



**GLOBAL  
INITIATIVE**  
AGAINST TRANSNATIONAL  
ORGANIZED CRIME

# COLLATERAL DAMAGE

ASSESSING SUBSTANCE USE  
IN UKRAINE'S MILITARY

MARCH 2025



## **ACKNOWLEDGEMENTS**

This report was drafted by the Observatory of Illicit Markets and the Conflict in Ukraine. We would especially like to thank the soldiers and NGOs in Kyiv who shared their experience and expertise with us, particularly 100% Life Rivne Network, who discussed their survey and shared the data with us for the preparation of this report. Finally, we would like to thank the Global Initiative Against Transnational Organized Crime's Publications team for their keen critical and visual eye, and to the Communications team for disseminating the report to the wider world.

© 2025 Global Initiative Against Transnational Organized Crime.  
All rights reserved.

No part of this publication may be reproduced or transmitted  
in any form or by any means without permission in writing from  
the Global Initiative.

Cover: © *Jose Colon/Anadolu via Getty Images*

Please direct inquiries to:  
The Global Initiative Against Transnational Organized Crime  
Avenue de France 23  
Geneva, CH-1202  
Switzerland  
[www.globalinitiative.net](http://www.globalinitiative.net)

# CONTENTS

- Summary..... 2**
  - Methodology.....4
  - Key findings .....4
  
- Assessing drug use among soldiers..... 5**
  - Why do soldiers take drugs? .....5
  - Prevalence of drug use among soldiers..... 10
  - How soldiers obtain drugs ..... 13
  
- The need for a nuanced policy ..... 15**
  - Recommendations ..... 16
  
- Notes ..... 18



## SUMMARY

**B**attlefield medicine. Performance enhancement. Pain relief. Oblivion. Drugs have played various roles in conflicts for centuries, and the war in Ukraine has been no exception. In Ukraine, soldiers have turned to illicit drugs and alcohol to serve pre-existing habits, cope with the extreme pressures of warfare – or sometimes both.<sup>1</sup>

Recently published research suggests that drug use is pervasive in the Ukrainian army, and has given rise to a lucrative and widespread illegal drug trade at the front line.<sup>2</sup> This situation also has serious implications for Ukraine's post-conflict society. As highlighted in the Global Initiative Against Transnational Organized Crime (GI-TOC) 2024 report 'The hard return: Mitigating organized crime risks among veterans in Ukraine', substance use and addiction could greatly complicate efforts to reintegrate Ukraine's veterans into society.<sup>3</sup> Veterans with substance use disorders may participate in crime in civilian life, whether this be low-level theft to pay for their drug use or as more active organizers within the drug trade. Substance use disorders may also impair the psychological stability of some veterans, lowering their inhibitions and causing them to act impulsively.<sup>4</sup> Given the proliferation of weapons and explosives across the country, this could have tragic consequences for Ukrainian society – as has already been seen in numerous cases across the country.<sup>5</sup>

While there are indications that these risks are now being taken seriously by the Ministry of Veteran Affairs, the new veterans strategy, published in November 2024, made no mention of substance use disorders or addiction among veterans.<sup>6</sup> The issue has also received little attention from the most crucial stakeholders – the Armed Forces of Ukraine (AFU) and the Ministry of Defence (MoD).

Just as in the past, the AFU's current approach towards drug use in the military is one of total prohibition: it is an administrative offence governed by Article 172 (intoxication on duty).<sup>7</sup> Faced with increasing evidence of use, in January 2023 the Ukrainian Parliament instituted random testing of troops (Article 266).<sup>8</sup> Any detected drug use is punished with loss of pay, and soldiers fear that their families may even be denied the posthumous compensation of 15 million Ukrainian hryvnias (roughly US\$357 800) if drugs are discovered during a post-mortem.<sup>9</sup>

There are clear and understandable reasons for such an approach: according to Article 266, drugs may 'reduce [a soldier's] attention and speed of reaction', endangering his or her life and that of their fellow soldiers. But as this policy brief shows, there are particular reasons why soldiers in Ukraine take drugs and therefore a range of options are available to address the issue in a manner that helps both the armed and security forces and the individual. This is not to advocate for a permissive climate for



**Battlefield medicines such as nalbuphine can give rise to dependency among soldiers, particularly in cases of chronic pain.** © Ozge Elif Kizil/Anadolu via Getty Images

drugs in the army – substances such as synthetic cathinones (often known as ‘salts’) are very harmful, and their supply is closely connected to organized crime – but a more open and frank conversation is needed about the reality and what can be done to improve the situation.

At present, the AFU’s policy is creating a culture of secrecy regarding drug use in the army that is doing little to prevent it and will actively hinder the provision of care for these soldiers when they return from the war. Even with the best and most inclusive veterans’ policy in the world, if soldiers feel they have to hide their substance use (in order not to lose their pay), then an entire vulnerable population will effectively be inaccessible to civilian agencies.

Substance use in the AFU is one of the most sensitive policy issues in Ukraine. The problem has also been widely observed among Russian military personnel fighting in Ukraine. However, because of barriers to researching the phenomenon in Russia and the Russian-occupied territories, this brief focuses only on Ukrainian soldiers, where Western policymakers are more involved in shaping solutions. Indeed, this highlights one fundamental distinction that may have long-term implications: although data on drug use is limited in Ukraine, it is being collected and the issue is being discussed; in Russia there is silence.

Nevertheless, discussions over the use of drugs by soldiers in Ukraine may make uncomfortable reading for some, and has in some cases been exploited by Russia for propaganda purposes.<sup>10</sup> But setting the issue in its proper context is the best way to de-sensationalize it, to move beyond reductive headlines and towards practical policy solutions that will help Ukraine.

This policy brief discusses the reasons why soldiers take drugs, and attempts to provide some measure of the pervasiveness of the issue. It maps out how drugs are supplied to the front line, and by whom, before considering how policy should change to achieve better outcomes for the AFU and soldiers alike.

## Methodology

This brief draws on interviews conducted with serving military personnel, journalists, activists and NGOs in Odesa, Dnipro and Kyiv in September 2024, as well as past GI-TOC research on the issue of substance use involving soldiers, based on extensive fieldwork in Ukraine.

This was supplemented by data and findings from a comprehensive survey carried out by 100% Life Rivne Network, an NGO, which they discussed with us in Kyiv, as well as in-depth desk research in Ukrainian and English.<sup>11</sup> There are no official statistics for the numbers of people who use drugs in the AFU, but by comparing drug offence data, surveys and interviews, it is possible to compile an indicative picture and identify key themes.

## Key findings

- Soldiers use drugs for various reasons: to stay awake on demanding missions; to cope with physical pain; to relax; to 'forget' the war; and to continue opioid substitution therapy (OST). Cannabis and legal painkillers/anxiety medications are the most heavily used substances, followed by amphetamines and synthetic drugs known as 'salts'. Polydrug use is likely to be prevalent, in line with civilian trends. Alcohol is more pervasive than all other drugs.
- A number of soldiers in the AFU have pre-existing dependency issues, but some have only started using drugs having entered service. Service personnel may also develop dependencies after receiving tactical or battlefield medicines for serious injuries, particularly nalbuphine, an opioid analgesic.
- The AFU has a zero tolerance approach to all drugs, even methadone for soldiers on OST. If drug use is detected, soldiers may lose their pay; soldiers also fear that their families will be denied compensation in the event they are killed. This situation has created a climate of secrecy where soldiers disguise their drug use. Without treatment, substance use is likely to continue, fuelling organized crime.
- To remedy this situation, a more nuanced drug policy should be developed by the MoD. This policy should make provision for soldiers on OST and allow serving personnel to access help without jeopardizing their income. Creating processes whereby drug use can be recognized and addressed – rather than simply punished – is critical, both for the current war effort and the future of veterans with substance use issues.
- Civil society can play a pivotal role in proposing a low-threshold system for soldiers seeking support in dealing with drug addiction, as well as post-conflict trauma and related psychological challenges. A care system should be established that guarantees anonymity and the absence of sanctioning for those that seek help. Finally, cooperation between civilian and military bodies needs to be established.



# ASSESSING DRUG USE AMONG SOLDIERS

In discussing substance use among soldiers, it is essential to take a nuanced and balanced approach, understanding the diversity of factors that may play into soldiers' decision to use drugs, as well as comparing estimates of use to ascertain the scale of the challenge. It is also critical to understand that this issue does not exist in a vacuum, but is one facilitated and to some extent exacerbated by organized crime.

## Why do soldiers take drugs?

Soldiers take drugs for various reasons. As in civilian life, some feel that drugs help them function in times of stress, others say that they help them relax. Some may look to drugs as a form of escape, the more total the better; others, to take their pain down to a bearable level.

By amplifying many of these universal impulses, warfare can make the demand for substances that much more extreme. Instead of an office worker using cocaine to power through their work day, a soldier might resort to amphetamines to stay awake in a life or death situation. The horror and trauma of the battlefield may feel inescapable without recourse to drinking or drugs. Away from the front line for a just few short days, soldiers may turn to cannabis to relax. And finally, with serious injuries a common occurrence, pain relief becomes an existential matter.

Each soldier's connection to drugs will therefore be different, but there is one overriding question to consider when assessing the intersection of war and drugs: who joined the army with a history of substance use, and those without such history whose experience of combat has driven them to drugs?

## Enlisting with a history of substance use

There is no data for the number of soldiers who enlisted in the AFU with pre-existing substance use issues, as no systematic screening was conducted. This was understandable given the need to mobilize as many men as possible (particularly in the days after the full-scale invasion in February 2022), but it introduced three distinct populations of drug users into the armed forces: occasional or active users who brought their habits with them; those who had managed to stop using but who remained at risk of relapse; and, thirdly, those on OST, who require a methadone supply to function and, ultimately, try to break the habit.

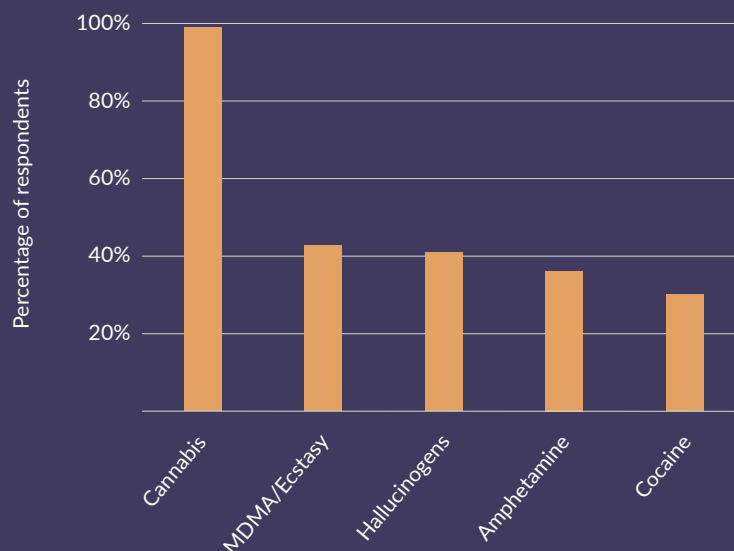
To take the first population, it may seem like an obvious step for the military to perform drug screening and bar those with active substance use issues from being conscripted. However, as one NGO pointed out, this would become an ‘easy escape’ for civilians seeking to avoid conscription.<sup>12</sup> Although it may seem far-fetched that civilians would take drugs to disqualify themselves, the huge illicit market in conscript smuggling – in which tens of thousands of men eligible for military service have paid thousands of dollars to escape the country – points to a significant population willing to take drastic, even life-threatening, action to avoid serving.

## Drug use in Ukraine: the big picture

To understand the intake of those with histories of substance use to the military, it is useful to understand the context of the drug situation in Ukraine. According to national data, it is estimated that there are 278 000 people who inject drugs who might be eligible for OST, with only 29 000 enrolled in OST programmes as of 2023.<sup>13</sup>

There has been no nationwide survey since the full-scale invasion due to the war, but several smaller studies have taken place. An online survey of 559 people conducted in 2023 found that almost two-thirds of respondents had used drugs at least once, although the proportion was higher (76.8%) among the 25–34 age group – a telling statistic given that men aged 25 years and older can be conscripted in Ukraine.<sup>14</sup> Cannabis was by far the most popular drug (98.9%), followed by MDMA/Ecstasy, hallucinogens, amphetamine and cocaine.

But, as with many small surveys, the picture must be complemented by other data sources. An older survey of 6 000 people in 2020 highlighted the importance of street methadone in Ukraine (which did not appear in the list), finding that use had doubled in only three years.<sup>15</sup> The rise in use of synthetic opioids has also been a prominent trend since the invasion, largely replacing heroin.<sup>16</sup> ■



**FIGURE 1** Usage of certain illicit drugs among those who have reported drug use in the past (top five substances).

NOTE: The absence of methadone – known to be widely used in Ukraine – highlights the need to triangulate survey data and other information sources to build a reflective picture.

SOURCE: Institute of Psychiatry, Forensic Psychiatric Examination and Drug Monitoring of the Ministry of Health, Online survey on the prevalence and frequency of use of certain narcotic and psychotropic substances in Ukraine, 2023, <https://cmhmda.org.ua/wp-content/uploads/2023/08/vzhyvannya-narkotyktiv-v-ukrayini-rezultaty-opytvannya-2023.pdf>.



And the state appears happy to look the other way too. According to one NGO, during the compulsory medical examination before enlistment, doctors do not acknowledge drug dependency.<sup>17</sup> One regional authority in 2022 even issued military call ups as a punishment for people caught using drugs.<sup>18</sup> This pathway was formalized in the mobilization bill of April 2024, which stated that people with substance use issues could be conscripted, although they would serve in rear areas, such as in logistics and medical assistance.<sup>19</sup> The bill also created a means for prisoners to enlist in the army.<sup>20</sup> In September 2024, there were estimated to be between 4 500 and 5 000 former prisoners in the Ukrainian armed forces, of whom 7% had criminal records for drugs, the vast majority relating to drug use.<sup>21</sup>

*'You are eligible to join the military if you use drugs, but you cannot use drugs in the military.'*

In terms of the second population – people who had formerly used but who had managed to stop – the predicament was more challenging. Unless their substance use history was officially recorded, it is possible that some joined the army without their previous use ever being known. As discussed in the next section, the stresses of war may have provided a trigger for some in this group to begin using again.

Lastly, soldiers on OST (including prisoners who enlisted after May 2024) found themselves in a paradoxical situation.<sup>22</sup> In civilian life, they were allowed to legally access and use methadone as part of OST programmes, which have gained traction in Ukraine over the past decade or so. Outpatients who have been assessed by an appropriate medical professional can carry 10 days' worth of methadone, and OST has also been rolled out in prisons. But the situation is very different in the army, where methadone is banned like any other drug. OST patients, some of whom willingly enlist, therefore find themselves criminalized for treatment considered legal in civilian life. Methadone possession reportedly accounts for 70% of convictions for drug possession in the military: while the majority are likely to be those using illegal or street methadone, OST patients may be treated in the same manner.<sup>23</sup> As with so many aspects of the AFU, much depends on the unit: a sympathetic company medic may provide medication under the guise of 'pain relief', but there is no formal regulation governing OST in the military.<sup>24</sup>

Ultimately, this has created a Catch-22 scenario for those with pre-existing substance use issues: you are eligible to join the military if you use drugs, but you cannot use drugs in the military.

## **Substance use arising during service**

Substance use among soldiers who have not previously taken drugs is a long-standing phenomenon in Ukraine, dating back to the 2014–2022 period of the conflict.<sup>25</sup> But the intense fighting since February 2022 has meant the conditions under which soldiers work have drastically deteriorated. It is not uncommon for soldiers to spend weeks at the front line and then, instead of being rotated to rear positions, be transferred to another 'hot' area after only a few days' respite.<sup>26</sup> Technically, soldiers are granted 30 days of leave per year, but personnel shortages often make it impossible for soldiers to claim it, especially in the wake of the substantial number going AWOL from the army – some 60 000 between January and October 2024.<sup>27</sup>

As medical studies have shown, increased combat exposure is linked to a higher incidence of depression, post-traumatic stress disorder (PTSD) and generalized anxiety.<sup>28</sup> The conflict in Ukraine has seen soldiers engaging in periods of active combat the length of which has not been seen, from a Western perspective, since the Second World War. Western troops in Afghanistan, Iraq and Vietnam all faced intense combat, with serious health consequences that for many will last a lifetime. However, tours of duty in these



**Many soldiers in Ukraine have spent years serving, increasing their exposure to combat stress and potentially the risk of substance use issues.** © Yevhenii Zavhorodnii/Global Images Ukraine via Getty Images

conflicts were generally a year or less (occasionally slightly longer).<sup>29</sup> In Ukraine, those who enlisted at the beginning of the full-scale invasion have been in or close to combat for three years, and many in the army have been serving for much longer. These prolonged periods of stress have inevitably led some soldiers to turn to drugs.<sup>30</sup>

Broadly speaking, soldiers use drugs during wartime to function, to manage pain, to relax and to forget – different motivations that broadly align with different types of drugs.

For some, synthetic stimulants such as amphetamines (which impart a surge of alertness and energy, and suppress hunger) are seen as helpful to perform combat tasks, which demand extraordinary levels of endurance and focus. According to one NGO, some special forces fighters admitted needing such stimulants to do their job, as they can be active on the battlefield for 72 hours.<sup>31</sup> A volunteer in Odesa said soldiers monitoring thermal imaging equipment also use drugs in order to stay awake.<sup>32</sup> But these are no magic pills: although drugs may enable troops to function (especially those with histories of use), according to a former British Army officer, a soldier on drugs will never be as effective as a sober one because their decision-making process has been chemically altered.<sup>33</sup> In the case of amphetamines, this may involve feelings of overconfidence, aggression and tension – all of which can fatally undermine how a soldier behaves in the battlespace.

For others, drugs (and alcohol) may be a reaction to the stress of combat – the quickest and surest way to turn one’s mind away from the horrors of war. Cannabis is the most widely used illegal drug in the military (see Figure 1), and is used to relax in rear areas. According to several NGOs, cannabis was not seen as a drug of high concern among soldiers, and indeed its use in the military is arguably running ahead of civilian developments. Legalization of cannabis for medicinal purposes was passed in 2023, with a view to its potential in treating PTSD, although of course, the cannabis strains used by soldiers are likely to be far more potent than the legally mandated levels, and also contain THC (the compound responsible for the ‘high’), which is banned by the new law on cannabis.<sup>34</sup>

At the more extreme end, soldiers may seek to lose themselves in drugs and alcohol, especially after long years of service – in a sense a chemical demobilization. One NGO member said they had friends in the military who had served for three years, and ‘morally and physically they can’t take it any more – they can’t sustain the pressure. The body says it needs doping’.<sup>35</sup> Alcohol remains the most heavily used substance in the military, and drunk soldiers are sometimes called ‘avatars’, from getting drunk or ‘blue’. Of the illegal drugs, synthetic cathinones are the most destructive, physically and psychologically, not least due to their availability. The drug, which is the cheapest available, causes extreme behavioural changes, from euphoria to violent outbursts, and makes the user highly erratic.<sup>36</sup> According to one psychiatrist, it is very difficult to rehabilitate users of salts. Life changes very quickly once a person starts using the drug; ‘they may still be able to function after 10 years, but the psychological degradation is total’.<sup>37</sup>



**Cannabis, pictured here growing in a field near Hlukhiv, is the most used substance among the Ukrainian military.** © Reuters/Gleb Garanich

One final gateway is dependence on tactical or battlefield medicine used to treat a soldier’s severe injuries.<sup>38</sup> Nalbuphine is of particular concern. This opioid (despite never being a recommended medicine or official part of the field kit) was readily available when the war with Russia began in 2014, allowing it to be crowdsourced by civilians and delivered to the volunteer battalions fighting at the front.<sup>39</sup> Concerns about its addictive properties surfaced as early as 2015, but soldiers continued to take it in their informal first aid kits.<sup>40</sup>

According to one veteran, it is still widely available but many medics do not always understand the dangers of using it.<sup>41</sup> It has limited use as an analgesic, but once taken can impede breathing (especially if used heavily) and can also block morphine uptake, making it difficult to anaesthetize a wounded soldier properly and jeopardizing life-saving surgery later on.<sup>42</sup> ‘It’s not a treatment for chronic pain,’ said a doctor in Kyiv who treats patients with substance use issues and works in palliative care.<sup>43</sup>

Soldiers can become quickly acclimatized to nalbuphine’s pain-relieving qualities, which are similar to morphine, and seek out ever-higher doses – dependence can begin after only three days’ use.<sup>44</sup> Patients addicted to nalbuphine can exhibit strong withdrawal symptoms: according to the doctor, one patient ‘asked his wife to give him an injection [of nalbuphine]. He screamed that everything hurt, that his muscles were tearing themselves off his bones.’<sup>45</sup> Chronic overuse leads to serious dependence and erratic, sometimes highly aggressive behaviour, and is especially harmful when used in combination with alcohol.<sup>46</sup>

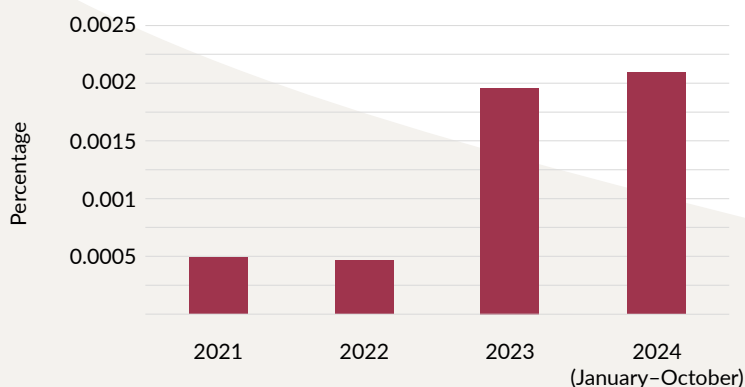


## Prevalence of drug use among soldiers

There are no official statistics for the numbers of people who use drugs in the AFU, but by triangulating drug offence data, surveys and interviews, it is possible to compile an indicative picture.

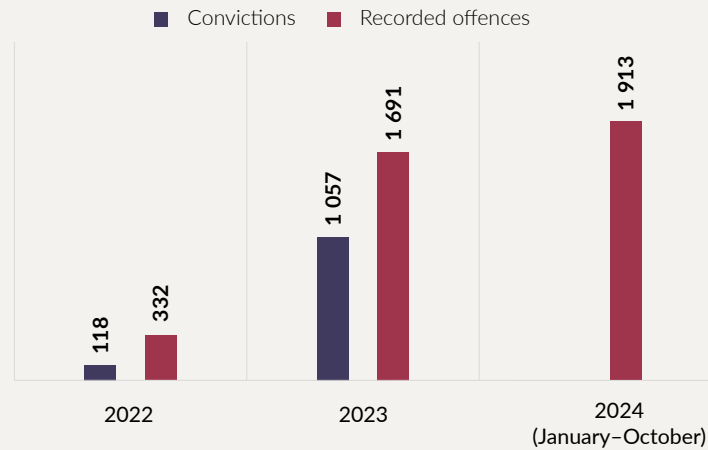
Court data highlights that there has been an increase in the number of military personnel convicted for drug possession (under Article 309) since the full-scale invasion began, according to the Alliance for Public Health, although one should bear in mind that the number of personnel has increased massively since February 2022.<sup>47</sup> When measuring the number of offences by total army strength, voluntary abandonment and desertions (another significant issue in the Ukrainian military) fell in 2022, before rising subsequently, but these still have not reached 2021 levels in proportionate terms (offences divided by total strength). Drug offences, by contrast, proportionally increased in both 2023 and 2024.

The raw numbers show a rise in the number of people cited for drug offences. Data shows that drug offences are predominantly an issue affecting the rank and file, with the number of officers in the low double digits. This disparity is to be expected given the differences in number of personnel, although it is possible that seniority and influence may also shield some officers from detection and prosecution.<sup>48</sup>



**FIGURE 2** Drug offences (Article 309) as a proportion of total army strength.

SOURCE: Drug offence data: General Prosecutor's Office statistics. Army strength data: European Parliament, Russia's War on Ukraine: Military balance of power, March 2022; Maxim Tucker, Ukraine has one million ready for fightback to recapture south, *Sunday Times*, 10 July 2022; Kateryna Vovk, Military take-off: How the Ukrainian army has changed since the restoration of Ukrainian independence, *Svidomi*, 27 February 2024; Statista, Comparison of the military capabilities of Russia and Ukraine as of 2024.



**FIGURE 3** Convictions and recorded offences for drug possession in the Ukrainian military, 2022–October 2024.

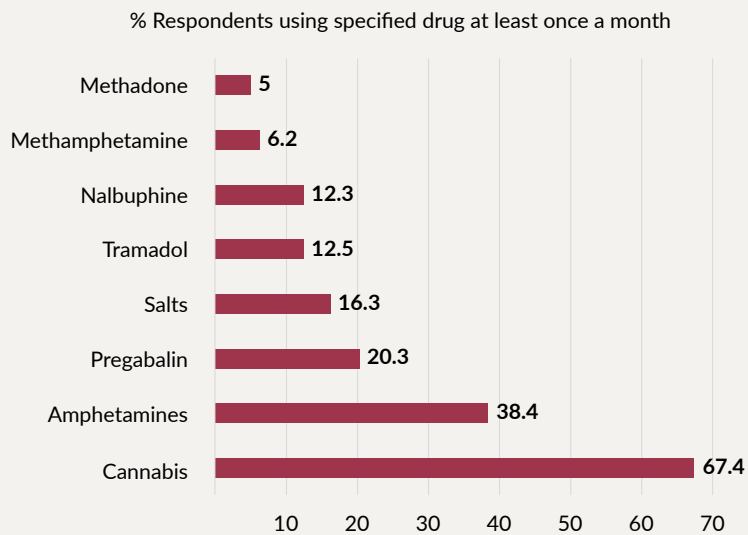
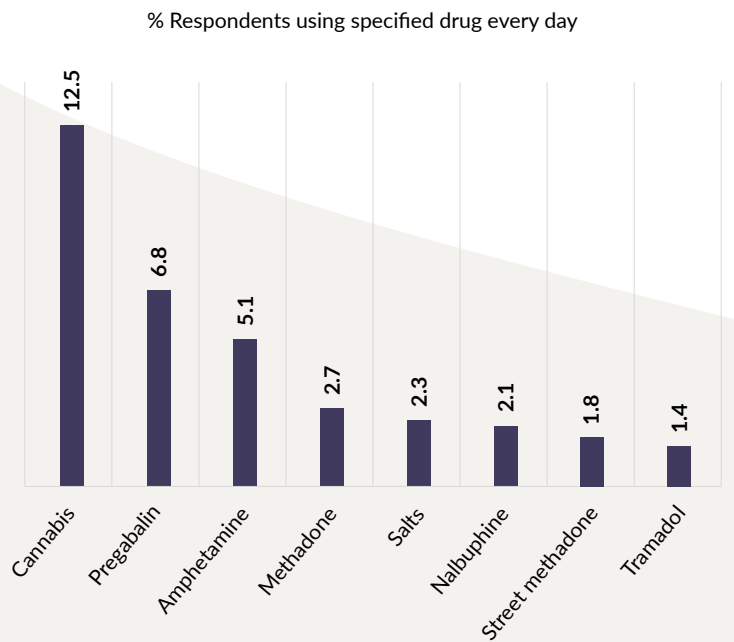
SOURCE: Data supplied by the Alliance for Public Health. No conviction data is yet available for 2024. Recorded offences data taken from the General Prosecutor’s Office.

There are various reasons for the different trends in desertion and drugs. Desertions and instances of soldiers going AWOL were extremely low in 2022, when Ukraine was energized as a society in pushing back the Russian attack on Kyiv and elsewhere. Highly motivated volunteers quickly swelled the ranks and were unlikely to desert. Moreover, desertion and AWOL data may be limited due to the reluctance of some commanders to press charges, as this negates any possibility of a much-needed soldier returning to the unit. (Ukraine’s parliament even passed a law in November 2024 allowing first time deserters to return to service without sanction.<sup>49</sup>) It is also harder to convict an absentee on the run than an apprehended drug user.

But even with these factors in mind, it is clear that drug use in the military has become an increasingly concerning issue. And official statistics can tell only part of the story, for there will be many using drugs who have not been charged – the question is, how many?<sup>50</sup> One NGO estimated that more than half the armed forces use drugs in some way, whether dependent or not, but getting hard data to back up the claims is difficult.<sup>51</sup> When one NGO conducted an anonymous survey of 200 serving soldiers and veterans in military hospitals about their drug use it received 200 negative responses; only in-depth interviews, during which trust can be established, revealed that some in fact did use drugs.<sup>52</sup>

One major survey of 1 000 soldiers conducted in 2024 by 100% Life Rivne Network achieved much better insight by using military personnel, former and current, to act as interviewers. Some of the main findings of the resultant report, which was shared with the GI-TOC, concern the types of drugs most consumed and how often they are consumed. Interestingly, the data highlights that the use of synthetic drugs is pervasive. For example, 38.4% of respondents had used amphetamines (powder and crystal forms) at least once a month in the previous 90 days, and 5.1% had used them every day. Similarly, 16.3% of interviewees said they had used ‘salts’ at least once a month in the same 90-day period, and 2.3% used them every day. Cannabis was the most popular drug, with 12.5% of people using it every day and 67.4% using it at least once a month, while pregabalin (an

anti-convulsant medication also used to treat anxiety and chronic pain) came second in terms of daily use. Although pregabalin is not illegal in Ukraine and is less likely to be addictive than the other drugs surveyed, dependency can emerge especially when used in combination with other substances, such as opioids. However, these all pale in comparison to alcohol use, with 76.8% of interviewees saying they had drunk strong spirits at least once a month in the past 90 days.



**FIGURE 4** Percentage of respondents using a specific drug.

NOTE: Soldiers may use one or more drugs in combination, meaning the total percentage is more than 100. The amphetamines figure is calculated by combining both powder and crystal (ephedrine etc.) data. 'At least once a month' includes mutually exclusive responses to the question 'every day', '3-4 times a week', '1-2 times a week' and '1-3 times a month'.



The report also found that 40.3% of respondents had used drugs before joining the military, and that the war has had a profound impact on consumption. Some 86.3% of respondents cited war-related factors to explain why they had started using drugs and alcohol more heavily.<sup>53</sup> The ready availability of drugs (including the fact that they were available at low prices or for fee) was cited by 13.6% of respondents as a push factor for increased consumption, although 7.7% cited difficulty and/or expense of obtaining drugs as reasons they had reduced consumption.<sup>54</sup> Only 2.2% cited law enforcement attention as a reason they had started to use less heavily, suggesting that the context of the war and market dynamics are much greater shapers of use.

Some 14.6% of respondents cited the prescription of painkillers as the reason they had developed dependencies while serving, with pregabalin (24.6%), nalbuphine (21.7%) and tramadol (9.9%) the three most cited drugs with pain relief properties. But others highlighted the insufficiency of their prescription to treat their pain as the reason they had turned to other drugs.

Amid the broad statistics, it is critical to realize the significance of the army unit, and the unit's commander, in terms of a soldier's ability to take drugs. A competent commander will be aware of the situation among their personnel, and if he or she is professional, will either remove the soldiers who use or help them access methadone (in the case of soldiers on OST). But as interviews with soldiers have demonstrated, there are many commanders who turn a blind eye, especially if they also use themselves and even profit from it. As one NGO member told us, 'Some commanders roof the thing [protect drug trafficking in units] through fines and by getting a cut.'<sup>55</sup> In units where there is no official sanction, drug taking may therefore become concentrated: one soldier interviewed said that of the 80 soldiers in his unit, eight were using salts.<sup>56</sup>

## How soldiers obtain drugs

There is no single way that drugs reach military personnel. Rather, a spectrum of drug trafficking techniques have arisen, marshalled by a range of different actors.

At the most informal end, relatives may take methadone to soldiers who are on OST but cannot access the drug legally while in the army. One doctor said he issued methadone to the wife of a soldier serving in the Kursk region. This dynamic creates a curious grey area of criminal responsibility, in which a substance that is legal to possess in civilian life becomes illegal once it enters the military system.

Soldiers also bring drugs directly into their units when returning from leave, sometimes after taking orders for drugs from their fellow soldiers.<sup>57</sup> Some volunteers – whose support roles include delivering humanitarian aid and policing the curfew – also engage in drug trafficking to soldiers, sometimes with the noble intention of providing additional pain relief.<sup>58</sup> While checkpoints can be effective tools to prevent this kind of trafficking, they also come with risk, as halting soldiers at checkpoints may increase tension and frustration, especially if the checking is done by civilian law enforcement authorities.<sup>59</sup>

At the more sophisticated end, organized crime is at work. As previous GI-TOC research has shown, organized crime was quick to recognize the potential of this new market, not least because soldiers earn relatively high wages in Ukraine.<sup>60</sup> Today, drugs can be ordered through Telegram

and on the internet, just like in civilian life, and are delivered to soldiers by private postal services, which are fast, efficient and relatively anonymous. In Odesa, a network of laboratories was busted that used electronic self-service delivery machines to send drugs across the country and abroad, using a post office for a limited period before moving on to another to avoid detection. This method can handle wholesale quantities: one of the laboratories in Odesa sent a package of 2 kilograms of salts this way to the front line city of Kramatorsk, where it was received by a squad of soldiers and presumably then divided into retail-sized doses and sold.<sup>61</sup>

Criminals may also be working inside the military apparatus. For example, a senior law enforcement officer said that many ex-convicts with criminal ties had enlisted into Kyiv's territorial defence units; some were perhaps motivated by patriotism, but others may have spotted business opportunities.<sup>62</sup> Existing drugs businesses could easily be replicated, as one NGO member commented: 'If he [the criminal] was mobilized, why can't he create the same structure in the army? They have the necessary conditions to do what they were doing before'.<sup>63</sup>



## THE NEED FOR A NUANCED POLICY

**T**he issue of soldiers using drugs is not new in Ukraine. Since the beginning of the Russo-Ukrainian war in 2014, drug use has been reported on and debated. But the situation now is vastly different from that of the 2014–2022 period. Desperate for men, Ukraine's army has recruited at pace and with little screening. The open-ended nature of deployments has also exposed soldiers to prolonged periods of combat, with no prospect of demobilization at the time of writing. As this brief shows, these factors have contributed to a rise in substance use in the Ukrainian armed forces.

Faced with this situation, the current approach of commanders is pragmatism rather than zero tolerance.<sup>64</sup> If a commander judges that drug use is not detrimental to a soldier's performance, he will turn a blind eye, because he cannot afford to lose a good soldier. (As one soldier told us, 'I don't care what he's on if he's a great warrior.'<sup>65</sup>) If a soldier's drug use is more problematic, the commander may choose to send them to the rear areas where there are other important tasks they can perform. Of course, there will be other commanders who report soldiers for drug taking to set an example of standards. Others, however, may only take this course of action when a soldier's performance becomes a liability. Indeed, it is this utilitarian approach that explains the gulf between recorded offences and the probable scale of drug use in the army. If the army truly implemented a zero-tolerance strategy, the numbers of drug offences would presumably be much higher, based on the survey data.

While it is hard to argue with this logic in the midst of a full-scale war in which every soldier counts, it must be recognized that silence and obfuscation over drug use in the army is only saving up problems for Ukraine's future. Soldiers have little incentive to admit their problems when such an admission may see them lose their payments and prompt further consequences for them and their families. Given that accessing help often requires a referral from the unit,<sup>66</sup> soldiers are caught in a bind between risking their finances (by admitting drug use) or sacrificing their immediate health needs (by not seeking help). And if this population stays silent about their drug use, then they will effectively be invisible to the state and civil society, making it harder to allocate and deliver resources. Given the numbers of soldiers likely to be suffering from substance use disorders, this disconnect could have serious implications for Ukraine's post-conflict reintegration process.



The outcome of the conflict may also have a bearing on soldiers' relationship with illicit substances. While a perceived 'victory' would by no means forestall drug use among veterans, a scenario in which Ukraine is forced to accept an unfavourable outcome by Russia and its Western partners is likely to increase feelings of dissatisfaction, anger and betrayal, which could manifest in more prolonged or intense drug use.

## Recommendations

This policy brief makes four recommendations for a more nuanced AFU policy towards drugs that will help to prevent veterans with substance use issues from falling out of view, and two recommendations aimed at restricting the space for organized crime to operate in the front line drug economy.

### Reformulating AFU policy

**Recognize the issue and provide a support pathway.** The Ukrainian army must first recognize that drug taking is an issue in the army and, secondly, that turning to substances is understandable. Its soldiers are under extreme, prolonged stress, are required to perform strenuous tasks and currently have no possibility of demobilization. The army currently has two approaches – zero tolerance and pragmatism – but requires a third way: support. Soldiers must be able to access support for their issues without jeopardizing their entitlements, while at the same time making it clear that such support is not a backdoor to escape the army. Soldiers should also be educated about dependence and other health risks associated with legal painkillers and anti-anxiety drugs, such as nalbuphine. Civil society has an important role to play in this regard, bringing expertise and practical know-how in working with people who have substance use disorders and addictions, and acting as a bridge between soldier and army.

**Develop an AFU policy on OST.** The contradiction whereby OST recipients are eligible to serve yet ineligible to continue their treatment must be rectified. Such soldiers should have a legal right to access medication in a controlled and regulated manner. Assessments of the impact of methadone on soldiers' capacity must also be made, to ensure that if they are unable to handle lethal weapons they should be deployed in support roles.

**Improve data collection.** This brief provides some estimates as to the pervasiveness of drug use in the army, but surveys, questionnaires and interviews can provide only a partial picture, and it is risky to extrapolate from such data to entire populations. Better and more comprehensive data collection is required to further understand the extent of this issue among those currently serving in the armed forces and veterans. This data can then be fed into the emerging operational framework of the veterans policy to help shape new responses and allocate resources.

**Build support into Ukraine's veterans policy.** To accommodate the needs of veterans returning from the front with substance use issues, a package of tailored psychological and social support should be included in Ukraine's veterans policy. Given the acceleration of discussions about the cessation of the conflict in early 2025, which would lead to the demobilization of at least part of the AFU, this issue may soon become urgent, and planning should take place immediately.

## Restricting the space for organized crime

**Monitor the drug marketplaces and their modes of delivery.** Monitoring and taking down both traditional and tech-enabled drug trafficking channels (using apps such as Telegram) are essential to staunch the supply of drugs to the front line, especially in instances where service personnel themselves form part of drug trafficking groups (which allows them to supply other soldiers directly).

More must also be done to intercept the flow downstream. As discussed in this brief, the postal service is a key vector for the movement of drugs to the front line, carrying both the retail and wholesale trade. Law enforcement must work with postal services to help improve their screening and interdiction efforts, and utilize the intelligence-gathering from such transactions (for example, information about the sender and receiver of a parcel), which can be used to map and take down criminal networks. It will also be necessary to assess to what extent criminal networks work with corrupt employees to circumvent pre-existing security measures, and help bring them to justice accordingly.



Lyrica (*pregabalin*), an anti-anxiety drug, for sale on Telegram.

to specialized drugs. Today, pharmacy coverage is a serious issue. According to one NGO, there are not many pharmacies outside the main cities – she cited only two that were operational in the whole of the Odesa region outside Odesa city.<sup>67</sup> Without access to prescription medication, veterans may turn to Telegram and the internet to order medicines, enriching organized crime and raising health risks for users.

To remedy this situation, the NGO suggested that the state should encourage new private pharmacies to open and ensure that a certain proportion would be obliged to stock medicines for pain management and psychotropic drugs.<sup>68</sup> But the private sector also carries its own risks. In March 2024, a network of private clinics was shut down for illegally dispensing methadone in Kyiv and Kharkiv. Since 2020, doctors at the clinics had allegedly written 15 000 illegal prescriptions and dispensed 10 kilograms of methadone, which was then bought by organized criminals and resold to users.<sup>69</sup> According to an NGO, many of those who establish similar schemes can simply buy a medical licence before setting up a clinic. They then proceed to write prescriptions for whoever pays for them, ignoring the usual protocols to verify whether a client is eligible for the 10-days' supply and if they have already claimed their allowance.<sup>70</sup>

Given these challenges, the state must take the lead in enhancing and regulating the supply of and access to medicines for veterans in civilian society. Such coverage should be mandated as part of the veterans policy, matching veterans' physical and psychosocial needs to access – and thus reducing the space for organized crime to profit.



## NOTES

- 1 This brief does not look at drug use among Russian soldiers, but the phenomenon has been reported on extensively. See, for example, Julia O'Driscoll, Drug use rife among Russian soldiers in Ukraine, *The Week*, 20 October 2023, <https://theweek.com/defence/drug-use-rife-among-russian-soldiers-in-ukraine>; Stanislav Pohorilov, UK intelligence reports drug and alcohol addiction in Russian army, *Ukrainska Pravda*, 13 November 2023, <https://www.pravda.com.ua/eng/news/2023/11/13/7428581/>; Andrei Krasno, 'Muting the horrors': Experts warn of addiction crisis as Russian soldiers return from Ukraine, Radio Free Europe/Radio Liberty (RFE/RL), 18 June 2023, <https://www.rferl.org/a/russia-soldiers-addiction-ukraine-war-alcohol-drugs/32464317.html>; UK Ministry of Defence, Latest Defence Intelligence update on the situation in Ukraine, X, 13 November 2023, <https://x.com/DefenceHQ/status/1724041976738206049>.
- 2 See a forthcoming report by 100% Life Rivne Network, <https://www.network.rv.ua>.
- 3 GI-TOC, The hard return: Mitigating organized crime risks among veterans in Ukraine, July 2024, <https://globalinitiative.net/analysis/mitigating-organized-crime-risks-among-veterans-in-ukraine>.
- 4 Ibid.
- 5 For recent instances, see GI-TOC, The hard return: Mitigating organized crime risks among veterans in Ukraine, July 2024, <https://globalinitiative.net/analysis/mitigating-organized-crime-risks-among-veterans-in-ukraine>.
- 6 Ukrainian Parliament, On approval of the Veterans Policy Strategy for the period until 2030 and approval of the operational plan of measures for its implementation in 2024–2027, 29 November 2024, <https://zakon.rada.gov.ua/laws/show/1209-2024-%D1%80>.
- 7 Ukrainian Parliament, *Кодекс України про адміністративні правопорушення* (Code of Ukraine on Administrative Offences, Arts. 1–212), 2 January 2025, <https://zakon.rada.gov.ua/laws/show/80731-10#Text>.
- 8 Ukrainian Parliament, *Кодекс України про адміністративні правопорушення* (Code of Ukraine on Administrative Offences, Arts. 212–330), <https://zakon.rada.gov.ua/laws/show/80732-10#Text>; and see, The council increased responsibility for the use of alcohol and drugs by military personnel, *Slovo i Dilo*, 15 December 2022, <https://www.slovoidilo.ua/2022/12/15/novyna/polityka/rada-posylyla-vidpovidalnist-vzhyvannya-vijskovymy-alkoholyu-ta-narkotyktiv>.
- 9 Interview with an NGO, Kyiv, September 2024.
- 10 Nikita Trachuk, Russian propaganda is spreading a fake story about a soldier of the Armed Forces of the Soviet Union with amphetamines: why it is not true, *Informator*, 28 February 2024, <https://informator.ua/uk/rosiyska-propaganda-poshiryuye-feyk-pro-viyskovogo-zsu-barigu-amfetaminom-chomu-ce-nepravda>.
- 11 We highly recommend anyone interested in the issue to consult the original report, forthcoming at <https://www.network.rv.ua>.
- 12 Interview with an NGO, Kyiv, September 2024. See also the description of cursory medical checks done 'for the tick' and people who use drugs and alcohol being sent to the army in August 2022, before the mobilization law was amended to accept those with substance use issues: Diana Butsko, *Скільки коштує «відмазатися» від служби через військкомат: інтерв'ю з начальником територіального центру комплектування* (How much does it cost to 'get out of service' through the military registration and enlistment office: interview with the head of the territorial recruitment centre), *Hromadske*, 5 August 2022, <https://hromadske.ua/posts/skilki-koshtuye-vidmazatisya-vid-sluzhbi-cherez-vijskcomat-intervyu-z-nachalnikom-teritorialnogo-centru-komplektuvannya>.
- 13 European Union Drugs Agency (EUDA), Drug situation in Ukraine, 2024 report (based on 2023 data), 2024, p 67, [https://www.euda.europa.eu/system/files/documents/2025-01/2024\\_report\\_drug\\_situation\\_in\\_ukraine-2.pdf](https://www.euda.europa.eu/system/files/documents/2025-01/2024_report_drug_situation_in_ukraine-2.pdf).
- 14 Institute of Psychiatry, Forensic Psychiatric Examination and Drug Monitoring of the Ministry of Health of Ukraine,

- Online survey on the prevalence and frequency of use of certain narcotic and psychotropic substances in Ukraine – 2023, 2023, <https://cmhmda.org.ua/wp-content/uploads/2023/08/vzhvyvannya-narkotyktiv-v-ukrayini-rezultaty-opytuvannya-2023.pdf>.
- 15 EUDA, Drug situation in Ukraine, 2024 report (based on 2023 data), 2024, p 37, [https://www.euda.europa.eu/system/files/documents/2025-01/2024\\_report\\_drug\\_situation\\_in\\_ukraine-2.pdf](https://www.euda.europa.eu/system/files/documents/2025-01/2024_report_drug_situation_in_ukraine-2.pdf).
  - 16 Ruggero Scaturro, An altered state: Evolving drug trends in wartime Ukraine, GI-TOC, February 2024, <https://globalinitiative.net/analysis/evolving-drug-trends-in-wartime-ukraine>.
  - 17 Interview with an NGO, Kyiv, September 2024. See also Timur Savin, Drugs in the ranks of the Armed Forces. A large salary and the availability of substances bribe the military, experts say, Focus, 31 August 2023, <https://focus.ua/uk/eksklyuzivnyy/589436-narkotiki-v-lavah-zsu-velika-zarplata-i-dostupnist-rechovin-pidkupovuyut-viyskovih-eksperti>.
  - 18 Alcoholics and drug addicts in the war: the Cherkasy Military Commissariat told about the delivery of summonses to male offenders, 8 July 2022, Pro Vse, <https://provice.ck.ua/alkoholiky-ta-narkomany-na-viyni-u-cherkaskomu-viyskkomati-rozpovily-pro-vruchennia-povistok-cholovikam-porushnykam>.
  - 19 Timur Savin, People with drug and alcohol addiction can be recruited to the Armed Forces: where will they serve (video), Focus, 4 May 2024, <https://focus.ua/uk/voennye-novosti/644544-lyudej-iz-narko-ta-alkozalezhnistyu-mozhut-nabirati-do-zsu-de-voni-sluzhitimut-video>.
  - 20 Max Hunder, Thousands of Ukrainian prisoners apply to join army in return for parole, Reuters, 31 May 2024, <https://www.reuters.com/world/europe/thousands-ukrainian-prisoners-apply-join-army-return-parole-2024-05-31>.
  - 21 Interview with an NGO, Kyiv, September 2024.
  - 22 This is probably a small population, however, given the fact only 29 000 people were enrolled on OST programmes in 2023.
  - 23 Interview with an NGO, Kyiv, September 2024.
  - 24 Interview with an NGO, Kyiv, September 2024.
  - 25 Arthur Gore, Drugs in the Armed Forces: what soldiers are 'sitting on' and how to help them, *Apostrophe*, 3 September 2018, <https://apostrophe.ua/ua/article/society/2018-09-03/narkotiki-v-vsu-na-chem-sidyat-soldaty-i-kak-im-pomoch/20324>.
  - 26 Deborah Haynes, 'War is tough' – Ukrainian soldiers reveal mental toll of fighting on the frontline, Sky News, 15 June 2024, <https://news.sky.com/story/war-is-tough-ukrainian-soldiers-reveal-mental-toll-of-fighting-on-the-frontline-13153333>; Oleh Hukovskyy et al, The combat path: Sustaining mental readiness in Ukrainian soldiers, Army War College, 29 May 2024, <https://publications.armywarcollege.edu/News/Display/Article/3789930/the-combat-path-sustaining-mental-readiness-in-ukrainian-soldiers/>; Oleksi
  - Vinogradov and Mykhaylo Shtekel, No rest: As the war drags on, many Ukrainian troops have spent months on end in combat, RFE/RL, 19 October 2022, <https://www.rferl.org/a/ukraine-troops-psychological-issues-rest-recreation/32091342.html>.
  - 27 Shola Lawal, Why is Ukraine's army facing a desertion crisis?, Al Jazeera, 21 October 2024, <https://www.aljazeera.com/news/2024/10/21/why-is-ukraines-army-facing-a-desertion-crisis>; Thomas D'Istria, *Stanislav Asseyev, journaliste ukrainien* : « Nous avons une immense armée de déserteurs qui se balade dans le pays », *Le Monde*, 26 October 2024, [https://www.lemonde.fr/international/article/2024/10/26/stanislav-asseyev-journaliste-ukrainien-nous-avons-une-immense-armee-de-deserteurs-qui-se-balade-dans-le-pays\\_6360131\\_3210.html](https://www.lemonde.fr/international/article/2024/10/26/stanislav-asseyev-journaliste-ukrainien-nous-avons-une-immense-armee-de-deserteurs-qui-se-balade-dans-le-pays_6360131_3210.html); Do tens of thousands of SZCH in the army threaten Ukrainian defense?, Radio Liberty, 3 December 2024, <https://www.radiosvoboda.org/a/svoboda-live-desyatky-tysyach-szch-viysko-ministerstvo-yednosti/33225514.html>.
  - 28 Charles Hoge et al, Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care, *New England Medical Journal*, 351, 1, 13–22, <https://www.nejm.org/doi/full/10.1056/NEJMoa040603>.
  - 29 UK Ministry of Defence, Afghanistan tour lengths for deployed UK personnel, 14 May 2013, <https://www.gov.uk/government/news/afghanistan-tour-lengths-for-deployed-uk-personnel>.
  - 30 Olga Bulova, Alcohol and drugs in the army: why thousands of soldiers ended up in detention in two years, Daycom, 30 January 2025, <https://daycom.com.ua/news/alkogol-i-narkotiki-v-armiyi-chomu-tisyachi-viyskovih-opinilisya-na-gauptvahti-za-dva-roki>.
  - 31 Interview with an NGO, Kyiv, September 2024.
  - 32 Interview with a volunteer, Odesa, September 2024.
  - 33 Interview with a retired British Army officer, London, November 2024.
  - 34 Borys Danevych and Volodymyr Omelchenko, Cannabis law and legislation in Ukraine, CMS Law, <https://cms.law/en/int/expert-guides/cms-expert-guide-to-a-legal-roadmap-to-cannabis/ukraine>.
  - 35 Interview with NGO, Kyiv, September 2024.
  - 36 Ruggero Scaturro, An altered state: Evolving drug trends in wartime Ukraine, GI-TOC, February 2024, <https://globalinitiative.net/analysis/evolving-drug-trends-in-wartime-ukraine>.
  - 37 Interview with psychiatrist at an NGO, Kyiv, September 2024.
  - 38 Ukrainian Ministry of Defence, On the approval of the lists of medicines and medical products, which ensure the personnel of the security forces and the defence forces for the provision of pre-medical assistance, 24 July 2024, <https://ips.ligazakon.net/document/RE42516Z?an=4>.
  - 39 Interview with an NGO, Kyiv, September 2024; Saint Nicholas Battalion receives essential medication, People's Project,

- 10 February 2015, <https://www.peoplesproject.com/en/reports/saint-nicholas-battalion-receives-essential-medication>.
- 40 On addiction concerns in 2015, see Channel 5, «Hi» Налбуфіну! Не допомога, а наркотична залежність. Чим знеболюють поранених військовослужбовців? (video), YouTube, 17 August 2023, [https://www.youtube.com/watch?v=C36HZEm\\_h3M/](https://www.youtube.com/watch?v=C36HZEm_h3M/); on continuing use in the 2014–2022 period: Army Inform, Why you should not save money on an individual first aid kit, 20 June 2020, <https://armyinform.com.ua/2020/06/26/chomu-ne-var-to-ekonomyty-na-indyvidualnij-medychnij-aptechczi/>; see also Tactical combat casualty care: A reset?, ZN, 10 August 2024, <https://zn.ua/eng/tactical-combat-casualty-care-a-reset.html>.
- 41 Interview with an NGO, Kyiv, September 2024.
- 42 Interview with an NGO, Kyiv, September 2024; Yuri Marchenko, Beloved, we are saving people: military doctor Ivan Kondratenko about TrO, heroism and what not to pay for, Platfor, 26 May 2023, <https://www.platfor.ma/topic/kohana-ryatuyemo-lyudej-vijskovyj-likar-ivan-kondratenko-pro-tro-geroyizm-te-na-shho-ne-var-to-donaty/>.
- 43 Interview with a doctor treating patients with substance use issues, Kyiv, November 2024.
- 44 Ibid.
- 45 Ibid.
- 46 Addiction to nalbuphine, Rehab.net, <https://rehab.net.ua/uk/narkologiya-uk/zalezhnist-vid-nalbufinu/>; Treatment of nalbuphine addiction, Recovery Kyiv, <https://recovery.kiev.ua/likuvannya-nalbufinovoyi-zalezhnosti>.
- 47 Presentation by the Alliance for Public Health, <https://aph.org.ua/en/home/>.
- 48 Data from the General Prosecutor's Office, <https://gp.gov.ua/ua/posts/statistika>.
- 49 Martin Fornusek, Parliament passes bill allowing first-time deserters to return to military service, Kyiv Independent, 21 November 2024, <https://kyivindependent.com/parliament-passes-bill-allowing-first-time-deserters-return-to-military-service>.
- 50 During fieldwork in Kyiv in September 2024, when we interviewed serving soldiers and NGOs working on the issue, various estimates were given.
- 51 Interview with an NGO, Kyiv, September 2024.
- 52 Ibid.
- 53 The reasons they gave were: worsening psychological state because of the war (30.1%); constant stress (26.7%); lost friends (20%); and being away from family (9.5%).
- 54 Interviewees could select multiple options.
- 55 Interview with an NGO, Kyiv, September 2024.
- 56 Interview with veteran, September 2024.
- 57 Interview with a volunteer, Odesa, September 2024.
- 58 Interview with NGO, Kyiv, September 2024; see also the GI-TOC's forthcoming report on Odesa, 'An oasis for organized crime'.
- 59 Interview with a volunteer, Odesa, September 2024.
- 60 GI-TOC, Drugs on the front line, 22 January 2024, <https://globalinitiative.net/analysis/ukraine-synthetic-drugs-ocindex>.
- 61 Information from a law enforcement source in Odesa, October 2024.
- 62 Interview with a senior law enforcement, Kyiv, September 2024.
- 63 Interview with an NGO, Kyiv, September 2024.
- 64 A similar approach is also taken by some units in regard to alcohol use – see, for example, Daria Tkachenko, Who went to the North Caucasus and why, and under what conditions will they return? Survey results, Texty, 16 January 2025, <https://texty.org.ua/articles/114257/hto-i-chomu-pishov-u-szch-i-za-yakyh-umov-povernetsya-textyorgua-provely-doslidzhennya>.
- 65 Interview with a soldier, Kyiv, September 2024.
- 66 See a forthcoming report by 100% Life Rivne Network, <https://www.network.rv.ua/>.
- 67 Interview with an NGO, Kyiv, September 2024.
- 68 Ibid.
- 69 State Bureau of Investigation (Ukraine), The SBI eliminated a powerful network of drug sales through a specially created pharmacy and drug clinics, 1 March 2024, <https://dbr.gov.ua/news/dbr-likvidovalo-potuzhnu-merezhu-prodazhu-narkotikiv-cherez-specialno-stvorenu-apteku-ta-narkologichni-kabineti>.
- 70 Interview with an NGO, Kyiv, September 2024.







**GLOBAL  
INITIATIVE**  
AGAINST TRANSNATIONAL  
ORGANIZED CRIME

**ABOUT THE GLOBAL INITIATIVE**

The Global Initiative Against Transnational Organized Crime is a global network with over 700 Network Experts around the world. The Global Initiative provides a platform to promote greater debate and innovative approaches as the building blocks to an inclusive global strategy against organized crime.

[www.globalinitiative.net](http://www.globalinitiative.net)