espad.org/espad-report-2019> (in English)

The latest survey was conducted in 2024.

Ukraine did not conduct any national surveys on the prevalence of substance use among people aged 15–64 and the general population. The only survey conducted in 2023 was an online survey on the prevalence and frequency of certain narcotic drug and psychotropic substance use in Ukraine conducted by the State Institution “Institute of Psychiatry, Forensic Psychiatric Examination and Drug Monitoring of the Ministry of Health of Ukraine”. The results can be accessed here:

<https://cmhmda.org.ua/wp-content/uploads/2023/08/vzhyvannya-narkoty-kiv-v-ukrayini-rezultaty-opytuvannya-2023.pdf> (in Ukrainian)

Integrated biobehavioral survey among people who inject drugs. Overview of the 2020 results

Integrated biobehavioral surveys among key populations are conducted in Ukraine as part of the monitoring of trends in key epidemiological and programmatic indicators in the context of the HIV/AIDS response. This report briefly presents the results of the latest survey conducted by the research team in 2020.

PWID profile

Number of respondent: 6,001

Average age: 38

Gender: 81% men, 19% women

Average duration of drug use: 11 years or more

Opioids as the substance of choice: 73.1%

Education: 46.9% have a high school diploma

Main type of employment: Occasional earnings

Marital status: More than half of PWID are married or have a regular partner

Drug use practices and risk behaviors

The vast majority of PWID (57%) used “street methadone” in crystals/powder, followed by opium extract (24.4%). Compared to the results of the previous survey (2017), the percentage of “street methadone” users has doubled, while the percentage of opium extract users has decreased from 61.0% to 24.4%. Despite the small number of amphetamine users, it is worth noting that this substance was chosen by respondents in the age group under 25.

“Street methadone” is an illegal drug produced in clandestine labs. It may contain impurities coming from other drugs or precursors, which increases the risk of overdose.

Risky injecting practices are not common among PWID: 96.2% of respondents reported using sterile syringes and needles for injecting. It can be assumed that such results are also a consequence of the long-term implementation of harm-reduction programs among PWID. At the same time, the survey results showed that PWID aged 25 and younger have the highest rates of sharing injecting equipment (3.8%), which may require increased efforts when working with this category of users within the harm-reduction program. At the same time, the peculiarities of opioid distribution, e. g., through dealers, continuously contribute to the spread of indirect risky injecting practices, in particular through the purchase of ready-to-use injections in pre-filled syringes (15.1% of PWID surveyed).

44.3% of sexually active respondents stated that they used condoms during their last sexual intercourse. Of these, the highest proportion was observed in the youngest age group.

Overdose experience

A quarter of respondents reported having overdosed on drugs. Given the prevalence of “street methadone”, the vast majority of overdoses among PWID occurred after using this drug.

Access to harm reduction interventions

According to the survey, 32.3% of respondents said that they were clients of HIV service organizations and received some kind of harm reduction services, including sterile equipment.

Respondents are quite unaware of treatment options, including OAT. 55.1% of respondents under the age of 25 are not aware of treatment programs, and only 22% of PWID in the age group of 45 and older know about them.

Prevalence of diseases associated with injection drug use

The prevalence of HIV infection among PWID decreased from 22.6% to 20.3%; the prevalence of hepatitis C virus is at 68.4%.

Trends in the drug scene

The traditional way of obtaining opiates – buying from dealers and at certain “points of sale” – has changed to buying online. In addition, the proportion of people who make the drug at home for further sale has decreased. The vast majority of respondents bought ready-to-use drugs through “stashers” (47.4%), while the “older generation” of PWID is more likely to prepare drugs at home compared to younger people. At the same time, for the majority of respondents, the quality and price of the substances, as well as access to them, have not changed over the past year (at the time of the survey).

Given the new challenges and changes in the drug market due to the full-blown military aggression that began in 2022, the trends in the drug scene, including access and prices, at the time of writing may be different from the results of the survey.

The detailed report can be accessed here:

https://phc.org.ua/sites/default/files/users/user90/Results%20of%20IBBS_PWID%202020_ukr_online.pdf

5. INFECTIOUS DISEASES ASSOCIATED WITH DRUG USE

Source of information (report)	Responsible authority (institution)	Reporting form No.	Frequency of information collection
Annual Report on the Health Status of the Population of Ukraine and the Epidemic Situation for 2023	Centre	–	Annual
2023 Analytical and Statistical Handbook 'Tuberculosis in Ukraine'	Centre	–	Annual
Report on People with Conditions and Diseases Caused by Human Immunodeficiency Virus (HIV) for 2023	Centre	Form No. 2	Annual
Report on the Operation of a Health Inspection (Disinfection, Anti-Plague) Service	MoH	Sectoral Statistical Reporting Form No. 40-health (approved by Order of the MoH No. 132 dated 04/04/2001)	Annual
Information provided by regional and Kyiv city state administrations	Local executive agencies	–	On request
Integrated biobehavioural survey among people who inject drugs (IBBS)	Centre	–	–

Ukraine is a country with a high prevalence of HIV, HBV, HCV, and TB among the general population and among people who inject drugs. The strategic goal of the government regarding the response to HIV, HBV, HCV, and TB by 2030, which reflects, among other things, the global goals of reducing the burden of HIV '95-95-95', the global strategy for the elimination of HBV and HCV, and the elimination of TB, is set out in the State Strategy for Combating HIV/AIDS, Tuberculosis, and Viral Hepatitis until 2030. As of 2023, Ukraine is still on track to achieve the goal, but has made significant progress.

The procedure for diagnosis, testing algorithm/self-testing/assisted self-testing have been approved by regulations.

Below is the algorithm for testing, diagnosis and enrolment in medical supervision in HCFs:

1. Screening (testing methods: rapid test/ELISA). Negative/positive result – proceed to confirmation stage;
2. Confirmation (test methods: rapid test/ELISA). Negative result – confirmation of the absence of anti-HIV antibodies;
3. Positive result with confirmation of the presence of anti-HIV antibodies – proceed to identification stage;
4. Identification (test methods: rapid test/ELISA).

Confirmation of HIV (establishing a diagnosis), enrolment in medical supervision (with patient information entered into the EHR and records) and prescription of ART.

The results of HIV testing are recorded in the approved primary record forms, and, if necessary, patients receive a report on the serological marker test results.

A unified monitoring and evaluation system has been introduced in Ukraine to monitor and evaluate the effectiveness of HIV/AIDS response measures, and in accordance with medical and technological documents on the standardisation of medical care and the current regulatory framework, people who use drugs must undergo:

- HBV and HCV testing – at least once a year;
- HIV testing – every six months;
- TB screening – at least once a year;
- STI screening – at least once a year.

Results of HIV surveillance in Ukraine in 2023

Estimating the HIV prevalence and incidence among PWID requires highlighting the general context of the HIV epidemiological situation in Ukraine.

The number of people tested for HIV in 2023 is 2,250,660, which is 40% more than in the previous year. Of these, 11,658 HIV cases were officially detected and recorded, which is 28.4 cases per 100,000 people, or 0.6% of those tested. This is a 24.0% drop from 2021.

The impact of the war is also noticeable. In particular, since the beginning of the full-scale invasion of Ukraine, a significant increase in the incidence rate has been recorded in some regions. These figures may be due to an increase in testing coverage, but it is currently not possible to identify the primary reasons for such changes, as there may be a variety of factors, including measures aimed at combating the HIV epidemic. In addition, trends towards an increase in new HIV cases should also be viewed with caution.

In recent years, trends in the main transmission modes have remained unchanged – sexual transmission, with heterosexual contact accounting for 74.5% of cases in 2023. There has been a drop in new cases of parenteral transmission in the long-term trend – from 64.0% in 2005 to 25.0% in 2023.

The following trends are characteristic of HIV prevalence in Ukraine. As of 01/01/2024, 157,435 people living with HIV (PLHIV) were registered with HCFs (linked to HIV care) in the government-controlled territories. One-third of PLHIV registered with HCFs (linked to HIV care) were infected through parenteral transmission as a result of drug and psychotropic substance use.

The population as of 01/01/2022 is used to estimate the prevalence of HIV infection; however, one should take into account that the population has significantly decreased over the two years of war, which may affect the dynamic assessment of the situation, in particular, underestimate the actual value of the indicator. Based on official data, the prevalence of HIV infection at the end of 2023 was 384.0 per 100,000 people. However, given demographic changes, this figure is estimated to be much higher and could be around 496.0 per 100,000 people. The number of people living with HIV on ART as of the end of 2023 was 118,348.

Results of viral hepatitis surveillance in Ukraine in 2023

The country has a high prevalence of HCV (over 2.0%) and a low prevalence of HCV among the general population. Given that in 2021, the country adopted the Medical Care Standards, approving simplified algorithms for diagnosing patients with viral hepatitis, and that, in accordance with international guidelines, decentralisation

of viral hepatitis diagnosis and treatment services with the involvement of general practitioners (GPs) in screening was launched, it is currently difficult to assess the factors contributing to an increase or decrease in the incidence, and this issue requires further research.

In 2023, the number of people tested for HCV markers totalled 834,890, of whom 23,891 (2.8%) were found to have anti-HCV antibodies. In turn, in 2023, 1,208,758 people were screened for HBsAg and 13,299 (1.1%) HBsAg positive individuals were detected.

Statistics show that screening testing covers a significant number of people, but most people with HCV markers do not undergo confirmatory testing and are not included in official statistics or, probably, in the medical surveillance system (out of 23,891 people tested for HCV markers in 2023, only 6,144 people were confirmed to have chronic HCV). For HBV, the situation is similar: 13,299 people were found to have HBsAg, but only 1,391 were officially diagnosed.

Currently, Ukraine does not have an approved Viral Hepatitis Surveillance Procedure, but the country is systematically improving epidemiological surveillance and monitoring of viral hepatitis.

Results of TB surveillance in Ukraine in 2023

The TB prevalence rate has been on a downward trend over the past six years: In 2023, prevalence decreased by 8.2% compared to 2022 and amounted to 40.3 per 100,000 people. Based on the current epidemiological surveillance, in 2023, the incidence of TB was 48.4 per 100,000 people (new cases and relapses) and increased by 7.3% compared to 2022 (45.1 per 100,000 people).

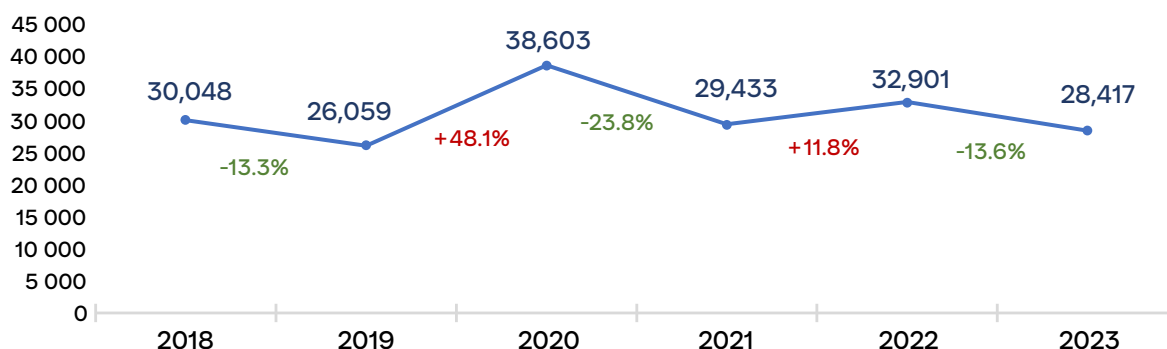
Situation with the prevalence of injecting drug-related infections among PWID

PWID are at risk of contracting infections such as HBV, HCV and HIV through the sharing of drug injecting equipment, leading to adverse health consequences in the form of chronic disease and even death.

Information on the prevalence of TB, HIV and viral hepatitis among drug users is collected as part of routine reporting on the provision of testing and treatment services. Estimated prevalence of HIV, HBV and HCV is determined as part of an Integrated Biobehavioural Survey among people who inject drugs every 3 years.

Based on the data of the regional and Kyiv city state (military) administrations, the number of people who inject narcotic and psychotropic substances in Ukraine with a history of infectious hepatitis, HIV, and TB was 28,417 at the end of 2023. Fig. 77 shows the trend in the total number of people who inject narcotic and psychotropic substances and have a history of infectious diseases in 2018-2023.

Fig. 77. Dynamics of the total number of people who inject drugs and have a history of infectious diseases in 2018-2023



Calculation source: data from regional and Kyiv city state (military) administrations.

HIV infection

According to seroepidemiological monitoring, 17.7% of all people tested for HIV in 2023 can be classified as key populations, of which 23.4% are injecting drug users (code 102). Of note, some PWID may also be included in other populations due to the coding procedure. Of the 59.5 thousand people tested for HIV under code 102, 3.6% (2,164 people) were found to be positive. At the same time, the proportion of new cases of advanced HIV and AIDS among PWID averaged 19.7%. HIV surveillance identified five regions where the proportion of parenteral transmission cases reported in 2023 exceeds the national average, namely: Kharkiv (50.8%), Lviv (46.6%), Kyiv (38.4%), Dnipro (33.1%) and Zaporizhzhia (28.1%) regions. However, it should be noted that the majority of HIV-positive people (59.0%) were identified among active injecting drug users, and the level of HIV seroprevalence among them was much higher and amounted to 4.7%. Long-term cooperation between health care services and the non-governmental sector involved in providing HIV services to key populations, including PWID, continues. In 2023, 56.7 % of PLHIV enrolled in HIV-related medical supervision were referred from NGOs.

HIV testing of representatives of key populations, including PWID, by NGOs as part of the HIV response remains one of the key measures to expand testing coverage, including as part of the basic service package under the national HIV prevention programme for most-at-risk populations (MARPs). For this purpose, services for PLHIV are provided in sites that are as accessible and convenient for clients as possible and using effective tools (outreach routes, mobile testing points, self-testing boxes, etc.), including timely detection of infection and reduction of cases of advanced HIV and AIDS.

Ukraine has also implemented a pre-exposure prophylaxis strategy for PWID to prevent new HIV cases. As of 2023, the number of PLHIV receiving pre-exposure prophylaxis stood at 2,470.

For more details on harm reduction services, see Section 8.

HBV and HCV

In Ukraine, the prevalence of HCV among PWID, according to the Integrated Biobehavioural Survey among PWID (2020), was 68.4%, and given the estimated number of PWID, it can be assumed that injecting drug use is an important predictor of HCV prevalence. Ukraine does not have a national strategy for HCV micro-elimination among injecting drug users in 2023, but this activity is being implemented by the ICF 'Alliance for Public Health' with donor support. Meanwhile, the general direction of the national HCV elimination policy, including among PWID as a most-at-risk population, is aimed at improving access to HCV testing and treatment, expanding access to opioid substitution therapy (OST), and expanding harm reduction programmes, including through the use of NGOs providing HIV services.

Below are the key indicators of the number of PWID with a history of viral hepatitis, HIV and TB.

In 2023, people living with HIV accounted for the largest proportion of people who inject drugs and have a history of infectious diseases (42.1%) (Fig. 78 and Fig. 79), with men making up 78.5% (Fig. 80). At the same time, the gender distribution remained almost unchanged during 2020-2023 (on average: men, 81.5%; women, 18.5%, which generally corresponds to the gender distribution among PWID) (Fig. 81 and Fig. 82).

Fig. 78. Number of PWID with infections in 2019-2023

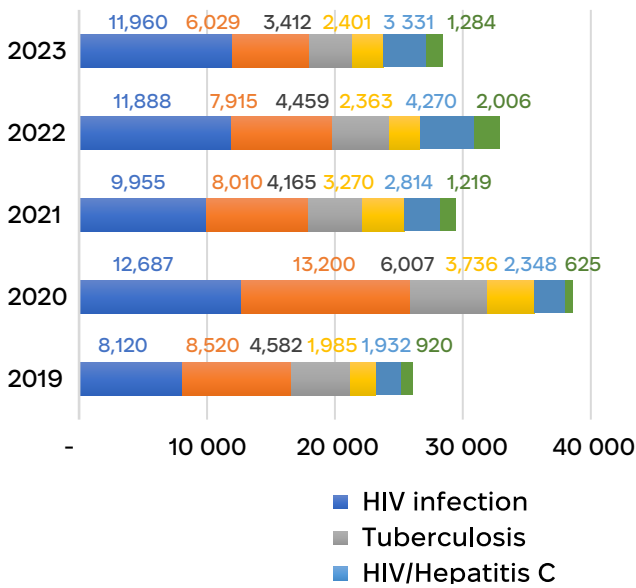
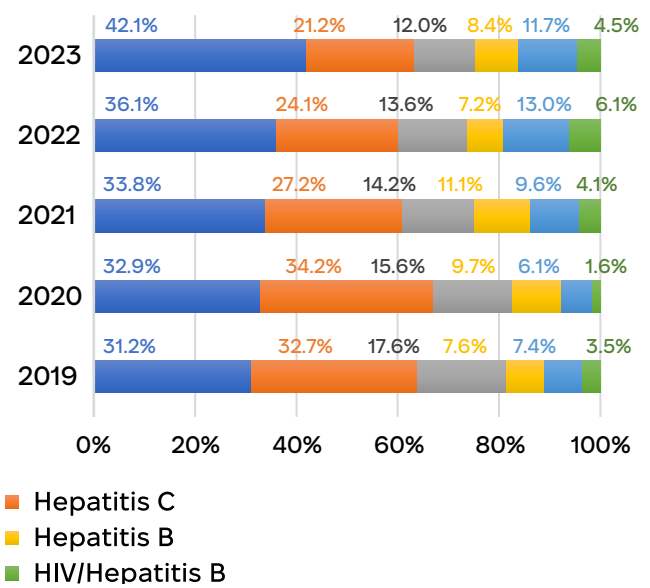
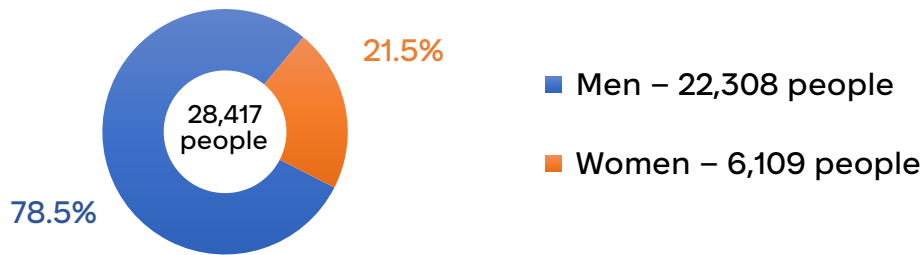


Fig. 79. Proportion of PWID with infections in 2019-2023 (%)



Calculation source: data from regional and Kyiv city state (military) administrations.

Fig. 80. Profile of people who inject drugs and psychotropic substances and have a history of infectious diseases in 2023, by gender



Calculation source: data from regional and Kyiv city state (military) administrations.

Fig. 81. Number of PWID with newly diagnosed infections in 2020-2023

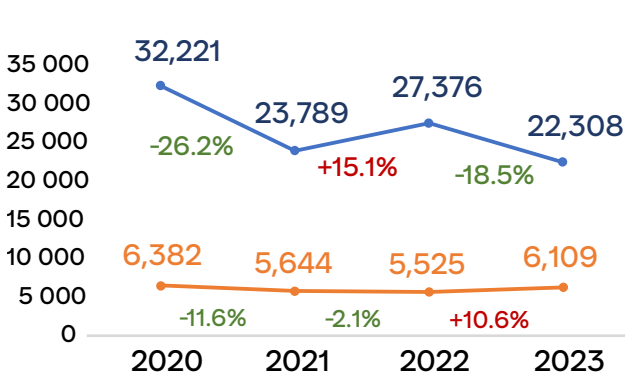
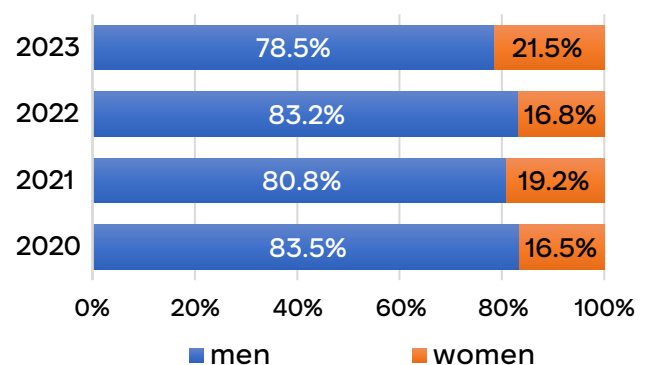


Fig. 82. Proportion of PWID with newly diagnosed infections in 2020-2023 (%)



Calculation source: Data from regional and Kyiv city state administrations. In this context, pre-2020 data were not recorded in most regions.

In 2023, new cases of infections were recorded in 3,082 PWID (Fig. 83). Fig. 84 shows the trend in the total number of people who inject narcotic and psychotropic substances and who were newly diagnosed with infections in 2020-2023.

Fig. 83. Number of PWID with newly diagnosed infections in 2023

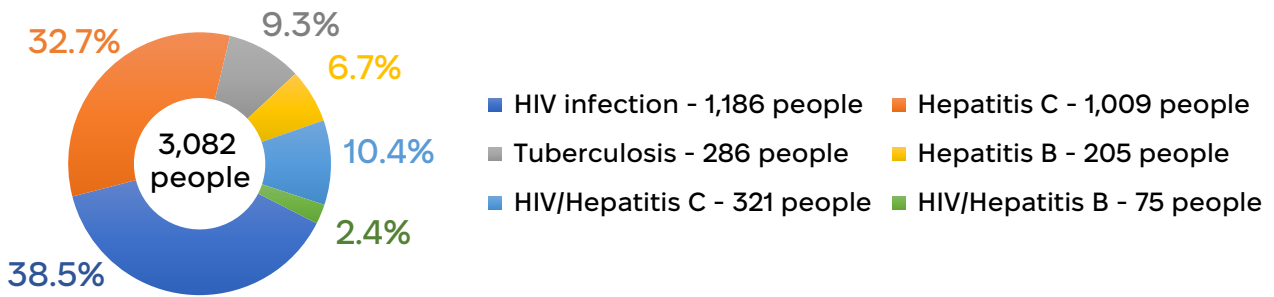
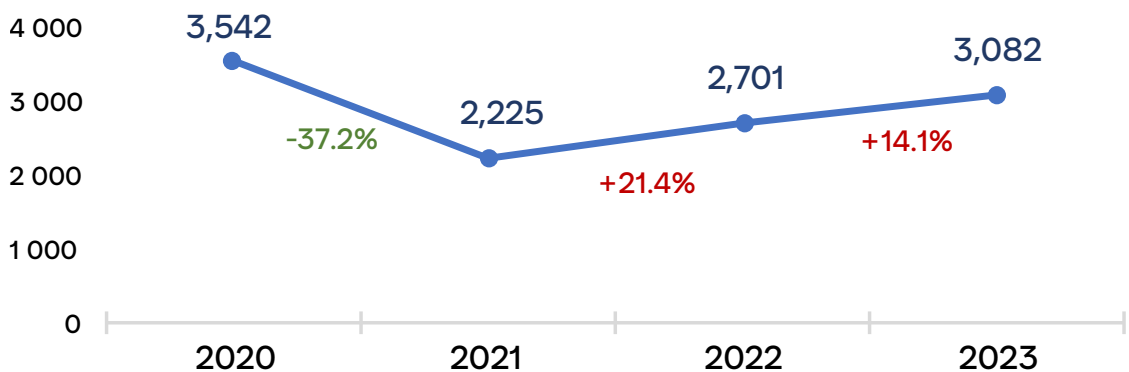


Fig. 84. Dynamics of the total number of people who inject drugs and who were first diagnosed with infectious diseases in 2020-2023



Calculation source: Data from regional and Kyiv city state administrations. In this context, pre-2020 data are not available.

The proportion of new cases of HCV and HIV, which are likely to be associated with injecting drug use, increased compared to the previous year, 2022 (Fig. 85 and Fig. 86), possibly due to increased testing coverage.

At the same time, 2023 saw a decrease in the number of PWID with new cases of TB, HBV, HIV/HBV and HIV/HCV co-infection.

Fig. 85. Number of PWID with newly diagnosed infections in 2020-2023

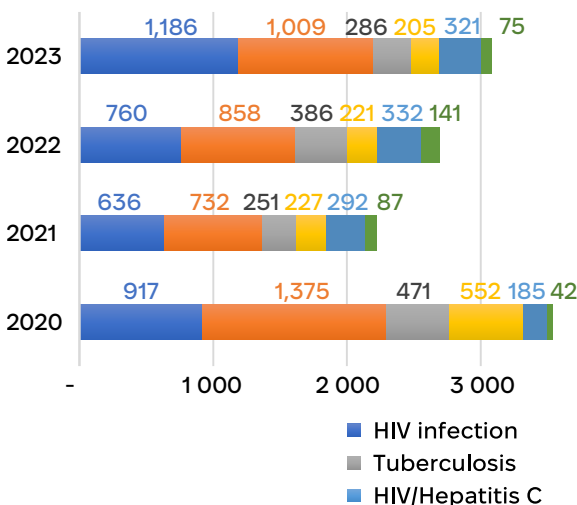
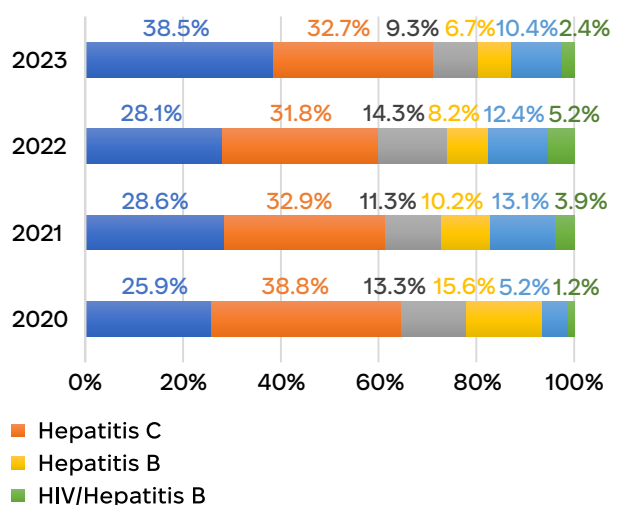
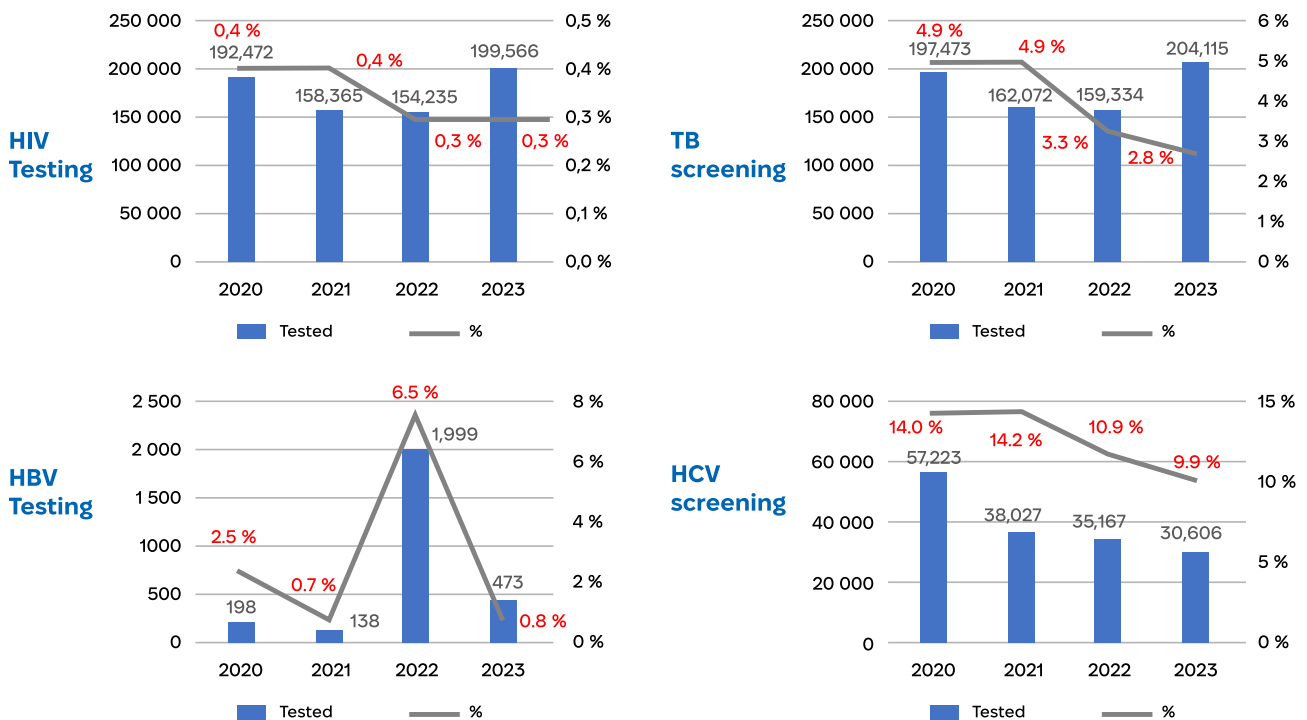


Fig. 86. Share of PWID with newly diagnosed infections in 2020-2023 (%)



A gradual increase in testing coverage of clients of prevention programmes for people who inject drugs as part of self-testing for HIV, HBV, HCV and TB screening has been noted annually. However, access to confirmatory HCV testing and subsequent treatment remains an issue. Given the HCV prevalence data obtained through

the Integrated Biobehavioural Survey among PWID, compared to official statistics, it is evident that a significant proportion of PWID remain outside of HCV-related medical care.



As part of the 2020 Integrated Biobehavioural Survey among People Who Inject Drugs, which is available at:

https://phc.org.ua/sites/default/files/users/user90/Results%20of%20IBBS_PWID%202020_ukr_online.pdf (in Ukrainian)

https://phc.org.ua/sites/default/files/users/user90/Results%20of%20IBBS_PWID%202020_eng_online.pdf (in English),

the estimated prevalence of HIV infection and anti-HCV antibodies among this key population was determined.

In terms of the impact of the war on the prevalence of infections, including among PWID, it should be noted that the rate of infections is likely to be higher than the official statistics, due to a number of factors, including:

- significant migration of the population;
- lack of information on the incidence in the temporarily occupied territories of Ukraine since 2014, as well as the lack of complete statistics on the incidence in the territories where active hostilities have been ongoing since 2022;
- a rise in the number of injuries related to active hostilities, as well as self-treatment of patients due to the financial insolvency of some of them and insufficient access to medical care, etc.

Insufficient coverage of HCV/HBV testing and detection among the general population and PWID in particular.

Key trends:

- The number of tests for all population groups has significantly increased and almost reached the levels seen before the introduction of COVID-19 quarantine restrictions and the outbreak of full-scale war;
- The proportion of new HIV cases among PWID remains at 3.5-6.0%, with a changing regional distribution, which may be caused by the consequences of

the full-scale invasion in the form of internal migration processes, increased risk behaviours, and reduced healthcare access in some regions;

- The % of new cases of advanced HIV and AIDS is declining (62.1% in 2019 vs. 19.7% in 2023).
- The number of people who were registered with HCFs with a diagnosis of HIV for the first time in their lives and who contracted HIV through injecting drug use is gradually decreasing (from 5,325 people in 2021 to 2,913 people in 2023);
- The access to pre-exposure prophylaxis for PWID as a prevention tool continues to expand;
- NGOs that provide prevention, care and support services for PLHIV play a crucial role in HIV response;
- The need to adapt services/approaches to provide them to PLHIV, taking into account the consequences caused by the war (migration processes, changes in the drug scene, increased infection risk factors, etc.);
- Lack of accurate data on HBV infection among PWID limits the ability to develop efficient tools for prevention and timely treatment of HBV among PWID;
- Increased coverage of HIV and HCV testing as part of the basic service package is a key factor in raising awareness of their status among PWID, but at the same time there are systemic limitations to unimpeded access to confirmatory testing and, as a result, further treatment among PWID infected with HCV;
- Insufficient access and/or untimely diagnosis and initiation of HCV treatment among PWID increases adverse outcomes such as liver cancer or cirrhosis;
- Lack of seroprevalence data creates barriers to developing a micro-elimination strategy among PWID, while the government's strategic goal is to prevent new HCV cases, increase status awareness, treatment coverage and reduce the HCV burden.

6. MORTALITY RELATED TO DRUG USE

6.1. Deaths related to PS use and poisoning

Ukraine collects and summarises information for the disclosure of the indicator 'Deaths related to drug use and mortality among drug users' using the SSS data on deaths related to the PS use and poisoning.

Given the situation in connection with the Russia's full-scale military aggression against Ukraine, in accordance with the provisions of paragraph 1 of the Law of Ukraine No. 2115-IX 'On Protection of the Interests of Reporting Entities and Other Documents in the Period of Martial Law or State of War' and Resolution of the Cabinet of Ministers of Ukraine No. 263 dated 12/03/2022 'Some Issues of Ensuring the Functioning of Information and Communication Systems, Electronic Communication Systems, Public Electronic Registers in the Conditions of Martial Law', territorial SSS offices are not currently able to obtain the relevant administrative data needed to generate demographic statistics (including mortality) in full.

The compilation of statistical information on the population (estimated), starting with data as of 01/01/2023, and indicators of natural movement of the population (including mortality), starting from 2022, has been suspended. The SSS data were published in the National Reports on the Drug and Alcohol Situation in Ukraine for [2023 \(based on 2022 data\)](#) and [2022 \(based on 2021 data\)](#).

Thus, this report does not contain data on the number of deaths from mental and behavioural disorders due to psychoactive substances and the number of deaths from external causes of death related to PS use, which are administered by the SSS.

It is worth noting that the interpretation of data and conclusions about mortality trends based on the analysis of available information (the results of recording, collecting and processing information on determining the cause of death of a person in whose biological material a drug was detected) should also be made with caution. This situation has arisen due to the imperfect system of recording and collecting such data, which may lead to an incorrect reflection of the actual number of deaths caused by drug use. In addition, reporting of deaths indirectly related to drug use (deaths from accidents, violence, suicides, etc. related to drug use) is not fully operational in Ukraine. This does not allow us to fully capture the trends in the impact of drugs on the increase in the number of deaths and, in particular, to assess the extent of overdoses among drug users and the risks to the public health system.

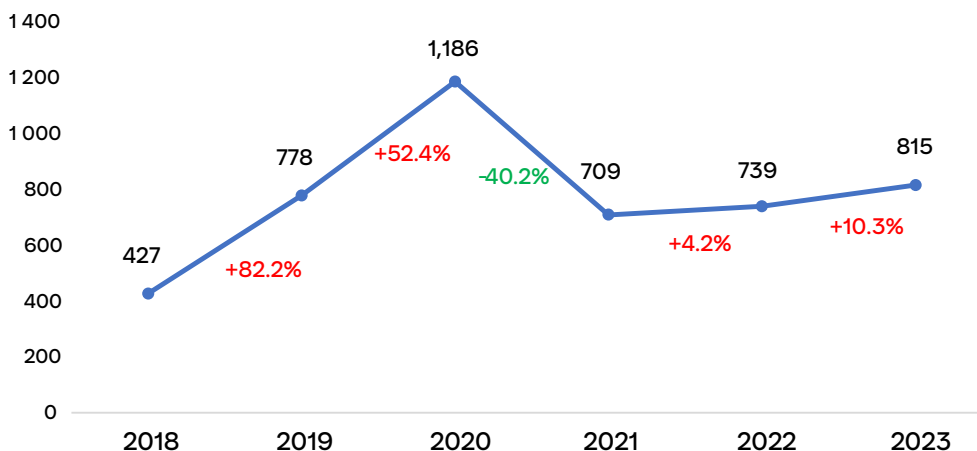
6.2. Drug-related deaths by autopsy results

Source of information (report)	Responsible authority (institution)	Reporting form No.	Frequency of information collection
Table 3, Annex 4 of CMU Resolution 'Issues of Monitoring the Drug and Alcohol Situation in Ukraine' No. 689 dated 10 July 2019	Regional and Kyiv city forensic offices	–	Annual

According to the Forensic Office, in 2023, the number of deaths involving the presence of PS in biological samples was 815. The dynamics of the number of deceased people identified as having psychoactive substances in their biological samples in 2018-2023 is shown Fig. 87. By 2021, there was a general trend towards a significant increase in this indicator. The data for 2021-2023 are not complete, as it

was impossible to obtain them from the forensic offices of a number of regions due to the temporary occupation of the territories of Ukraine and military operations as a result of Russia's full-scale armed aggression after 24 February 2022.

Fig. 87. Dynamics of the number of deceased people identified as having psychoactive substances in their biological samples in 2018-2023



Drug-consuming medicines (36.2%) and unidentified substances (20.4%) accounted for the largest share of substances detected in the biological samples of deceased people in 2023 (Fig. 88). Dynamics of the number of deceased people identified as having PSs in their biological samples in 2018-2023 by substance is shown in Fig. 89 and Fig. 90.

Fig. 88. Psychoactive substance identified in the biological samples of the deceased in 2023, by gender

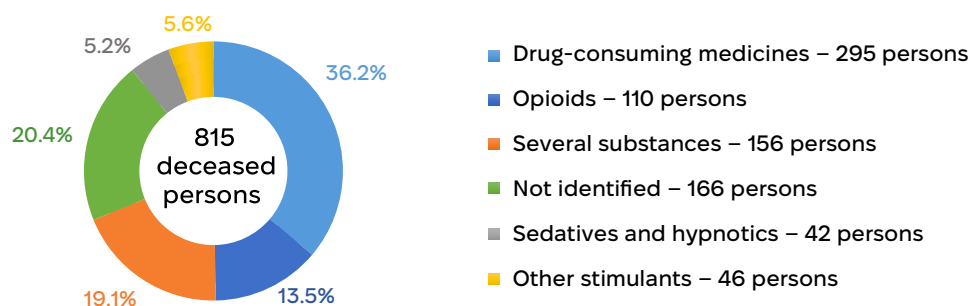


Fig. 89. Dynamics of the number of deceased people identified as having PSs in their biological samples in 2018-2023, by substance (people)

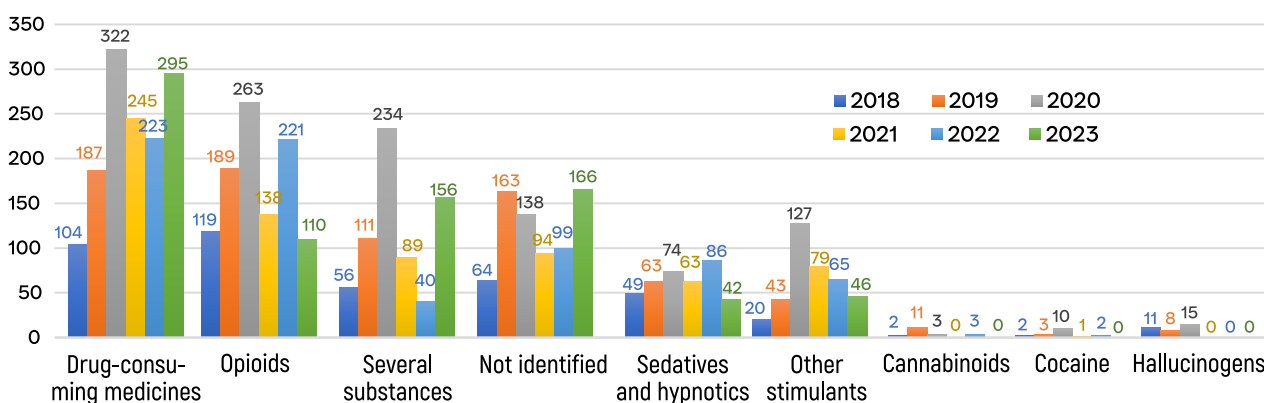
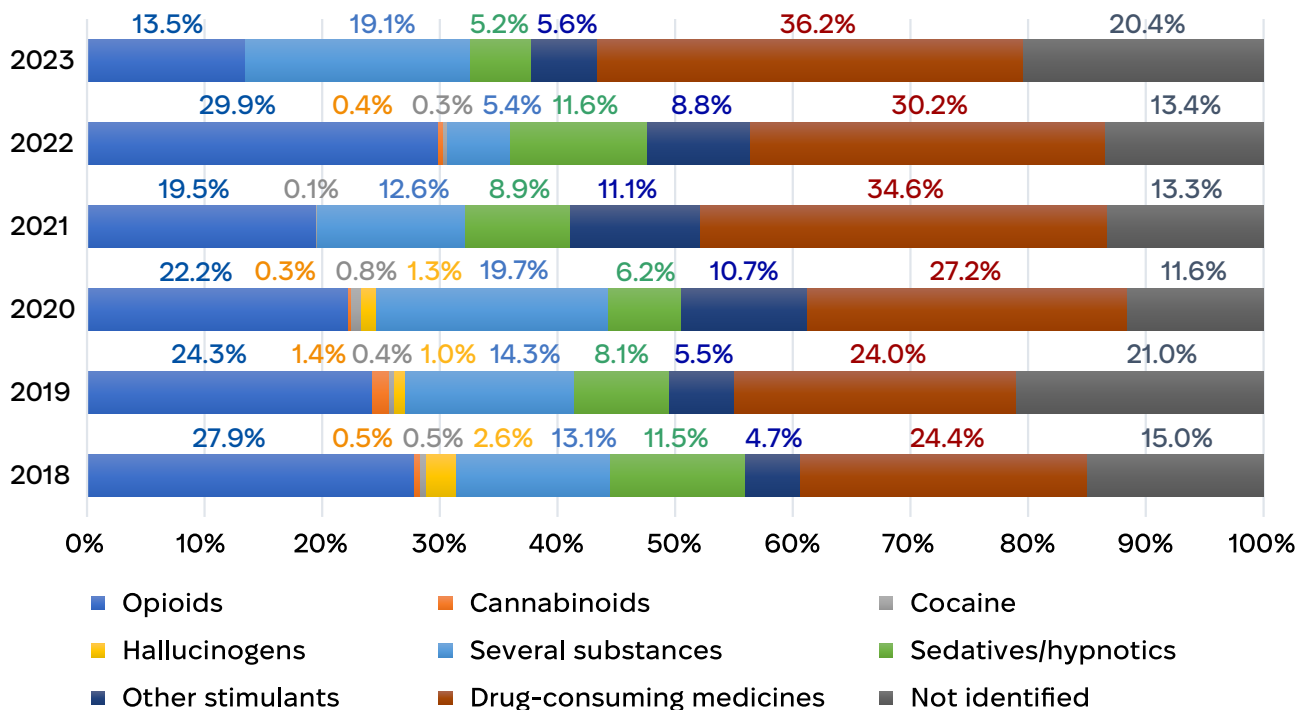


Fig. 90. Proportion of deceased people identified as having PSs in their biological samples in 2018-2023, by substance (%)



Despite limited data, it can be concluded that the national figures generally reflect European trends in the causes of deaths directly related to drug use. The use of opioids in combination with other psychoactive substances is the key cause of drug-related deaths. The increase in the proportion of unidentified substances may be due to the spread of new psychoactive substances, the capacity to identify which is limited or non-existent in the country. The trend towards an increase in the proportion of deaths caused by the use of drug-consuming medicines remains noteworthy. Currently, the data obtained do not allow for a more detailed analysis of which drug-consuming medicines are involved. It should also be added that as part of the healthcare reform and digitalisation of the healthcare system, narcotic (psychotropic) medicinal products have been available in Ukraine by electronic prescription since 2022. This allows to strengthen control over the sale of narcotic (psychotropic) medicinal products by pharmacies and create opportunities for obtaining additional data for decision-making.

In 2023, men accounted for the largest share of deceased people identified as having psychoactive substances in their biological samples – 701 (86%), as shown in Fig. 91. This gender distribution remained stable during 2018-2023 (Fig. 92 and Fig. 93).

Fig. 91. Profile of deceased people identified as having psychoactive substances in their biological samples in 2023, by gender

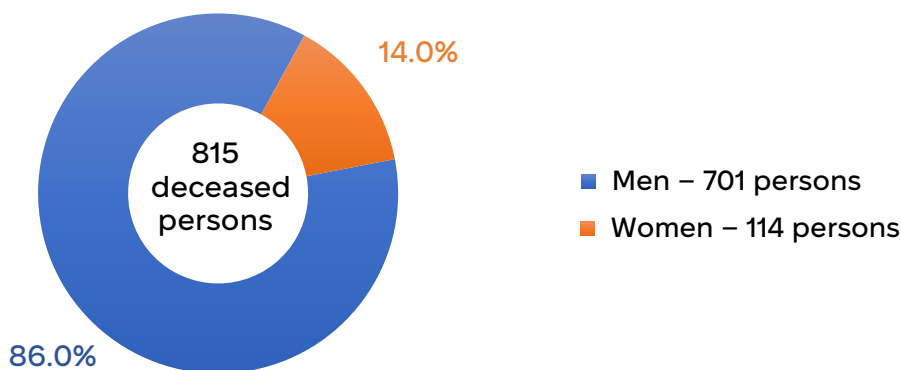


Fig. 92. Dynamics of the number of deceased people identified as having PSs in their biological samples in 2018-2023, by substance

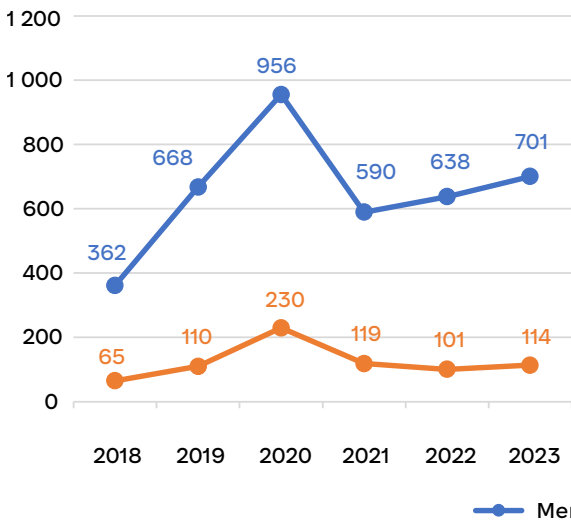
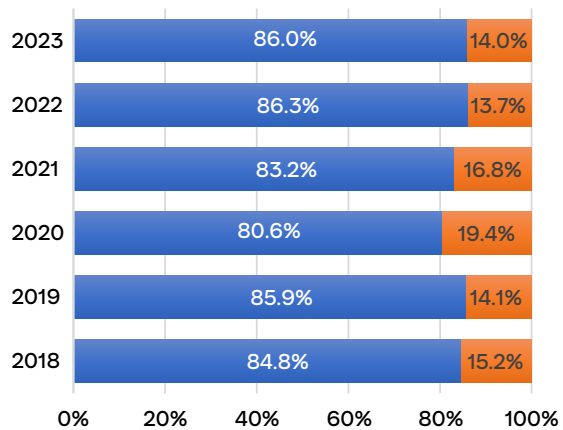


Fig. 93. Proportion of deceased people in 2018-2023, by gender (%)



In the breakdown of the age in terms of age groups of deceased people identified as having PSs in their biological samples, in 2023, the largest age group was 30-39 years (40.7%), which remained the largest among these people in 2018-2023, as shown in Fig. 94.

In 2018-2023, the trend was towards a decrease in the share of deaths in the 30-39 age group and an increase in the share of deaths in the 40-49, 50-59, and 60< age groups (Fig. 95).

Fig. 94. Profile of deceased people identified as having PSs in their biological samples in 2018-2023, by age (people)

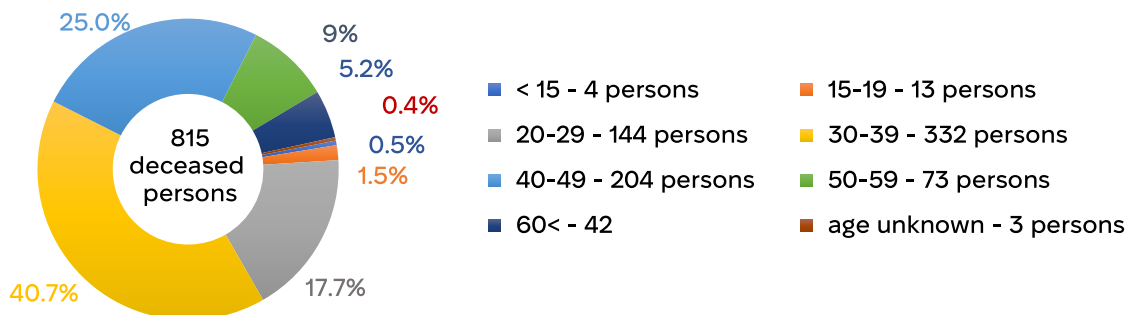
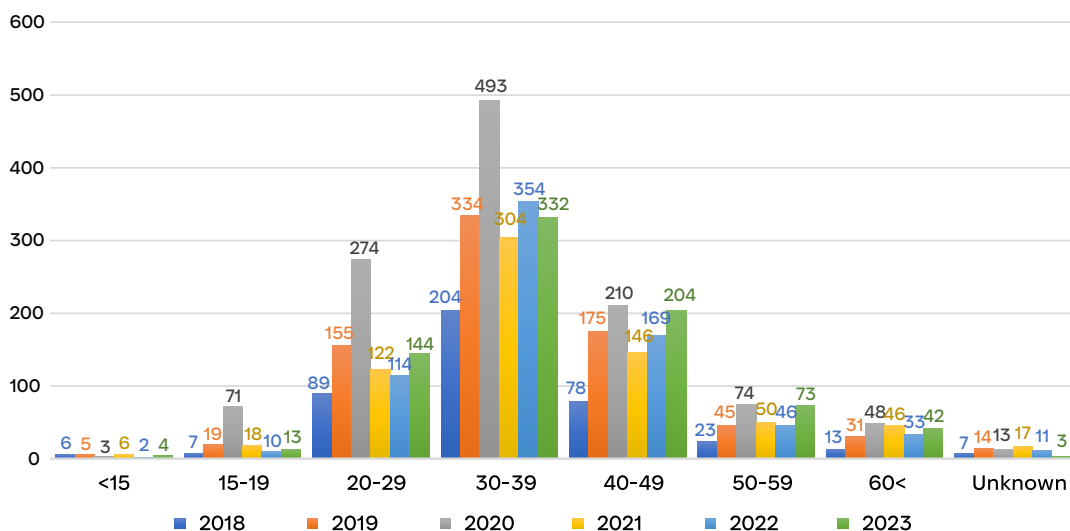


Fig. 95. Dynamics of the number of deceased people identified as having PSs in their biological samples in 2018-2023, by age (people)



7. DRUG USE PREVENTION AND SOCIAL WELFARE MEASURES

Source of information (report)	Responsible authority (institution)	Reporting form No.	Frequency of information collection
Information provided by the NSS	NSS	–	On request
Information provided by the MES	MES	–	On request

The basic organisational and legal framework for the provision of social services aimed at preventing difficult life circumstances, overcoming or minimising their negative consequences to individuals/families in difficult life circumstances is determined by [Law of Ukraine 'On Social Services'](#) No. 587 and the [Procedure for the Organisation of Social Services, approved by the Cabinet of Ministers of Ukraine on 1 June 2020](#). The content, scope, conditions and procedure for the provision of social prevention services, as well as quality indicators for entities of all forms of ownership that provide this service, are determined by the [State Standard of Social Prevention Services, approved by Order of the Ministry of Social Policy of Ukraine No. 912 dated 10/08/2015](#) (registered with the MoJ under No. 1155/27600 on 09/29/2015).

In Ukraine, primary prevention of drug use is carried out by central executive agencies within the powers defined by the relevant regulatory and legal documents.

Drug use prevention is implemented through specific targeted programmes and includes a variety of measures ranging from preventing drug use to reducing the negative consequences caused by the PS use.

Prevention is aimed at a wide range of people: students, pupils, urban youth, internally displaced people, prisoners, people in difficult life circumstances, people with mental and behavioural disorders due to the use of psychoactive substances and their close environment.

Organisational and practical support for the prevention and rehabilitation of people who use drugs is provided by: MES, NSS, MoH, MYS, other central executive agencies, regional state administrations and NGOs.

According to the MES, in the 2023/2024 academic year, **248,284** activities were conducted with teaching staff, pupils, students of educational institutions and their parents to prevent and reduce PS use, including:

- **55,726** individual conversations (22.4%) held in 1,861 institutions with 113,881 people;
- **58,523** classroom hours (23.6%), conducted in 5,434 institutions with the participation of 1,293,394 people;
- **25,814** workshops (10.4%) held in 2,211 institutions with 203,517 participants;
- **12,409** lectures and seminars (4.3%) held in 4,756 institutions with 655,781 participants;
- **26,606** parent-teacher conferences (10.7%) held in 1,179 institutions with 150,791 participants;
- **8,914** webinars (3.6%) held in 1,119 institutions with 645,121 participants;
- **60,292** other events (24.3%) held in 13,321 institutions with 2,084,569 participants.

It is essential to note that the prevention activities in the country require improvement. This is primarily due to the focus of prevention measures on counselling (informing) rather than on working with risk and protection factors, which significantly reduces the effectiveness of the relevant measures. At the national level, currently there is no national strategy and adopted programme for primary prevention, and no audit of the implementation of prevention programmes in terms of their evidence-based effectiveness, including the compliance of national prevention programmes with international recommendations.

8. HARM REDUCTION

Source of information (report)	Responsible authority (institution)	Reporting form No.	Frequency of information collection
Information provided by the Centre's HIV Management and Control Department	Centre	–	On request
The International Charitable Foundation "Alliance for Public Health"	–	–	On request

The issue of measures to reduce the harm from the consequences of drug use is regulated by the Law of Ukraine [‘On Counteracting the Spread of Diseases Caused by the Human Immunodeficiency Virus \(HIV\) and Legal and Social Protection of People Living with HIV’](#). In addition, the [State Strategy for Combating HIV/AIDS, Tuberculosis and Viral Hepatitis until 2030](#), approved by the Cabinet of Ministers of Ukraine on 27 November 2019 under Resolution No. 1415-p, defines long-term priorities and the vector for the development of further national programmes to combat these diseases, taking into account the United Nations Sustainable Development Goals.

The HIV prevention service package includes:

- provision of targeted information, education and communication services;
- distribution of condoms and lubricants;
- exchange and distribution of syringes;
- HIV testing services;
- TB screening.

The distribution of condoms and lubricants, exchange and distribution of syringes are aimed at high-risk groups, namely:

- PWID;
- SW;
- MSM.

Table 3 shows the number of commodities distributed for HIV prevention services among vulnerable groups in 2023:

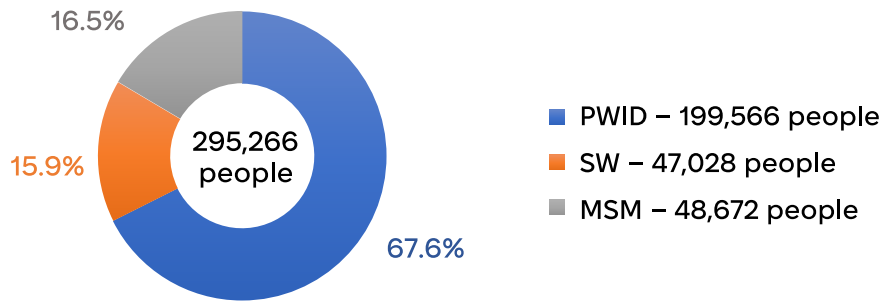
Table 3.

Vulnerable group	Coverage of clients (unique at the country level)	Syringes and needles	Alcohol wipes	Condoms	Condoms
PWID	210,614	16,834,736	15,948,497	1,679,176	389,445
SWI	49,326	0	0	4,718,722	1,598,475
MSM	49,872	0	0	1,453,585	690,923

Calculation source: Center data

In 2023, 295,266 people from high-risk groups received HIV testing services in Ukraine. The profile of people who received HIV testing services in 2023 is shown in Fig. 96.

Fig. 96. Characteristics of people who received HIV testing services in 2023



Calculation source: Center data.

In 2020-2023, PWID continued to be the largest population among high-risk groups receiving HIV testing services. In 2023, its share was 67.6%, and tended to increase slightly compared to 2022.

Over the same period, there was a slight decrease in the proportion of people from the groups of SW and MSM who received HIV testing services (Fig. 97 and Fig. 98).

Fig. 97. Dynamics of the number of people from high-risk groups who received HIV testing services in 2020-2023

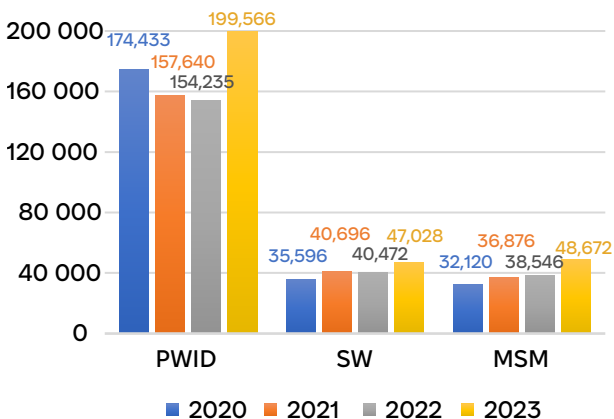
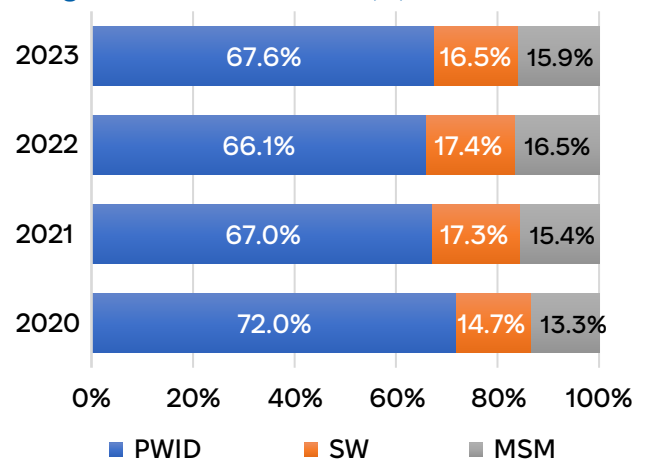


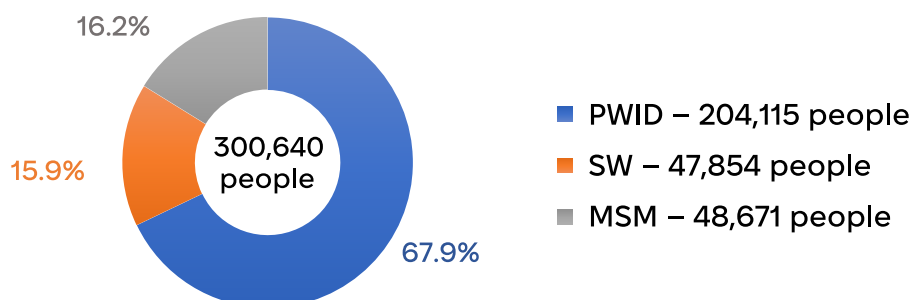
Fig. 98. Proportion of people from high-risk groups who received HIV testing services in 2020-2023 (%)



In 2023, 300,640 people from high-risk groups received TB screening services. In 2020-2023, PWID remained the largest population among high-risk groups receiving TB screening services.

In 2023, the proportion of people from this group was 67.9% (Fig. 99). There is a tendency for its slight increase. At the same time, during the same period, there was a slight decrease in the proportion of people from the groups of SW and MSM who received TB screening services (Fig. 100 and Fig. 101).

Fig. 99. Profile of people who received TB screening services in 2023



Calculation source: Center data.

Fig. 100. Dynamics of the number of people from high-risk groups who received TB screening services in 2020-2023

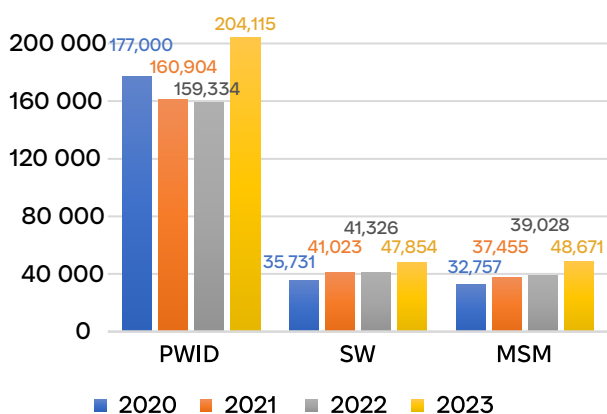
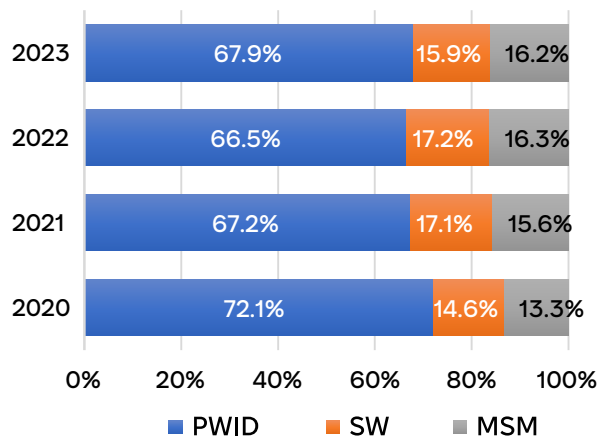
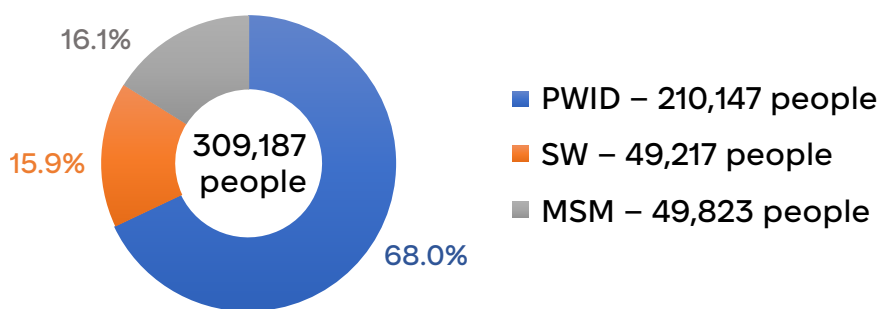


Fig. 101. Proportion of people from high-risk groups who received TB screening services in 2020-2023 (%)



The number of people from high-risk groups who received condoms and lubricants in 2023 was 309,187 (Fig. 102).

Fig. 102. Profile of people who received condoms and lubricants in 2023



In 2020-2023, PWID were the largest population among high-risk groups that received condoms and lubricants. In 2023, this proportion accounted for 68.0% and tended to increase compared to the previous year (Fig. 103 and Fig. 104).

Over the same period, there was a decrease in the proportion of people from the groups of SW and MSM who received condoms and lubricants.

Fig. 103. Dynamics of the number of people from high-risk groups who received condoms and lubricants in 2020-2023

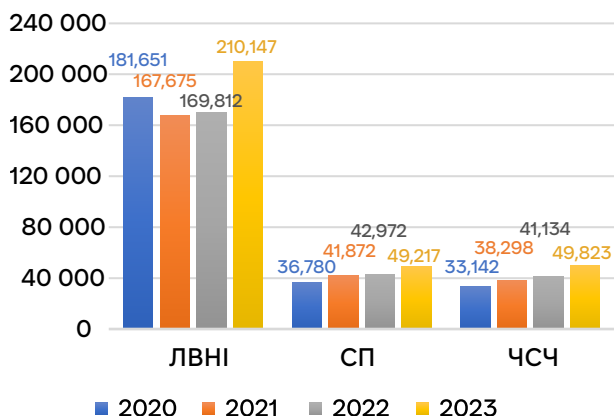
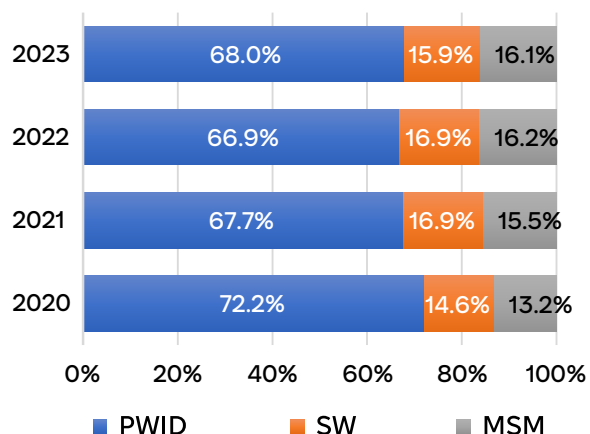


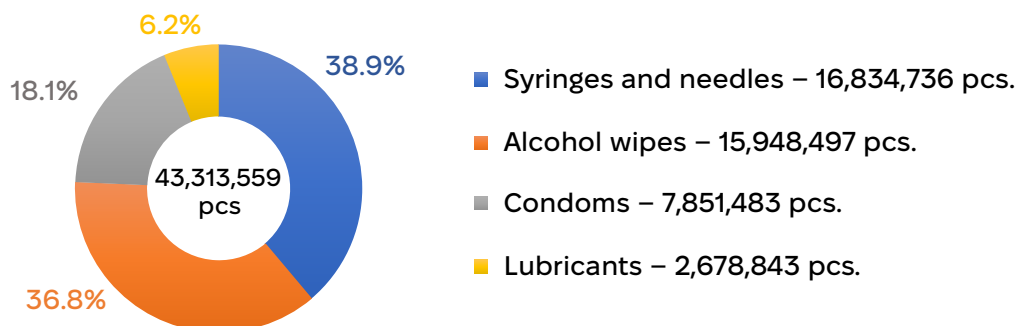
Fig. 104. Proportion of people from high-risk groups who received condoms and lubricants in 2020-2023 (%)



Calculation source: Center data.

In 2023, 16,834,736 syringes and needles were exchanged/distributed among people who inject drugs and 15,948,497 alcohol wipes were provided, as shown in Fig. 105.

Fig. 105. Commodities distributed to high-risk populations in 2023



Syringes with needles (38.9% in 2023) and alcohol wipes (36.8% in 2023) accounted for the largest share of commodities provided to high-risk groups in 2020-2023, as shown in Fig. 106 and Fig. 107. Compared to the previous year, there was an increase in the number of syringes with needles and alcohol wipes distributed, while the share of condoms and lubricants distributed decreased.

Fig. 106. Dynamics of the number of commodities provided to high-risk groups in 2020-2023

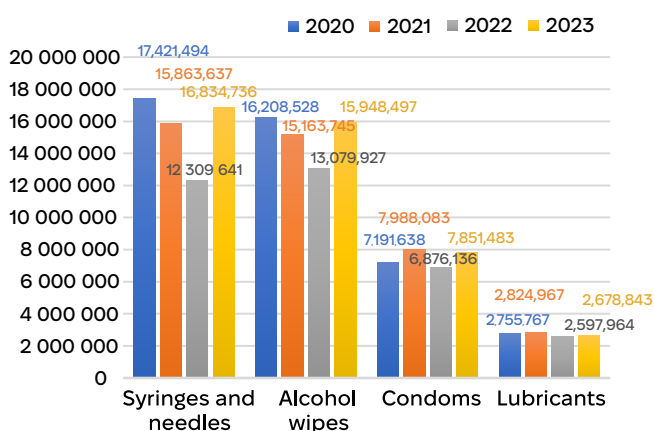
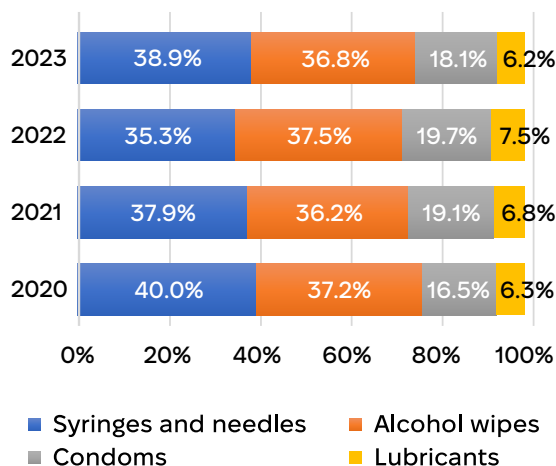


Fig. 107. Proportion of commodities disbursed to high-risk groups in 2020-2023 (%)



Calculation source: Center data.

Drug Checking

Due to the rapid changes in the country's drug scene, the spread of new synthetic substances, and the growing number of psychoactive substances-related overdoses and deaths, drug-checking programs are becoming especially relevant, being a necessary tool of the early warning system and an essential element in reducing the harm associated with the use of psychoactive substances (PAS). In Ukraine, the Alliance for Public Health¹ has been implementing the drug-checking program as part of the Drugstore Project² since 2019. The Project promotes drug-checking, provides the necessary harm reduction recommendations, and distributes colorimetric tests for drug-checking and instructions for the use thereof to people who use drugs.

In 2023, 2,106 clients of the Drugstore Project received harm reduction prevention materials, which, among other things, contained tools (reagents) and instructions for PAS-checking³. Another 1,544 reagent kits were distributed to PAS users during the outreach activities. Operational sociological studies among PAS users conducted within the Project demonstrated the positive impact of informing and promoting the need for PAS-checking before their use. 71.3% of PAS users surveyed in the Drugstore operational study in 2024 responded they were aware of the existence of special tests for PAS-checking, and 12.5% had experience with PAS-checking using a special test⁴. The most common drugs tested by respondents were ecstasy (32.1%), amphetamine (26.4%), mephedrone (11.2%), cocaine (10.9%), and LSD (6.7%)⁵. In the vast majority of cases (69.9%), it was a substance that the respondent planned to buy or receive, but in 10.2% of cases, it was another substance; in 13.9% - the test result was unclear⁶. 48.8% of respondents who found out it was a different drug did not use it, and 19.6% of those who received an unclear test result. For comparison, there were only 10.7% of those who were convinced that it was the drug they planned to use didn't use it. The relationship between the result of drug-checking and the decision to use the drug is statistically significant at the level of less than 0.001 (according to the chi-square test). Thus, the ability of PAS-checking and the test result directly affects the decision to use the drug. This behavior of the users could have a positive impact on harm reduction efforts being implemented in Ukraine. Further development of drug-checking programs requires more advanced analysis methods, such as infrared spectrometry, and introducing a mechanism for obtaining PAS samples for professional analysis..

1. Alliance for Public Health. <https://aph.org.ua/uk/golovna/>
2. Drugstore Project <https://drugstore.org.ua/uk/>
3. Drugstore Project data <https://drugstore.org.ua/uk/>
4. A study of PAS users using the Operational Study Outreach Model methodology conducted by the Drugstore Project in 2023 with the sample size 3,222 respondents.
5. A study of PAS users using the Operational Study Outreach Model methodology conducted by the Drugstore Project in 2023 with the sample size 3,222 respondents.
6. A study of PAS users using the Operational Study Outreach Model methodology conducted by the Drugstore Project in 2023 with the sample size 3,222 respondents

9. TREATMENT OF MENTAL AND BEHAVIOURAL DISORDERS DUE TO PS USE

9.1. Treatment coverage

Source of information (report)	Responsible authority (institution)	Reporting form No.	Frequency of information collection
Annual Report on the Health Status of the Population of Ukraine and the Epidemic Situation for 2023	Centre	–	Annual
Report on People with Mental Disorders Due to the Use of Psychoactive Substances for 2023	Centre	Form No. 32	Annual
NHSU Dashboard ' Providers of Psychological and Psychiatric Care '	NHSU	–	–

The treatment goals and plans for their implementation in the country focus on the comprehensive, integrated use of all components of the treatment system, their interaction based on evidence-based practices, ensuring access to health care, expanding treatment opportunities alternative to punishment.

Treatment services are financed from the government and local budgets, special funds and other sources not prohibited by the legislation of Ukraine.

Psychiatric care was provided by HCFs of all forms of ownership and implemented through psychiatric and drug rehabilitation hospitals in multidisciplinary primary, secondary and tertiary healthcare facilities, as well as outpatient clinics.

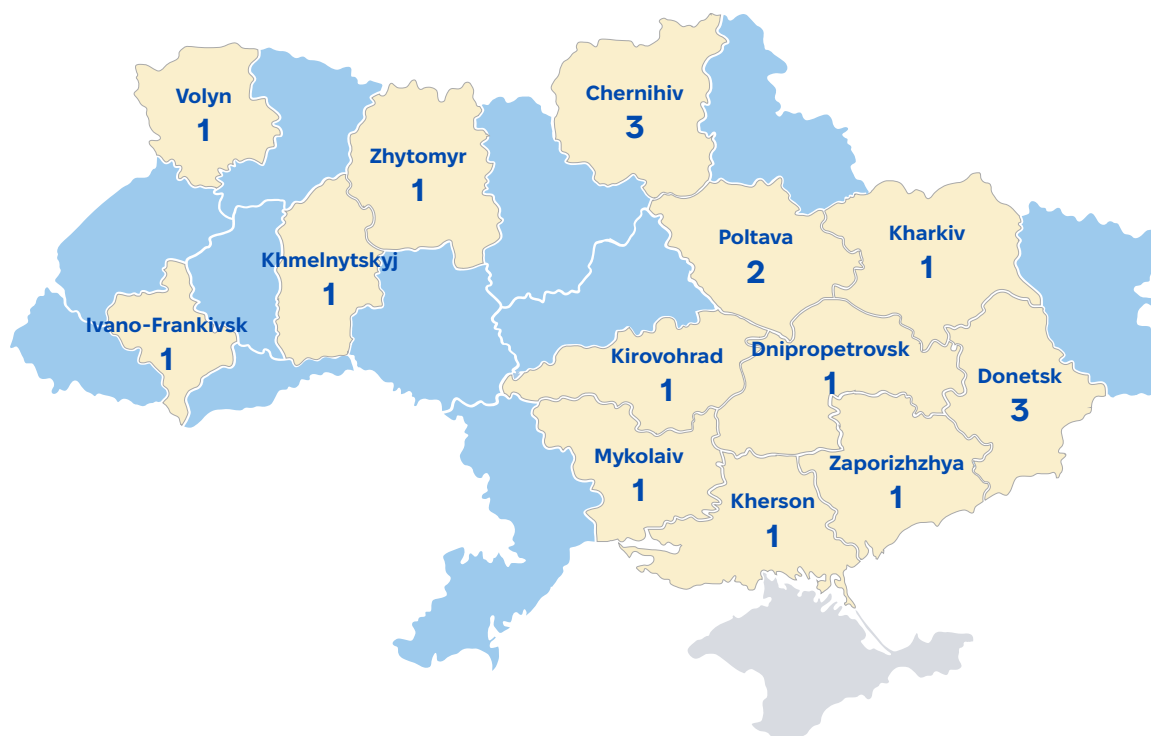
From 2019 to 2023 within the framework of the reform, drug addiction health care institutions in Ukraine are being reorganized, mainly by combination on the basis of psychiatric hospitals. Combination with HIV/AIDS centers and phthisiopulmonology centers are also common. The reform provides for moving away from mono-specialist drug addiction hospitals.

Reorganization of medical care providers is ongoing or has been completed in the Volyn, Zakarpattia, Ivano-Frankivsk, Rivne, Zhytomyr, Khmelnytskyi, Chernihiv, Sumy, Kharkiv, Kirovohrad, Zaporizhzhia, Kherson, Mykolaiv, and Dnipropetrovsk regions.

At the end of 2023, the reform of psychiatric and drug addiction care in Ukraine gradually continues, but it needs further support from the state and international partners to improve conditions and access to the necessary services.

The map represents the number of drug addiction treatment centers that were reorganized during reforming the health care system as of the end of 2023.

[Annex No. 7](#) contains detailed information on the reorganization of health care providers.



According to the information posted on the dashboard of the official website of the National Health Service of Ukraine, as of 31/12/2023, “Psychological and Psychiatric Care” was provided by **1,662** HCFs that had relevant agreements and employed doctors in **4,829** locations.

At the end of the reporting period, **9,072** primary care physicians were involved in the provision of medical care in these HCFs, who kept electronic medical records in 2023 under the psychological care package, **788** narcologists, **2,447** psychiatrists, **723** psychologists, and **297** psychotherapists.

The following forms of medical care for people who use drugs are available:

- Inpatient detoxification – in all drug rehabilitation and some psychiatric facilities;
- outpatient detoxification – in all drug rehabilitation facilities and outpatient units;
- medical consultations;
- OAT using methadone hydrochloride and buprenorphine hydrochloride;
- rehabilitation programmes.

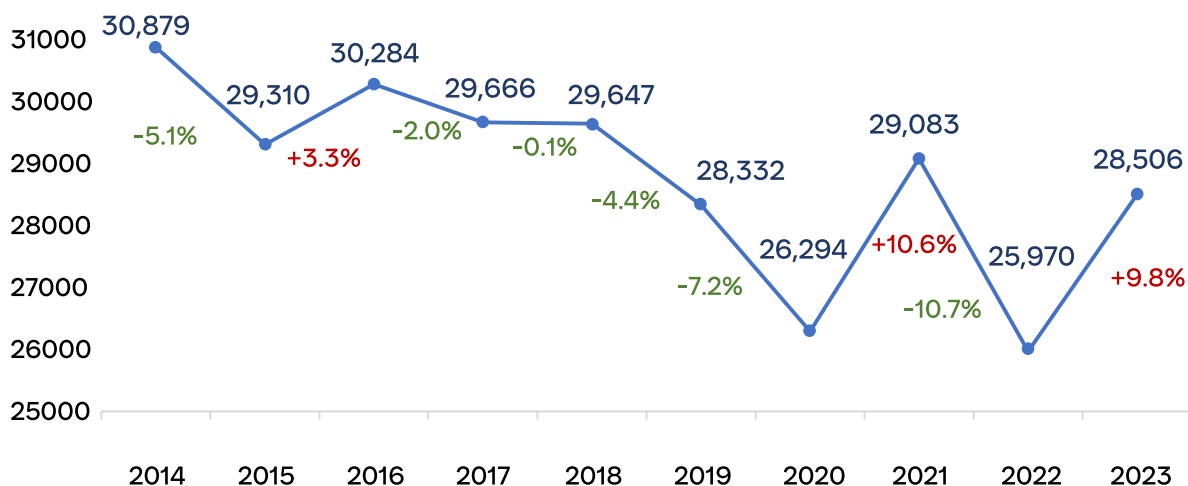
Inpatient treatment includes: examination and short-term intervention; detoxification; symptomatic therapy; gradual relief of withdrawal symptoms; OAT; treatment planning; counselling, etc.

Ukraine has a single healthcare information system, the Electronic Healthcare System (EHS), which provides for the disclosure of data on people receiving treatment as part of an annual package. At the same time, the data exchange system and dashboard system are not established and are currently being developed.

In 2023, according to Form 32, **28,506 people** with mental and behavioural disorders due to PS use **were covered by treatment**.

As can be seen from Fig. 108, the number of people receiving treatment in 2014-2023 remained approximately the same.

Fig. 108. Dynamics of the number of people with mental and behavioural disorders due to PS use in 2014-2023



Calculation source: Report on People with Mental Disorders Due to PS Use' for 2014-2023.

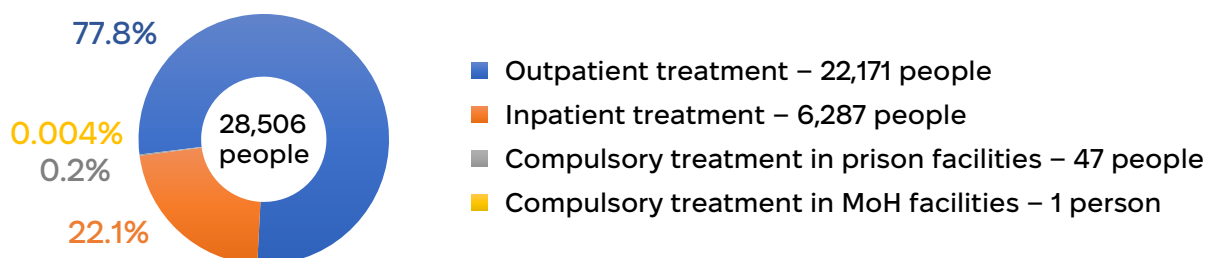
Fig. 109 shows the profile of people with PS use disorders who were under medical supervision in 2023, by treatment modality.

According to this form, **the ratio of outpatient and inpatient treatment services** is as follows:

72% of people received outpatient treatment;

28% – inpatient treatment.

Fig. 109. Profile of people with mental and behavioural disorders due to PS use who were under medical supervision in 2023, by treatment modality



Over time, there has been a decrease in the number of outpatients compared to inpatients (from 76.8% in 2021 to 71.9% in 2023). In turn, inpatient treatment coverage increased by 4.9% (from 23.2% in 2021 to 28.1% in 2023). This trend needs to be clarified as it may be due to a number of reasons, such as greater financial interest of HCFs to provide inpatient services or more complex condition of patients requiring hospitalisation.

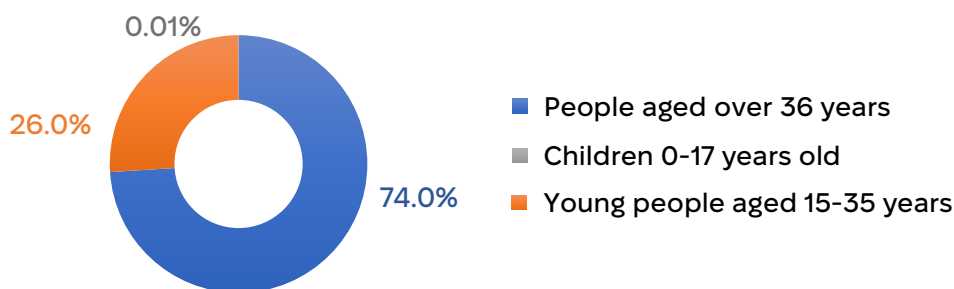
The table below (Table 4) shows that the largest number of inpatients are people who used hallucinogens, multiple PSs and other PSs that are not identified or are new, including synthetic cathinones sold under the street name 'salts'. Usually, the use of such substances is associated with more severe withdrawal symptoms, more complications, and more complex treatment.

Table 4. Treatment coverage of patients who used surfactants in Ukraine in 2021-2023 depending on treatment modality – inpatient or outpatient

Name	% to the number of people covered by treatment					
	outpatient			inpatient		
	2021	2022	2023	2021	2022	2023
Mental and behavioural disorders due to the use of:						
narcotics	78.3	76.4	78.4	21.5	23.5	21.5
opioids	82.3	79.3	84.7	17.5	20.6	15.1
cannabis	80.3	77.8	74.7	19.9	21.8	25.0
cocaine	94.2	90.8	96.0	5.8	9.2	4.1
hallucinogens	58.3	41.2	57.9	41.7	58.8	42.1
multiple drugs and other PSs	63.5	63.0	54.8	36.2	36.8	45.0
other (except alcohol, drugs) psychoactive substances	67.7	44.8	38.2	31.7	54.4	61.8
all groups of PSs	76.8	76.6	71.9	23.2	23.4	28.1

The percentage of people of different age groups covered by treatment is shown in Fig. 110. Of the people who received treatment, 74% were over the age of 36 (124,819 people), 26% (43,760 people) were aged 15-35, and 0.01% (15 people) were children aged 0-17.

Fig. 110. Treatment coverage of patients who used PSs, by age in Ukraine in 2023 (%)



The number and proportions of people covered by treatment in 2014-2023, by treatment modality, are shown in Fig. 111 and Fig. 112.

Fig. 111. Number of people covered by treatment in 2014-2023, by treatment modality

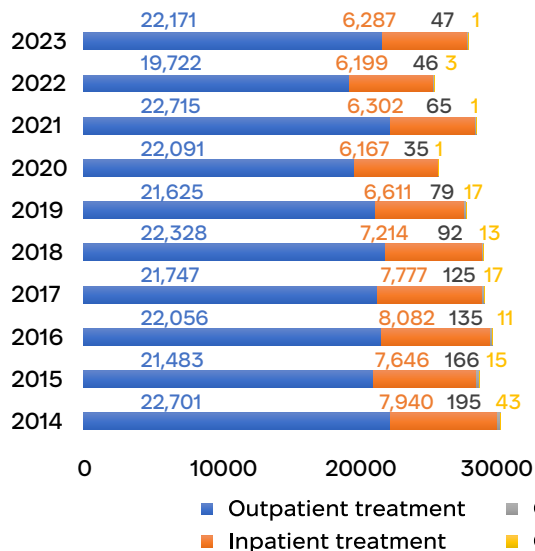
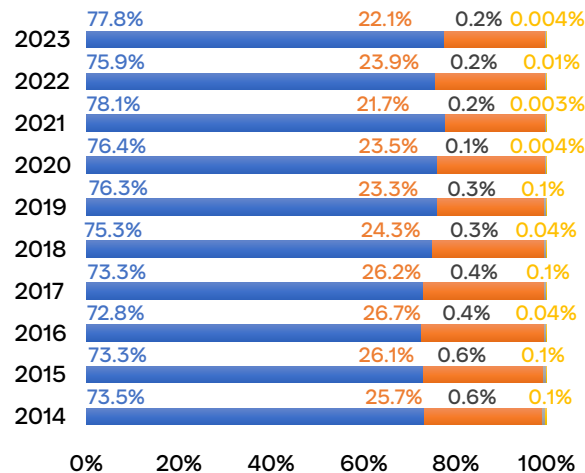


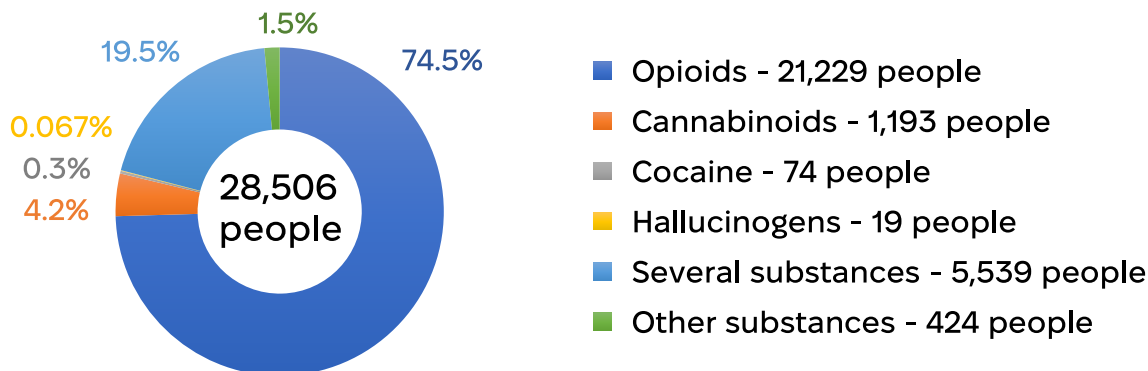
Fig. 112. Proportion of people covered by treatment in 2014-2023, by treatment modality (%)



Calculation source: Report on People with Mental Disorders Due to PS Use' for 2014-2023.

In 2023, opioids were the substance most often associated with treatment. Among people with mental and behavioural disorders due to PS use covered by treatment, the vast majority of patients received treatment for opioid dependence (21,229 people, or 74.5%). Fig. 113 shows the profile of people with mental and behavioural disorders due to PS use covered by treatment and under supervision in 2023, by substance.

Fig. 113. Profile of people with mental and behavioural disorders due to PS use under medical supervision in 2023, by substance



At the same time, Fig. 114 and Fig. 115 show that over 2016-2023, the proportion of people receiving treatment for opioid dependence decreased annually.

Fig. 114. Number of people with mental and behavioural disorders covered by treatment for PS use, 2014-2023, by substance

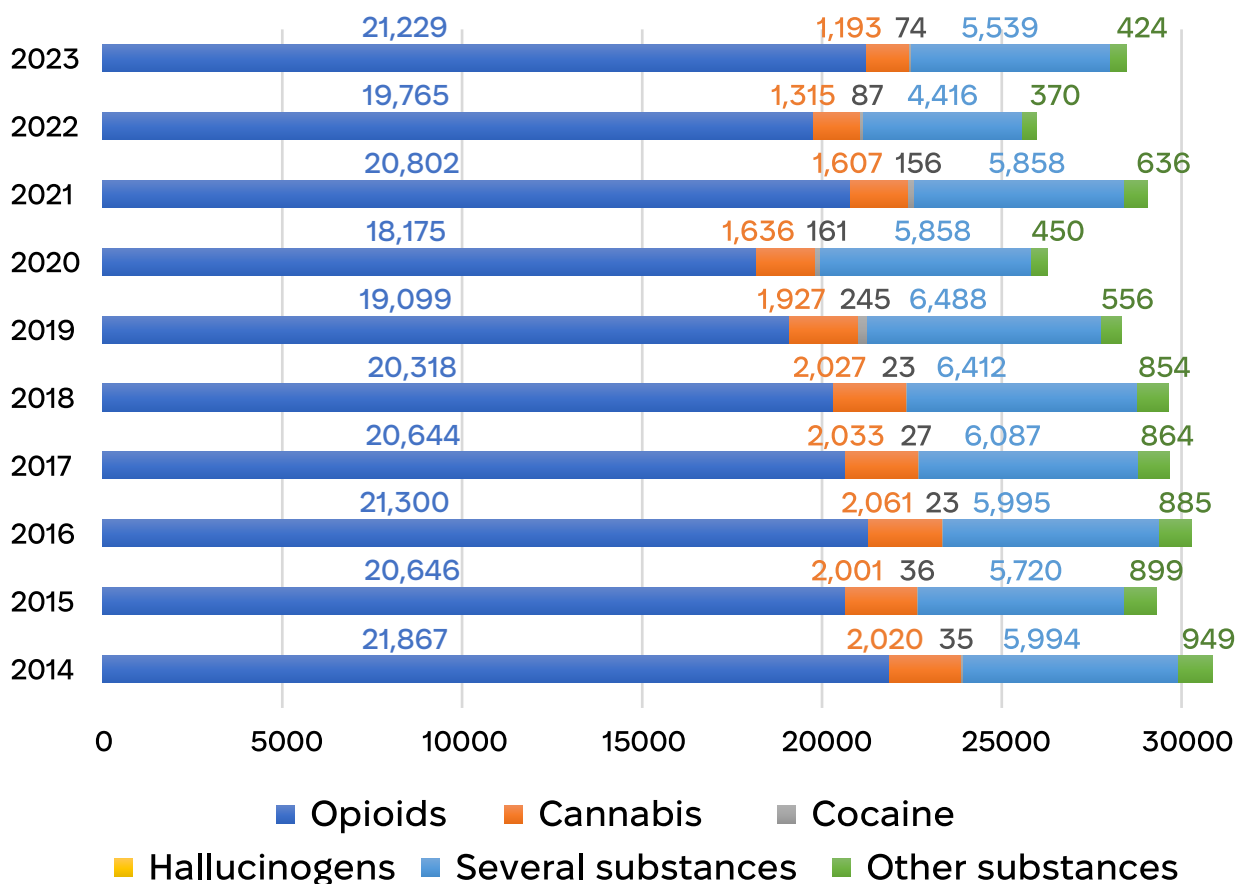
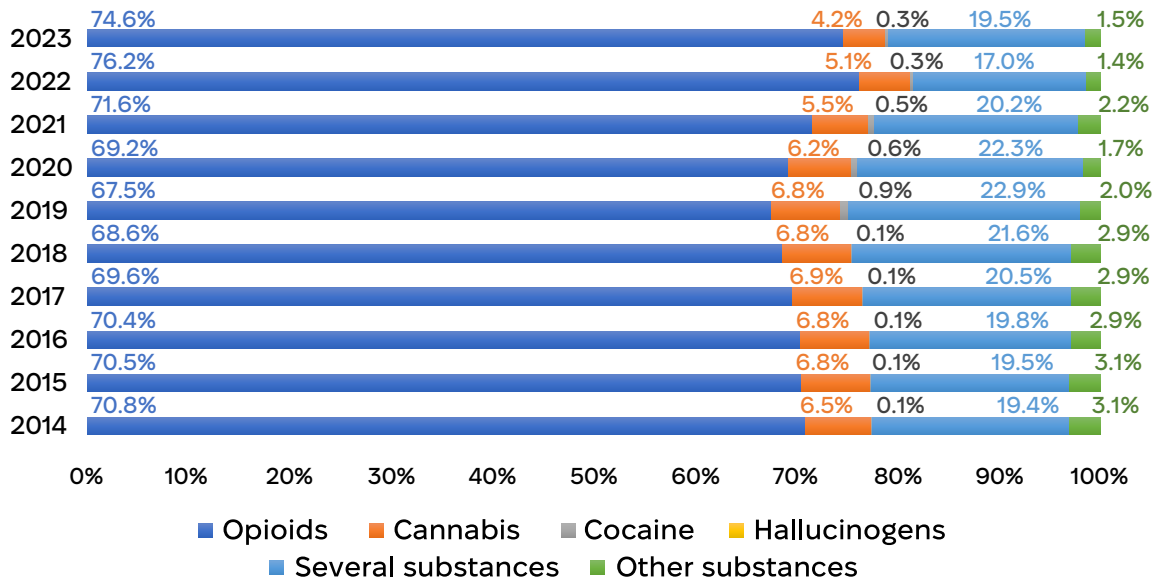


Fig. 115. Proportion of people with mental and behavioural disorders covered by treatment for PS use, 2014-2023, by substance



Calculation source: 'Report on People with Mental Disorders Due to PS Use' for 2014-2023.

Among people treated in 2023, 64.4% were aged 36 and older (Fig. 116).

If we look at the trend in age coverage of treatment since 2014, we can observe that from 2014 to 2018, the proportion of people in the age group 15-35 years prevailed among these people, but from 2019 to 2023, the highest treatment coverage was among people over 36 years old (Fig. 117 and Fig. 118).

Fig. 116. Profile of people with mental and behavioural disorders due to PS use under medical supervision in 2023, by substance

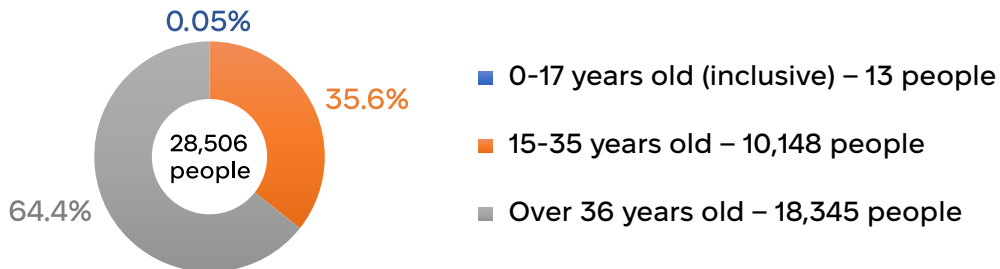


Fig. 117. Number of people covered by treatment, by age

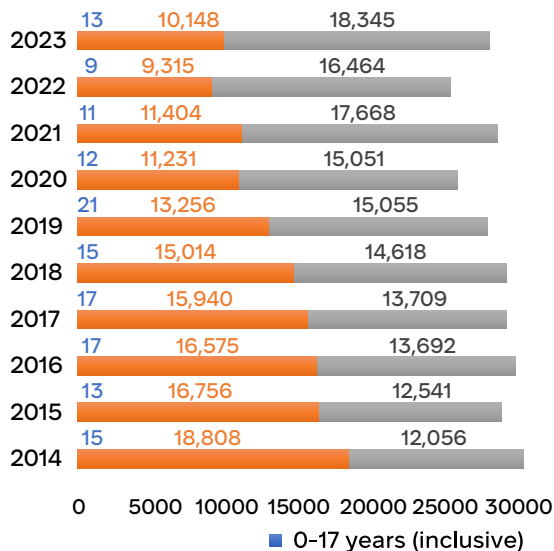
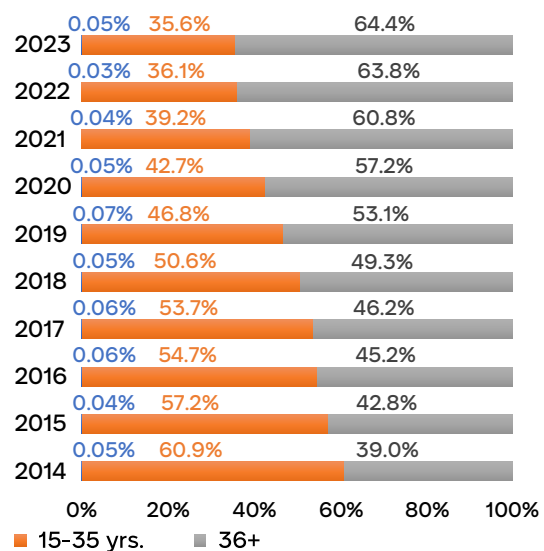


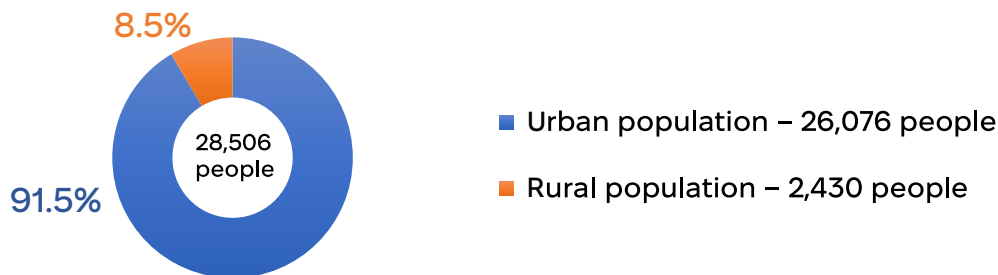
Fig. 118. Proportion of people covered by treatment, by age (%)



Calculation source: Report on People with Mental Disorders Due to PS Use' for 2014-2023.

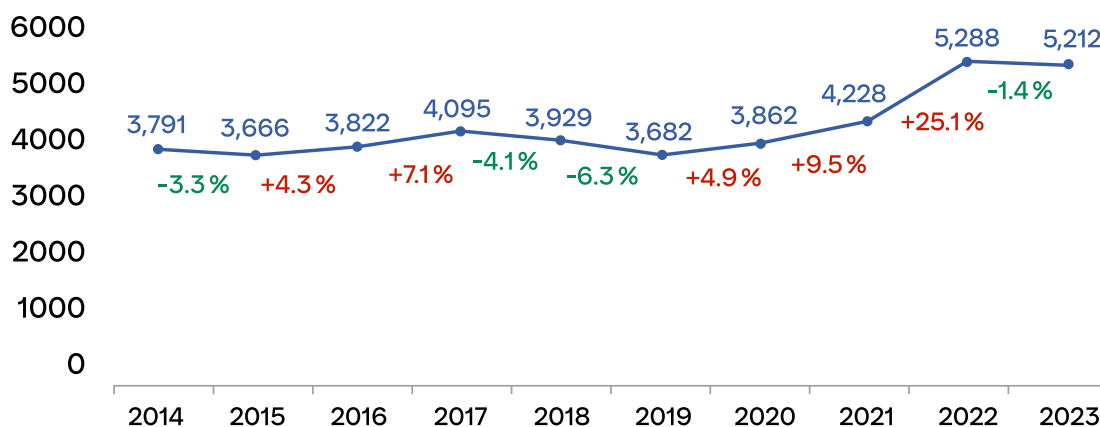
Also, in 2023, as in previous years since 2014, the main share of people with mental and behavioural disorders due to PS use covered by treatment was urban residents (91.48% in 2023), as shown in Fig. 119.

Fig. 119. Profile of people with mental and behavioural disorders due to PS use under medical supervision in 2023, by substance



In 2023, the number of people with mental and behavioural disorders due to PS use who were placed under medical supervision with a newly established diagnosis was **5,212** (Fig. 120).

Fig. 120. Dynamics of the number of people with mental and behavioural disorders due to PS use, taken under medical supervision with a newly established diagnosis in 2014-2023



Calculation source: 'Report on People with Mental Disorders Due to PS Use' for 2014-2023.

In 2023, among people with mental and behavioural disorders due to PS use who were placed under medical supervision with a newly established diagnosis, the largest share (68.3%) was made up of people with this diagnosis due to opioid use. The proportion of these people remains the largest each year and tended to increase in 2019-2023.

Also, during this period, among people with mental and behavioural disorders due to PS use, who were placed under medical supervision with a newly established diagnosis, compared to 2022, there was a decrease in the proportion of people with this diagnosis due to cannabinoid use (Fig. 121).

Fig. 121. Profile of people with mental and behavioural disorders due to PS use, placed under medical supervision with a newly established diagnosis in 2023, by substance

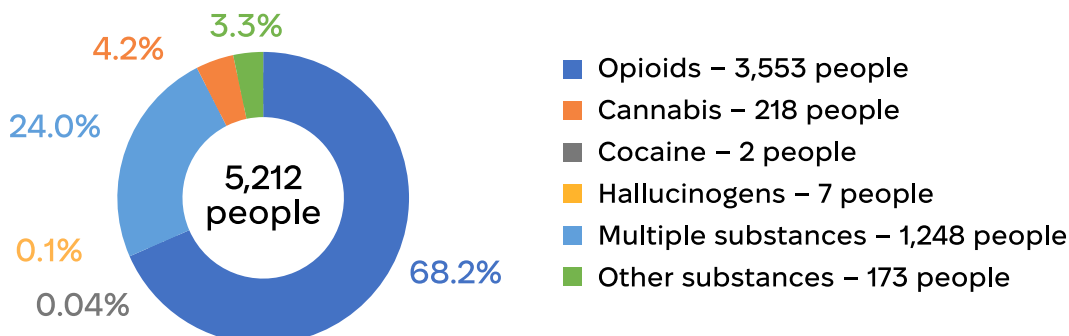


Fig. 122 shows the dynamics of the number of people with mental and behavioural disorders due to PS use, taken under supervision with a newly established diagnosis in 2014-2023, by substance; the proportion of such people is shown in Fig. 123.

Fig. 122. Dynamics of the number of people with mental and behavioural disorders due to PS use, placed under supervision with a newly established diagnosis in 2014-2023, by substance

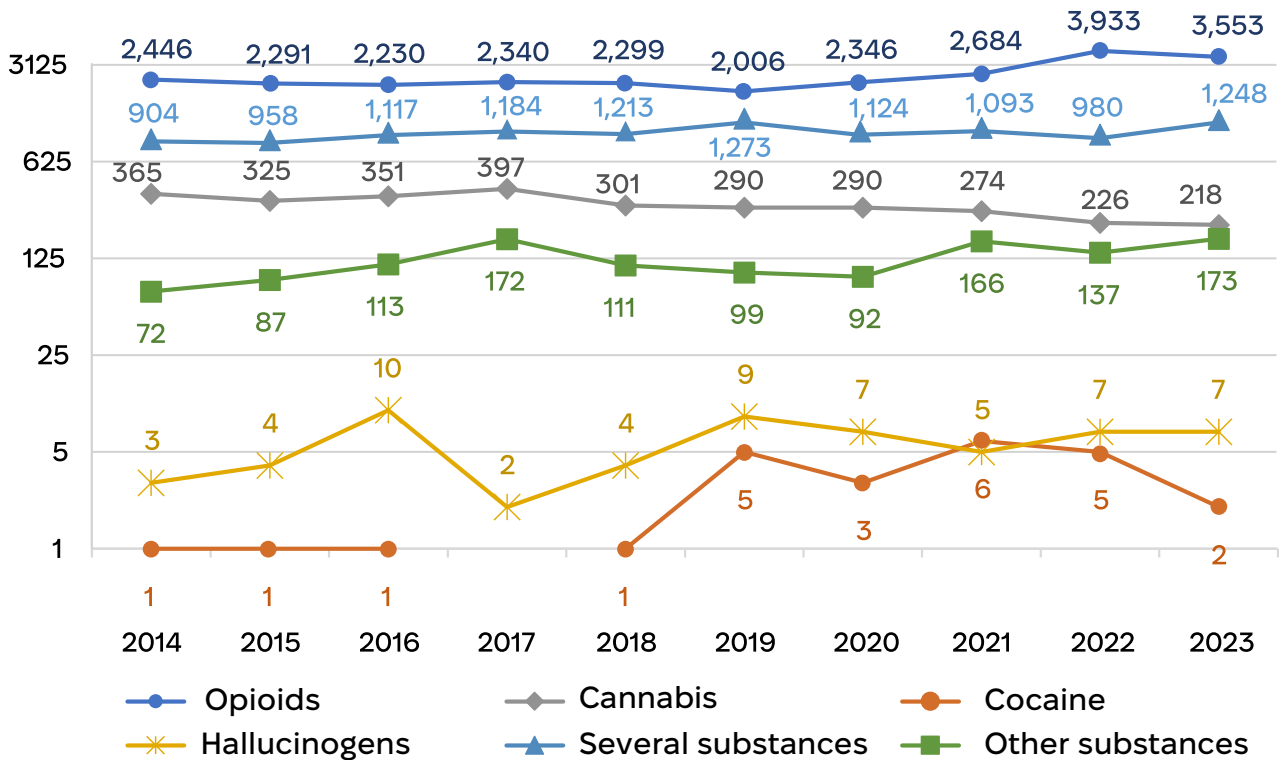
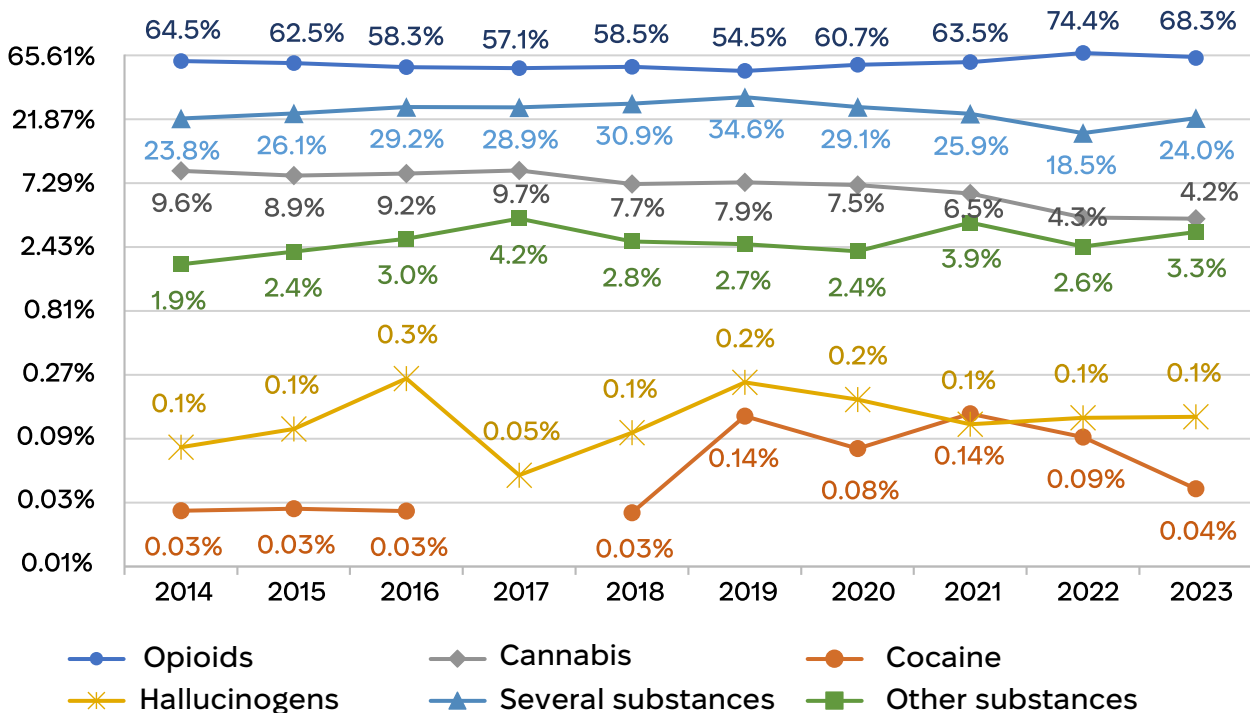


Fig. 123. Proportions of people with mental and behavioural disorders due to PS use, placed under supervision with a newly diagnosed diagnosis in 2014-2023, by substance (%)



Calculation source: 'Report on People with Mental Disorders Due to PS Use' for 2014-2023.

Fig. 124 shows the age-disaggregated profile of people with mental and behavioural disorders due to PS use who were placed under medical supervision and newly diagnosed in 2023. The largest proportion of people with mental and behavioural disorders due to PS use, placed under medical supervision with a newly established diagnosis in 2023, were people in the age group over 36 years (59.3%) (Fig. 125 and Fig. 126). The proportion of this age group remained the highest every year from 2014 to 2023. Statistically, 0-17 year olds accounted for the smallest share (0.2%).

Fig. 124. Profile of people with mental and behavioural disorders due to PS use, placed under medical supervision with a newly established diagnosis in 2023, by age

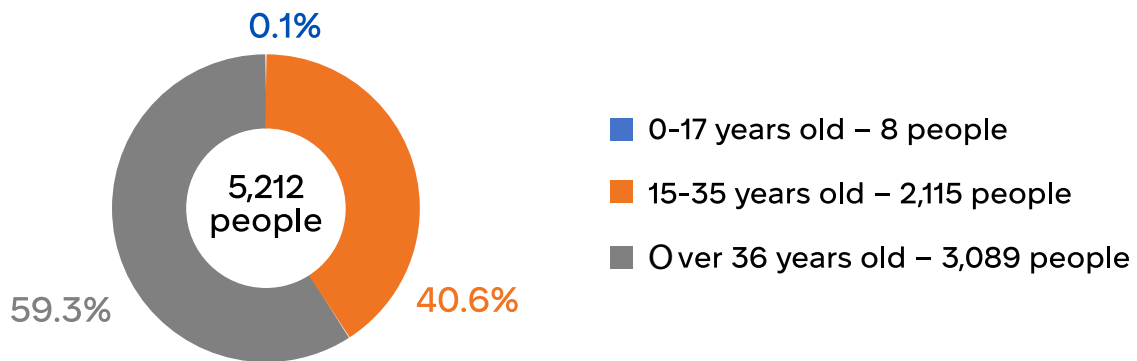


Fig. 125. Number of people placed under supervision with a newly established diagnosis, by age

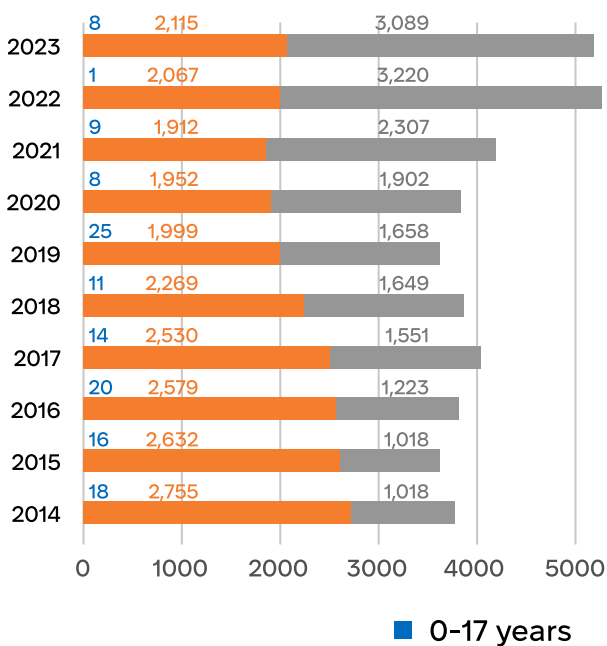
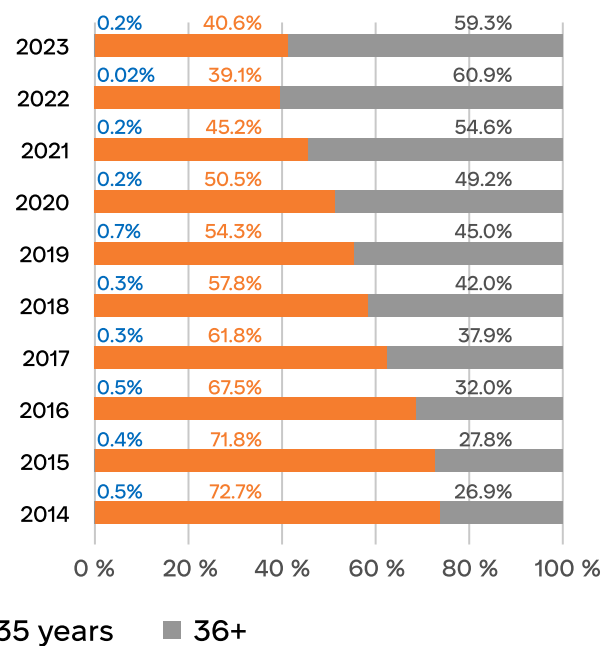


Fig. 126. Proportion of people placed under supervision with a newly established diagnosis, by age (%)



Calculation source: Report on People with Mental Disorders Due to PS Use' for 2014-2023

In 2023, as in previous years, starting in 2014, urban residents accounted for the majority of people with mental and behavioural disorders due to PS use, who were placed under medical supervision with a newly established diagnosis (89.9% in 2023) (Fig. 127). The number and proportions of people under medical supervision with a newly established diagnosis by location are shown in Fig. 128 and Fig. 129.

Fig. 127. Profile of people with mental and behavioural disorders due to PS use, placed under medical supervision with a newly established diagnosis in 2023, by location

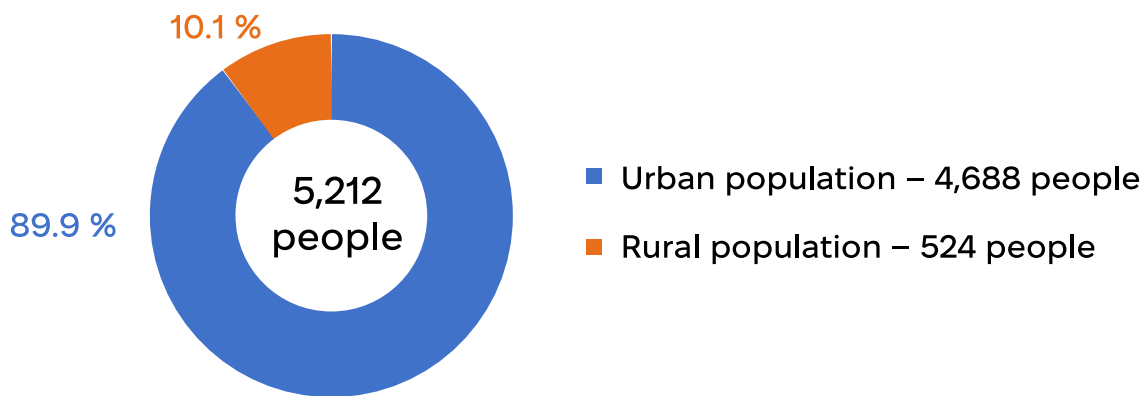


Fig. 128. Number of people placed under medical supervision with a newly established diagnosis, by location

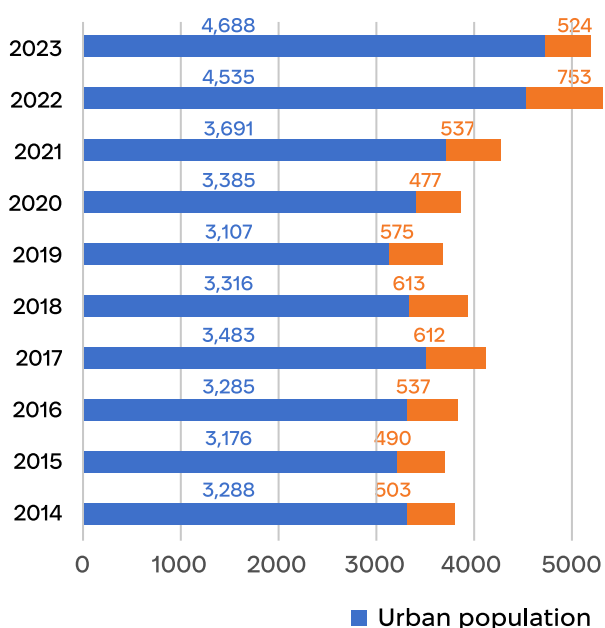
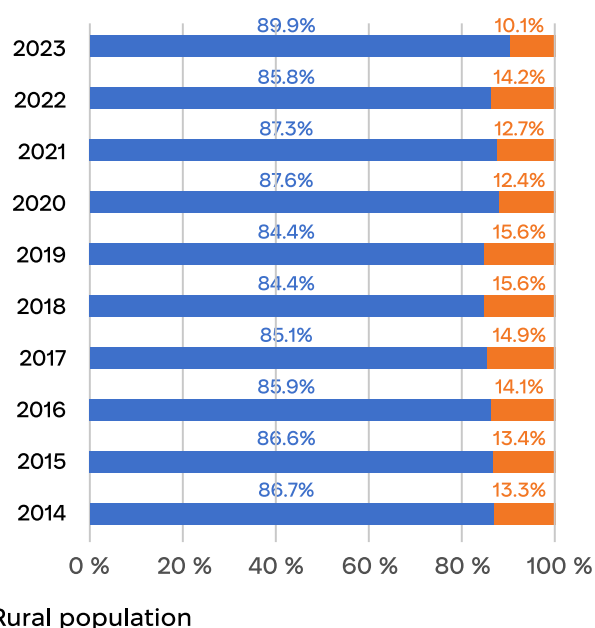


Fig. 129. Proportion of people placed under supervision with a newly established diagnosis, by location (%)



Calculation source: Report on People with Mental Disorders Due to PS Use' for 2014-2023.

In 2023, about 16,000 thousand clients of HIV prevention programmes for people who inject drugs were referred to opioid substitution therapy (OAT) programmes.

As part of the state programmes of care and support for PLHIV who inject drugs, in 2023, 3.5 thousand people received services for HIV care, adherence to HIV treatment and medical supervision, which remains the same as last year

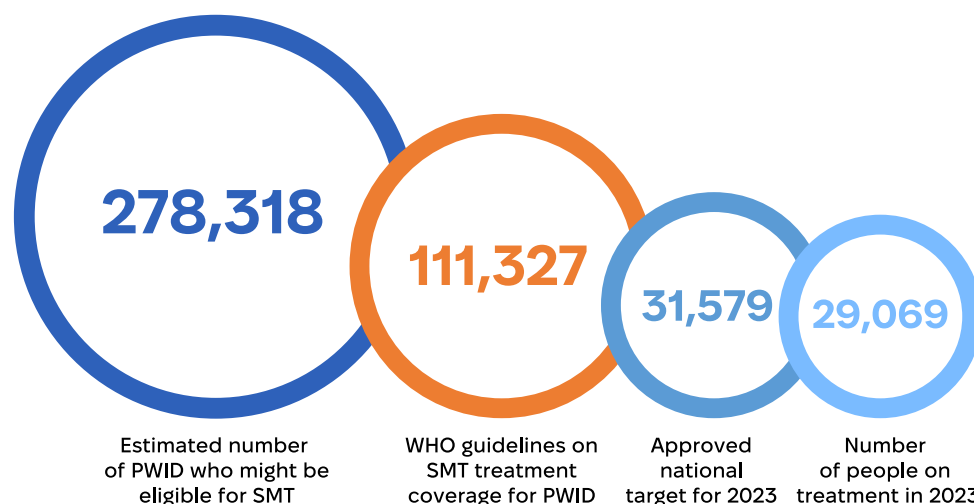
9.2. Opioid substitution therapy

Source of information (report)	Responsible authority (institution)	Reporting form No.	Frequency of information collection
The national report on quantitative and qualitative characteristics of OAT patients	Public Health Center	–	Monthly (by the 10th day of the month following the reporting month)

Opioid users comprise the largest group of people receiving treatment for drug use disorders, and the prevailing proportion of these people receive treatment with opioid substitution treatment (OAT).

The government’s strategic direction for the coverage of opioid agonist therapy (OAT) treatment is outlined in the State Strategy for Overcoming HIV, Viral Hepatitis, and Tuberculosis until 2030. This strategy is based on WHO recommendations regarding treatment coverage levels. Given the prevalence of HIV, the appropriate treatment coverage level for Ukraine should be determined based on the estimated number of people who inject drugs (PWID). To achieve its strategic goals, the government develops operational plans to implement the activities outlined in the strategy and sets interim targets. Fig. 130 shows the current achievements in OAT coverage and progress in this area.

Fig. 130. Achievements in OAT treatment coverage



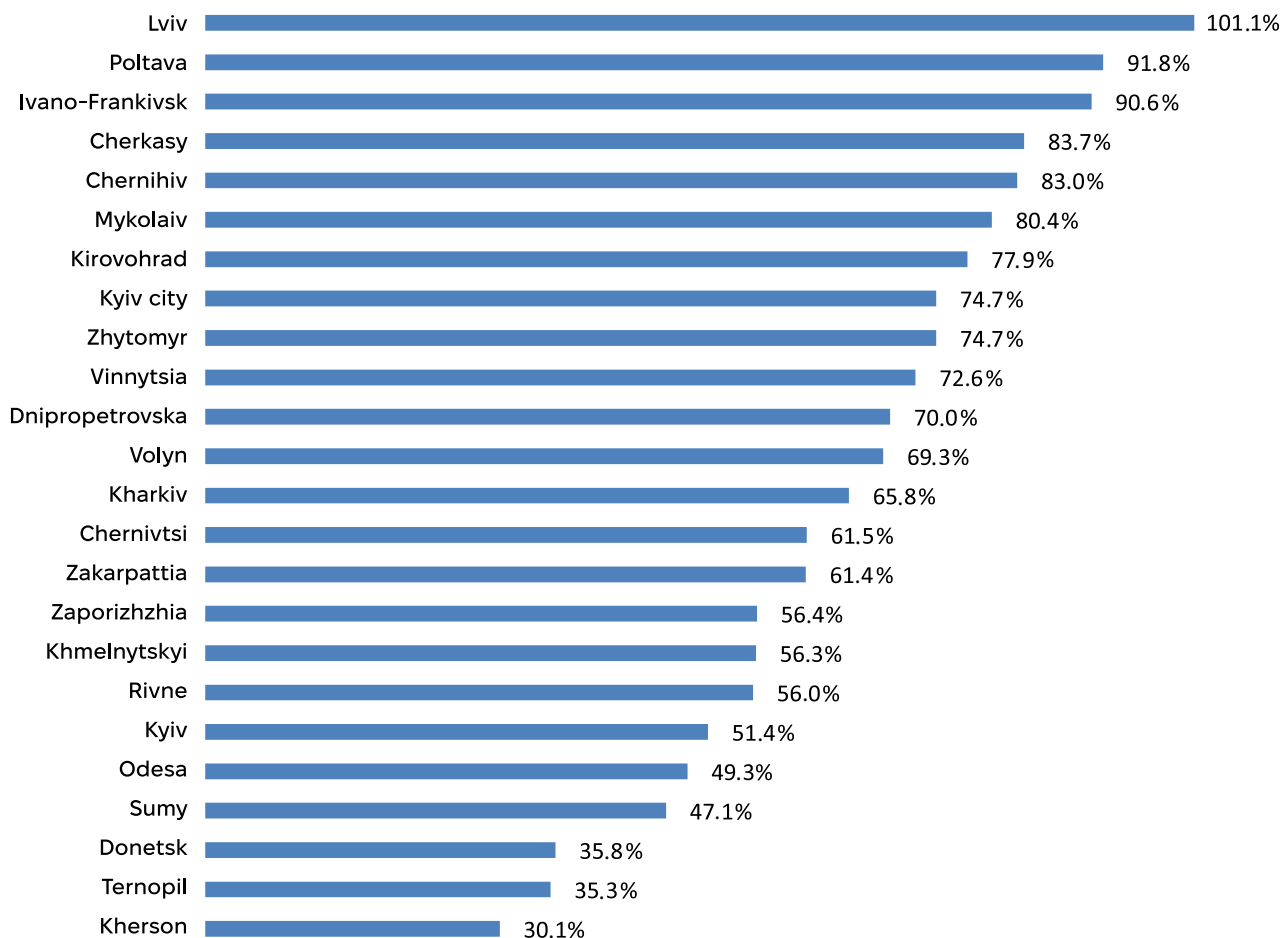
In summary, there has been gradual progress in treatment coverage. Current estimates indicate that approximately 10.0% of people who inject opioids are receiving treatment, which aligns with the interim national coverage targets established according to the State Strategy for Combating HIV/AIDS, Tuberculosis, and Viral Hepatitis until 2030.

Achievement of targets

By the end of 2023, the achievement percentage of these targets reached 92.1%, based on the number of patients treated in municipal and private HCFs at the end of the reporting period. However, the achievement of target indicators varies by region. The leaders in indicator performance are the Lviv, Poltava, and Ivano-Frankivsk regions, while Sumy, Ternopil, and Odesa regions have the lowest indicator perfor-

mance and treatment coverage, excluding areas most affected by hostilities in 2022-2023. Fig. 131 illustrates the achievement of the OAT treatment coverage targets in 2023 by municipal facilities.

Fig. 131. Achievement of the OAT treatment coverage target

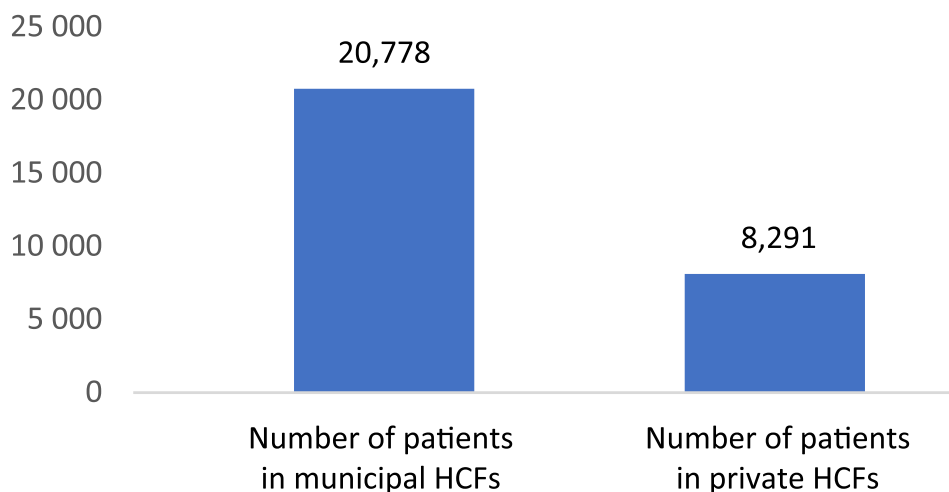


*Regions (oblasts) of Ukraine

Treatment coverage

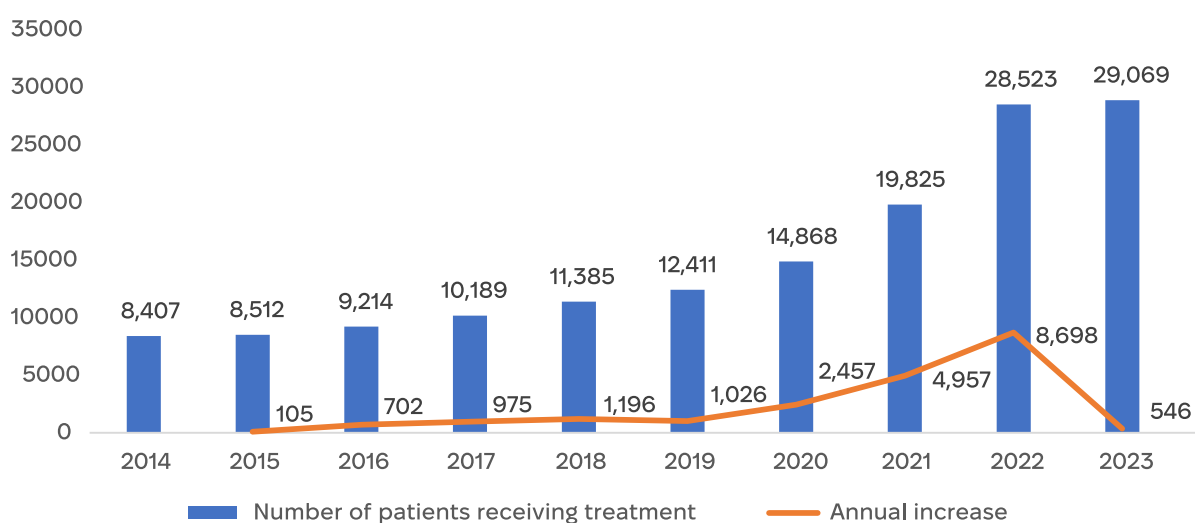
Of the end of 2023, the number of people with mental and behavioral disorders due to opioid use in Ukraine who received treatment with OAT medications accounted for 29,069 people in health care facilities of any form of ownership (Fig. 132).

Fig. 132. Number of patients in HCFs, by form of ownership



As compared to 2022, the patients' increase comprised +1.9% (546 patients). These data confirm the continuation of a positive trend, though not significant, in opioid users' coverage with treatment, even under the conditions of the full-scale invasion of Ukraine. However, when it comes to changes in treatment coverage over the past 10 years the patients' increase totaled 20,662 patients, as Fig.133 shows. Moreover, the highest rates of enrollment in the treatment followed the introduction of amendments to the key regulatory act on organizing OAT treatment (MoH Order №200). Such changes gave the right to private health care providers to provide treatment with the use of OAT drugs. In addition, changes to the order obliged all providers of OAT services to report to the PHC on number of patients and other programmatic data. Thus, bringing private providers "out of the shadows" and establishing reporting from all service providers made it possible to obtain a more realistic picture of the number of patients undergoing treatment with the use of OAT drugs.

Fig. 133. Trends of OAT medications treatment coverage for the period 2014-2023



Broken down by regions, the largest patients' increase was reported in Donetsk (+59.0%), Kharkiv (+66.0%), and Kherson (+107.0%) regions in municipal healthcare facilities; among private healthcare facilities, the largest patients' increase was reported in Dnipropetrovsk region. The lowest patients' increase rates were recorded in: Zhytomyr (-11.5%), Volyn (-5.8%) regions and the city of Kyiv (-12.8%).

At the end of the reporting period, treatment was not available in some of the temporarily occupied and annexed areas: The Autonomous Republic of Crimea, Luhansk region, and some parts of Donetsk, Zaporizhzhia, and Kherson regions. Some patients who received treatment in healthcare facilities located in the temporarily occupied areas of Ukraine before the full-scale invasion (February 22, 2022) and were able to move to the government-controlled areas continued their treatment in healthcare facilities in various parts of Ukraine.

At the same time, in 2023, the sites in two cities of Kharkiv region, which had halted their work due to the temporary occupation of part of the region in 2022 and the complicated operational situation (Dergachi and Balakliya), resumed their operations. Moreover, facilities in the towns of Kupiansk and Chuhuiv, that provided OAT services prior to the full-scale invasion, had no capacity to resume OAT services, due to the complicated operational situation. In the government-controlled areas of Kherson, Donetsk, and Zaporizhzhia regions, the delivery of OAT services continued at 6 healthcare facilities. As of the end of the period, 1,584 patients received treatment at these healthcare facilities.

At the same time, 12,690 patients discontinued treatment (in HCFs of any form of ownership). When analyzing the key reasons for treatment dropout, the main proportion of these cases was due to “medication non-adherence (missed doses of the medication) for over 10 days” (i.e, a patient who was prescribed medications for self-administration did not visit the HCF to receive a new prescription) - 57.3%, followed by referral to another HCF (14.2%). Administrative discharge (involuntary treatment termination due to violation of treatment engagement rules) has been consistently ranked as one of the second to last reasons in the structure of reasons for treatment dropouts in the recent years. Overall, only 6.9% of patients discontinued treatment due to this reason during the reporting period. Patient imprisonment as a reason for treatment discontinuation was recorded in 4.3% of patients, and 786 patients (6.2%) discontinued treatment due to death. Thus, the overall trend of treatment discontinuation is still observed in patients due to missed doses, which may be associated with both the massive migration processes currently occurring in Ukraine due to the hostilities against Ukraine as well as due to the widespread practice of treatment in private healthcare facilities.

Dropouts from the treatment programme

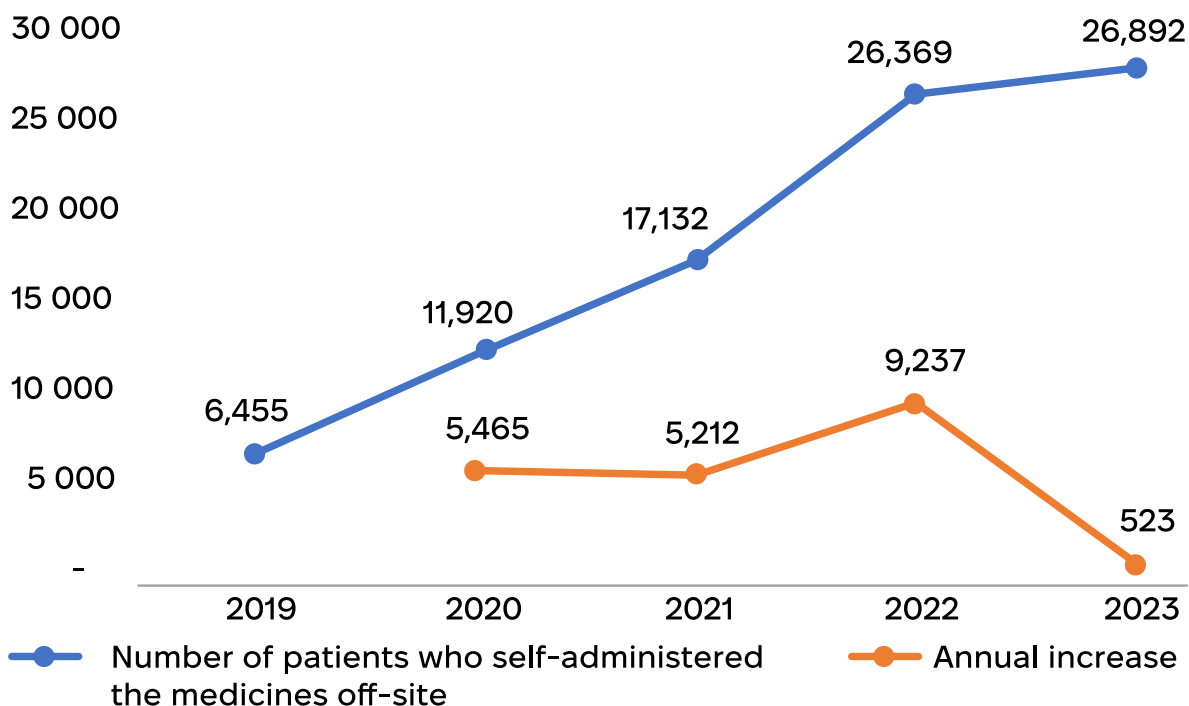
12,690 patients dropped out of the treatment program (in HCFs of any form of ownership). When analyzing the key reasons for treatment dropout, the main proportion of these cases was due to “medication non-adherence (missed doses of the medication) for over 10 days” (i.e, a patient who was prescribed medications for self-administration did not visit the HCF to receive a new prescription) - 57.3%, followed by referral to another HCF (14.2%). Administrative discharge (involuntary treatment termination due to violation of treatment engagement rules) has been consistently ranked as one of the second to last reasons in the structure of reasons for treatment dropouts in the recent years. Overall, only 6.9% of patients discontinued treatment due to this reason during the reporting period. Patient imprisonment as a reason for treatment discontinuation was recorded in 4.3% of patients, and 786 patients (6.2%) discontinued treatment due to death. Thus, the overall trend of treatment discontinuation is still observed in patients due to missed doses, which may be associated with both the massive migration processes currently occurring in Ukraine due to the hostilities against Ukraine as well as due to the widespread practice of treatment in private healthcare facilities.

Efforts are underway to expand the practice of dispensing OAT medications to outpatients outside of OAT facilities

Trends in the number of PWID enrolled in OAT treatment over the past 5 years show a steady increase in patients, including due to the adaptation of treatment service supply models to the consequences of the COVID-19 pandemic, and later to the impact of the full-scale invasion of Ukraine. The major changes have occurred in the expansion of the practice of dispensing OAT drugs for self-administration off-site.

As of the end of 2023, 26,892 (92.5%) patients received OAT medications for self-administration in HCFs of any form of ownership. Fig. 134 reflects the major trends of the practice of expanding the dispensing of medications “for off-site self-administration” over the past 5 years.

Fig. 134. Trends in the practice of expanding take-home medications and the number of patients treated



The regions with the highest percentage of increase in the number of patients receiving medications for off-site self-administration are Kharkiv, Kherson and Donetsk regions, which is in line with the general trends in patient enrollment and the security situation in these regions.

Sources for treatment engagement include

Self-referral (patient-initiated encounter) remains the prevalent way to receive treatment (the highest percentage is reported in the Zhytomyr, Odesa, Kharkiv, and Kherson regions). The proportion of persons referred by non-governmental organizations delivering HIV services that implement harm reduction programs, as well as referrals from other health care facilities and law enforcement agencies, remains insignificant.

Models of treatment provision and geographical access

In Ukraine, treatment with OAT medicines is done on outpatient basis in health care facilities of any form of ownership. The list of facilities providing OAT treatment comprises primary health care centers, multidisciplinary hospitals (regional, city, district, community health associations, etc.), and specialized monodisciplinary health facilities (psychiatric, psycho-neurological, substance abuse, infectious disease, and TB care).

As of the end of 2023, OAT treatment services were provided in **190 municipal HCFs** (204 service delivery sites) in 23 regions of Ukraine and **31 private HCFs** in 9 regions of Ukraine. It is important to note, however, that the geographical coverage of service delivery sites is not adequate to cover a significant proportion of PWID, and the largest proportion of patients is concentrated in specialized HCFs in regional centers. For instance, the proportion of primary health care centers providing treatment makes up only around 8% of the total number of HCFs providing OAT services. Moreover, in some regions, treatment is currently available only at 1 HCF (Ternopil, Chernivtsi, Zakarpattia regions), making it difficult to engage a significant number of PWID who live far from the site of service delivery.

Available OAT medications

With regard to available formulations, currently, two main medications are available in Ukraine for treatment: **methadone (tablet and oral formulations) and buprenorphine (tablet formulations (formulation containing single active ingredient and combination formulations as well as solution for injection))**. Methadone oral solution is available for treatment at the State Institution “Healthcare Center of the State Criminal-Executive Service of Ukraine” (hereinafter – HCS of the SCES of Ukraine), while methadone tablet formulation is used in healthcare facilities that are part of the healthcare system of the Ministry of Health of Ukraine. Buprenorphine tablet formulation, as well as injectable formulation, is available in healthcare facilities that are part of the MOH healthcare system.

Methadone is the most widely used medicine, with about 88% of patients receiving it (1:8 ratio), and this ratio has remained unchanged for many years.

In the reporting year, a combination of buprenorphine and naloxone became available through humanitarian aid, however, the process of patient enrollment had not started by the end of 2023.

Since the beginning of 2023, the innovative drug Buvidal® (injectable formulation of long-acting buprenorphine), which was donated to Ukraine as humanitarian aid after the beginning of the full-scale invasion (500 doses were provided for treatment), has also become available to patients. According to the treatment plan, a patient is supposed to receive 1 injection once a month. At the end of the reporting period, the number of patients receiving treatment with this medicine totaled 129 patients in 10 regions. With the aim of obtaining data for further analysis and exploring the feasibility of this formulation of buprenorphine, the PHC, as the National Coordinator of the OAT program, initiated a study to investigate the effectiveness of the drug implementation in Ukraine in 2023.

The study was made possible through the technical support of the international non-profit organization “PATH in Ukraine” and the ICF “Alliance for Public Health,” which provided social support for patients who switched to treatment with Buvidal medicine and technical support of data collection during the study implementation.

The study consists of two components: a qualitative component (focus groups with healthcare professionals and in-depth interviews with patients who discontinued treatment voluntarily) and a quantitative component (a patients’ survey conducted in three waves).

Stages of the study implementation and data collection are as follows:

1st wave – at the beginning of the medicine’s inclusion in treatment (focus groups with health professionals) and prior to receiving the first injection of the medicine (patients’ questionnaire-based survey),

2nd wave – after 6 months of using the medicine “Buvidal” (approximately – the end of Q2 – beginning of Q3 2023) – (focus groups with healthcare professionals, patients’ questionnaire-based surveys, in-depth interviews with patients who dropped out of treatment with “Buvidal”),

3rd wave – after 12 months of using the medicine (Q1 2024) – patients’ questionnaire-based surveys.

The interim results of the second wave of the study, which was conducted in 2023 (data collection in 6 months after the initiation of treatment), are presented below).

- 47 out of 82 patients who were surveyed after 6 months of treatment with Buprenorphine indicated that their overall health status improved during treatment with this medicine.
- Increased proportion of patients who have improved their financial situation: they found a permanent job and their average income increased.
- A positive trend in the levels of depressive and anxiety disorders in the patients who were surveyed for the second time: the percentage of patients with a minimum level of depression and anxiety increased compared to the baseline level (prior to treatment).
- 55 patients are certainly ready to recommend the long-acting injectable buprenorphine to others.
- the major reasons for dropping out of treatment with the medicine are:
 - > a feeling of discomfort caused by injection of the medicine
 - > deterioration of emotional and physical status
 - > perceived need to take the medication daily

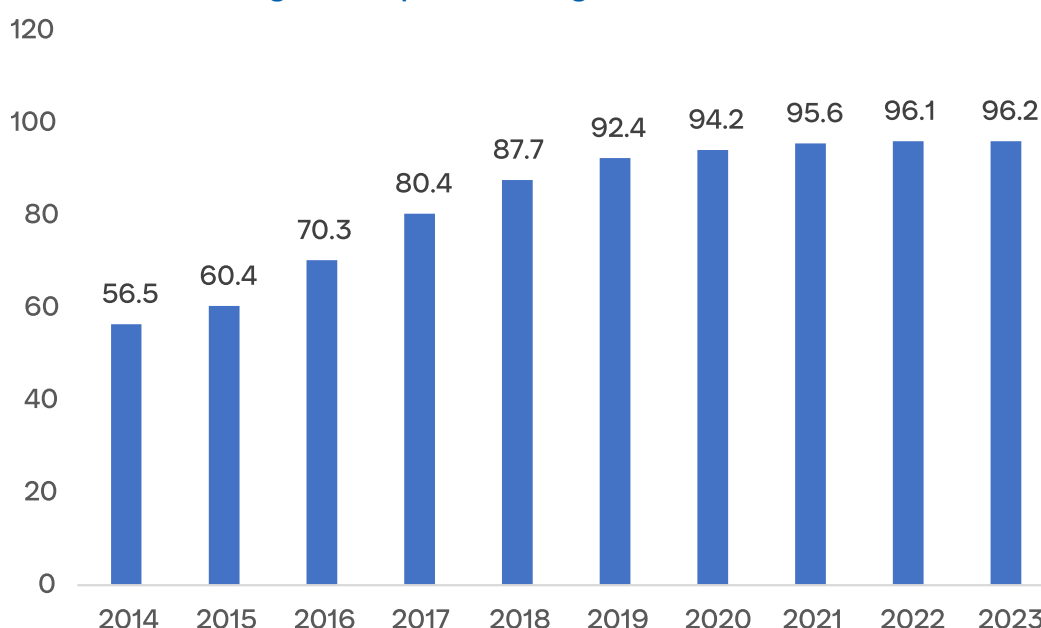
The overwhelming majority of patients who discontinued taking the medicine were retained in treatment and switched to tablet formulations.

Access to treatment for comorbidities

HIV infection

Engagement of OAT patients in related medical services, including HIV treatment concomitantly with ART medicines, has remained consistently high over the past 5 years. As of the end of 2023, the number of OAT patients living with HIV amounted to 30.1%, while the percentage of PLHIV receiving ART totaled 96.1% (Fig. 135). ART coverage of 95% and over was recorded in 21 regions of Ukraine. However, it should be noted that the percentage of OAT patients living with HIV and receiving ART in private health care facilities is lower than in municipal healthcare facilities, and it requires enhancing coordination with the private healthcare sector to ensure the highest possible outcomes in terms of engaging patients in HIV/AIDS treatment. It also affected the overall data indicator on the availability of ART for OAT patients living with HIV.

Fig. 135. Trends in ART coverage of OAT patients living with HIV



HCV

In accordance with the standard of care outlined in Order of the Ministry of Health No. 2555 dated November 9, 2020 "On Approval of the Standards of Care for Mental and Behavioral Disorders Due to Opioid Use," OAT patients should be screened for HCV at least once every 12 months. Currently, access to site-based OAT treatment is available solely through project activities of the Centre's partners. However, expanding access to integrated HCV treatment services at OAT sites is a strategic goal of the Centre.

To enhance HCV treatment access among PWID receiving OAT, the Centre's partner organization, the Charitable Organisation "Ukrainian Institute for Public Health Policy," has launched a five-year project titled "Evaluation of a Simplified Model of Integrated HCV Treatment in Healthcare Facilities Providing OAT in Ukraine" (2020-2025). This project aims to evaluate the effectiveness of a simplified HCV integrated model (SHIM) in healthcare facilities offering OAT.

In 2023, the project has involved HCFs providing OAT treatment in seven regions of Ukraine. A total of 208 OAT patients began HCV treatment during 2023. Notably, HCFs receive medicines under the project through medicines procured from the government budget and supplied to HCFs, and testing is partially free within the framework of the Programme of Medical Guarantees (PMG), with some costs covered by patients depending on the region. To improve the professional competence of healthcare workers in these HCFs, the project has also organized ECHO model training on managing patients with viral hepatitis. It is planned to continue the project in 2024 and expand the number of OAT treatment sites. Preliminary results show a high patient response to treatment.

According to the approved targets, by 2030, at least 40.0% of PWID meeting the treatment criteria should be covered by OAT treatment in Ukraine. In 2019, Ukraine altered its approach to establishing national annual treatment coverage targets for opioid users. These targets are calculated based on estimates of key populations (PWID) sanctioned by a national consultative body and adjusted to account for the number of people using opioids and those practicing mixed substance use (278,328 people). Thus, the calculation was based on the most recent estimates of the number of PWID who use opioids and practice mixed use of opioids and stimulants. To meet the national target by 2030, it is estimated that the annual increase in patients should be about 5,288 people, setting the national coverage target for 2023 at 31,579 patients.

Demographics

By gender distribution, the majority of patients receiving OAT medicines are men (85%), which is consistent with the general characteristics of PWID by gender distribution. The average age of OAT patients is 39 years, with the average age of OAT patients receiving treatment in municipal HCFs being 42 years, while the average age of patients in private HCFs is 38 years. Analyzing the patients' demographics over the past 10 years, we may note a slight increase in the age of patients (the average age of patients receiving treatment in municipal healthcare facilities changed from 36 to 42 years), which is in line with the general trends of aging of the PWID population. The average duration of drug use among OAT patients is 17 years, with 20 years of drug use among OAT patients receiving treatment in municipal healthcare facilities.

Funding for the national treatment program

Funding for the OAT treatment program is provided through the execution of medical service agreements with healthcare facilities within the package “Treatment of people with mental and behavioral opioid use disorders with the opioid substitution therapy medications” under the Program of Medical Guarantees. The terms of procurement of medical services in this category and the specification of medical services delivery are reviewed and agreed upon by a wide range of experts at working meetings.

Key trends:

- there are trends of expanding access to treatment with OAT medications for people with mental and behavioral substance use disorders, and a stable upward trend in the number of patients receiving treatment;
- expanding the practice of dispensing OAT medications for off-site self-administration in outpatient settings also contributes to the retention and increase in the number of patients on treatment, which reflects the trends in patients’ increase during the COVID-19 pandemic and after the beginning of the full-scale invasion;
- access of OAT patients to innovative formulations of OAT medications has been provided;
- access to treatment of comorbidities, in particular, for OAT patients living with HIV and receiving ART, remains at a consistently high level;
- the government continues to ensure state-funded treatment with the use of OAT medicines under martial law within the framework of the Program of Medical Guarantees within the relevant package of medical services.

9.3. Rehabilitation and resocialisation measures

Source of information (report)	Responsible authority (institution)	Reporting form No.	Frequency of information collection
Information provided by the NSS	NSS	–	On request

Rehabilitation and resocialisation measures in the country are aimed at integrating into society people addicted to PS use. The Ministry of Social Policy (MSP) and the NSS are the leading agencies responsible for implementing resocialisation measures for people who use drugs.

Rehabilitation and resocialisation social services are provided in accordance with the Law of Ukraine ‘On Social Services’ and the ‘State Standard of Social Service for Social and Psychological Rehabilitation of People with Addiction to Narcotics or Psychotropic Substances’, approved by MSP Order No. 677 dated 01/10/2020.

Monitoring of the effectiveness of preventive measures for the rehabilitation and resocialisation of PS use addicts is carried out by social protection offices, including social support institutions for families, children and youth, in particular, social service centres, departments for social work with families, children and youth of social service centres providing social services and centres for social and psychological rehabilitation.

Preventive work is carried out by social workers through the provision of social services, the implementation of validated prevention programmes to develop life

skills and the ability to withstand risks and threats associated with drug use, the involvement of parents in activities and the improvement of their competence, the involvement of drug users in social and resocialisation programmes, and the retraining of social workers and psychologists.

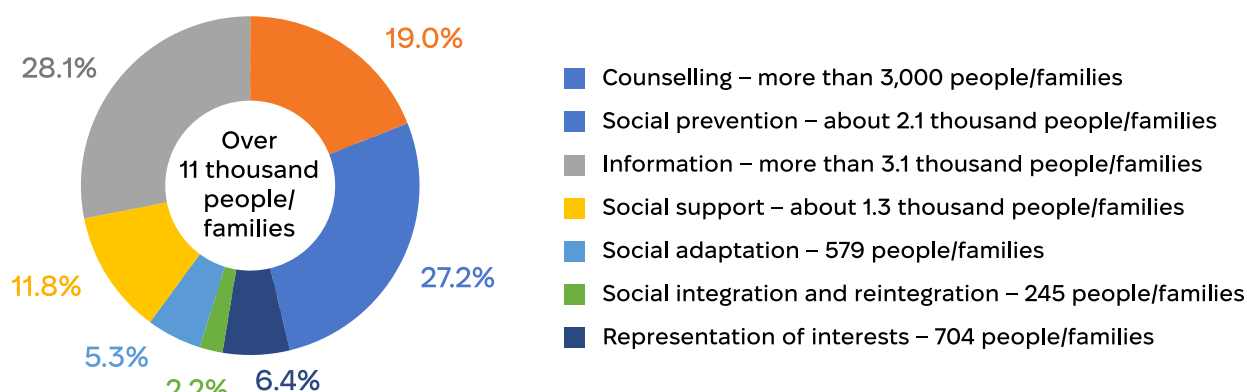
In the course of social support, family members are provided with information and education aimed at promoting a healthy lifestyle, motivation for behavioural change and treatment, individual counselling on the consequences of drug use, and services provided by centres for social and psychological rehabilitation and other social service providers.

According to the National Social Service of Ukraine, in 2023, more than **4,500** families whose members used PSs were covered by social services provided by offices in cities, districts, city districts, towns and villages.

Families whose members used psychoactive substances and narcotics received various social services (Fig. 136) and their shares (Fig. 137), in particular:

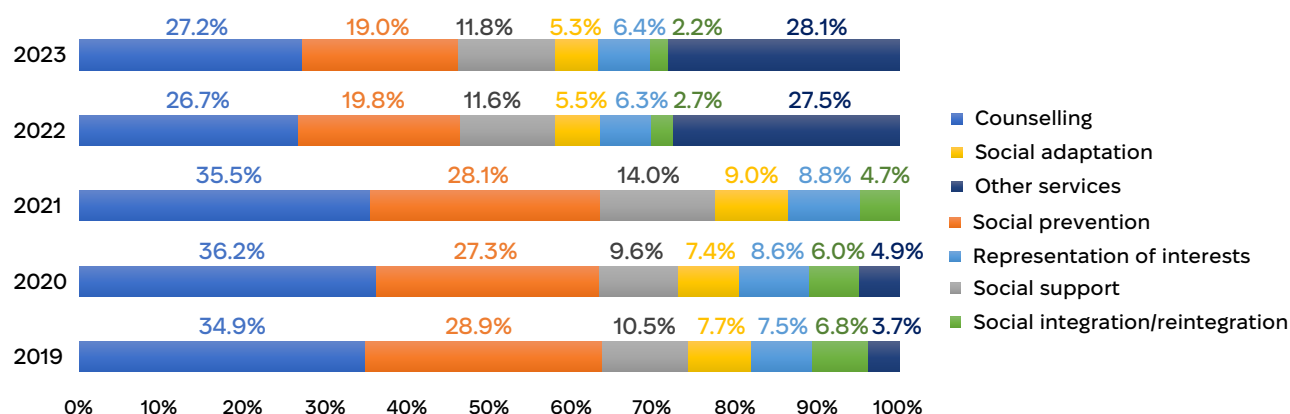
- counselling – more than 3 thousand people/families;
- social prevention – about 2.1 thousand people/families;
- social support – about 1.3 thousand people/families;
- representation of interests – 704 people/families;
- social adaptation – 579 people/families;
- social integration and reintegration – 245 people/families;
- other services – over 3.1 thousand people/families.

Fig. 136. Proportion of people/families covered by social services in 2023, by types of service (%)



Calculation source: NSS data.

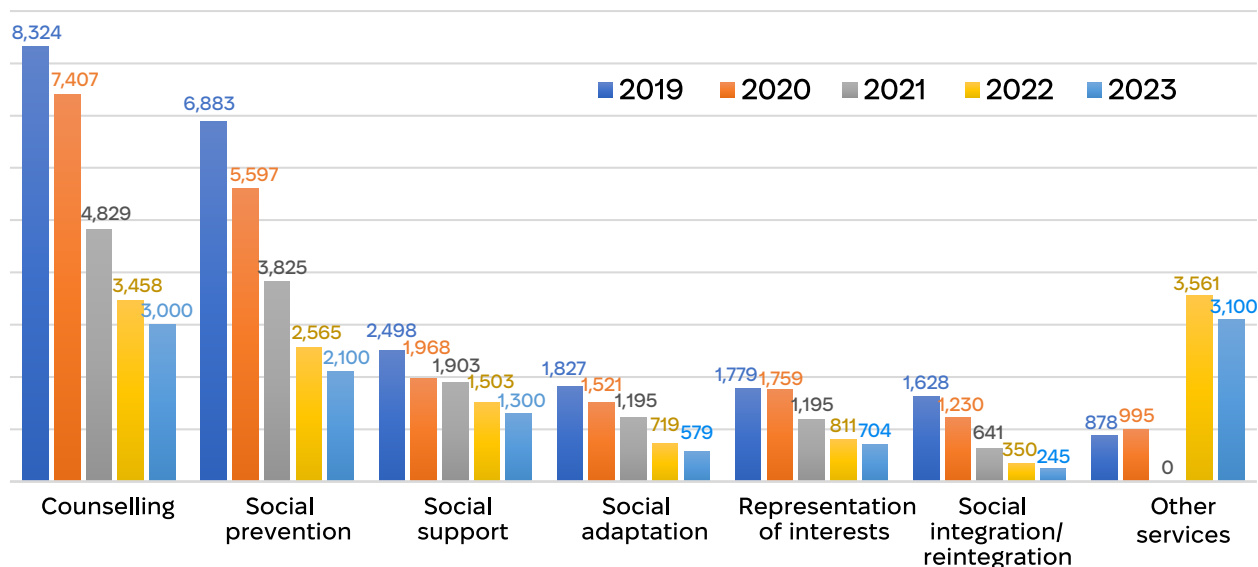
Fig. 137. Proportion of people/families covered by social services in 2023, by types of service (%)



Calculation source: NSS data.

The number of people/families covered by social services in 2019-2023 by types of services is shown in Figure 138.

Fig. 138. Dynamics of the total number of people who inject drugs and who were first diagnosed with infectious diseases in 2020-2023

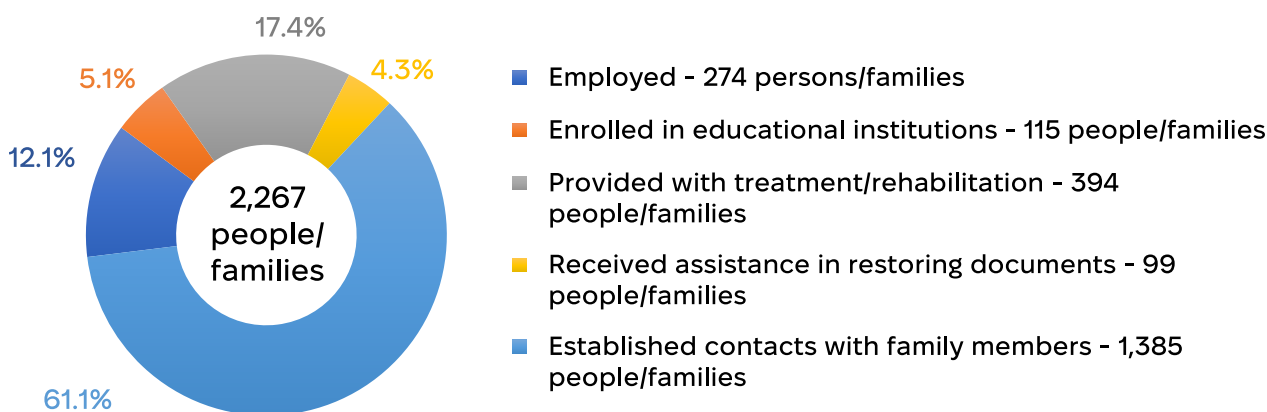


Calculation source: NSS data for 2019-2023.

In addition, in 2023, 2,267 people/families who used psychoactive substances and narcotics achieved the following outcomes of social services (Fig. 139), in particular:

- employed – 274 people/families;
- enrolled in educational institutions – 115 people/families;
- provided with treatment/rehabilitation – 394 people/families;
- received assistance in restoring documents – 99 people/families;
- established relationships with family members – 1,385 people/families.

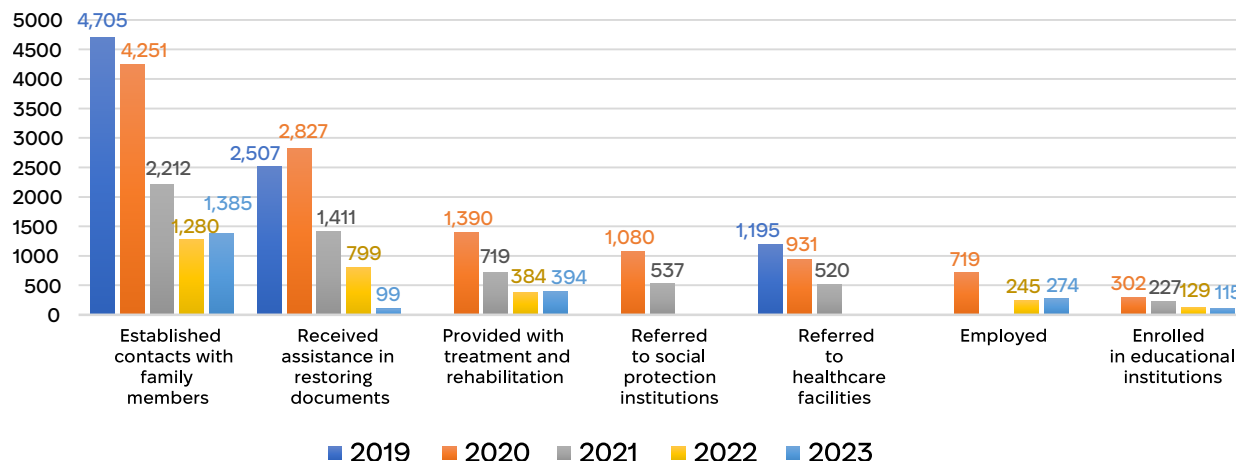
Fig. 139. Proportion of people/families covered by social services in 2023, by types of service (%)



Calculation source: NSS data for 2019-2023.

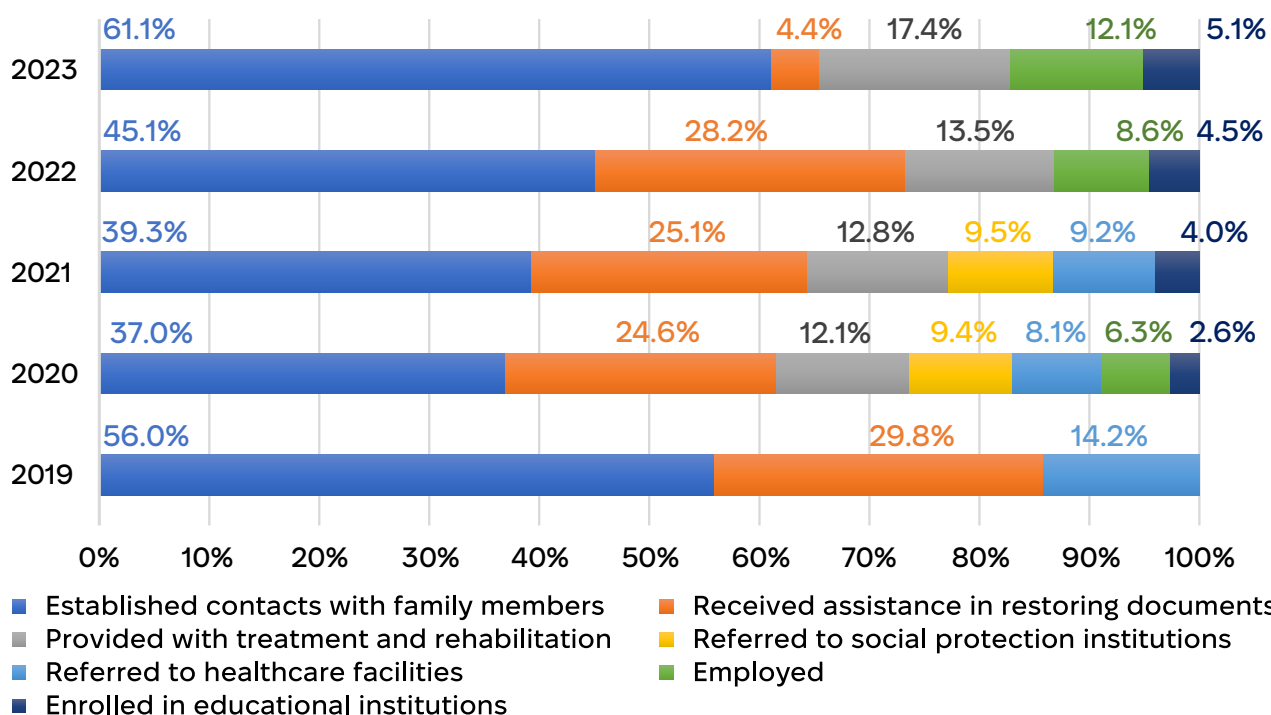
In 2019-2023, the main outcome of social services for family members who use psychoactive substances and narcotics was the establishment of relationships with family members, as shown in Fig. 140.

Fig. 140. Number of people who used psychoactive substances and narcotics and received social services, by the outcome of these services in 2019-2023



In addition, the share of social service outcomes for these family members, such as assistance in restoring documents, remains stable from year to year (Fig. 141)

Fig. 141. Number of people who used psychoactive substances and narcotics and received social services, by the outcome of these services in 2019-2023



Calculation source: NSS data for 2019-2023.

When providing social services, service recipients are informed about the negative impact of psychoactive substances on their health, motivated to change their behaviour to safer ones, counselled and motivated to undergo HIV testing, involved in harm reduction programmes and referred to providers of medical and psychological rehabilitation services.

Additionally, social services for people addicted to psychoactive substances and narcotics are provided by centres for social and psychological rehabilitation in Donetsk and Mykolaiv regions.

In 2023, these centres provided **2,382** counselling, shelter, emergency (crisis) intervention, referral, mediation and social prevention services to **937** people who had undergone treatment for mental and behavioural disorders due to PS use; **34** people received post-programme support after completing the resocialisation course.

It is important to note that drug use prevention at the national level needs to be improved and interagency coordination strengthened. This is especially important in the context of the fact that prevention measures are one of the tools of demand reduction in the area of drug policy and part of a more comprehensive response to the problem of drug use.

In addition, given the potential increase in drug use amid the consequences of the war that has been going on for about 10 years and especially against the backdrop of Russia's large-scale invasion of Ukraine, it is important to take systematic steps to improve rehabilitation and resocialization services for people who use drugs.

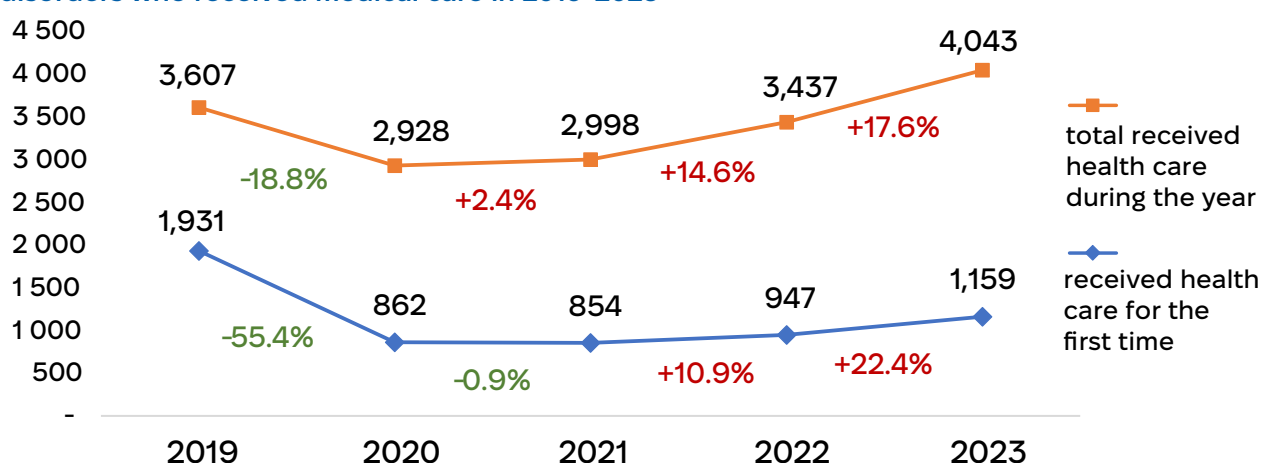
10. DRUG USE IN PRISONS

Source of information (report)	Responsible authority (institution)	Reporting form No.	Frequency of information collection
MoJ data	MoJ	–	On request
Analytical Report on the Results of the Biobehavioural Survey among Prisoners to Assess the Trends in the Prevalence of HIV and Other Viral Infections, Prevalence of Risky Behavioural Practices among Prisoners, and Coverage of Preventive and Treatment Services	NGO 'Ukrainian Centre for Social Forecasting' commissioned by the Centre	–	–

In Ukraine, the MoJ is the central executive agency in the field of execution of criminal sentences and probation, one of whose main tasks is to monitor the observance of human and civil rights, legal requirements for the execution and serving of criminal sentences, the realisation of the legal rights and interests of prisoners and people taken into custody.

In 2023, **4,043** people with mental and behavioural disorders due to the use of psychoactive substances, including detainees and prisoners held in pre-trial detention centres and penitentiary institutions of the State Criminal Execution Service of Ukraine, were treated in medical units/hospitals of the State Institution 'Health Care Centre of the State Criminal Execution Service of Ukraine' (hereinafter – HCC of SCES) (Fig. 142). For the first time in 2023, **1,159** people out of this total number were recorded.

Fig. 142. Dynamics of the number of prisoners with PS use disorders who received medical care in 2019-2023



Calculation source: MoJ data.

Among people with mental and behavioural disorders due to PS use in 2023, the largest proportion is made up of people with opioid use disorders ($\approx 67\%$), as shown in Fig. 143 and Fig. 144.

Fig. 143. PS use related to the provision of medical care, 2023

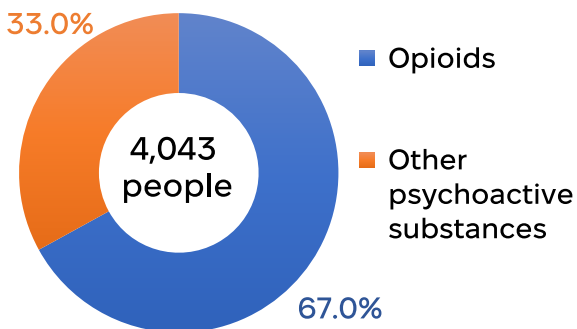
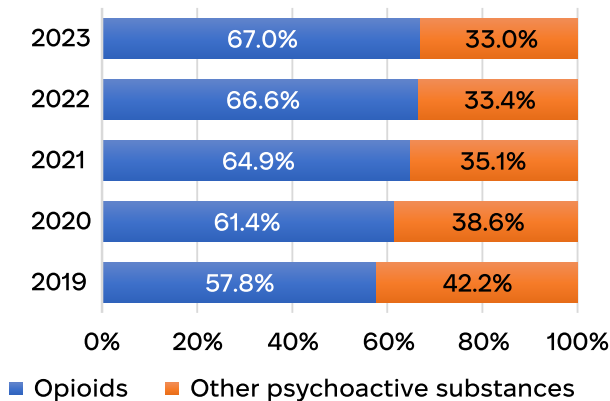


Fig. 144. Proportion of prisoners with substance dependence syndrome who received medical care in 2023, by substance (%)



Calculation source: MoJ data.

The largest proportion of people with PS use disorders ($\approx 89\%$) of the total number of people registered in 2023 were men (Fig. 145 and Fig. 146). This gender distribution has remained stable over the past six years.

Fig. 145. Profile of prisoners with PS use disorders who received medical care in 2023, by gender

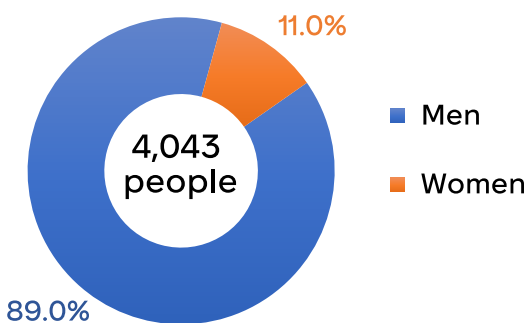
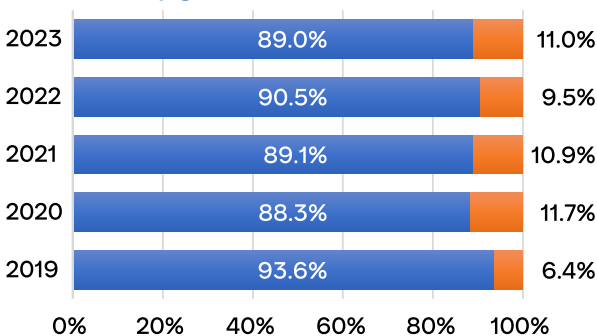


Fig. 146. Proportion of prisoners with PS use dependence syndrome who received medical care in 2023, by gender (%)

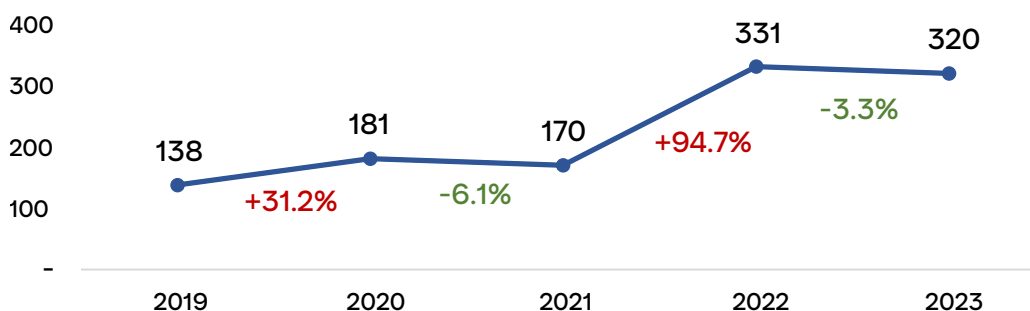


Calculation source: MoJ data.

In total, as of the end of 2023, the OAT programme was implemented in **7** medical units/hospitals of HCC of SCES. Preparatory measures were taken to introduce OAT in **11** more medical units/hospitals of HCC of SCES.

In 2023, **320** people received treatment under the OAT Programme. Of them: HIV patients – **29** people (9% of the total number); HIV and HCV patients – **66** people (20.6%); HCV patients – **62** people (19.3%); TB patients – **2** people (0.6%). Fig. 147 shows the dynamics of the number of prisoners with PS use dependence syndrome who were provided with OAT services in 2019-2023.

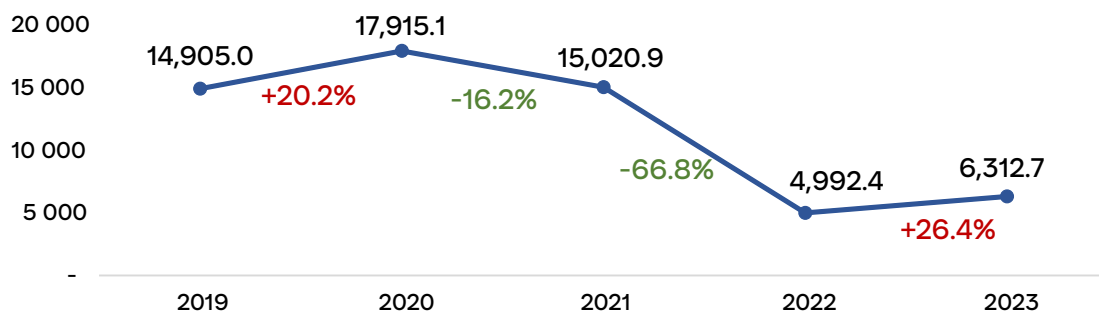
Fig. 147. Dynamics of the number of people with substance use disorders in prison in 2019-2023



Calculation source: MoJ data.

According to the Department for the Execution of Criminal Sentences of the MoJ in 2023, **6,312.67** g of narcotics and psychotropic substances were seized/discovered in prisons. Fig. 148 shows the dynamics of the total amount of drugs seized in prisons in 2019–2023 in grams. In 2023, cannabis herb accounted for the largest share of seizures (87%).

Fig. 148. Dynamics of the total amount of drugs seized in prisons in 2019–2023 (grams)



Calculation source: MoJ data.

In 2023, there was an increase in the total amount of seized/detected PSs in prisons compared to 2022. In 2023, the volume of seized substances increased by 7% (Fig. 149). Fig. 150 shows the proportion of seized drugs in prisons in 2019–2023, by individual substances in percentage terms.

Fig. 149. Amounts of drugs seized in prisons in 2023, by substance

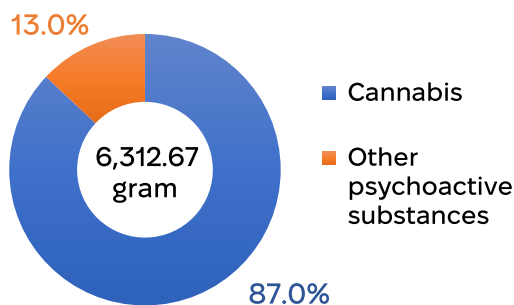
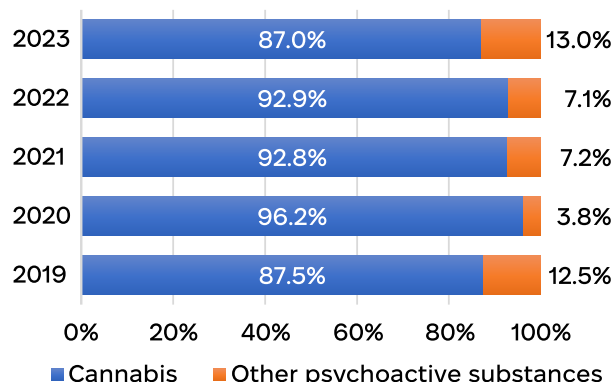


Fig. 150. Proportion of seized drugs in prisons in 2019–2022, by individual substances (%)



Calculation source: MoJ data.

According to the MoJ, the following programmes are being implemented in the facilities of the State Penitentiary Service of Ukraine to promote healthy lifestyles among prisoners with drug addiction, assist in overcoming it and rehabilitate them while serving their sentence:

- ‘Rehabilitation Programme for Prisoners and Detainees with Mental and Behavioural Disorders Due to Substance Use’;
- ‘Overcoming Drug Addiction’.

In 2023, the activities of the Rehabilitation Programme for Prisoners and Detainees with Mental and Behavioural Disorders Due to Substance Use were carried out in **51** facilities and covered **507** people.

This rehabilitation programme was developed for the State Penitentiary Service of Ukraine within the framework of the EU Action Against Drugs and Organised Crime (EU-ACT) project. It is a tool for ensuring the rehabilitation of people who use drugs serving sentences in prison facilities, motivating them to gradually get rid of drug addiction, restoring social adaptation skills, anti-drug resistance, and instilling the

qualities of self-preservation in individuals, especially the ability to live a full life.

In addition, in cooperation with the Council of Europe project 'Towards more humane detention conditions and reduced reoffending in Ukraine' (DECOPRIS), a 'Rehabilitation Programme for people who use psychoactive substances' was developed and tested in April 2024.

In 2023, an integrated bio-behavioural survey was conducted among prisoners to determine the prevalence of HIV infection and HIV risk behaviours among prisoners and to assess the effectiveness of prevention and treatment programmes in the facilities of the State Criminal Executive Service of Ukraine.

The report on the results of the survey is available at: https://phc.org.ua/sites/default/files/users/user90/2023_BBS_Convicts_zvit.pdf

Below are the main results published in the report.

The total number of survey participants was 1,500 people (1,200 men and 300 women) who were detained in 4 correctional facilities at the time of the survey.

The survey offered all respondents to undergo HIV testing and detection of serological markers for viral hepatitis using rapid tests.

This survey was aimed at assessing the prevalence of HIV, viral hepatitis B and C, risky behaviours (psychoactive substance use, including injecting drugs, tattoos with non-sterile instruments, risky sexual behaviour, etc.), determining the level of awareness of HIV, viral hepatitis and coverage of prevention, care and support services for prisoners living with HIV.

The HIV prevalence rate among prisoners was 8.0%, including 7.9% among men and 8.8% among women, and 71.2% of the respondents were aware of their HIV-positive status. The infection rate among prisoners who reported using drugs was 11.1%. 61.9% considered their knowledge of HIV/AIDS to be sufficient.

The prevalence of hepatitis B and C infection according to the results of testing of the prisoners was 5.8% and 29.2% respectively. Among female prisoners, the rate of hepatitis B infection was higher than among men (3.9% and 9.5% respectively).

The rate of hepatitis C infection was higher among those prisoners who had a tattoo in the last 12 months (37.9%) than among those who had not had a tattoo in the last 12 months (27.3%). The prevalence of hepatitis C infection increases linearly with the number of incarcerations: from 16.2% among first-time prisoners to 53.6% among those who were imprisoned for the fourth time.

The overall hepatitis B infection rate was 5.8%. The hepatitis B infection rates differ slightly among prisoners who started using drugs at an early age: 4.8% among those who started using non-injecting drugs before the age of 15 (inclusive), and 6.2% among those who first used injecting drugs before the age of 15.

The percentage of prisoners who are aware of the hepatitis C and B transmission routes varies from 72.2% (the possibility of infection through injection with a syringe previously used by an infected person) to 15.3% (the possibility of infection through oral sex).

The questionnaire also contained questions about psychoactive substance (PS) use by other prisoners in prisons. The survey questionnaire was aimed at identifying respondents' opinions on the level of overall consumption in prisons and assumptions about the availability of different types of PSs used by prisoners.

Only 1,021 respondents answered the question 'In your opinion, what proportion of prisoners use PSs in prisons'. Fig. 151 shows the answers of respondents regarding their assumptions about PS use in prisons.

Fig. 151. Answers of respondents regarding their assumptions about PS use in prisons

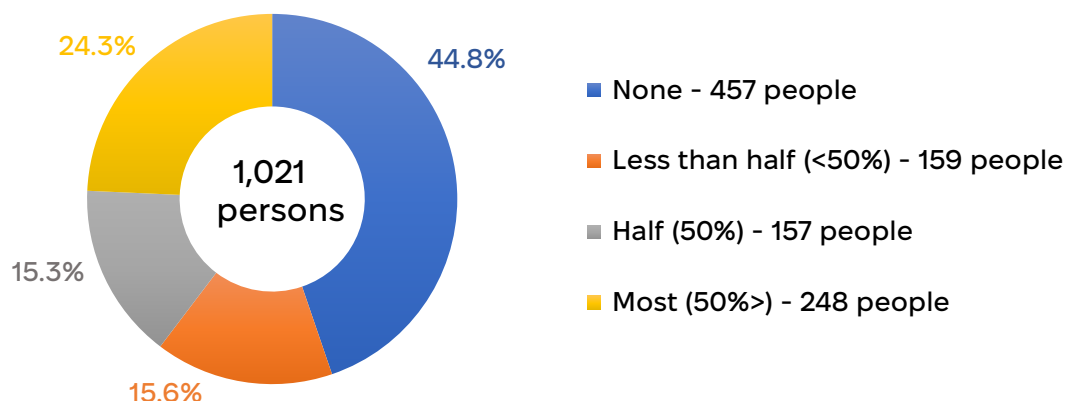


Table 5 shows the distribution of respondents' answers regarding their assumptions about injecting and non-injecting PS use in prisons.

Table 5. Distribution of respondents' answers regarding their assumptions about injecting and non-injecting PS use in prisons

Assumptions about PS use by prisoners		Total respondents		
		N*	% of those who answered	
Non-injecting use	None	439	43.7 %	
	Less than half (<50 %)	176	566	17.5 %
	Half (50 %)	185		18.4 %
	Most (50 %>)	205		20.4 %
	Total	1 005	100,0%	
Injecting use	None	455	50,9%	
	Less than half (<50 %)	160	429	18.3 %
	Half (50 %)	127		14.5 %
	Most (50 %>)	142		16.2 %
	Total	874	100,0 %	

*respondents had the opportunity to choose several answers, so N is higher than the figure in Table 5

Thus, among those who suggested that there were facts of PS use in prisons (Table 5), almost half of the respondents reported the presence of facts of non-injecting (n=566, 56.3%) and injecting (n=429, 49.0%) PS use by prisoners.

Table 6 shows the distribution of respondents' answers regarding their assumptions about PS use in prisons, by type of substance.

Table 6. Distribution of respondents' answers regarding their assumptions about PS use in prisons, by type of substance

Respondents' answers		Total respondents	
		N*	% of those who answered
Injecting use			
Injecting opioids (tramadol, tramal, heroin, shirka, black)	None	458	57.3 %
	Less than half (<50 %)	167	20.9 %
	Half (50 %)	81	10.1 %
	Most (50 %>)	94	11.8 %
	Total	800	100 %
Injectable stimulants	None	486	65.4%
	Less than half (<50 %)	148	19.9 %
	Half (50 %)	62	8.3 %
	Most (50 %>)	47	4.3 %
	Total	743	100 %
Street methadone (methadone/tramadol/tramal)	None	452	59.3 %
	Less than half (<50 %)	139	18.2 %
	Half (50 %)	60	7.9 %
	Most (50 %>)	111	14.6 %
	Total	762	100 %
Opioid substitution therapy (OST) medications (methadone tablet and solution, buprenorphine)	None	428	60.4 %
	Less than half (<50 %)	147	20.7 %
	Half (50 %)	56	7.9 %
	Most (50 %>)	78	11.0 %
	Total	709	100 %
Non-injecting use			
Alcohol (wine, vodka, brew, beer, spirit, etc.)	None	420	46.0%
	Less than half (<50 %)	220	24.1 %
	Half (50 %)	115	12.6 %
	Most (50 %>)	159	17.4 %
	Total	914	100 %
Smoking cannabis (weed, anasha, hashish, hemp, marijuana)	None	431	49.0 %
	Less than half (<50 %)	180	20.5 %
	Half (50 %)	103	11.7 %
	Most (50 %>)	165	18.8 %
	Total	879	100,0%
Smoking stimulants, stimulant tablets (amphetamine ('fen'))	None	459	58.7 %
	Less than half (<50%)	170	21.7 %
	Half (50%)	77	9.8 %
	Most (50%>)	76	9.7 %
	Total	782	100 %
Hallucinogens (LSD, etc.)	None	538	75.6 %
	Less than half (<50 %)	113	15.9 %
	Half (50 %)	26	3.7 %
	Most (50 %>)	36	4.9 %
	Total	712	100 %

*respondents had the opportunity to choose several answers, so N is higher than the figure in Table 6

Table 7 shows the distribution of answers of respondents who reported PS use and the places of PS use experience. 7

Table 7. Distribution of answers about places of PS use by respondents who reported their experience of PS use, n=803

Respondents' answers		Total		
		N	% of those who answered	% of all
PS use in general	Only out of prison	559	69.6 %	37.2 %
	Only in prison	52	6.4 %	3.5 %
	Out of prison and in prison	192	23.9 %	12.8 %
	Total	803	100 %	53,5 %

Table 8 shows the distribution of responses about the experience of injecting and non-injecting PS use by respondents who indicated their own experience of PS use.

Table 8 Distribution of responses about experience of injecting and non-injecting PS use by respondents who reported their own experience of PS use, n=803

Respondents' answers		Total		
		N	% of those who answered	% of all
Non-injecting use	Only out of prison	323	71.4 %	21.5 %
	Only in prison	18	4.0 %	1.2 %
	Out of prison and in prison	112	24.7 %	7.4 %
	Total	452	100 %	30.1 %
Injecting use	Only out of prison	246	70.1 %	16.4 %
	Only in prison	27	7.8 %	1.8 %
	Out of prison and in prison	78	22.1 %	5.2 %
	Total	351	100 %	23.4 %
TOTAL		803	100 %	53.5 %

Table 9 shows the distribution of answers about PS use by respondents by type of PS.

Table 9 Distribution of answers about PS consumption by respondents, by type of PS

Respondents' answers		Total respondents	
		N*	% of those who answered
Injecting use			
Injecting opioids (tramadol, tramal, heroin, shirka, black)	Never used	354	45.7 %
	Only out of prison	300	38.7 %
	Only in prison	20	2.6 %
	Out of prison and in prison	101	13.0 %
	Total	775	100 %

Respondents' answers		Total respondents	
		N*	% of those who answered
Injectable stimulants (crystal (methamphetamine), pervitin, jeff (methcathinone), boltushka (homemade amphetamine-type stimulant), mulka (methamphetamine), MDMA, etc.)	Never used	482	62.7 %
	Only out of prison	219	28.5 %
	Only in prison	22	2.9 %
	Out of prison and in prison	46	6.0 %
	Total	769	100 %
Street methadone (methadone/tramadol/tramal)	Never used	451	58.6 %
	Only out of prison	215	27.9 %
	Only in prison	19	2.5 %
	Out of prison and in prison	85	11.0 %
	Total	770	100 %
Opioid substitution therapy (OST) medications (methadone tablet and solution, buprenorphine)	Never used	518	68.0 %
	Only out of prison	163	21.4 %
	Only in prison	21	2.8 %
	Out of prison and in prison	60	7.9 %
	Total	762	100 %
Non-injecting use			
Alcohol (wine, vodka, brew, beer, spirit, etc.)	Never used	63	8.0 %
	Only out of prison	542	69.0 %
	Only in prison	12	1.5 %
	Out of prison and in prison	169	21.5 %
	Total	786	100 %
Smoking cannabis (weed, anasha, hashish, hemp, marijuana)	Never used	122	15.5 %
	Only out of prison	476	60.4 %
	Only in prison	19	2.4 %
	Out of prison and in prison	171	21.7 %
	Total	788	100 %
Smoking stimulants, stimulant tablets (amphetamine ('fen'))	Never used	330	43.1 %
	Only out of prison	326	42.6 %
	Only in prison	14	1.8 %
	Out of prison and in prison	96	12.5 %
	Total	766	100 %
Hallucinogens (LSD, etc.)	Never used	556	74.4 %
	Only out of prison	168	22.5 %
	Only in prison	8	1.1 %
	Out of prison and in prison	15	2.0 %
	Total	747	100 %
Other	Never used	216	76.6 %
	Only out of prison	53	18.8 %
	Only in prison	3	1.1 %
	Out of prison and in prison	10	3.5 %
	Total	282	100 %

*респонденти мали можливість обирати декілька варіантів відповідей

Thus, both out of prison and in prison, the most popular PSs are: cannabis (reported by 24.1% of respondents), alcohol (23.0%), and injecting opioids (15.6%). Second in terms of prevalence were: Smoking stimulants (14.3%), street methadone (13.5%), and OST medications (10.7%). And the following PSs accounted for the smallest share of PS use out of prison and in prison: injectable stimulants (8.9%) and hallucinogens (3.3 %).

11. COUNTERING DRUG-RELATED OFFENCES

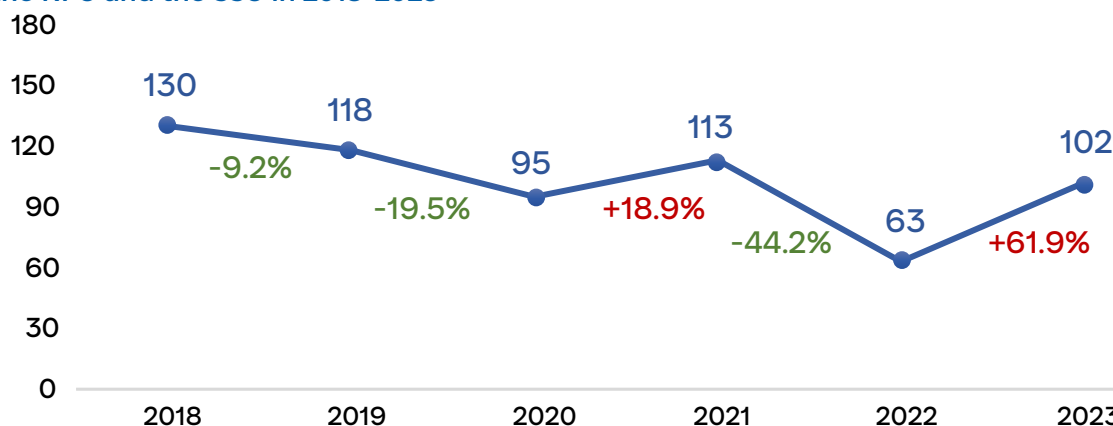
11.1. Dismantling clandestine drug laboratories

Source of information (report)	Responsible authority (institution)	Reporting form No.	Frequency of information collection
Information provided by the NPU	NPU	–	On request
Information provided by the SSU	SSU	–	On request

The NPU and the SSU are responsible for dismantling clandestine drug laboratories.

According to the NPU, in 2023, **102** clandestine laboratories producing narcotics or psychotropic substances were detected. The dynamics of the number of clandestine drug laboratories dismantled by the NPU and the SSU in 2018-2023 is shown in Fig. 152. At the same time, **9** clandestine laboratories produced more than one substance.

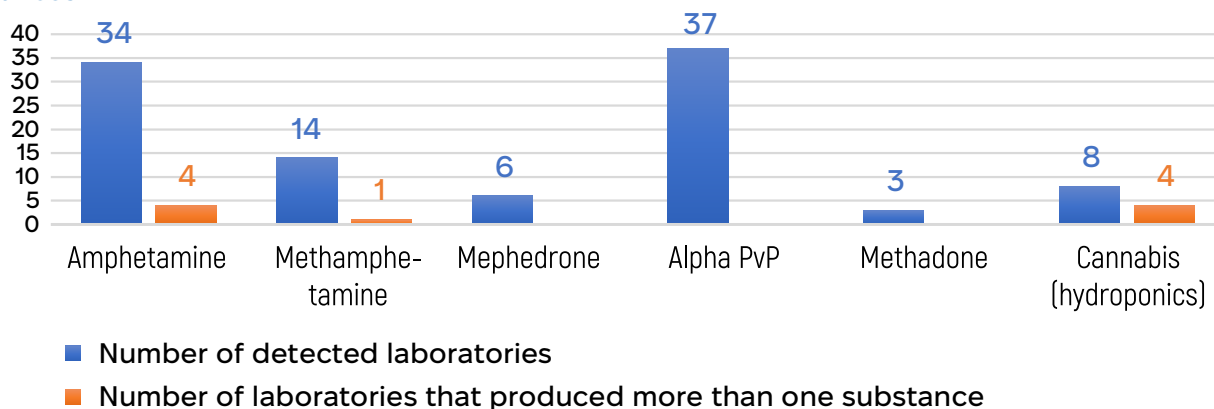
Fig. 152. Dynamics of the number of clandestine drug laboratories dismantled by the NPU and the SSU in 2018-2023



Calculation source: NPU and SSU data for 2018-2023.

The bulk of the dismantled drug laboratories produced the synthetic psychostimulant alpha-PvP and amphetamine-type substances. Fig. 153 shows the number of detected clandestine laboratories producing narcotics or psychotropic substances.

Fig. 153. Number of detected clandestine laboratories producing narcotics or psychotropic substances



There is a trend towards an increase in the proportion of new psychoactive substances (alpha-PvP, mephedrone), methamphetamine and methadone detected in clandestine drug laboratories dismantled in 2023, while the proportion of cannabis and amphetamine decreased (Fig. 154 and Fig. 155).

Fig. 154. Number of clandestine drug laboratories dismantled by the NPU and the SSU in 2020-2023, by substance

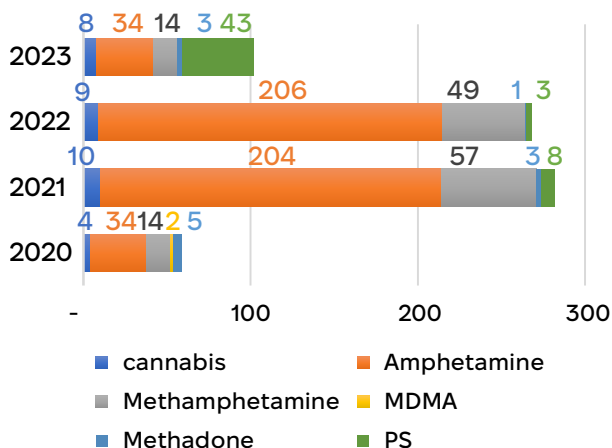
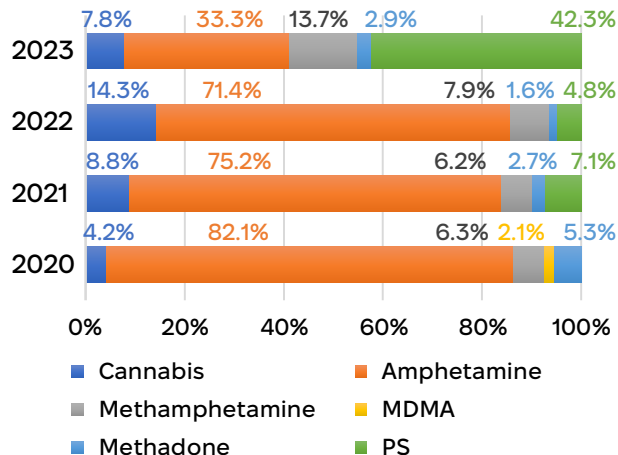


Fig. 155. Proportion of drug laboratories dismantled by the NPU and the SSU in 2020-2023, by substance



Calculation source: NPU and SSU data for 2020-2023.

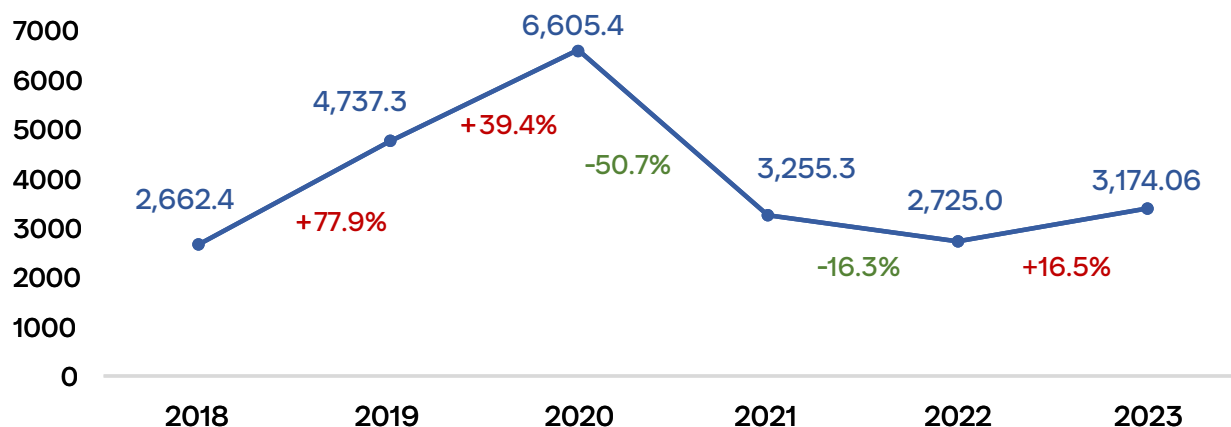
Information on prices for narcotic substances by type of substance in 2023 is provided in [Annex 6](#).

11.2. Seizure of narcotics by law enforcement agencies

Source of information (report)	Responsible authority (institution)	Reporting form No.	Frequency of information collection
Information provided by the SSU	SSU	–	Annual
Information provided by the NPU	NPU	–	Annual
Information provided by the Office of the General Prosecutor (OGP)	OGP	–	Annual
Information provided by the SCS	SCS	–	Annual

In 2023, the total amount of seized narcotics and psychotropic substances in completed criminal proceedings was 3,176.06 kg, which is 16.5% more than in 2022 (2,725 kg). Fig. 156 shows the dynamics of seized narcotics and psychotropic substances in completed criminal proceedings in kilograms.

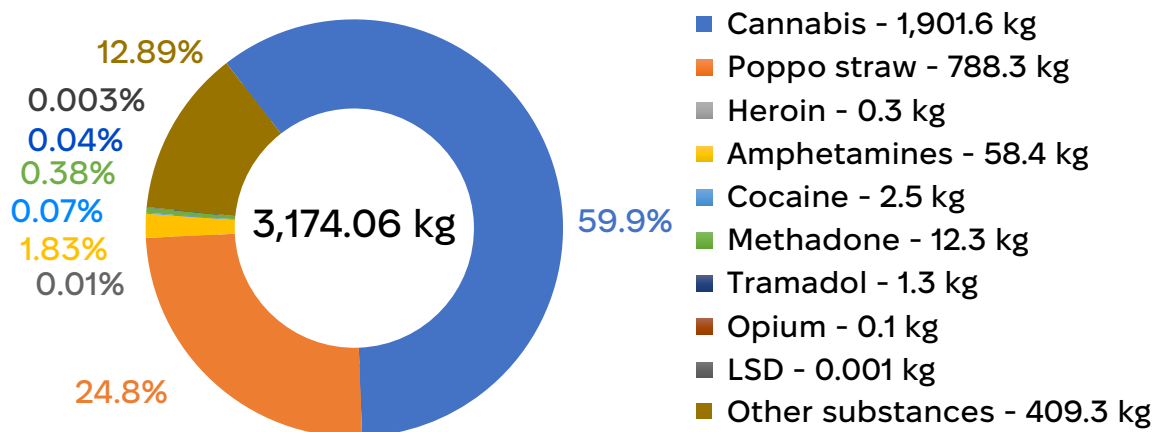
Fig. 156. Dynamics of seized narcotics and psychotropic substances in completed criminal proceedings (kg)



Calculation source: GPO according to statistical reporting.

Fig. 157 shows the amount of seized narcotics and psychotropic substances in 2023.

Fig. 157. Dynamics of seized narcotics and psychotropic substances in completed criminal proceedings (kg)

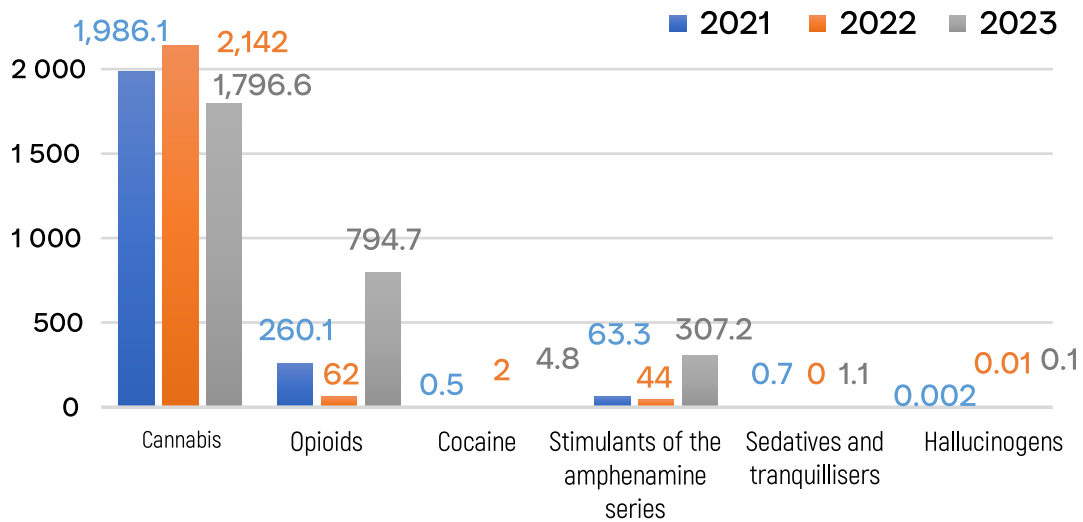


Calculation source: GPO according to statistical reporting.

According to statistical reporting under Form No. 1 'Unified Report on Criminal Offences', in 2023, the seizure/detection of cannabis accounted for the largest share of seizures/detections of narcotics and psychotropic substances (53.0%).

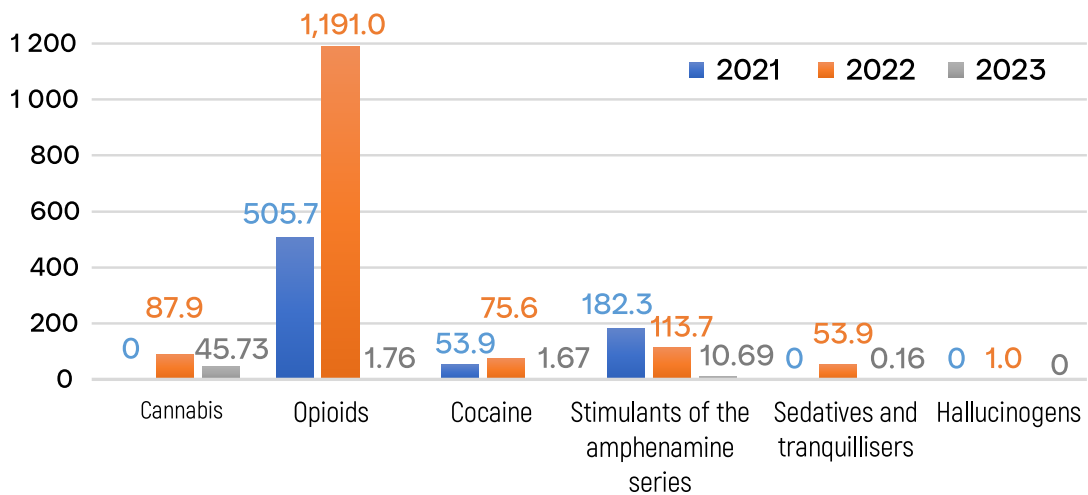
Data on the seizure of narcotics and psychotropic substances in general for 2023 and for each law enforcement agency are reflected in [Annex 4](#) to the National Report on the Drug Situation in Ukraine and Fig. 158, Fig. 159, Fig. 160 presented below.

Fig. 158. Amount of narcotic substances seized by law enforcement agencies, by type (kg) – NPU



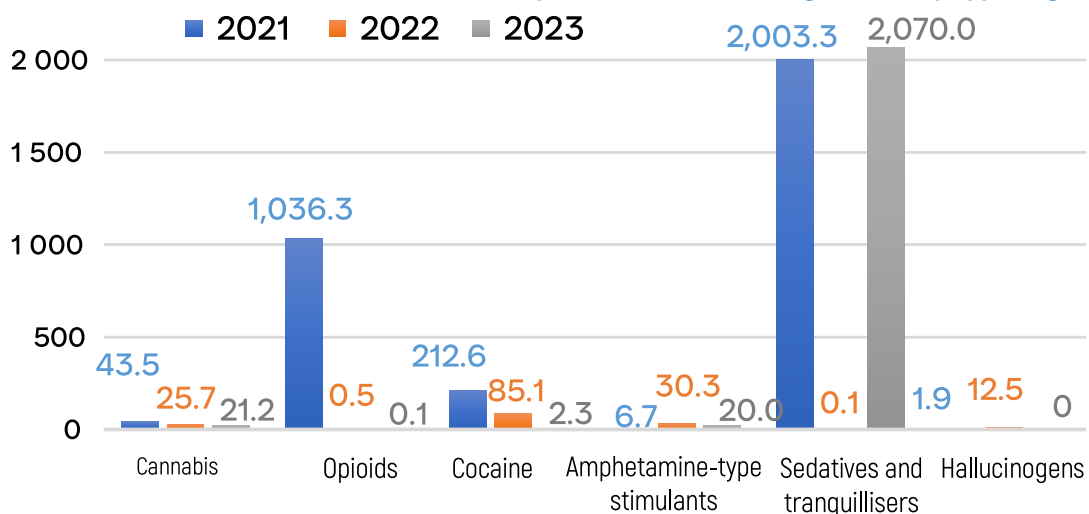
Calculation source: NPU according to statistical reporting.

Fig. 159. Amount of narcotic substances seized by law enforcement agencies, by type (kg) – SSU



Calculation source: SSU according to statistical reporting.

Fig. 160 Amount of narcotic substances seized by law enforcement agencies, by type (kg) – SCS



Calculation source: SCS according to statistical reporting.

The data on narcotics and psychotropic substances seized by the SCS during import and export attempts are contained in [Annex 5](#) of the National Report on the Drug Situation in Ukraine and in Fig. 161 and Fig. 162.

Fig. 161 Amount of seized narcotics, by type (kg) – Imports

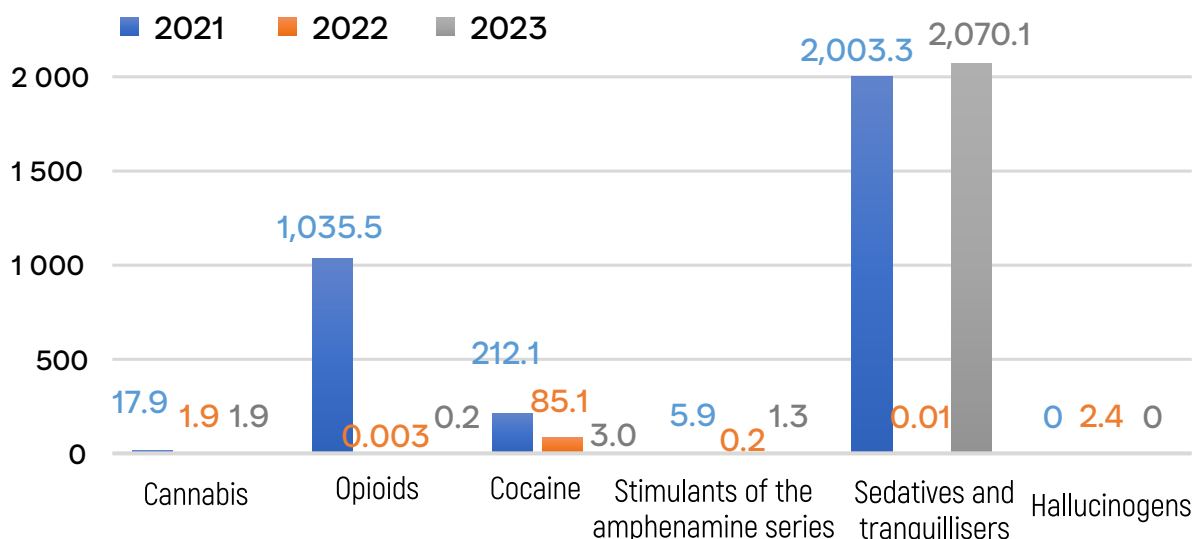
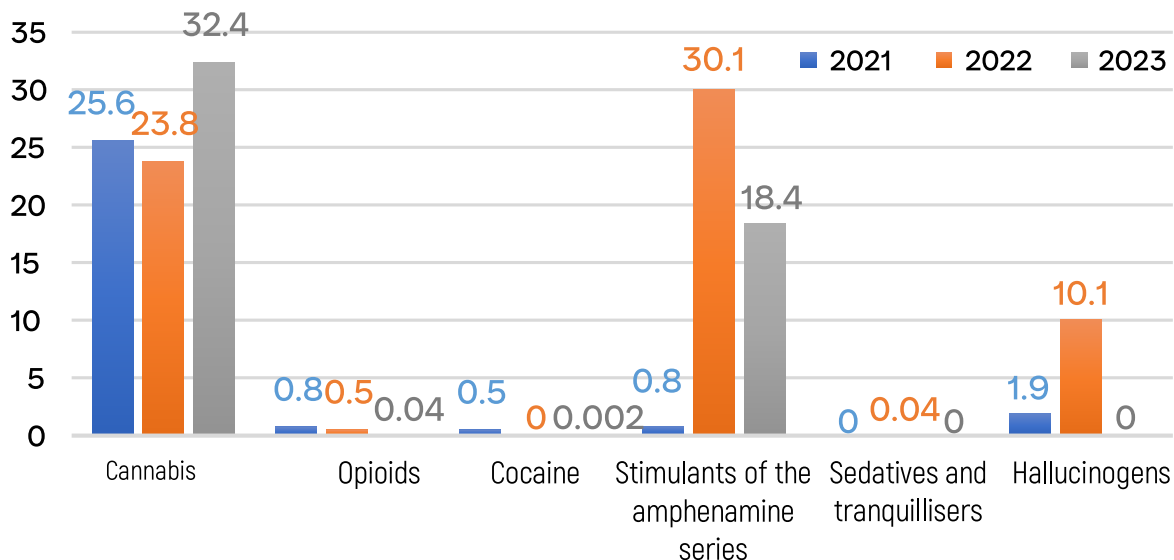


Fig. 162 Amount of seized narcotics, by type (kg) – Exports



11.3. Main characteristics and trends in drug-law offence

Russia’s large-scale armed aggression and the imposition of martial law in the country significantly affected the criminal situation in the field of drug-law offences in 2022–2023.

The occupation of territories and active hostilities have led to a large-scale migration of people both within Ukraine and abroad. This has resulted in the relocation of both drug users and drug dealers, the organisation of new drug supply and distribution schemes, the reorientation of the drug market, and the formation of new organised criminal groups operating in this area.

In the temporarily occupied territories, the state’s activities in the field of drug-law offences control have been completely suspended, primarily in terms of the creation, production, quality control and sale of medicinal products, as well as ensuring proper conditions for conducting economic activities related to drug circulation in accordance with current legislation .

Thus, the difficult socio-economic situation in the country, increased unemployment, deterioration of the mental health of the population related to the war, the inability to control the situation in the temporarily occupied territories and territories where active hostilities are taking place, and other negative factors caused by Russia's armed aggression contribute to the deterioration of the overall situation with drug-law offence.

According to the NPU and the MIA, the following trends in drug-law offences are currently observed:

- a general increase in the number of drug-law offences, including due to the involvement of new people in their sale and distribution;
- increased domestic production of PSs in clandestine laboratories, which allows control over the full production cycle and supply chain;
- increasing the use of postal services, including international mail, for the transport of PSs and precursors for their production;
- replacement of 'traditional' types of drugs (of plant origin) with synthetic substances, and, accordingly, the number of drug laboratories for the production of synthetic surfactants is growing. As a result of the temporary occupation of parts of the country, in particular the southern and eastern regions, where cannabis plants were previously grown, most of the raw materials obtained from drug-containing plant derivatives stopped reaching consumers, which contributed to the reorientation of the drug market towards synthetic PSs ;
- change in the routes of smuggling of PSs due to the blocking of sea and air traffic, changes in the control of the border areas of Donetsk, Luhansk, Kharkiv, Chernihiv and Sumy regions and the complete blocking of the Ukrainian-Russian, Ukrainian-Belarusian borders. Local routes of local importance remained, mainly through the western regions of Ukraine and Odesa region;
- the shipment of PSs that are mainly produced domestically, such as cannabis and synthetic PSs (amphetamine, alpha-PvP) to the European Union (such routes run through Poland, Moldova, Romania, Hungary, and rarely Slovakia);
- a decrease in demand for expensive drugs, such as cocaine, due to the impoverishment of the population;
- increased supply of combined drug-containing medicines and precursors, the marketing of which is prohibited in Ukraine but allowed in EU countries, in particular Subutex, codeine-containing, ephedrine-containing precursors (e.g. Codeine Phosphate, Trifed, Cirrus, Acatar);
- Min forms of transport (smuggling) of combined drug-containing medicines: private road transport, regular passenger bus services, railways;
- distribution of precursors through Western countries, mainly through Hungary (less often Romania, Poland, Slovakia), such as nitroethane, diethyl ether, acetone, alpha-bromo-valerophenone, 2-bromo-4-methylpropiofenone, etc. The main ways of supplying (transporting) precursors are: by means of freight transport, including containerised transport to enterprises (facilities) that have valid permits for the legal circulation of such substances;
- an increase in administrative cases for drug-law offences or crimes committed under the influence of drugs, in particular:
 - > a 20.7% increase in the number of administrative cases pending in courts;
 - > a 11% increase in the number of administrative reports for administrative

offences committed under the influence of drugs or alcohol;

- > a 22.5% increase in the number of administrative reports for domestic violence under the influence of drugs or alcohol;
- an increase in criminal cases for drug-law offences and the number of people convicted of such crimes :
 - > a 35.6% increase in the number of criminal cases pending in courts (21,816 in 2022 to 29,581 in 2023);
 - > a 48.5% increase in the number of women convicted of crimes in criminal cases (645 in 2022 to 958 in 2023);
 - > a 40.7% increase in the number of registered criminal offenses in the field of illegal drug-law offences for the selling purposes (10,162 in 2022 to 14,302 in 2023);
 - > by 55.9% increase in the number of people convicted of criminal offenses in the field of drug-law offences (7,948 in 2022 to 12,388 in 2023);
 - > a 67% increase in the number of clandestine drug laboratories detected in Ukraine.

The cost of narcotic substances is given in Appendix 3 to this report.

12. KEY DATA ON INDIVIDUAL SUBSTANCES AND MONITORING INDICATORS FOR 2023

12.1. Cannabis

INDICATOR	VALUE
Number of people placed under supervision with a newly established diagnosis	1409
Number of people under supervision at the end of the reporting period	14333
Number of people who received treatment in 2023 (outpatient and inpatient treatment)	1189
Amount of cannabis seized in completed criminal proceedings (kg)	1793.5
Amount of cannabis seized following completed criminal proceedings (kg)	1901.6
Amount of cannabis detected by the SBS offices (kg)	63.927
Amount of cannabis detected by the authorities of the SCS offices (kg)	21.2
Amount of cannabis seized/detected in prison facilities (kg)	1.1

12.2. Opioids and opiates

INDICATOR	VALUE
Number of people placed under supervision with a newly established diagnosis	4791
Number of people under supervision at the end of the reporting period	46306
Number of people who received treatment in 2023 (outpatient and inpatient treatment)	21194
Number of deceased people identified as having opioids in their biological samples	110
Amount of opioids and opiates seized at the beginning of the pre-trial investigation (kg):	
- heroin	0.3
- opium	0.1
- methadone	9.5
- tramadol	0.8
Amount of opioids and opiates seized following completed criminal proceedings (kg):	
- heroin	0.3
- opium	0.1
- methadone	12.3
- tramadol	1.3

INDICATOR	VALUE
Amount of opioids and opiates detected by the SBS offices (kg):	
- heroin	1.376
- opium	1.865
- tramadol	1.196
Amount of opioids and opiates detected by the SCS offices(kg)	0.1
Amount of opioids and opiates detected in prison facilities (g):	
- methadone	100.0129
Average retail price (UAH):	
- for 1 gram of opium	1000

12.3. Cocaine

INDICATOR	VALUE
Number of people placed under supervision with a newly established diagnosis	6
Number of people under supervision at the end of the reporting period	266
Number of people who received treatment in 2023 (outpatient and inpatient treatment)	74
Amount of cocaine seized at the beginning of the pre-trial investigation (kg)	4.8
Amount of cocaine seized following completed criminal proceedings (kg)	2.5
Amount of cocaine detected by SBS offices (kg)	2.312
Amount of cocaine detected by SCS offices (kg)	2.3
Amount of cocaine seized/detected in prison facilities (kg)	0
Average retail price for 1 gram of cocaine (UAH)	6000

12.4. Amphetamines

INDICATOR	VALUE
Number of people placed under supervision with a newly established diagnosis	0
Number of people under supervision at the end of the reporting period	0
Number of people who received treatment in 2023 (outpatient and inpatient treatment)	0
Number of deceased people identified as having amphetamines in their biological samples	46
Amount of amphetamines seized at the beginning of the pre-trial investigation (kg)	307.2
Amount of amphetamines seized following completed criminal proceedings (kg)	58.4
Amount of amphetamines detected by the SCS offices (kg)	1.3
Amount of amphetamines seized/detected in prison facilities (kg):	4.8625
- amphetamine	2.118
- methamphetamine	
Average retail price for 1 gram (UAH):	400
- amphetamine	800
- for 1 gram of methamphetamine	500
- for 1 MDMA/ecstasy tablet	

12.5. Hallucinogens

INDICATOR	VALUE
Number of people placed under supervision with a newly established diagnosis	12
Number of people under supervision at the end of the reporting period	124
Number of people who received treatment in 2023 (outpatient and inpatient treatment)	19
Amount of hallucinogens (LSD) seized at the beginning of the pre-trial investigation (g)	0.1
Amount of hallucinogens (LSD) seized following completed criminal proceedings (g)	0.7751
Amount of hallucinogens detected by the SCS offices (kg)	0
Amount of hallucinogens seized/detected in prison facilities (g)	30.9628
Average retail price for 1 dose of LSD (UAH)	500

SUMMARY

Since February 2022, the country has been at war due to the full-scale invasion of the Russian Federation. As a result of the armed aggression, part of the country's territories are temporarily occupied, active hostilities are taking place in certain regions of the country, and shelling of the entire country and civilians is taking place. A significant part of the country's population has left the country or moved from the regions where active hostilities are taking place to safer regions, thus creating a large number of internally displaced people. This situation, the general deterioration in the mental health of the population, the decline in economic well-being, the loss of control over part of the territory by the state, etc. also affect the drug situation in the country. This requires a significant focus on the analysis of current trends related to the drug situation.

Currently, the overall drug situation is characterised by the following main trends and tendencies.

The country has no data on the prevalence of PS use among the general population, as no national population surveys have ever been conducted to assess this. At the same time, experts' opinions suggest that the frequency of PS use is increasing, especially among certain groups, such as the military and veterans. Given the high relevance of this issue, one of the current priorities is to conduct a survey on PS use among the general population and certain groups. In turn, conducting a national survey on the prevalence of PS use among the adult population, given its cost, can be integrated with other national studies to optimise resources. The survey on PS use among 15-16 year olds was conducted in the country in 2019 and 2024, and the results of 2024 will be presented in the next report.

Regarding the estimated number of people with PS use disorders, only estimated data on injecting drug users are available at the country level. This data was obtained as part of a biobehavioural survey in 2018. According to the calculations, there are 317,000 injecting drug users in the government-controlled territory of Ukraine, of whom 63.3% are opioid users.

In 2023, HIV prevention services for some key populations, such as people who inject drugs (PWID), transactional sex workers (TSW), and men who have sex with men (MSM), will be available in Ukraine.

295,266 people received HIV testing services, of whom 67.6% were PWID. 300,640 people received TB screening services, of whom 67.9% were PWID. 309,187 people received condoms and lubricants, of whom 68% were PWID. In addition, 16,834,736 syringes and needles were exchanged/distributed to PWID and 15,948,497 alcohol wipes were provided.

The overall drug situation in the country is currently characterised by a decrease in demand for expensive drugs such as cocaine, an increase in demand and supply of synthetic substances, in particular synthetic cathinones and cannabinoids, and the continued spread of a substance of unknown origin, sold under the street name 'street methadone', which is likely to contain synthetic opioids along with other additives.

Based on the experts' opinion, the number of patients using nalbuphine (pharmaco-therapeutic group: Analgesics. Opioids. Morphinan derivatives). This medication is prescribed by general practitioners or neurologists, etc. to treat pain syndrome as a result of a somatic disease. Patients who did not previously have substance use disorders develop dependence as a result of abuse of this medication. Another trend is the high prevalence of alpha PVP use among people with opioid dependence. Such

patients usually have mental comorbidity and severe mental symptoms (delusions, psychotic states, etc.). When prescribed OAT, most of them have low adherence to treatment and drop out of the programme.

The majority of patients admitted to the intensive care units of drug rehabilitation hospitals are acutely intoxicated with alpha PVP, amphetamine and cannabis and have psychosis. We observe a high prevalence of psychosis among cannabis users, which was not previously the case and suggests that the use of synthetic cannabinoids with additional admixtures of unknown substances is widespread. These individuals have severe productive symptoms (delusions, hallucinations) and psychosis, which are difficult to treat. After emergency care, some patients are transferred to psychiatric hospitals for further treatment.

In an online study conducted by the Alliance for Public Health using the Operational Study Outreach Model methodology, nearly 60.0% of cannabis users reported experiencing atypical or unexpected effects after using the drug. 42.0% of those who reported such effects agree that these effects could be caused by other impurities or unusual ingredients in the drug. The most commonly reported effects are hallucinations, nausea and vomiting, panic attacks, and anxiety.

The study conducted by the Alliance for Public Health among young people who use drugs demonstrated the prevalence of their use in sexual contexts. 35.0% of PWID who participated in the study reported using psychoactive substances (PAS) before or during sex to change their sexual experience. This practice is widespread not only among homosexual, bisexual, and other MSM but also among heterosexual men and women, but is more common among men and transgender women. It is worth noting that sexualized drug use is more common among people who use Alpha-PVP and other synthetic cathinones and methamphetamine. Thus, people who use these categories of drugs are more vulnerable to HIV and other negative consequences due to the syndemic combination of risks associated with drug use and unsafe sexual practices, such as group sex. In general, among the study respondents, 20.0% reported having simultaneous sexual contact with several partners of different sexes, 13.0% with two or more men, and 31.0% with two or more women. The prevalence of group sex was much higher among transgender people (both men and women). It should be noted that 11.0% of the respondents in this study were under 18 years old, and 30.0% were under 21 years old.

According to the official statistical reporting form, in 2023, 28,506 people with mental and behavioural disorders due to PS use were treated. The ratio of outpatient and inpatient treatment services is as follows: 72% of people received outpatient treatment; 28% – inpatient treatment. Over time, there has been a decrease in the number of outpatients compared to inpatients (from 76.8% in 2021 to 71.9% in 2023). In turn, inpatient treatment coverage increased by 4.9% (from 23.2% in 2021 to 28.1% in 2023). This trend needs to be clarified as it may be due to a number of reasons, such as greater financial interest of HCFs to provide inpatient services or more complex condition of patients requiring hospitalisation.

The largest number of inpatients are people who used hallucinogens, multiple PSs and other PSs that are not identified or are new, including synthetic cathinones sold under the street name 'salts'. Usually, the use of such substances is associated with more severe withdrawal symptoms, more complications, and more complex treatment.

Of the people who received treatment, 74% were over the age of 36 (124,819 people), 26% (43,760 people) were aged 15-35, and 0.01% (15 people) were children aged 0-17.

In 2023, opioids were the substance most often associated with treatment. Among people with mental and behavioural disorders due to PS use covered by treatment, the vast majority of patients received treatment for opioid dependence (21,229 people, or 74.5%). In 2023, the number of people with mental and behavioural disorders due to PS use who were placed under medical supervision with a newly established diagnosis was 5,212.

As of the end of 2023, there were 4,043 people with mental and behavioral disorders due to psychoactive substance use in the healthcare units/hospitals of the branches of the Health Care Center of the State Criminal-Executive Service of Ukraine (SCESU); these people are the detainees and convicts placed in pre-trial detention centers and penitentiaries of the State Criminal-Executive Service of Ukraine. 1,159 out of the total were newly diagnosed cases.

As of the end of 2023, the OAT programme was implemented in 7 medical units/hospitals (3,290 people received treatment) of HCC of SCES. Preparatory measures were taken to introduce OAT in 11 more medical units/hospitals of HCC of SCES.

According to the Department for the Execution of Criminal Sentences of the MoJ in 2023, 6,312.67 g of narcotics and psychotropic substances were seized/discovered in prisons. Cannabis herb accounted for the largest share of seizures (87%).

Currently, it is impossible to fully assess drug-related deaths at the national level, including those directly caused by drug use (overdose) and indirectly (violence, road accidents, injuries, etc.) due to the imperfect mortality surveillance system, poor logistics and martial law. Given the situation in connection with the Russia's full-scale military aggression against Ukraine, in accordance with the provisions of paragraph 1 of the Law of Ukraine No. 2115-IX 'On Protection of the Interests of Reporting Entities and Other Documents in the Period of Martial Law or State of War' and Resolution of the Cabinet of Ministers of Ukraine No. 263 dated 12/03/2022 'Some Issues of Ensuring the Functioning of Information and Communication Systems, Electronic Communication Systems, Public Electronic Registers in the Conditions of Martial Law', territorial SSS offices are not currently able to obtain the relevant administrative data needed to generate demographic statistics (including mortality) in full.

The compilation of statistical information on the population (estimated), starting with data as of 01/01/2023, and indicators of natural movement of the population (including mortality), starting from 2022, has been suspended.

Thus, this report does not contain data on the number of deaths from mental and behavioural disorders due to psychoactive substances and the number of deaths from external causes of death related to PS use, which are administered by the SSS.

According to the Forensic Office, in 2023, the number of deaths involving the presence of PS in biological samples was 815.

The following figures were recorded in terms of combating illicit trafficking and reducing the supply of drugs. According to the NPU, in 2023, 102 clandestine laboratories producing narcotics or psychotropic substances were detected (9 of them produced more than one substance). There is a trend towards an increase in the proportion of new psychoactive substances (alpha-PvP, mephedrone), methamphetamine/amphetamine and methadone detected in clandestine drug laboratories dismantled in 2023, while the proportion of cannabis and amphetamine decreased. Compared to 2022, the number of dismantled clandestine drug laboratories in 2023 increased significantly (by 61.9%). The bulk of the dismantled drug laboratories produced the synthetic psychostimulant alpha-PvP and amphetamine-type substances.

In 2023, the total amount of seized narcotics and psychotropic substances in completed criminal proceedings was 3,174.06 kg, which is 16.5% more than in 2022 (2,725 kg). In 2023, the seizure/detection of cannabis accounted for the largest share of seizures/detections of narcotics and psychotropic substances (53%).

According to the NPU and the MIA, the following trends in drug-law offences are currently observed:

- a general increase in the number of drug-law offences, including due to the involvement of new people in their sale and distribution;
- increased domestic production of PSs in clandestine laboratories, which allows control over the full production cycle and supply chain;
- increasing the use of postal services, including international mail, for the transport of PSs and precursors for their production;
- replacement of 'traditional' types of drugs (of plant origin) with synthetic substances, and, accordingly, the number of drug laboratories for the production of synthetic surfactants is growing. As a result of the temporary occupation of parts of the country, in particular the southern and eastern regions, where cannabis plants were previously grown, most of the raw materials obtained from drug-containing plant derivatives stopped reaching consumers, which contributed to the reorientation of the drug market towards synthetic PSs;
- change in the routes of smuggling of PSs due to the blocking of sea and air traffic, changes in the control of the border areas of Donetsk, Luhansk, Kharkiv, Chernihiv and Sumy regions and the complete blocking of the Ukrainian-Russian, Ukrainian-Belarusian borders. Local routes of local importance remained, mainly through the western regions of Ukraine and Odesa region;
- the shipment of PSs that are mainly produced domestically, such as cannabis and synthetic PSs (amphetamine, alpha-PvP) to the European Union (such routes run through Poland, Moldova, Romania, Hungary, and rarely Slovakia);
- a decrease in demand for expensive drugs, such as cocaine, due to the impoverishment of the population;
- increased supply of combined drug-containing medicines and precursors, the marketing of which is prohibited in Ukraine but allowed in EU countries, in particular Subutex, codeine-containing, ephedrine-containing precursors (e.g. Codeine Phosphate, Trifed, Cirrus, Acatar);
- Min forms of transport (smuggling) of combined drug-containing medicines: private road transport, regular passenger bus services, railways;
- distribution of precursors through Western countries, mainly through Hungary (less often Romania, Poland, Slovakia), such as: nitroethane, diethyl ether, acetone, alpha-bromo-valerophenone, 2-bromo-4-methylpropiofenone, etc. The main ways of supplying (transporting) precursors are: freight transport, including container transport to enterprises (facilities) that have valid permits for the legal circulation of such substances.

The situation with drug-law offences in 2023 is as follows.

In 2023, there was an increase in administrative cases for drug-law offences or crimes committed under the influence of drugs, in particular:

- a 20.7% increase in the number of administrative cases pending in courts;
- a 11% increase in the number of administrative reports for administrative offences committed under the influence of drugs or alcohol;
- a 22.5% increase in the number of administrative reports for domestic violence under the influence of drugs or alcohol.

In 2023, 6,590 people were held administratively liable and subjected to an administrative penalty, while the vast majority of people (95.4%) were fined. In 2023, the total amount of fines imposed by a court decision in cases of administrative offences amounted to UAH 5,675,322.00 (on average UAH 861.20 per person). In 2023, the amount of drugs seized in cases of administrative offences was 2 kg.

In 2023, 38,670 criminal offences in the field of trafficking in narcotics, psychotropic substances, their analogues or precursors were recorded in Ukraine, including 31,454 criminal offences in which people were served with a notice of suspicion, 19,723 people were served with a notice of suspicion, and 18,247 people were identified as having committed drug-law offences.

The available data shows that the largest number of criminal proceedings involve people who have been involved in the production, purchase, storage, transportation or transfer of narcotics, psychotropic substances or their analogues not for selling purposes, and therefore are actually drug users, many of whom have mental and behavioural disorders as a result of PS use.

When looking at the dynamics of the number of offences during 2016-2022 under Articles 305-320 of the CCU, it can be seen that the number of recorded offences tends to increase.

Analysis of the dynamics of the number of recorded criminal offences in the field of drug-law offences in 2016-2023, by type of offence demonstrates that:

Since 2016, a constant and rapid increase in the number of recorded criminal offences under Article 307 of the CCU (illegal production, making, purchasing, storage, transportation, sending or sale of narcotics, psychotropic substances or their analogues) has been observed;

The number of recorded offences under Article 309 of the CCU had a downward trend from 2016 to 2021, and increased rapidly in 2022-2023. In 2023, the number of registered criminal offences under Article 309 of the CCU increased by 0.1% compared to 2022, while the number of offences under Article 307 of the CCU increased by 40.7%.

Regarding offenses under Articles 305-320 of the CCU in the period from 2016 to 2023. – After a sharp (44.2%) increase in 2017 in the number of people served with notices of suspicion of committing drug-law offences, there was a general downward trend in this indicator, but in 2023 it went up again and increased by 34.9% compared to 2022, exceeding the figures for 2017 by 7.9%.

The same trend occurred with regard to the number of detected people who commit drug-law offences: a sharp increase in 2017 (by 43.1%), a gradual decrease until 2021, and an increase in the number of detected people in 2022 (by 7.5% compared to 2021). In 2023, the number of detected people increased sharply by 35.2% compared to 2022 and amounted to 18,247.

A total of 13,902 people were convicted for offences in the field of trafficking in narcotics, psychotropic substances, their analogues or precursors, the majority of whom were sentenced, which is 18.5% of the total number of people convicted in Ukraine for all offences.

In terms of the types of punishment applied, out of the total number of people convicted in 2023 under Art. 305-320 of the CCU, more than 47% of people were exempted from punishment.

In terms of the type of offence, the largest number of people convicted under Art. 305-320 of the CCU are people convicted of illegal production, making, purchase, storage, transportation or transfer of narcotics, psychotropic substances or their analogues not for selling purposes (Art. 309 of the CCU). Over the period 2016-2022,

the proportion of people convicted under this article averaged 81.9%. However, in 2023, the proportion of prisoners increased to 87.4%.

The analysis of the data shows a trend towards an increase in the number of offences committed under the influence of drugs in 2023 for illegal handling of weapons, ammunition or explosives (Art. 263 of the CCU), and traffic and road safety offences by people driving while intoxicated (286-1).

In 2023, more than 4,500 families whose members used PSs were covered by social services provided by offices in cities, districts, city districts, towns and villages.

In 2023, the government adopted a number of important regulations, in particular with the following goals:

To regulate the introduction of probationary supervision as a form of punishment and an alternative to imprisonment and restraint of liberty for people committing drug-law offences;

To regulate the conditions for the legal circulation and use of cannabis, its resins, extracts and tinctures for medical, industrial, scientific and technical purposes (issues of production, prescription, release, etc.);

To introduce a mandatory electronic prescription for drug-containing medicines;

To regulate the issue of ensuring that detainees have continuous/permanent access to medicines for taking them as prescribed by a doctor and/or for treatment, if necessary, when they are detained in NPU temporary detention facilities.

ANNEX 1

Articles of CUAO, which provide for liability for drug-law offences

Article of CUAO	Type of offence	Liability
44	Illegal production, acquisition, storage, transportation, transfer of narcotics or psychotropic substances not for selling purposes in small amounts	shall be punishable by a fine of fifty to one hundred tax-free minimum incomes ¹ OR community service for a term of twenty to sixty hours, OR or administrative arrest for up to fifteen days

Application features:

Article 44(2) of the CUAO – a person who voluntarily surrendered narcotics or psychotropic substances that he/she had in small amounts and which he/she produced, made, purchased, stored, transported, sent without the selling purpose is exempt from administrative liability for actions under this Article

people aged 16 to 18 may be subject to other enforcement measures, such as warning or placing the minor under the supervision of parents or people in loco parentis, or under the supervision of a teaching or labour collective (Article 24-1 of the CUAO)

130	Driving vehicles or vessels by people under the influence of alcohol, drugs or other intoxicants or under the influence of medicinal products that reduce their attention and reaction time	drivers – shall be punishable by a fine of one thousand tax-free minimum incomes with deprivation of the right to drive vehicles for a period of one year other people – shall be punishable by a fine in the amount of one thousand tax-free minimum incomes
173-2	Committing domestic violence, gender-based violence	shall be punishable by a fine of ten to twenty tax-free minimum incomes OR community service for a term of thirty to forty hours, OR administrative arrest for up to ten days

¹ Amounts to UAH 17, in accordance with paragraph 5 of the Transitional Provisions of the [Tax Code of Ukraine](#)

ANNEX 2

Articles of the Criminal Code of Ukraine, which provide for liability for offences in the field of illegal drug-law offences

Article of the CCU	Type of offence	Liability
305	(part 1) Smuggling of narcotics, psychotropic substances, their analogues or precursors, that is their movement across the customs border of Ukraine outside the customs control or by concealing from the customs control, -	shall be punishable by imprisonment for a term of five to eight years
	(part 2) The same actions, if repeated, or committed by a group of people upon their prior conspiracy, and also where these actions involved especially dangerous narcotics or psychotropic substances, their analogues or precursors in large amounts, -	shall be punishable by imprisonment for a term of five to ten years with the forfeiture of property
	(part 3) Smuggling of narcotics, psychotropic substances, their analogues or precursors committed by an organized group, and also where smuggling involved narcotics or psychotropic substances, their analogues or precursors in especially large amounts, -	shall be punishable by imprisonment for the term of ten to twelve years with the forfeiture of property
306	(part 1) Placing proceeds from trafficking in narcotics, psychotropic substances, their analogues or precursors, into banks, enterprises, institutions, organizations and their divisions, or purchasing facilities and property designated for privatization, or industrial and other equipment, or using these proceeds and property to continue trafficking in narcotics, psychotropic substances, their analogues or precursors, deprivation imprisonment for, poisonous or potent substances or poisonous or strong medicinal products, -	shall be punishable by imprisonment for a term of seven to twelve years with the deprivation of the right to occupy certain positions OR engage in certain activities for a term up to three years and forfeiture of property
	(part 2) Any such actions as provided for by paragraph 1 of this Article, if repeated, or committed by a group of people upon prior conspiracy, or in respect of gross amounts, -	shall be punishable by imprisonment for a term of eight to fifteen years with the deprivation of the right to occupy certain positions OR engage in certain activities for a term up to three years and forfeiture of property
307	(part 1) Illegal production, making, purchasing, storage, transportation, sending for selling purposes , and also illegal sale of narcotics, psychotropic substances or their analogues, -	shall be punishable by imprisonment for a term of four to eight years

Article of the CCU	Type of offence	Liability
307	<p>(part 2) The same actions, if repeated OR committed by a group of people upon prior conspiracy, OR by a person who had previously committed any of the criminal offenses created by Articles 308 to 310, 312, 314, 315 and 317 of this Code, OR by engaging a minor AND ALSO sale of narcotics, psychotropic substances or their analogues in places designated for educational, sports, and cultural purposes, and in other places of wide public attendance, OR sale or transfer of these substances to places of imprisonment, OR where these actions involved narcotics, psychotropic substances or their analogues in gross amounts or especially dangerous narcotics and psychotropic substances, -</p> <p>Any such actions as provided for by paragraphs 1 and 2 of this Article, if committed by an organized group, AND ALSO if these actions involved narcotics, psychotropic substances or their analogues in especially gross amounts, OR committed by engaging a young child or in respect of a young child, -</p> <p>Special conditions: A person, who voluntarily surrendered narcotics, psychotropic substances or their analogues, and disclosed the source from which they were purchased, and assisted in uncovering the criminal offenses related to their trafficking, shall be discharged from criminal liability for their illegal production, making, purchasing, storage, transportation, or sending</p>	<p>shall be punishable by imprisonment for a term of six to ten years with the forfeiture of property</p> <p>shall be punishable by the imprisonment for a term of eight to twelve years with the forfeiture of property</p>
308	<p>(part 1) Stealing, appropriation, or extortion of narcotics, psychotropic substances or their analogues, or acquisition of same by fraud, -</p> <p>(part 2) The same actions, if repeated, or committed by a group of people upon their prior conspiracy, or accompanied with violence not dangerous to the victim's life or health, or threats of such violence, or by a person who had previously committed any of the criminal offenses created by Articles 306, 307, 310, 312, 314, 315 and 317 of this Code, or committed in respect of gross amounts, and also acquisition of narcotics, psychotropic substances or their analogues by an official through abuse of office, -</p>	<p>shall be punishable by imprisonment for a term of three to six years</p> <p>shall be punishable by imprisonment for a term of five to ten years with the deprivation of the right to occupy certain positions or engage in certain activities for a term up to three years and forfeiture of property</p>

Article of the CCU	Type of offence	Liability
308	(part 3) Any such acts as provided for by paragraph 1 or 2 of this Article, if committed in respect of especially gross amounts, or by an organized group, and also brigandism for the purpose of stealing of narcotics, psychotropic substances or their analogues, and also extortion of such substances accompanied with violence dangerous to life and health, -	shall be punishable by imprisonment for a term of seven to twelve years with the forfeiture of property
309	(part 1) Illegal production, making, purchasing, storage, transportation or sending of narcotics, psychotropic substances or their analogues not for selling purposes , -	shall be punishable by a fine of one thousand to three thousand tax-free minimum incomes OR community service for up to two years, OR probationary supervision for a term up to five years, OR restraint of liberty for the same period
	(part 2) the same actions committed by a group of people based on a prior conspiracy OR within a year after conviction under this article OR if these actions involved narcotics, psychotropic substances or their analogues in gross amounts, -	shall be punishable by a fine of two thousand to five thousand tax-free minimum incomes OR restraint of liberty for up to three years
	(part 3) Any such actions as provided for by paragraphs 1 and 2 of this Article, if committed by engaging a minor, and also if these actions involved narcotics, psychotropic substances or their analogues in especially gross amounts, -	shall be punishable by imprisonment for a term of five to eight years
	special conditions: A person, who voluntarily applied to a treatment facility and began the treatment of drug addiction, shall be discharged from criminal liability for actions provided for by paragraph 1 of this Article.	
310	(part 1) Illegal planting OR cultivation of opium poppy or cannabis in the amount of one hundred to five hundred plants or hemp in the amount of ten to fifty plants, -	shall be punishable by a fine from one hundred to five hundred tax-free minimum incomes OR probationary supervision for a term up to three years, OR restraint of liberty for the same period

Article of the CCU	Type of offence	Liability
310	(part 2) Illegal planting OR illegal cultivation of hypnotic poppy or hemp by a person who was convicted under this article or who previously committed one of the criminal offenses provided for in articles 307, 309, 311, 317 of this of the Code, OR committed by a group of people with a prior conspiracy for the selling purposes, as well as illegal sowing OR illegal cultivation of hypnotic poppy in the amount of five hundred or more plants or hemp in the amount of fifty or more plants, -	shall be punishable by restraint of liberty for a term of three to seven years
311	(part 1) Illegal production, making, purchasing, storage, transportation or sending of precursors for the purpose of using them for production OR making of narcotics, or psychotropic substances, -	shall be punishable by a fine up to 50 tax-free minimum income OR probationary supervision for a term up to three years, OR restraint of liberty for the same period
	(part 2) The same acts, if repeated, or committed by a group of people upon their prior conspiracy, OR in respect of gross amounts, or for selling purposes, and also the illegal sale of precursors, -	shall be punishable by imprisonment for a term of two to five years
	(part 3) Any such acts as provided for by paragraph 1, if committed by an organized group, or in especially gross amounts, -	shall be punishable by imprisonment for a term of six to twelve years with the forfeiture of property
	Special conditions: A person, who voluntarily surrendered precursors designated for the production or making of narcotics or psychotropic substances, and disclosed the source from which they were purchased, or assisted in uncovering of criminal offenses related to trafficking of precursors, narcotics, psychotropic substances or their analogues, shall be discharged from criminal liability for illegal production, making, purchasing, storage, transportation, or sending of same (paragraph 1 of this Article).	
312	(part 1) Stealing, appropriation, or extortion of precursors, OR acquisition of precursors by fraud for the purpose of further sale, as well as their sale for the production or manufacture of narcotics, psychotropic substances or their analogues, -	shall be punishable by a fine up to seventy tax-free minimum incomes OR probationary supervision for a term of up to three years, or restraint of liberty for a term of up to three years, OR imprisonment for the same term

Article of the CCU	Type of offence	Liability
312	<p>(part 2) The same acts, if repeated, or committed by a group of people upon their prior conspiracy, OR accompanied with violence not dangerous to the victim's life or health, or threats of such violence, OR committed in respect of gross amounts, and also acquisition of precursors by an official through abuse of office, -</p> <p>(part 3) Any such acts as provided for by paragraph 1 OR 2 of this Article, if committed by an organized group, or in respect of especially gross amounts, and also brigandism for the purpose of stealing of precursors, AND ALSO extortion of precursors accompanied with violence dangerous to life and health, -</p>	<p>shall be punishable by imprisonment for a term of three to seven years with the deprivation of the right to occupy certain positions or engage in certain activities for a term up to three years</p> <p>shall be punishable by imprisonment for a term of five to twelve years with the deprivation of the right to occupy certain positions or engage in certain activities for a term up to three years and forfeiture of property</p>
313	<p>(part 1) Stealing, appropriation, extortion of equipment devised for making of narcotics, psychotropic substances OR their analogues, or acquisition of such equipment by fraud, AND ALSO illegal making, purchasing, storage, transfer or sale of such equipment to other people, -</p> <p>(part 2) The same actions, if repeated, or committed by a group of people upon their prior conspiracy, or by a person who had previously committed any of the criminal offenses created by Articles 306, 312, 314, 315, 317 and 318 of this Code AND ALSO acquisition of equipment devised for making of narcotics, psychotropic substances or their analogues, by an official through abuse of office, -</p> <p>(part 3) Any such acts as provided for by paragraph 1 OR 2 of this Article, if committed by an organized group OR for the purpose of making of especially dangerous narcotics, psychotropic substances or their analogues, and brigandage for the purpose of stealing of equipment devised for making narcotics, psychotropic substances or their analogues, and also extortion of such equipment accompanied with violence dangerous to life and health, -</p>	<p>shall be punishable by a fine of one thousand to four thousand tax-free minimum incomes OR probationary supervision for a term up to three years, OR restraint of liberty for the same period</p> <p>shall be punishable by imprisonment for a term of two to six years</p> <p>shall be punishable by imprisonment for a term of five to twelve years with the confiscation of property</p>

Article of the CCU	Type of offence	Liability
314	(part 1) Illegal injection of narcotics, psychotropic substances OR their analogues in the body of another person against his/her will, -	shall be punishable by imprisonment for a term of two to five years
	(part 2) The same actions, if they caused drug addiction of the victim, or repeated, OR committed by a person who had previously committed any of the criminal offenses created by Articles 306 to 312, and 314 to 318 of this Code, OR committed in respect of two or more people, OR where they caused medium grave or grave bodily injury to the victim, -	shall be punishable by imprisonment for the term of three to ten years
	(part 3) Any such acts as provided for by paragraph 1 OR or 2 of this Article, if committed in respect of a minor or a person in helpless condition or a pregnant women, OR involving an injection of especially dangerous narcotics, psychotropic substances or their analogues into the body of another person, AND ALSO if these actions caused death of the victim, -	shall be punishable by imprisonment for a term of five to twelve years
315	(part 1) Inducement of any person to use narcotics, psychotropic substances or their analogues, -	shall be punishable by restraint of liberty for a term up to five years, OR imprisonment for a term of two to five years
	(part 2) The same action, if repeated, OR committed in respect of two or more people, OR in respect of a minor, OR BY a person who had previously committed any of the criminal offenses created by Articles 307, 308, 310, 314, and 317 of this Code, -	shall be punishable by imprisonment for a term of five to twelve years
316	(part 1) Illegal use of narcotics in public or committed by a group of people in places designated for educational, sport and cultural purposes, and in other places of wide public attendance, -	shall be punishable by restraint of liberty for a term up to four years OR imprisonment for a term up to three years
	(part 2) The same actions, if repeated, or committed by a person who had previously committed any of the criminal offenses created by Articles 307, 310, 314, 315, 317 and 318 of this Code, -	shall be punishable by imprisonment for a term of three to five years

Article of the CCU	Type of offence	Liability
317	(part 1) Organizing or running places for illegal use, production or making of narcotics, psychotropic substances or their analogues, and also providing any premises for this purpose, -	shall be punishable by imprisonment for a term of three to five years
	(part 2) The same actions, if repeated, or committed for mercenary motives, or by a group of people, OR by engaging a minor, -	shall be punishable by imprisonment for a term of five to twelve years with the forfeiture of property
318	(part 1) Illegal making, forgery, use or sale of forged or illegally obtained documents authorizing the receipt of narcotics, psychotropic substances or precursors designated for production or OR making of such narcotics or substances, -	shall be punishable by a fine of one thousand to four thousand tax-free minimum incomes OR restraint of liberty for a term up to three years
	(part 2) The same acts, if repeated, or committed by a group of people upon their prior conspiracy, OR by a person who had previously committed any of the criminal offenses created by Articles 306 to 317 of this Code, -	shall be punishable by imprisonment for a term of two to five years
319	(part 1) Illegal making of a prescription authorizing the purchase of narcotics or psychotropic substances for mercenary motives or any other personal interests, -	shall be punishable by a fine up to seventy tax-free minimum incomes OR community service for a period of one hundred and sixty to two hundred and forty hours, OR probationary supervision for a term up to three years, OR restraint of liberty for the same period, with the deprivation of the right to occupy certain positions or engage in certain activities for a term up to three years
	(part 2) The same action, if repeated, -	shall be punishable by imprisonment for a term of two to five years with the deprivation of the right to occupy certain positions or engage in certain activities for a term up to three years

Article of the CCU	Type of offence	Liability
320	<p>(part 1)</p> <p>Violation of rules on planting or cultivation of opium poppy or cannabis, and also violation of rules on production, making, storage, inventorying, dispensation, distribution, commercial sale, transportation, sending or use of narcotics, psychotropic substances, their analogues or precursors designated for production or making of such narcotics or substances, -</p>	<p>shall be punishable by a fine up to seventy tax-free minimum incomes</p> <p>OR</p> <p>probationary supervision for a term up to four years,</p> <p>OR</p> <p>restraint of liberty for the same period,</p> <p>OR</p> <p>imprisonment for a term up to three years, with the deprivation of the right to occupy certain positions or engage in certain activities for a term up to three years</p>
	<p>(part 2)</p> <p>The same actions, if repeated,</p> <p>OR</p> <p>where they resulted in shortage of narcotics, psychotropic substances, their analogues or precursors in gross amounts, or in stealing, appropriation, extortion of narcotics, psychotropic substances, their analogues or precursors</p> <p>OR</p> <p>acquisition of them by fraud or abuse of office, -</p>	<p>shall be punishable by a fine of seventy to one hundred and twenty tax-free minimum incomes</p> <p>OR</p> <p>probationary supervision for a term up to four years, OR</p> <p>imprisonment for a term of three to five years, with the deprivation of the right to occupy certain positions or engage in certain activities for a term up to three years</p>

ANNEX 3

Number of criminal offences for drug-law offences

Articles of the CCU		Criminal offenses recorded in 2023	Number of criminal offences for drug-law offences	Number of people served with a notice of suspicion	Perpetrators of criminal offences identified		
					Total	Men	Women
Art. 305		145	74	75	40	29	11
Art. 306		56	50	35	22	21	1
Art. 307		14 302	11 611	2 727	1 804	1 574	230
including	transportation, forwarding	1 909	1 181	-	-	-	-
	sales	11 651	9 913	-	-	-	-
	involving a minor, p. 2 Art. 307	1	0	0	0	0	0
	with the involvement of or in relation to a minor, p. 3 Art. 307	0	0	0	0	0	0
Art. 308		1 333	1 275	75	64	54	10
Art. 309		20 155	16 016	15 317	14 999	13 984	1 015
including	delinquency (p. 1 Art. 309)	16 732	13 383	12 175	12 085	11 290	795
	crimes (p. 2, 3 Art. 309)	3 423	2 633	3 142	2 914	2 694	220
Art. 310		1 024	938	934	876	648	228
including	offenses (p. 1 Art. 310)	690	640	552	549	360	189
	crimes (p. 2 Art. 310)	334	298	382	327	288	39
Art. 311		343	281	169	130	119	11
including	offenses (p. 1 Art. 311)	35	27	3	3	2	1
	crimes (p. 2, 3 Art. 311)	308	254	166	127	117	10
Art. 312		0	0	0	0	0	0
Art. 313		107	91	82	53	52	1
Art. 314		6	1	1	1	1	0
Art. 315		15	14	7	3	3	0
including	minor	3	3	-	-	-	-
Art. 316		3	2	2	1	1	0

Art. 317		461	431	258	220	200	20
includ- ing	for produc- tion and man- ufacturing	77	73	-	-	-	-
Art. 318		255	254	4	4	2	2
includ- ing	sales	0	0	0	0	0	0
Art. 319		398	376	4	3	1	2
includ- ing	offenses (p. 1 Art. 319)	15	4	0	0	0	0
	crimes (p. 2 Art. 319)	383	372	4	3	1	2
Art. 320		67	40	33	27	2	25

ANNEX 4

Seizures of psychoactive substances, 2023

Total amount of seized narcotics, by type (kg)

	2021	2022	2023
Cannabis	2029.64	2255.69	1863.48
Opioids	1802.08	1253.57	796.56
Cocaine	267.08	162.43	8.78
Amphetamine-type stimulants	252.37	188.15	337.93
Sedatives and tranquilizers	2003.95	53.95	2071.29
Hallucinogens	1.032	13.48	0.1

Amount of narcotics seized by law enforcement agencies in 2023, by type (kg)

	NPU	SSU	SCS
Cannabis	1,796.60	45.731	21.15
Opioids	794.7	1.758	0.1
Cocaine	4.8	1.6687	2.31
Amphetamine-type stimulants	307.2	10.6938	20.04
Sedatives and tranquilizers	1.125	0.16	2070
Hallucinogens	0.1	0	0

ANNEX 5

Seizures of psychoactive substances during import and export, 2023

	EXPORT, KG			EXPORT, PCS.		
	2021	2022	2023	2021	2022	2023
Cannabis	25.6	23.82	32.4	0	11	21071
Opioids	0.75	0.51	0.04	7171	1002	380
Cocaine	0.5	0	0.002	0	0	0
Amphetamine-type stimulants	0.8	30.07	18.4	120	0	66
Sedatives and tranquilizers	0	0.04	0	70967	1090	1906
Hallucinogens	1.9	10.11	0	0	0	0
	IMPORT, KG			IMPORT, PCS		
	2021	2022	2023	2021	2022	2023
Cannabis	17.94	1.9013	1.9	989	214	2,009
Opioids	1035.52	0.003	0.2	18871	113208	21297
Cocaine	212.13	85.1	3	0	0	0
Amphetamine-type stimulants	5.93	0.18	1.3	191	28493	50685
Sedatives and tranquilizers	2003.26	0.01	2070.1	85677	0	27970
Hallucinogens	0	2.36	0	0	139	0

ANNEX 6

Prices for narcotics

year	Cannabis		Opioids and opi-ates		Cocaine		Amphetamines		Hallucinogens	
	UAH	EUR	UAH	EUR	UAH	EUR	UAH	EUR	UAH	EUR
2021*	per g of resin		per g of heroin		per g		per g of amphetamine		per pill	
	598	19.49	113.59-1903.4	3.7-62	2287.15-5228.21	74.5-170.3	236.39-1142.04	7.7-37.2	190.34-951.7	6.2-31
	for herbal cannabis									
	19.65-249.28	0.64-8.12								
2022**	No data available		No data available		per g of cocaine		per g of amphetamine		per dose of LSD	
					4000	102.83	475	12.21	400	10.28
							per g of methamphetamine			
							1700	43.7		
							per MDMA/Ecstasy pill			
500	12.85									
2023***	No data available		per ml of opium		per g of cocaine		per g of amphetamine		per blotter of lysergic acid diethylamide (LSD)	
			80-120	1.91-2.86	4000-8000	95.47-190.93	400-1000	9.55-23.87	400-800	9.55-19.09
			per g of opium (raw)				per g of methamphetamine			
			800-1200	19.09-28.64			800-1600	19.09-38.19	per g of psilocybin mushrooms	
			per g of opium (dry or for smoking)				per MDMA/Ecstasy pill		800-1600	19.09-38.19
			500-900	11.93-21.48			500-1500	11.93-35.80		

*The EUR/UAH exchange rate as of the end of 2021 was UAH 30.7.

**The EUR/UAH exchange rate at the end of 2022 was UAH 38.9.

***The EUR/UAH exchange rate as of the end of 2023 was UAH 41.9.

Data source: NPU

ANNEX 7

Reorganization of health care providers

	REORGANIZED HEALTHCARE INSTITUTIONS	HEALTH CARE INSTITUTION - SUCCESSOR
Volyn	The Municipal Enterprise "Volyn Regional Mental Hospital of Olyka" of the Volyn Regional Council	The Municipal Enterprise "Volyn Regional Psychiatric Hospital of Lutsk" Volyn Regional Council
	The Municipal Enterprise "Volyn Medical Center for Addiction Therapy" of the Volyn Regional Council	
Dnipro	The Municipal Enterprise "Regional Medical Psychiatric Center for Inpatient Addiction Treatment" of the Dnipropetrovsk Regional Council	The Municipal Enterprise "Dnipropetrovsk Multidisciplinary Clinical Hospital for Psychiatric Care" of the Dnipropetrovsk Regional Council
Donetsk	Communal treatment and prevention institution "Kostiantynivka Narcological Dispensary"	Municipal Non-Profit Enterprise "Kramatorsk Medical center for addiction prevention and treatment"
	Communal treatment and prevention institution "Pokrovsk Narcological Dispensary"	
	Communal treatment and prevention institution "Sloviansk Narcological Dispensary"	
Zhytomyr	Zhytomyr region AIDS prevention and management centre	Municipal Non-Profit Enterprise "Regional Medical Specialized Center" of the Zhytomyr Regional Council
	Zhytomyr Regional Dermatological and Venereology Dispensary	
	Municipal Non-Profit Enterprise "Regional Medical Center of Mental Health" of the Zhytomyr Regional Council	
Zaporizhzhia	Municipal Enterprise "Huliaipole Psychiatric Hospital" of the Zaporizhzhia Regional Council	The Municipal Enterprise "Zaporizhzhia Regional Psychiatric Hospital" of the Zaporizhzhia Regional Council
	Municipal Enterprise "Molochansk Psychiatric Hospital" of the Zaporizhzhia Regional Council	
	Municipal Enterprise "Novo-Zlatopol Psychiatric Hospital" of the Zaporizhzhia Regional Council	

Zaporizhzhia	Municipal Enterprise "Regional Children's Psychoneurological Sanatorium" of the Zaporizhzhia Regional Council	The Municipal Enterprise "Zaporizhzhia Regional Psychiatric Hospital" of the Zaporizhzhia Regional Council
	Municipal Enterprise "Regional Clinical Narcological Dispensary" of the Zaporizhzhia Regional Council	
Ivano-Frankivsk	Municipal Non-Profit Enterprise "Prykarpattia Narcological Center" of the Ivano-Frankivsk Regional Council	Municipal Non-Profit Enterprise "Prykarpattia Regional Clinical Center of Mental Health" of the Ivano-Frankivsk Regional Council
	Municipal Non-Profit Enterprise "Regional Institution for the Provision of Psychiatric Care" of the Ivano-Frankivsk Regional Council	
	Municipal Non-Profit Enterprise "Ivano-Frankivsk Special Institution for the Provision of Psychiatric Care" of the Ivano-Frankivsk Regional Council	
Kirovohrad	Municipal Non-Profit Enterprise "Kirovohrad Regional Narcological Dispensary" of the Kirovohrad Regional Council	Municipal Non-Profit Enterprise "Regional Clinical Psychiatric Hospital" of the Kirovohrad Regional Council
Poltava	Municipal Enterprise "Kremenchuk Regional Narcological Dispensary" of the Poltava Regional Council	The Municipal Enterprise "Poltava Medical Center for Addiction Therapy of the Poltava Regional Council"
	Municipal Enterprise "Lubny Regional Narcological Dispensary" of the Poltava Regional Council	
Kharkiv	Municipal Non-Profit Enterprise "Regional narcological dispensary"	Municipal Non-Profit Enterprise "Regional Clinical Narcology Hospital"
Kherson	Municipal Non-Profit Enterprise "Regional Narcological Center" of the Kherson Regional Council	Municipal Non-Profit Enterprise "Kherson regional institution for the provision of psychiatric care" of Kherson Regional Council
Khmelnyskyi	Municipal Enterprise "Khmelnyskyi Regional Narcological Dispensary" of the Khmelnytskyi Regional Council	Municipal Non-Profit Enterprise "Khmelnyskyi Regional Institution for the Provision of Psychiatric Care" of the Khmelnytskyi Regional Council
	Municipal Non-Profit Enterprise "Yablunivskyi Regional Institution for the Provision of Psychiatric Care" of the Khmelnytskyi Regional Council	

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