

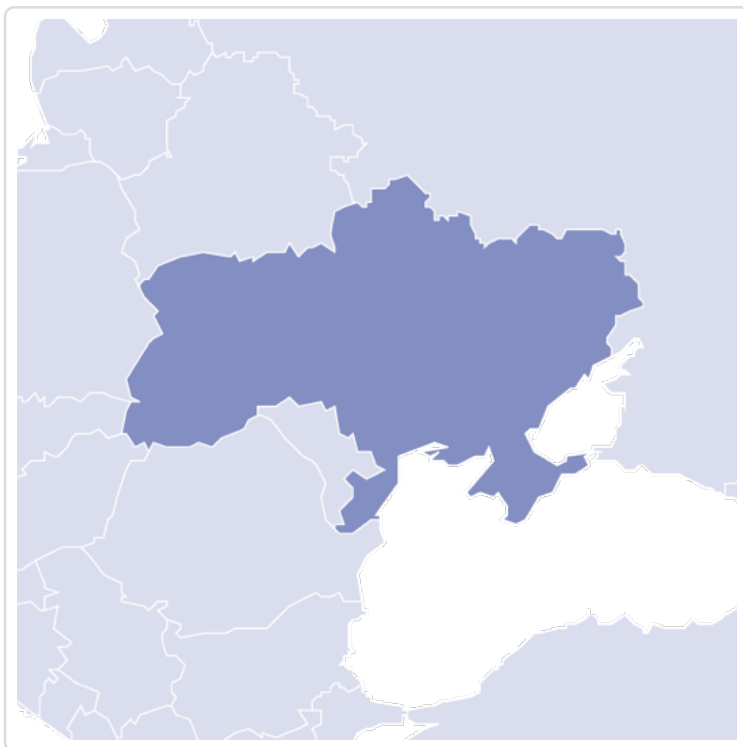


emcdda

[Home \(/emcdda-home-page_en\)](#) / [Countries \(/countries_en\)](#) / [Ukraine](#)

Ukraine country overview

Ukraine country overview



In 2014, the drugs control system of Ukraine was reorganised and the Ministry of Health assumed all functions related to forming state policy on drugs, monitoring of the drug situation and coordination of drug control. As a consequence, the Ukrainian Monitoring and Medical Center on Drugs and Alcohol (UMMCDA) was established in 2015 as a State agency within the Ministry of Health. The Center leads activities related to monitoring the circulation of narcotic

medicines, illicit drugs, other psychotropic substances and precursors in Ukraine. UMMCDA is authorized to continue the fulfilment of the obligations of the Ukrainian side, specified in the Memorandum of Understanding between the Ministry of Health of Ukraine and the European Monitoring center for Drugs and Drug Addiction, signed in 2010.

Last updated: Friday, June 17, 2016

[Focal point contact information](#)

[Key national figures and statistics](#)

On this page

- Prevalence of drug use
- Prevention
- Problem drug use
- Treatment demand
- Drug-related infectious diseases
- Drug-induced deaths and mortality
- Treatment responses
- Harm reduction responses
- Drug markets and drug-law offences
- National drug laws
- National drug strategy
- Coordination mechanisms
- Additional sources of national information

Disclaimer

This summary was prepared based on Pinchuk, I.J, Shum, S.S., Rumyantseva, S.S. et al. (2014), '2014 National report (2013 data) to the European Monitoring Centre for Drugs and Drug Addiction. In-depth information on drug situation in Ukraine. Proposals on improvement of assistance to drug addicted individuals, availability of medication that contain narcotic, psychotropic or precursor-type substances', and '2015 National report (2014 data) to the European Monitoring Centre for Drugs and Drug Addiction. In-depth information on drug situation in Ukraine. Proposals on improvement of assistance to drug addicted individuals, availability of medications that contain narcotic, psychotropic or precursor-type substances', both published by the Ukrainian Monitoring and Medical Center on Drugs and Alcohol. The summary was prepared in the framework of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) technical cooperation project 'Towards a gradual improvement of European Neighbourhood Policy partner countries' capacity to monitor and to meet drug-related challenges', funded by the European Commission. The content does not necessarily reflect the official opinion of the European Union and has not been subject to the usual EMCDDA data verification procedures.

Drug use among the general population and young people

Up to 2014 targeted research on the prevalence of drug use in the Ukrainian general population aged 15–64 had not been conducted.

In 2010 a socio-demographic survey, Youth of Ukraine, was conducted. The random sample included 1 800 respondents aged 15–34 from all regions of Ukraine. The survey results show that 9 % of respondents had consumed illicit drugs at least once in their life. The most common substance was marijuana or hashish, used by about 8 % of respondents. Ecstasy was consumed by about 2 % of respondents. About 30 % of

respondents reported that they personally knew people who used drugs. Some 32 % of respondents first used drugs between the ages of 12 and 16; 32 % were aged 17–18; and 30 % were aged 19–28.

Among males, the highest percentage (34.4 %) of respondents first tried drugs aged 12–16, while 44.4 % of females first tried drugs aged 19–28. The data show that males try drugs earlier than females, and the highest risk for experimentation with drugs is between the ages of 12 and 18. Some 31.5 % of respondents who had experienced drug use reported consuming marijuana or hashish in the last 12 months, 8.4 % reported using ecstasy, and 10 % reported using any drug. The use of marijuana or hashish in the last 30 days was reported by 16 %; cocaine by 1 %; and ecstasy by 0.5 % (Libanova, 2010).

By 2014 four waves of the Health Behaviour in School-Aged Children (HBSC) surveys (2002, 2006, 2010, 2014) had been conducted in Ukraine. The latest survey was conducted in 458 educational institutions (with 11 390 respondents) situated in 313 localities. The survey included children in secondary school grades 5–11, first- and second-year students at vocational colleges, and educational institutions of I–II levels of accreditation (on the basis of nine years of school education, that corresponds to the ages of 10–17). The survey was performed using standardised self-administered questionnaires that were filled in by students in classrooms.

The questions on the pupils' experience of drug use such as marijuana or hashish were addressed to those aged 15–17 (from the 10th grade of secondary school).

Results in 2014 showed that among 15-year-old respondents 9 % of males and 5.6 % of females had used marijuana or hashish in their life; and 3.6 % of males and 1.4 % of females had used marijuana or hashish in the last 30 days (Balakireva et al., 2014a (http://www.unicef.org/ukraine/ukr/Analitical_report_HBSC_2015_Internet.pdf)).

Ukraine continues to participate in the European School Survey Project on Alcohol and Other Drugs (ESPAD (<http://en.uisr.org.ua/>)). The latest results (http://www.uisr.org.ua/img/upload/files/ESPAD/Report_ESPAD_2011_ua.pdf) are available from the study conducted in 2011 when the sample size consisted of 7 512 students aged 15–17, comprising 3 355 males and 4 157 females. The survey was performed through standardised self-administered questionnaires filled in by students in the classroom.

Around 12.4 % of respondents reported ever having used marijuana or hashish. Males reported ever using marijuana or hashish more frequently than did females (18.9 % and 7.2 % respectively). The major proportion of those who used marijuana or hashish were 'experimental users', i.e. those who had tried the substance once or twice in their life. This was particularly observed among students at vocational schools and universities.

Around 7.3 % of respondents had used marijuana or hashish in the past 12 months. The prevalence among males was three times that for females (11.5 % and 4.0 % respectively). Some 3.0 % of respondents reported marijuana or hashish use in the last 30 days, and the gender difference was even more noticeable at 5.2 % of males and 1.2 % of females. Around 1.5 % of recent users reported using cannabis 1–2 times in the past 30 days, and around 1.0 % had used it more than six times in the same time period. Lifetime prevalence of ecstasy use was 3.1 % (4.7 % of males and 1.8 % of females). The 2015 ESPAD study was conducted by the Yaremenko Ukrainian Institute for Social Research (<http://www.uisr.org.ua>), with financial support from the UNICEF Office in Ukraine and the EMCDDA. The results of the study will be available in mid 2016.

The project 'Challenges to prevention programmes aimed at reducing the vulnerability of youth under the conditions of HIV/AIDS epidemic', conducted at the Yaremenko Ukrainian Institute for Social Research (<http://www.uisr.org.ua>) in 2009–10, studied the situation regarding the prevalence of preventive programmes for a healthy lifestyle within the system of vocational education institutions, behavioural practices of the students and the possibility of developing interventions for HIV prevention. The study asked questions about the prevalence of alcohol consumption and drug use among students at vocational schools aged 15–21 in five regions of Ukraine (Kyiv, Vinnytsia, Ternopil, Khmelnytsky, Chernivtsi oblasts). The sample size was 1 008 respondents. Among all respondents, 17 % reported having attempted drug use at least once in their life. Some 2 % of students reported having used drugs recently. Some 3 % reported injecting drug use in their life and 1 % reported injecting drug use recently. First drug use among vocational students takes place most often aged 15–16. Some 4 % of students who had a practice of non-injecting drug use had first used drugs at the age of 11 years, and 20 % had tried the drugs for the first time before the age of 15. Regarding the first instance of injecting drug use, four respondents were under the age of 11; 12 respondents were aged 15; and 14 respondents were aged 18 (Balakireva et al., 2010).

In 2013 in the framework of the assessment of the HIV Epidemiology in Zaporizhya Region: Mapping of Key Risk Groups and Services for Them, 126 youngsters aged 15–24 who were living on the street were interviewed regarding their experiences with

psychoactive substances. Almost all (98.4 %) indicated using alcohol in the past, while about 61.1 % had used marijuana and 60.3 % had inhaled toxic substances.

In the absence of general population surveys, the data on individuals registered at Ministry of Health (MoH) medical facilities with psychiatric and behavioural disorders caused by drugs provide additional indication of the total population of drug users in Ukraine. By the end of 2014 a total of 84 739 individuals had been registered, 60 587 of them in the 'narcological dispensary supervision' group and 24 152 in the 'preventive narcological supervision' group. The prevalence of psychiatric and behavioural disorders caused by drug use in 2014 was 141.2 per 100 000 people.

[↑ Top of page](#)

Prevention

In Ukraine the prevention of substance abuse is an integral part of the educational process in schools, and frequently targets both schoolchildren and their parents. For example, the Family Talk programme, which addresses alcohol abuse, is implemented with pupils in grades 7 and 8 in ten regions of Ukraine.

A large number of public and private institutions and organisations are involved in various other prevention activities. These activities are intended to create a cultural, social, physical and economic environment that discourages substance abuse.

Legislative measures are in place to restrict the marketing of alcohol and tobacco products. Advertising and promotion and sponsorships by tobacco manufacturers of tobacco products are prohibited. A network of community-based social services for families, children and youth provides social services and support to those who find themselves in difficult life circumstances.

In 2013, to promote a healthy lifestyle for young people, the Ministry of Youth and Sports ran an all-Ukrainian information and prevention campaign 'Responsibility Starts with Me!', which aimed to reinforce adults' responsibility for helping children and young people to avoid alcohol and tobacco use, and to promote a healthy lifestyle. In the framework of the campaign, 13 660 shops selling alcohol and tobacco products were inspected. A total of 1 829 cases in violation of selling alcohol and tobacco to young people aged 14–18 were revealed, 877 minors aged 14–18 were arrested for violation of existing laws, 2 326 administrative protocols were drafted and 412 officials were prosecuted.

The Ministry of Interior also organises regular information activities together with the Directorates for Education and Science and mainly targets children and young people from vulnerable families, orphans and those who live on the street. The primary aim of these activities is crime reduction.

↑ Top of page

Problem drug use

Up to 2012 the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) defined problem drug use as injecting drug use (IDU) or long duration/regular use of opiates, cocaine and/or amphetamines. However, in 2012 a new definition of 'high-risk drug use' was adopted. The new definition includes 'problem drug use', but is broader (mainly in its inclusion of high-risk use of more substances). Details are available here (<http://www.emcdda.europa.eu/themes/key-indicators/pdu>).

The data from bio-behavioural studies indicate that opium extract ('shyrka') is a preferred injectable in Ukraine, while there are indications that the popularity of amphetamine-type stimulants and new substances is also increasing. These substances are more popular among younger drug users and females. Heroin seems to be a drug of choice for those who have less than 3 years of injection experience.

A number of studies to estimate the population of injecting drug users have been conducted in Ukraine.

In 2009 a study evaluated social groups with a high risk of human immunodeficiency virus (HIV) infection, using the network scale-up method with a multiplier based on hospital admissions, data from prevention services on annual coverage rates of people who inject drugs (PWID) and data from bio-behavioural studies among PWIDs. The study estimated the number of injecting drug users in Ukraine at 230 000 to 360 000. Taking the central estimate of 290 000 PWIDs would give a PWID rate of about 0.9 % of the adult population aged 15–64 (Berleva et al., 2010).

In 2011–12 a study to estimate the size of high-risk populations for HIV/acquired immune deficiency syndrome (AIDS), including current drug injectors (injected at least once in the last 30 days), was conducted using the coefficient method. To calculate the estimated population size of PWIDs, the results from a bio-behavioural survey of 2011 were triangulated with data from inpatient treatment hospitalisation records of drug users, data from the opioid substitution treatment register, harm reduction services, on the number of

rapid HIV tests among PWIDs, and PWID participation in previous bio-behavioural surveys. The estimates were first calculated at local or city levels, and further extrapolated to regional levels. The national size estimate was obtained by summing up all regional estimates. The results indicate that there were about 310 000 PWIDs in Ukraine (Berleva et al., 2012 (http://www.aidsalliance.org.ua/ru/library/our/2013/SE_2012_Eng.pdf)).

The study Assessment of the Population Size of Drug Addicted Women of Reproductive Age in Ukraine (http://www.unicef.org/ukraine/EN_Population_Report_.pdf) was conducted in 2012–13 by the Social Monitoring Centre with the technical support of the Representative Office of the United Nations Children’s Fund (UNICEF) in Ukraine. The study was conducted in the Dnipropetrovsk, Kyiv, Poltava and Volyn regions using secondary analysis of data from the 2011 Bio-Behavioural Study Among Injecting Drugs Users. Using an extrapolation method, it was estimated that there are about 82 000 females of reproductive age who inject drugs in Ukraine (Balakireva et al., 2014b).

↑ Top of page

Treatment demand

Data on persons accessing treatment services are collected through the initial medical reporting forms approved by the MoH, under the guidance of the Centre for Medical Statistics of the MoH. These forms are filled in by the state-funded narcological units/institutions and further submitted to regional/local information and analysis units at healthcare directorates of regional executive bodies, which aggregate the data for each respective region. For Kyiv, the statistical data are aggregated at the city level. The Centre for Medical Statistics of the MoH receives aggregated data, and further submits the state reporting/accounting forms to the State Statistics Service of Ukraine.

All non-anonymous clients (those who applied themselves, or under the direction of law enforcement) diagnosed in a certain way in the drug treatment facilities (according to ICD-10) with mental and behavioural disorders due to the use of drugs or psychoactive substances are introduced to the special registration and surveillance system, so-called ‘narcological supervision’, with the creation of the records in the treatment facilities. In the registration system two groups of patients are identified: (1) those diagnosed with addiction, including withdrawal and psychoses, who are subject to ‘narcological dispensary supervision’; and (2) those who use drugs occasionally and have no dependencies, who are subject to ‘preventive narcological supervision’.

In 2014 a total of 9 144 individuals diagnosed with psychiatric and behavioural disorders induced by drugs were registered in Ukraine for the first time in their life (excludes Crimea and Sevastopol city; data for Luhansk and Donetsk region are partial). The majority of these individuals were 15 to 35 years old (6 871), and male (85.2 %). Of these, 3 732 individuals were in the 'narcological dispensary supervision' group. The majority of the clients registered in this group reported using opioids (65.5 % or 2 446 individuals); followed by cannabis users (9.7 % or 365 individuals). About one-quarter of registered drug users were classified as polydrug users. Use of other drugs is rare. The overwhelming majority of newly registered clients (81.9 % or 3 057 individuals) used drugs by injection.

By the end of 2014 a total of 84 739 individuals had been diagnosed with psychiatric and behavioural disorders caused by drugs, of which 60 587 were in the 'narcological dispensary supervision' group and 24 152 in the 'preventive narcological supervision' group. Similar to those who had registered for the first time, the overwhelming majority of all registered patients in the 'narcological dispensary supervision' group used drugs by injection (85.4 % or 51 727 individuals). Opioids were reported as the main substance of use for 70.4 % of this group, followed by cannabis (7.3 %). One-fifth of all diagnosed individuals under 'narcological dispensary supervision' used two or more substances.

[↑ Top of page](#)

Drug-related infectious diseases

Ukraine has encountered one of the most severe HIV epidemics in Europe and the Commonwealth of Independent State countries, with 0.62 % of the adult population infected with HIV/AIDS, which is two times more than the average European indicator. For almost two decades the HIV/AIDS epidemic in Ukraine was concentrated among high-risk groups, mainly people who inject drugs; however, there are indications that the epidemic may be affecting the general population. According to the Ukrainian Centre for AIDS Combatting and Prevention, the proportion of HIV/AIDS infections acquired through injecting drug use reduced from 83.6 % in 1997 to 33 % in 2013, while the proportion of HIV/AIDS infections acquired through sexual contacts grew from 11 % to 66 % in the same period. Nevertheless, people who inject drugs constitute the majority of those living with HIV/AIDS in Ukraine. Moreover, females constitute about 45 % of those living with HIV/AIDS.

During the period 1997–2014 the proportion of HIV transmitted by sexual contact among all registered people living with HIV/AIDS grew to 56.7 %, which is higher than those acquiring HIV as a result of injecting drug use (24.2 %).

Between 1987 and 2014 a total of 264 489 HIV/AIDS cases were registered in Ukraine, including 75 577 AIDS cases and 35 425 deaths caused by AIDS. The number of HIV positive PWIDs registered in Ukraine at the end of 2014 was 53 920. In 2014 a total of 19 273 new HIV cases were registered (14 582 among the adult population), which is the lowest number since 2008 (in 2013 a total of 21 086 cases were registered). The number of new cases among PWIDs in 2014 was 4 670, which indicates some tendency of decline (5 847 cases in 2013).

Bio-behavioural studies also indicate that HIV prevalence among injecting drug users is reducing. Thus in 2009 almost 8.2 % of PWIDs with more than three years' injecting experience tested HIV positive; however, in 2013 the proportion had reduced to 3.5 %. Nevertheless, the epidemic of HIV/AIDS among PWIDs remains a major concern.

It is estimated that about 3 % of people living in Ukraine are infected by hepatitis C virus (HCV) (1 170 000 persons). However, the prevalence of HCV infection is higher among high-risk groups. Thus, according to the World Health Organization (WHO), about 87.5 % of PWIDs in Ukraine (Ministry of Health, 2014) have tested positive for HCV (mainly 3a type). In 2013 the bio-behavioural study indicated HCV prevalence at 54.9 % among 9 502 tested individuals in 29 cities (Balakireva and Bondar, 2014).

The latest bio-behavioural study (2013) indicates that unsafe injection practices are still widespread among PWIDs. Thus more than half of the PWIDs interviewed indicated using drugs from pre-filled syringes, while one in ten drug users admitted using injecting equipment that had already been used by another drug user.

In accordance with self-reported hepatitis B virus (HBV) status, in a respondent-driven sample, about 14.6 % of PWIDs were HBV positive. The prevalence of tuberculosis in 2013 was 11.7 and 19.7 % were HIV positive (Balakireva and Bondar, 2014).

[↑ Top of page](#)

Drug-induced deaths and mortality

Information on trends in mortality associated with drug use is limited. Centralised collection of data on all deaths in the population, including those related to drug use, by the State Statistics Committee of Ukraine (Ukraine Derzhstat) is based on the processing of primary records approved by the MoH (medical certificate of death).

As of 1 January 2014 a total of 179 people had died as a result of mental and behavioural disorders caused by drug use (2.6 per 100 000 population).

[↑ Top of page](#)

Treatment responses

The treatment of drug dependency, rehabilitation and re-socialisation of drug users is provided by the state healthcare facilities of the MoH and social care facilities of the Ministry of Social Policies, which, according to protocols, are entitled to provide medical help to individuals with mental and behavioural disorders caused by the use of psychoactive substances. Some non-governmental organisations also provide medical and rehabilitation services to people who use drugs. All treatment facilities, regardless of their status, must have the permission of the MoH to carry out drug treatment activities, and the MoH also supervises these facilities.

As of 1 January 2015 a total of 39 drug treatment institutions and 508 institutions with consulting rooms were operating in Ukraine. In addition, 48 facilities of the State Penitentiary Service had a drug treatment office, which provides preventive, therapeutic, diagnostic and rehabilitative care.

The cost of diagnosis or treatment of drug users in state healthcare facilities, when it is related to their drug use, is covered by the state budget.

A number of legislative and normative documents outline the standards in the field of healthcare, including drug treatment. These standards are currently being revised.

The outpatient and inpatient treatment of drug users includes psychoprophylactic, psycho-correctional, psychotherapeutic and pharmacological methods of treatment. The treatment is individualised and based on the severity of disease and the individual's overall health.

Opioid substitution treatment (OST) was implemented in Ukraine in 2004 (with buprenorphine), supported by Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) grants, through a network of state-based healthcare facilities. Methadone maintenance treatment was initiated in 2007. The administration of OST is regulated by the recommendation 'Substitution maintenance therapy in the treatment of dependence syndrome' adopted by the Decree of the MoH in 2008. Since 2010 OST has been available in all administrative regions of Ukraine. The number of OST sites has continued to expand, and by the end of 2014 OST was available at 170 sites in 25 regions. On 31 December 2014 there were 8 403 patients in OST programmes (8 525 at the end of 2013). Of these, 875 received buprenorphine hydrochloride (972 in 2013). The remaining 7 528 clients received methadone hydrochloride (7 553 in 2013). The majority of OST clients are male (6 829 in 2014). The proportion of females among OST clients has remained fairly stable in recent years, and reflects the gender balance among all registered individuals with opioid dependence in the 'narcological dispensary supervision' group. In 2014 the average age of patients was 36 at the time of enrolment in the programme, and the average period of drug use experience was about 17 years. Many OST clients have one or more concomitant infectious diseases — in 2014 a total of 3 459 were living with HIV/AIDS (1 969 receiving antiretroviral therapy), 4 513 had HCV and 1 317 had tuberculosis. OST is available to people in police custody or imprisoned in State Penitentiary Service institutions who were undergoing treatment, but the numbers of recipients is relatively small (18 in 2013). These services are provided through regional drug treatment clinics.

↑ Top of page

Harm reduction responses

Harm reduction is one of the complex measures prescribed in the Strategy of the State Drug Policy for the Period up to 2020, which also specifies the need to provided targeted actions to reduce the harmful social consequences caused by drug use.

The clients of harm reduction programmes have access to the following basic services:

- sterile needles and syringes, alcohol wipes and/or condoms, voluntary counselling and HIV testing using rapid tests. The services are provided in stationary or mobile needle exchange units, and through outreach work;
- diagnosis and treatment of sexually transmitted infections (STIs), counselling on HIV and drug use, and information about other prevention and treatment programmes that operate in the region (opioid substitution treatment programme, medical

treatment);

- a system of accessing specialised experts when there is a need for specialised medical, legal or other advice. If necessary and/or available, social support is provided for clients within relevant services;
- regular self-help groups and therapeutic groups, training and support with necessary literature and information materials;
- prevention of overdose by opiates and stimulants (some projects carry out this work using naloxone);
- distribution of general use medicines and intimate hygiene items;
- organised leisure activities, training and employment for project clients.

The basic components of these services are implemented by all public organisations and are required for all projects.

The needle and syringe programmes are provided by the International HIV/AIDS Alliance in Ukraine, and its partners. As of 31 March 2013 there were 1 606 needle and syringe exchange points, organised in partnership with Alliance Ukraine. The needle and syringe exchange points are also maintained by regional non-governmental organisations, in areas not controlled by Ukraine (Donetsk and Luhansk regions). These services are mainly project-based, financed by GFATM, the programme of the US Agency for International Development (USAID), Levi Strauss and the Open Society Institute. Clean needles and syringes can also be purchased in pharmacies. Harm reduction services through pharmacies were initiated in 2007. In 2013 a total of 146 pharmacies in 13 (of 27) oblasts in Ukraine took part in harm reduction programmes and distributed free needles and syringes.

It is estimated that just less than 24 million needles and syringes were distributed in Ukraine in 2013, an average of 138 sterile needles/syringes per injecting drug user. However, the number lags behind the recommendations of WHO, the United Nations Office on Drugs and Crime (UNODC) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), according to which every injecting drug user should receive no fewer than 200 sterile needles/syringes.

Consulting and HIV testing services are provided free of charge in Ukraine. Antiretroviral treatment is available in specialised HIV/AIDS treatment centres and is also provided by a large proportion of drug treatment services. As of 1 January 2014 a total of 5 357 active injecting drug users were receiving antiretroviral treatment.

Drug markets and drug-law offences

Ukraine is a transit country for trafficking heroin from Afghanistan to western and central Europe, mainly via the Northern Black Sea route and from Russia, and some activities relating to stocking and transshipment of heroin have been noted on the territory of Ukraine in recent years. Part of the heroin entering Ukraine in transit remains in the country. Cocaine originating in Latin America enters Ukraine through Poland, Russia or countries in the Middle East and West Africa. Cannabis products are imported from the eastern European countries of Moldova and Belarus.

Domestic consumption needs are largely satisfied by the local production of illicit drugs and psychotropic substances. Clandestine production is mainly linked to the cultivation of poppy and subsequent production of acetylated or extracted opium, and the cultivation of cannabis, mostly in western parts of Ukraine. There is also concern over the diversion of controlled substances from pharmaceutical enterprises, pharmacies and treatment facilities, and those smuggled illegally from some EU countries, India and eastern Asia. In addition, opium poppy is smuggled to Ukraine from Moldova, Russia and Belarus. Synthetic drugs that come from neighbouring EU and non-EU countries enter Ukraine through Poland, Belarus (mainly amphetamines), Romania, Moldova and Bulgaria (ephedrine and narcotic medicines). At the same time, some raw herbal substances cultivated in Ukraine are trafficked to neighbouring countries.

The trafficking of illicit substances is facilitated by a large international transport network (roads and trains) that connects Ukraine to the east and west, and by the presence of several international ports that link Ukraine to the Balkan Route. In recent years, the smuggling of psychotropic substances via international postal services has also increased.

Illicit substances may be seized by the State Customs Service, Ministry of Interior and State Security Service. Table 1 provides information on the quantity of the main drugs seized in Ukraine by these law enforcement agencies in 2010–14 (no data were available for 2012).

Table 1. Quantity of main drugs seized in Ukraine (kg).

	2010	2011	2013	2014
Heroin	0.0005	7.7	1.3	1.3

State Customs Service					
	Cocaine	736.1	3.6	6.5	0.7
	Herbal cannabis	40.3	46.9	35.1	10.7
	Cannabis resin	6.6	2	1.7	0.006
	Poppy straw	–	–	1	–
Ministry of Interior	Heroin	7.1	2.5	56.6	37.7
	Cocaine	4.6	1.5	28	0.1
	Herbal cannabis	6 785	7 004	4 368	2 172
	Cannabis resin	74.8	42.3	30.3	Not available
	Amphetamine	6.25	43.6	36.3	17.9
	Poppy straw	4 162	3 402	636.4	384
State Security Service	Heroin	2.3	9	0.1	23.1
	Cocaine	1 964	3.1	4.7	1.1
	Herbal cannabis	4 578	18 032	–	–
	Cannabis resin	759	–	–	–

The law enforcement agencies have also seized acetylated opium and controlled psychotropic medications and precursors (including falsified medications). In 2014 a total of 125 clandestine drug laboratories were seized, of which 13 were producing especially dangerous and psychotropic substances and 108 were producing amphetamine, methamphetamine or acetylated or extracted opium. In 2013 a total of 73 clandestine drug laboratories were seized, of which 11 were producing especially dangerous and psychotropic substances and 62 were producing amphetamine, methamphetamine or acetylated opium. In 2014 a total of 1 584 illegal poppy (0.5 million poppies) and 1 773 illegal cannabis crops (2.3 million plants) were destroyed. In 2013 these numbers were 986 and 2 600 respectively.

The retail prices of most illicit drugs were fairly stable in 2012–13, with the exception of opium and amphetamine, for which a decrease was noted in 2013.

With regard to drug-law offences, the existing registration system allows registering an offence from the beginning of criminal proceedings, while individuals involved in criminal offences are registered when the prosecutor endorses an indictment or submits a motivated regulation about forwarding the case to court.

In 2014 the unified register of pre-trial investigations registered 44 394 cases (Criminal Code Art. 305–320). In 2013 criminal proceedings for 56 957 drug-law offences were initiated. In 26 599 of these cases indictments to a court were sent. The majority of drug-related offences were related to illegal production, manufacturing, purchase, storing, transporting or sending narcotics, psychotropic substances or their analogues without an intention to sell (Article 309 of the Criminal Code of Ukraine; 31 757 offences) and illegal production, manufacturing, purchase, storage, transporting, sending or sale of narcotics, psychotropic substances or their analogues (Article 307 of the Criminal Code of Ukraine; 14 442 offences). In addition, there were 661 drug-law offences under Articles 305 and 306 (the use of proceeds of illegal circulation of narcotic drugs, psychoactive substances or analogues or precursors, poisonous or virulent substances or poisonous or virulent medications) and Article 313 (stealing, appropriation, extorting equipment for the production of narcotic drugs, psychotropic substances and their analogues, or take-over by fraud or abuse of office, or other illegal actions with such equipment) of the criminal code of Ukraine. In general, the total number of crimes has been increasing in Ukraine since 2008. Although the number of drug-law crimes varies annually, the proportion of drug-law offences among all crimes has been on the decline.

In 2014 a total of 3 564 individuals were administratively sanctioned for the illegal production, purchase, storing, transportation or sending of narcotics or psychotropic substances without a purpose to distribute in small amounts under the Administrative Offence Code of Ukraine (Article 44). In 2013 a total of 5 191 individuals were penalised under this article. Many offences were also linked to a violation of Article 106 of the Administrative Offence Code of Ukraine on illegal crops of opium poppy and hemp.

A total of 16 011 people were convicted for crimes related to drug-law offences in 2013. Compared with 2012 this is a decrease of 28.9 % (22 530 convictions for drug-law offences).

A total of 5 043 crimes committed by drug addicts and persons in a state of narcotic intoxication were registered in 2013, which is almost half the number registered in 2011 (10 410), and follows the trend of a steady decrease in the number of reported crimes committed by this category of people since 2010.

According to the State Penitentiary Service of Ukraine (DPS), in 2013 there were 126 937 people in correctional facilities. A total of 19 105 were convicted for offences related to narcotic drugs, psychotropic substances, their analogues or precursors.

Within the 'Programme for implementation of state policy against illicit traffic in drugs, psychotropic substances, and precursors for 2003–10' in prisons and detention centres, 100 officers were appointed to counteract illegal drug trafficking. In 2013 a total of 1 173 attempts to smuggle drugs into prisons were prevented, which is slightly less than in 2011, and 14.2 kg of drugs were seized, which is also less than in 2011.

[↑ Top of page](#)

National drug laws

Two laws govern state drug policy: the Law of Ukraine 'On narcotic drugs, psychotropic substances and precursors' and 'On the measures of counteraction to the illegal circulation of narcotic drugs, psychotropic substances and precursors and to their abuse'. The first of these primarily addresses administrative and regulatory rights and obligations, while the second sets out the penal liability for abuse and supply-related offences.

Offences related to drug supply and use are defined in Articles 305–320 of the Criminal Code of Ukraine, and also in the Administrative Code. Threshold quantity limits are defined by the Decree of the MoH of Ukraine No 188 of 1 August 2000, ‘On approval of charts of small, large and especially large amounts of narcotic drugs, psychotropic substances and precursors that are in illegal circulation’. The use of drugs in private in Ukraine is not considered a criminal act, but drug use in public places, or in groups in educational, sporting or cultural places, is punishable by imprisonment of up to three years, according to the Criminal Code (Article 316). Possession of drugs, psychoactive substances or precursors without intent to sell in the amount of a small size is an administrative offence, but more than the small amount is a crime punishable by up to three years in prison (Article 309). The illegal production, possession or sale of drugs is punishable by imprisonment from three to 12 years, depending on aggravating circumstances (Article 307). However, criminal responsibility for the illegal possession of substances under Article 309 can be cancelled if individuals voluntarily admit themselves to a drug treatment programme. The criminal responsibility envisaged under Articles 307 and 311 (precursor offences) may be cancelled if a person voluntarily hands over the illicit substances, indicates the source of purchase and helps the investigative process.

In 2010 the Order of the Ministry of Health of Ukraine on 29 July 2010 No 634 amended the table of quantity thresholds. If the amount of drugs does not exceed the ‘small’ amount, this is classed as an administrative responsibility. The amounts for heroin and acetylated opium were reduced as follows: small from 0.1 g to 0.005 g; large from 10 g to 1 g; especially large from 250 g to 10 g. The small amount for opium (clotted opium poppy juice) was reduced from 0.5 g to 0.1 g and the amounts of poppy straw were also reduced: large from 5 000 g to 500 g; and especially large from 25 kg to 5 kg. For methcathinone (ephedrone), the small amount was 0.01 g. Thus, the probability of punishment for acetylated opium increased 20 times, while for poppy straw it increased five times. Given that these drugs dominate among injecting drug users in Ukraine, the effects of changing this legal act may have a major impact on the criminal as well as on the HIV/AIDS epidemic situation.

In response the expansion of trade in so-called ‘smoking blends’ and ‘spices’, in the period 2010–14 more than 140 substances were entered into the various registers of controlled substances, including varieties of synthetic cannabinoids, synthetic cathinons, phenethylamides, piperazines, triptamines, opioids and others. Entering ketamine into the register in 2010 resulted in a heated debate, as ketamine was used in veterinary surgery and this reclassification led to the collapse of veterinary care. However, under pressure from the professional community and following public actions, the ketamine

reclassification was suspended until 1 October 2011 and veterinary clinics were given this deadline for complying with the law and ensuring appropriate storage of these substances.

To simplify access to anaesthetics for patients who need palliative assistance, in 2013 the term of validity of prescriptions was increased up to 15 days. The same Ministry of Health Order also set up a norm of issue of 'Morphine' in tablet form after its registration as a medicine.

In November 2015 a joint Order of the Ministry of Internal Affairs and Ministry of Health of Ukraine (No. 1452/735) approved the instructions for identifying the signs of alcohol, drug or other intoxication or the state of being under the influence of drugs that reduce attention and the speed of response in vehicle drivers. The regulations identified the signs of alcohol and drug intoxication, the procedure of examination for intoxication by law enforcement officers on the road, the minimum level of alcohol concentration (0.2 ppm) and the procedure for examining whether an individual is intoxicated in healthcare institutions. Where signs indicate that the driver of a vehicle is under the influence of narcotics or other intoxicants, or under the influence of drugs reducing attention and the speed of response, the police officer sends the person to the nearest health institution for appropriate examination.

[↑ Top of page](#)

National drug strategy

The Strategy of the State Drug Policy for the Period up to 2020 was approved by the resolution of the Cabinet of Ministers of Ukraine on 28 August 2013 and indicates a significant turning point in the activity of state institutions to counter drug addiction and drug-related crime. The main tasks of the strategy are to reduce drug supply and demand from the non-medical use of drugs, to reduce the level of use of these drugs, and to strengthen the health of individuals, while ensuring that these actions do not interfere with human rights principles, and provide reliable protection of public health and state security from the threat of drug addiction and drug-related crime.

The strategy is complemented by annual action plans, which are drafted by the MoH and further endorsed by the regulation of the Cabinet of Ministers.

The strategy envisages the following main tasks:

- prioritising activities aimed at the prevention of drug addiction
- ensuring early detection of drug use for the effective prevention and treatment of drug addiction;
- optimising the system of counteracting illegal drug trafficking on the principles of multiple reinforcement of resources to reduce the demand for illegal drugs;
- widening access to the medical use of opioid analgesics in line with WHO principles, standards and clinical protocols for palliative care and pain alleviation;
- achieving the maximum possible results in rehabilitation, including refocusing from medical help to social and psychological rehabilitation of individuals suffering from drug use;
- creating the necessary conditions for liberalising the economic activity connected with the circulation of narcotic drugs, psychotropic substances and precursors, a review of licensing practices to simplify the procedures to a reasonable extent;
- widening the application of treatment as an alternative measure for criminal punishment.

[↑ Top of page](#)

Coordination mechanism in the field of drugs

The coordination mechanism is the responsibility of the MoH, which ensures cooperation between governmental authorities and non-governmental institutions to increase the efficiency of state policy implementation in the area of the circulation of narcotic drugs, psychotropic substances and precursors, combating their illegal circulation and fulfilling international commitments.

The MoH is the main executive authority for defining and implementing state policy related to the circulation of narcotic drugs, psychotropic substances, their analogues and precursors, and counteracting their illegal circulation.

The MoH has also undertaken a number of measures to reinforce its leading role in the area of the circulation of medications that contain narcotic drugs, psychotropic substances and precursors.

[↑ Top of page](#)

Key national figures and statistics

	Year	Ukraine	Source
Population ¹	2014	45 245 894	Eurostat (http://epp.eurostat.ec.europa.eu/tgm/table.do?tab=table&init=1&language=en&pcode=tps00001&plugin=1)
Population by age classes	15–24	12.4 %	Eurostat (http://epp.eurostat.ec.europa.eu/tgm/refreshTableAction.do?tab=table&plugin=1&pcode=tps00010&language=en)
	25–49	37.1 %	
	50–64	20.7 %	
Houshold income (or consumption) levels	2010	66.2 %	State Statistic (http://www.ukrstat.gov.ua/)Committee (http://www.ukrstat.gov.ua/)
Unemployment rate ²	2014	8.6 %	Eurostat (http://epp.eurostat.ec.europa.eu/tgm/table.do?tab=table&init=1&language=en&pcode=tps00098&plugin=0)
Prison population rate (per 100 000 of national population) ³	2013	324.2	Council of Europe, SPACE I-2013 (http://wp.unil.ch/space/files/2015/04/ENG_Executive-Summary_SPACE-2013_150206.pdf)

¹ as of January 2014

² Excluding the territory with ongoing anti-terrorist action..

³ Situation of penal institutions on 1 September, 2013.

↑ Top of page

Additional sources of national information

Further information about drug situation in Ukraine:

2015 ESPAD report for Ukraine (<http://www.emcdda.europa.eu/about/partners/nc>)

↑ Top of page

Contact information for our focal point

Ukrainian Monitoring and Medical Center on Drugs and Alcohol

(<http://www.ummcda.com.ua>)

Anry Barbus str. 5

03150, Kiev

Ukraine

Phone: +380442878950

Email: [administration\(a\)ummcda.com.ua](mailto:administration(a)ummcda.com.ua)

Director of the Ukrainian Monitoring and Medical Center on Drugs and Alcohol:

Svitlana Rumyantseva ([http://rumyantseva\(a\)ummcda.com.ua](http://rumyantseva(a)ummcda.com.ua))

E-mail addresses have been inserted in a way discouraging spam. Please replace [a] by @ before actually using any of the e-mail addresses

[↑ Top of page](#)

About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the reference point on drugs and drug addiction information in Europe. Inaugurated in Lisbon in 1995, it is one of the EU's decentralised agencies. [Read more >> \(http://www.emcdda.europa.eu/about\)](http://www.emcdda.europa.eu/about)

Follow us

Twitter (<https://twitter.com/emcdda>)

Facebook (<http://www.facebook.com/emcdda>)

Flickr (<http://www.flickr.com/photos/emcdda>)

YouTube (<http://www.youtube.com/user/emcddatube>)

RSS (<feed://www.emcdda.europa.eu/index.cfm?fuseaction=public.Rssfeed&nnodeid=18557>)

E-mail updates (<http://www.emcdda.europa.eu/publications/subscribe>)

Contact

The EMCDDA is located at:

Praça Europa 1, Cais do Sodré

1249-289 Lisbon


Portugal

Tel. (351) 211 21 02 00

More contact information >> (<http://www.emcdda.europa.eu/contact>)

Feedback and support

- General enquiries ([mailto:info\[a\]emcdda.europa.eu](mailto:info[a]emcdda.europa.eu))
- EMCDDA publications ([mailto:info\[a\]emcdda.europa.eu](mailto:info[a]emcdda.europa.eu))
- Website support ([mailto:emcddawebmasters\[a\]emcdda.europa.eu](mailto:emcddawebmasters[a]emcdda.europa.eu))
- Legal notice (</about/legal-notice>)

 The EMCDDA is an agency of the European Union (<http://europa.eu>).
