REPORT ON HUMAN RIGHTS VIOLATIONS AGAINST PEOPLE WHO USE DRUGS

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List of Abbreviations

ECHR – European Convention on Human Rights

HIV – Human Immunodeficiency Virus

IDU – Injecting Drug Use

MST – Methadone Substitution Treatment

NCAT – National Center for Addiction Treatment CJSC under the Ministry of Health of the Republic of Armenia

RA – Republic of Armenia

RWRP – Real World, Real People NGO

UN – United Nations

WHO – World Health Organization

INTRODUCTION

According to the 2024 World Drug Report by the United Nations Office on Drugs and Crime (UNODC), a global increase in drug use to approximately 20% has been recorded over the last decade. According to the Report, one in 18 people aged 15–64 used drugs in the past 12 months, and one in 81 people has a substance use disorder. [1] Similarly, according to data from the National Center for Addiction Treatment (NCAT) under the Ministry of Health of the Republic of Armenia, the number of people who use drugs has increased in Armenia as well. In 2024, 7,512 individuals were registered with a diagnosis of drug addiction, including 155 women and 5 minors. The primary age demographic of registered individuals was 28–49 years old, followed by those aged 50–64, predominantly represented by male population.

Concurrently, the number of drug-related crimes in Armenia has grown annually. From 2018 to 2022, an increase of approximately 158% in drug-related crimes was recorded in the Republic of Armenia, while from 2022 to the end of 2023 the increase amounted to 123.7%. The volume of illicit circulation of synthetic and plant-based substances, which pose a severe risk to public health, also increases annually. The use of cannabis-based drugs ("marijuana," "hashish"), which dramatically increases throughout the country, is widespread in Armenia.

The illicit circulation of drugs poses a major threat to human health, public health, and international security. In this regard, the situation in Armenia remains concerning, as the level of crimes and administrative offenses related to illicit circulation of drugs and psychotropic (psychoactive) substances is on the rise. Furthermore, drug use can lead to serious health consequences, including death. According to the World Drug Report, as of 2019, at least 160,000 deaths directly related to drug use were recorded worldwide annually. Moreover, mortality rate associated with drug use continues to grow each year.

Injecting drug use poses additional risks from a public health perspective, particularly with respect to transmission of sexually transmitted infections (STIs) or the risk of transmitting the Human Immunodeficiency Virus (HIV).

According to the World Drug Report, as of 2022, approximately 1.6 million people who inject drugs (PWID) are living with HIV, constituting about 12.5% of the total PWID population. The risk of acquiring HIV among PWID is approximately 14 times higher compared to the rest of the population. Additionally, as of 2022, nearly 50% of PWID worldwide had been diagnosed with hepatitis C. According to a WHO analysis, around 23% of individuals who have hepatitis C are PWID.[2] In Armenia, the prevalence of HIV among PWID stands at 2.6%, while the prevalence of hepatitis C is 27.4%.

According to information provided by the NCAT, the total number of individuals receiving Methadone Substitution Treatment (MST) on both paid and free-of-charge bases as of June 1, 2025, is 614, of which 451 receive it free of charge and 163 on a paid basis. The main distribution by sex and age was between 28–49, with the absolute majority being male. In addition to the

[1] https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2024.html
[2] https://www.unodc.org/documents/data-and-analysis/WDR_2024/WDR24_Key_findings_and_conclusions.pdf

Yerevan NCAT, MST medications can be obtained at one medical center in each of the Lori, Shirak, and Syunik regions.

The aforementioned statistical data and public health indicators demonstrate that drug use in Armenia can no longer be viewed exclusively from a criminal and legal or law enforcement perspective. It encompasses clearly pronounced public health, social, economic, and, ultimately, fundamental human rights components that demand a comprehensive, rights-based, and evidence-based policy response. However, as international practice and domestic realities show, the state response to people who use drugs often remains predominantly confined within a punitive and control-oriented logic, ignoring the fundamental principles of the right to health, human dignity, non-discrimination, and proportionality.

In Armenia, legal regulations combating illicit circulation and use of drugs, along with their enforcement practices, were shaped in an environment that prioritized criminal prosecution as the primary tool. As a result, people who use drugs often find themselves under the constant control of the law enforcement system, exposed to unlawful deprivation of liberty, forced interventions, discriminatory treatment, as well as restrictions on their effective access to healthcare services. This approach, according to numerous international studies, not only fails to contribute to the reduction of drug use, but also exacerbates marginalization, amplifies health risks, and undermines trust in state institutions.

At the same time, the presented data indicate an increasing number of individuals receiving Methadone Substitution Treatment in Armenia, signaling certain steps toward the development of a medical model for addiction treatment. However, substantial limitations persist in this area concerning the territorial accessibility of services, law enforcement interventions, stigmatization, and breaches of confidentiality. Such circumstances frequently result in patients undergoing treatment being actually precluded from fully exercising their right to health, deterred by the fear of persecution, physical searches, or adverse social consequences.

In this context, uncovering and legally assessing human rights violations against people who use drugs acquires particular significance, grounded in international commitments, the established case law of the European Court of Human Rights, and the recommendations of the UN and the Council of Europe bodies. Rights violations within the sphere of drug policy are typically systemic in nature, manifesting simultaneously across multiple domains, including the law enforcement system, healthcare, family and social relations, as well as employment and social protection. These domains are interconnected and mutually reinforcing, generating a vicious cycle wherein individuals are trapped in a state of permanent surveillance, stigmatization, and restriction of their rights.

Therefore, an analysis of rights violations against people who use drugs cannot be confined to examining isolated cases or individual legal norms. A comprehensive approach is required to evaluate the extent to which Armenian criminal, administrative, and healthcare legislation and its practical enforcement comply with international human rights standards, the principles of proportionality and necessity, and modern models of public health protection. Such an analysis will facilitate the identification of not only specific rights violations but also the structural issues that reproduce a discriminatory and punitive attitude toward people who use drugs.

The following sections of this report present a legal analysis based on the direct experiences of people who use drugs, drawing upon more than two dozen cases documented and collected by the Real World, Real People organization. It aims to illustrate the overall human rights situation for people who use drugs, demonstrating how the aforementioned statistical trends and state policies are reflected in people's everyday lives and what consequences they have on the exercise of their fundamental rights.

LEGAL FRAMEWORK

State policy and legislative regulation in the field of drugs are shaped not only by domestic priorities but also by international legal commitments. Armenia is a party to a number of key international treaties that, directly or indirectly, establish the State's obligations toward people who use drugs in the areas of human rights protection, health care, and prevention of discrimination.

Of primary importance are the three core UN drug conventions:

- **the Single Convention on Narcotic Drugs,**
- **the Convention on Psychotropic Substances, and**
- **the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.**

While these instruments set out States' commitment to combatting illicit circulation of drugs, their interpretation and application have evolved considerably over the past two decades. The International Narcotics Control Board (INCB), the United Nations Office on Drugs and Crime (UNODC), and the Office of the United Nations High Commissioner for Human Rights (OHCHR) have repeatedly emphasized that these conventions do not require criminalization of drug use as a sole or mandatory response, and that they allow for therapeutic, social, and administrative alternatives.

This approach is complemented by universal international human rights instruments. In particular, the **European Convention on Human Rights** prohibits torture and discrimination on any grounds and guarantees the rights to liberty and privacy, respect for private and family life, no punishment without law, a fair trial, an effective remedy, and many others.[3]

The right to non-discrimination is guaranteed both by international human rights instruments and by domestic legislation.

Non-discrimination is enshrined in the Convention for the Protection of Human Rights and Fundamental Freedoms (the Convention), Article 14 of which provides: "The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, color, religion, political or other opinion or origin."

The **International Covenant on Civil and Political Rights** requires States to ensure the lawfulness of any deprivation of liberty, the absolute prohibition of torture and inhuman or degrading treatment, and the right to a fair trial and defense.[4]

The **International Covenant on Economic, Social and Cultural Rights** enshrines the right to the highest attainable standard of health, which, as interpreted by the UN Committee on Economic,

[3] https://www.echr.coe.int/documents/d/echr/convention_eng
[4] https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights

Social and Cultural Rights (CESCR), includes ensuring accessible, acceptable, and quality addiction treatment services, without discrimination.[5]

The **positions of UN Special Rapporteurs and treaty bodies** are also of particular importance. The UN Special Rapporteur on the right to health has repeatedly observed that criminalization of drug use and the dominant role of law enforcement leads to deterrence of access to health services, interruption of treatment, and serious risks to life and health.[6] Similarly, the UN Special Rapporteur on torture has noted that denial of medical assistance to persons deprived of liberty, including interruption of substitution treatment, may be regarded as inhuman or degrading treatment.[7]

In the European region, the Council of Europe and, within its framework, the European Convention on Human Rights play a central role. The settled case law of the European Court of Human Rights confirms that the State bears a positive obligation:

- **to ensure protection of the health of persons deprived of liberty,**
- **to prevent the use of disproportionate force by the police, and**
- **to ensure the effective exercise of right to defense.[8]**

The **European Court of Human Rights**[9] has recorded in a number of cases that punitive and discriminatory approaches against people with drug addiction may violate Articles 3 (prohibition of torture), 5 (right to liberty and security), and 8 (right to respect for private life) of the Convention. The Court has repeatedly stated that the notion of "other status" encompasses health condition, addiction, social status, and criminal record. Differentiated treatment by police, medical staff, employers, or service providers on the ground of drug use or receipt of MST may constitute a violation of Article 14 of the ECHR read in conjunction with other articles.

At the level of the **European Union**, a clearly defined whole-of-society drug policy has been developed, the core instruments of which are the EU Drugs Strategies and Action Plans. These prioritize harm reduction measures, addiction treatment, social inclusion, and proportionality within the criminal justice system.

The **World Health Organization** (WHO) has developed medical and ethical guidelines under which methadone and buprenorphine substitution treatment is recognized as the "golden standard" for treating addictions.[10] WHO emphasizes that law enforcement interference with treatment,

[5] https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights
[6] https://www.hr-dp.org/contents/122
[7] https://www.unodc.org/unodc/en/frontpage/un-human-rights-rapporteur-denounces-torture.html
[8] https://www.ashdin.com/articles/the-case-law-of-the-european-court-of-human-rights-on-combating-drugs-1103108.html
[9] https://rm.coe.int/2023-human-right-drug-policy-international-instruments-case-law-and-re/1680ab24da
[10] https://www.who.int/news/item/09-02-2025-who-updates-guidelines-on-opioid-dependence-treatment-and-overdose-prevention

stigmatization, and breaches of confidentiality impede health outcomes and contradict the principles of medical ethics.[11]

Finally, the **Constitution of the Republic of Armenia**[12] likewise prohibits torture and discrimination on any personal or social grounds and enshrines the rights to protection of health, fair trial, respect for private life, and a range of other fundamental rights and freedoms.

The international framework outlined above establishes clear standards compared to which Armenia's legislation and its enforcement can be assessed. Following section describes how these commitments are actually upheld or violated in the everyday experiences of people who use drugs.

[11] https://www.unodc.org/documents/southasia/Trainingmanuals/Methadone_Low_res_09-06-12.pdf
[12] https://www.arlis.am/hy/acts/143723

HUMAN RIGHTS VIOLATIONS

As studies of Armenian legislation and enforcement, along with a number of research reports, demonstrate, the state policy and existing legal framework concerning people who use drugs in Armenia are predominantly punitive in nature and fail to ensure full human rights protection. Members of this group face discrimination, stigma, and legal and institutional barriers across the healthcare, social, educational, and employment sectors. Consequently, people who use drugs, including people who inject drugs, as well as those receiving MST or having a record of past use, face multilayered and intertwined human rights violations that manifest in nearly every sphere of life. The documented cases show that these are not isolated or sporadic violations but rather systemic and institutional problems sustained by a "criminalized" or punitive state policy, gaps in legal regulation, and stigma deeply embedded in society.

The right to non-discrimination is an absolute human right. Adherence to the principle of non-discrimination is one of the guarantees underlying the protection of the right to health and enjoyment of other rights. Discrimination, in turn, is differentiated treatment of individuals in comparable situations without any reasonable or objective justification.[13] As the evidence demonstrates, this is precisely the treatment experienced by people who use drugs for that very reason.

[13] https://hudoc.echr.coe.int/eng?i=001-113302

LAW ENFORCEMENT

In view of the international standards described above, the conduct of law enforcement bodies becomes a critical subject of assessment. Police practices involving people who use drugs, including searches, arrests, use of force, and restrictions on the right to defense, directly affect the rights to liberty, dignity, and freedom from torture. This section presents and analyses how law enforcement practices affect the legal status of people who use drugs and the extent to which they comply with international principles of proportionality and necessity. Brief, anonymized summaries of documented cases are given below.

1. In July, the individual was on a street in Yerevan with friends when several civilian-dressed police officers, who recognized them and knew they were people who use drugs, approached. Without providing any legal basis or explaining rights and obligations, the officers forcibly took all of them to the police station. There, the man and his friends were dragged, sworn at, beaten, and exposed to personal insults. The individual had several sealed bottles of methadone. He does not receive MST but obtains it from the "black market." At the station, the individual was told by the officers that it was "not a problem" (assuring him it could not amount to a large quantity and that after forensic examination he would simply be released), that they would send it for examination and, since the containers were sealed and issued by NCAT, this could not cause a problem. However, some time later the test results arrived, along with a conclusion that the quantity was particularly large, and criminal proceedings were initiated.
2. The individual was at home when civilian-dressed police officers came to the individual's house and, without presenting any documents, took him to police station. Proceedings were initiated on the grounds of finding hashish in a barn 15 meters from his house - a barn that does not belong to him - and, since the person is using drugs, had "similar cases" in the past, and is now receiving MST, was simply suspected. The individual was held in a temporary detention facility for two days, after which electronic monitoring device was imposed as a precautionary measure. Nevertheless, the individual did not admit that the hashish belonged to him and, accordingly, there was no evidence proving it.
3. In April–May, the individual was held in Armavir Penitentiary Institution on a drug circulation case. The man is actively using drugs. He stated that he needed MST, but the institution informed him that they would "come, take samples, and prescribe." Samples were taken only approximately two weeks later, during which time he was held in a solitary confinement, was unable to find or use drugs, and experienced withdrawal syndrome. During that period, no physician provided counseling or conducted a needs assessment - not even to determine whether he used drugs or whether he was experiencing withdrawal. After the samples were taken, they were sent to NCAT, and for approximately a month and a half the individual received no results. The individual reached out to an RWRP staff member. The latter enquired at NCAT and learned that the test results were ready, that the penitentiary had been notified, and that they had been told to collect them in person (they cannot provide results to a third party; there are no contact details; they have no email and cannot send them). However, the penitentiary still did not collect them. The RWRP staff member contacted the penitentiary's addiction medicine physician again and informed the latter that the results were ready to be collected, but received the reply: "let them send it by email." NCAT was informed of this replying that no official email had been provided to

them and that they would not send the results to staff members' personal email addresses. Only one week after this exchange did someone from Armavir Penitentiary physically collect the test results, on the basis of which MST was prescribed. As a result, the individual had been in a state of withdrawal syndrome for approximately two months.

4. The individual receives MST at NCAT and has a confirming certificate. One Friday evening, law enforcement officers found methadone in his possession in the street and took him to the police station. At that moment, the certificate was not with him, but he told them that family members could provide a photo of it or that it could be obtained from NCAT; however, the officers refused. They confiscated all the methadone he had and released him, as a result of which the individual spent Saturday and Sunday without MST, in withdrawal. Only on Monday could he go to NCAT, obtain a new certificate, and retrieve methadone from the station. As a consequence, the individual was exposed to the risk of obtaining drugs from the "black market" or engaging in criminal behavior to do so.
5. In October, the individual received methadone from NCAT but on the way back with a friend he was stopped twice by police for checks. The first time an officer stopped him, although his MST certificate wasn't with him, he explained the circumstances to the officer; no problem arose. The second time, however, different officers took him to the police station without providing any legal basis where he was held for two to three days. His methadone was confiscated, during which time he experienced severe withdrawal syndrome. According to the man, during those days he was beaten, sworn at, and exposed to other verbal insults. The individual had a lawyer on another criminal case, who presented the certificate, after which he was released.
6. A year ago, the individual was incarcerated, held in Nubarashen Penitentiary Institution. He had a heart condition - arrhythmia. Doctors asked whether he had used drugs ("crystal"), and when the individual confirmed having used in the past, the doctors stated that the heart condition was its consequence and conducted no further examinations. A few days before the end of his sentence and release, the man's health deteriorated again. This time, an ambulance was called; upon arrival, an ECG and other measurements were taken. He was asked whether he wanted to be transferred to the prisoners' hospital, to which he replied that the last time his condition worsened he had been told it was "because of crystal," so there was no point. The doctors, however, did not explain how critical his condition was. The individual stated that during his incarceration (three years) he had not used crystal-type drugs. Only when he was being released and given his documents was he told that his heart condition required an urgent open-heart surgery. When the individual inquired why he had not been told earlier that urgent surgery was needed or why it had not been arranged, the reply was: "You were asked whether you wanted to be taken to the prisoners' hospital, and you said no." At that time, however, no counselling was provided, the problem was not explained; moreover, every time, the doctors said mockingly: "Well, you've used crystal, that's why." After release from the penitentiary, the individual consulted a physician and learned that the surgery was very expensive, that he did not belong to any social group entitled to basic benefit package, and that he would have to pay for the surgery himself.
7. While conducting a training session at Armavir Penitentiary, one of the incarcerated people who use drugs reported that seven months earlier he had taken a hepatitis C test; after the initial antibody test, he was told it was confirmed, then blood was drawn from a vein without being provided with any information about those results. A nurse mentioned during

a conversation that hepatitis had been confirmed. The beneficiary was still waiting for treatment and told the RWRP staff member: "Everyone here knows that we used to inject drugs, and no one pays attention to our health issues." Before the training began, the responsible officer for the medical unit at the penitentiary had told the RWRP staff member that "they have no one with hepatitis, everyone has been treated, and they have resolved that issue." The RWRP staff member raised the matter again with the physician, who made a call and, after clarifications, said there had been a misunderstanding.

8. In November, during a training session conducted for a group of 30–35 individuals at Artik Penitentiary, none of the participants were aware of having been tested for HIV or hepatitis. A few recalled that "some kind of test was done with a finger prick," but they did not know what it was for or what the results were. They had not received pre- or post-test counseling. All participants in the training expressed a desire to be tested for HIV. The majority of participants - 25 to 30 individuals - indicated having used drugs. One person recounted that he had been incarcerated multiple times; in some facilities he was told he had hepatitis, in others he was told he did not: yet, he had never received treatment. According to the participants, because they had been people who used drugs, no penitentiary institution took their viral testing seriously, and even in cases of positive results, there was no consistent follow-up for treatment.
9. In November, a man and several other individuals receiving MST had just exited NCAT when patrol officers approached them on the steps of the center, questioning them and demanding documentation. Additionally, he witnessed an incident where one of the MST recipients felt unwell in the courtyard. Medical staff came out to assist and attempted to give the person water, but the police officers did not allow it, stating: "If you give him water, and we take him in, the test might show wrong dose." Thus, the police took the unwell individual away.
10. An individual receives free MST in Vanadzor. In October–November 2024, one of his friends called him saying he was in withdrawal and asking for help. The individual brought down his portion of MST from his home to the courtyard to pass it to his friend, but at that moment police officers apprehended him and took him to the police station. There, the individual repeatedly stated that he was not selling - his friend had simply been unwell, and he was trying to help. However, the police told him to write something different in his statement, and upon refusal to do so, according to him, five police officers beat him, cursed at him, and humiliated him. According to the individual, he was treated very badly - as "the lowest category of person." When addressing him, they used “drug addict” and told him: "You should have been dead long ago."
11. In November, an individual went with his friend to NCID to undergo hepatitis C testing. While standing outside the building waiting, police officers in civilian clothing and an unmarked vehicle approached them and, without presenting any legal basis, took them to the police station. After being held there for several hours, they were released. One of the individuals had been receiving MST, which the police knew - they recognized him.

The cases documented within the law enforcement system demonstrate that **people who use drugs are effectively subjected to targeted control**. Police frequently employ arbitrary deprivation of liberty, unlawful transport to police stations, searches without legal basis, physical violence, psychological pressure, and degrading treatment. In many cases, individuals are approached with a "presumption of guilt" based solely on their past behavior or medical condition. **Police**

frequently resort to disproportionate use of force, torture, and treatment that degrades human dignity violating fundamental human rights.

This practice contradicts the right to liberty and security of person, the presumption of innocence, as well as the right to be free from torture and degrading treatment as enshrined in Articles 3 and 5 of the European Convention on Human Rights. Particularly concerning is the discriminatory, insulting, and at times aggressive and degrading treatment by the police and other law enforcement personnel against individuals receiving MST when medications provided as part of treatment are confiscated or when individuals are held for days in a state of withdrawal syndrome, which may effectively constitute inhuman treatment. According to several individuals receiving MST, patrol vehicles are stationed daily in front of NCAT, right at the entrance steps, exposing these individuals to additional checks and inconveniences. As a result, many people avoid returning to NCAT or seeking treatment.

This again demonstrates that the state drug policy is primarily aimed at combating illicit circulation, rather than ensuring the health and social inclusion of people with addiction.

Additionally, information and evidence obtained during focus group meetings (conducted three times, with 25 male and 1 female participant aged 30–60, using non-standardized questionnaires), including direct quotations, also attest to the severely negative experiences across various domains of public life based on drug use, along with discriminatory treatment and other violations encountered by participants.

Cases documented in the law enforcement sector through focus group meetings (direct quotations):

- "You go somewhere, say, to take a test from a patient, they [the police] tail you, then they show up and grab both you and them."
- "I came out, patrol stopped me on the way, started searching me, then criminal investigation officers pile on top of you - not one or two. They throw you to the ground, hold your head down so you can't move, like they've caught some recidivist who's killed several people."
- "That time, about ten of them [police] piled on me, breaking my arms, shoved my head into dirt."
- "They get out [of the car], don't even ask anything, just search, ‘we have to search you,’ if not, they twist your arms and shove you into the car."
- "They came to my house [the police], grabbed me in front of the house, my child was inside, they twisted my arms and took me away."
- "They use sexual profanity."
- "No, the patrol just stops you on a whim until the operatives arrive. The operatives are the ones who do it."
- "At first, they view you like a hopeless drug addict for about 20 minutes, half an hour, then they realize—no, this guy is decent."
- "When you're detained, not giving you your medication when you're at the police station, the day you're supposed to get it, they don't give you your medication to take, they don't bring it themselves, that's already, say, it's like punishment, like they're pressuring you in some way. Lots of things like this have happened to me. It was a few months ago. They took me to the station for some reason and wouldn't let me go at the time of my medication.

I told them there that I take methadone, I was taken randomly and didn't have it with me. They held me, I said in the morning that I needed to take it, they didn't let me. I always have my certificate with me, I showed it. It's like they're punishing you to get what they want, meaning leave me in withdrawal, roughly speaking, leave me in a bad state until they get what they want. This was at Artashat station, and there have been several such cases—not just there, also at Hachn station, which has now been closed and relocated, merged into regional. Such things have happened just with me about four times. It also happened at the temporary detention facility. I was there for three days and they didn't give me my medication. It was possible for relatives to bring the medication but they didn't allow it. They said: 'This isn't the kind of medication we can accept here—either you'll be released and take it then, or they'll take you to prison, and only in prison this will work.'"

- "No, everything happens - beatings too, everything is employed, everything happens. Only on my example, it was very rare for me to be in the police station and not get beaten."
- "In past years, there weren't this many detentions in front of NCAT. You wouldn't even see a cop, but now every day they search people, like they're standing out there waiting on purpose, they took us in twice in one day."
- "If you want a lawyer, they don't let you call - that's how it is. I'm speaking about my case. I don't use a public defender: I have my own lawyer. When I try to call my lawyer, they don't give me the phone. This happened again in Artashat, and not once, several times. Having a lawyer present is your legal right - whether your lawyer is beside you or not, they can't raise a hand against you in front of a lawyer, can't talk wrongly in front of a lawyer. They didn't let me call anyone. They just didn't have evidence so they released me, couldn't do anything. This time I stayed more than 24 hours, but they didn't let me call - neither a lawyer nor a relative."
- "They took me from home, they used force in such a way that my 4-year-old son was traumatized. I don't want to go back and tell it. To this day, when my son sees police, he says: 'Dad, they've come for you.' They opened the door and seven of them piled on me in front of my children—a 7-month-old and a 4-year-old. At that moment the child said: 'Dad, they took you in to beat you and brought you back,' and to this day the child is in distress."
- "Their [law enforcement's] interest is to open a big case."
- "I can't get my driver's license—I've been driving for, say, 7 years, but not every guy can have that kind of skill."
- "The rule is 5 years—once I finish methadone, I have to go there for 5 years to give tests before they remove me from the program. But now the boss has supposedly written a letter to the ministry to make it 2 and a half years."
- "[Regarding contacting a lawyer or public defender] Not at first, not until they get what they want."
- "[After arrest] They can hold you in custody for 3 full days—the criminal investigator doesn't let your lawyer visit you."
- "They take the phones away. They don't let you call—they say: 'It's not time.'"
- "I've been there—I stayed 3 days at the police station, they didn't give me methadone. Another time—3 or 4 hours."
- "He banished the doctors, I was left lying there, they grabbed me by the neck, shoved me into the van, took me to the temporary detention facility, kicked me in the back and threw me inside."

The details of the last case are presented below:

12. The incident occurred at the Kanaker-Zeytun police station, where officers stopped the individual. Since they did not have jurisdiction to conduct a search or take him to the station, they called officers from another station and handed the individual over to be taken into custody. The individual was receiving methadone and was registered at NCAT. He was taken into custody and held for 72 hours without being allowed to receive methadone. He stated that he was receiving methadone and asked them to review his certificate or to allow family members to bring the necessary dose, since without methadone, if he experiences withdrawal syndrome—even with minor symptoms—he develops nausea and other health problems.

The individual was not allowed to call a lawyer or any family member, nor was he allowed to receive methadone. As a result, withdrawal syndrome set in, causing his condition to deteriorate. Initially, officers did not believe he was feeling unwell and assumed he was faking it. Later, when he reached the point of syncope, they dragged him outside, ostensibly for fresh air, and laid him on an outdoor bench, near water flowing through a rubber hose. They pointed the flowing water onto the individual to revive him, after which they called an ambulance. The emergency physician stated that the individual needed to be transported to hospital. However, the head of police department, who was standing on the steps and observing the events from a distance, cursed at the medical personnel and threatened them to leave, using the following words: "What hospital? Fuck off, go on, get out of here."

After banishing the medical personnel, they transported the individual to the temporary detention facility, but again, even in that poor state, applied disproportionate force. Specifically, in the words of the individual: "They grabbed me by the neck, shoved me into the van, took me to the temporary detention facility, kicked me in the back and threw me inside." The individual found an acquaintance who intervened, and only after that was he allowed to have methadone brought and take it at the detention facility. The individual claims that the same situation occurs at other police stations as well.

The testimonies documented during focus group discussions reveal that people who use drugs and receive MST in Armenia live under conditions of "sustained" legal insecurity, systemic discrimination, and institutional violence. Their stories demonstrate that rights violations are repetitive, predictable, and interconnected in nature, indicating not the misconduct of individual officers, but rather the negative practices within the entire system.

A deeply ingrained pattern of arbitrariness and disproportionate use of force is evident in law enforcement actions. The searches, forcible arrests, mass physical violence, sexual profanity, and use of force in the presence of family members, including small children, described by participants attest to the degradation of human dignity and disregard for fundamental rights.

Particularly concerning is the deliberate withholding of treatment from individuals receiving MST in police stations and detention facilities. The denial of medication when law enforcement personnel are fully aware of the individual's medical condition is employed as a tool of pressure and punishment by "keeping the person in withdrawal." This practice may be qualified as **inhuman**

and degrading treatment, which is prohibited under Article 3 of the European Convention on Human Rights. The European Court has repeatedly emphasized that failure to provide necessary medical care to a person deprived of liberty may itself constitute a violation of Article 3 (see, e.g., *Kudła v. Poland*, *Yakovenko v. Ukraine*).

At the same time, the systematic obstruction of the right to contact a lawyer and family members contradicts Articles 5 and 6 of the European Convention on Human Rights. The testimonies presented demonstrate that the right to contact a lawyer is treated not as a guaranteed right, but as a "permission" granted only after law enforcement officers have achieved their objectives.

If we analyze the final case in this section in detail, we observe that stopping the individual and "handing him over" to officers from another station without jurisdiction already constitutes **arbitrary deprivation of liberty**. This is a gross violation of Article 27 of the Constitution of the Republic of Armenia, as any arrest or apprehension shall have clear legal grounds and be carried out as prescribed by law. The fact that the police officers acted beyond the scope of their authority points to institutional arbitrariness.

Even more egregious is the **medical torture** manifested in the denial of methadone for 72 consecutive hours. Under international legal standards - particularly the case law of the European Court of Human Rights - the deliberate deprivation of a detained person of vital medication, resulting in acute physical suffering and drastic deterioration of health, is qualified as torture. Withdrawal syndrome cannot be taken as "faking"—it is a severe physiological condition, and the state's disregard thereof is equal to the deliberate infliction of pain.

Subsequently, the act of "reviving with water" an individual who had lost consciousness and laying him on an outdoor bench does not constitute assistance: it constitutes inhuman and degrading treatment. This demonstrates the lack of professional training among police officers and an overt disregard for human life. The intervention of the head of police department who attempted to banish emergency medical personnel using profanities, is utterly unacceptable. This constitutes abuse of official powers combined with obstruction of medical care posing a direct threat to **the right to life**. The conduct of the head of police department demonstrates that violence within that station is hierarchical and endorsed from above.

Finally, the physical abuse exerted while transporting to the temporary detention facility, including the blows and degrading actions, completes the full picture of violations. This attests to the fact that a person who uses drugs is viewed by the police system as a "lower category" subject, to whom the rule of law does not apply. The case vividly illustrates the negative consequences of the punitive nature of Armenia's drug policy and the deep-seated stigma prevalent among law enforcement personnel.

HEALTHCARE SECTOR

International legal and medical standards recognize drug addiction as a health condition. In this context, ensuring continuity of care, access to services, and medical confidentiality becomes paramount. This section examines how law enforcement interventions, stigmatization, and institutional barriers impede the exercise of the right to health, particularly in the context of methadone substitution treatment.

13. In June, a man residing in Kotayk region felt unwell, on the occasion of which ambulance was called. However, when medical staff learned during their examination that he was a person who used drugs, they did not provide any intervention, did not hospitalize him, and failed to offer appropriate medical counseling. Several days later, the individual suffered a stroke.
14. A woman visited her local primary medical institution in Yerevan's Nor Nork administrative district. However, when her general physician learned that she had hepatitis C and had been treated for it, the physician refused even to measure her blood pressure and began treating her dismissively and with indifference, avoiding eye contact and failing to obtain a medical history. Following this experience, the individual no longer visits her designated physician, stating that "no matter what, she will not see the physician again."
15. An individual had hepatitis C but had been treated. Due to dental care needs, he visited several dental clinics in Yerevan, where he disclosed his hepatitis history and treatment status. However, dentists refused to provide services, claiming that regardless of how thoroughly they sterilized their instruments, they could not risk the health of other patients or themselves. Another dentist even stated: "If you want me to help you, I'll tell you what instruments are needed, you can buy them, bring them, I'll use them for you, and then throw them away." The man could not afford to purchase those expensive instruments and was unable to receive dental care.
16. In spring, an individual visited the Erebuni district primary medical institution to undergo a hepatitis C examination. The man did not disclose to his physician that he used drugs. However, upon hearing that he wanted a hepatitis C test, medical staff treated him with "cold," dismissive attitude. Additionally, the individual overheard medical staff saying to one another: "He's a drug addict, he wants a hepatitis test." He was made to wait for an extended period while other patients were seen ahead of him. It took three days of returning to the institution before he was finally able to complete the examination.
17. In May, an individual with approximately 20 years of drug use history sought enrollment in the MST program. He turned to NCAT but was informed that due to an issue with his passport (expired), he could not be enrolled in the program. As a result, the individual continued to obtain drugs from the “black market” and came to the attention of law enforcement. Subsequently, criminal proceedings were initiated in connection with illicit drug circulation, and he was sentenced to imprisonment. While in the penitentiary, he applied for MST and spent approximately one month in solitary confinement before a drug screening was conducted. However, the test results indicated that no drugs were detected in his system, and on this basis it was concluded that the individual was not a person using drugs and denied him MST in the penitentiary. RWRP staff learned from NCAT that when a person has not used drugs for one week or ten days, test results come back "clean"—opioids are no longer detected. However, while in the solitary confinement, the man

experienced withdrawal syndrome with severe manifestations leading him to even contemplate suicide. Whereas, according to the relevant guidelines, a person who injects drugs should receive counselling with a physician or addiction medicine physician, undergo a withdrawal assessment, have injection marks on the body examined, and based on all these factors, may be prescribed MST. However, in this case, the sole criterion considered was the negative test result.

18. In April–May, an individual visited Mikaelyan Hospital on a dental issue that required surgical intervention. Following the procedure, he experienced severe pain and returned to the hospital requesting pain relief, but was refused. The surgeon's nurse told him: "Painkillers for drug addicts? Inject your drugs, what stronger medication can we give you?" The individual requested to see the physician, but was told that the surgeon had traveled abroad following the surgery. The patient went down one floor and then returned, only to see the physician in his office. Upon entering, he informed the doctor of his severe post-surgical pain. The physician responded in the same manner: "Go home and call an ambulance, let them give you pain relief. Your post-surgical pain has nothing to do with us." The physician was scornful and rude. As a result, the individual called an ambulance for ten days in row for pain relief purposes. The surgeon had not prescribed any painkillers. The individual suspected that the tooth had not been fully extracted during surgery, or that another complication had occurred, but the physician never examined or treated the wound. The patient had disclosed his drug use on the first day so the correct dosage could be determined for local anesthesia.

An addition barrier to accessing services is the practice of asking individuals, prior to conducting drug screening tests, what type of drug they have used and then testing only for that specific substance. However, people are not always aware of the medical denominations of the drugs they use, and sometimes they use multiple types of substances. For example:

19. In 2024, when an individual was asked whether he used opioids, he did not deny it. However, he had been purchasing and using methadone from the “black market” and was unaware that he needed to specify that he was using methadone. As a result, an opioid test was conducted, which came back negative, and the physician told him he did not have addiction and could go home.

Violations within the healthcare system are both discriminatory in nature and reflect approaches that are neither evidence-based nor rights-based. The cases presented demonstrate that people who currently use or have previously used drugs are frequently denied timely and appropriate medical care, and are exposed to neglect, contempt, or overt insults. The refusal by medical staff to provide medical services, denial of pain relief, failure to conduct examinations and provide test results contradict the right to health and the fundamental principles of medical ethics.

Specifically, serious institutional and methodological gaps have been documented in the MST provision process: reliance solely on laboratory testing to assess addiction, absence of clinical assessment of withdrawal syndrome, and prioritization of administrative barriers over medical urgency. All of this contradict the evidence-based and rights-based treatment standards established by the WHO, the United Nations, and Council of Europe bodies. Notably, according to joint

guidelines by the WHO, the United Nations Office on Drugs and Crime (UNODC), and UNAIDS, opioid addiction treatment should be based on comprehensive medical examination, not solely on test results.

Furthermore, people who use drugs avoid seeking medical care due to fear of stigma, discrimination, and problems with law enforcement, thereby not exercising their right to health. The prioritization of criminal prosecution impedes addressing health and social issues.

On the other hand, the thresholds defining small quantities of drugs are often insufficient even for a single use, resulting in individuals with addiction being subjected to criminal liability instead of receiving medical care. Medical and social services are limited, especially in the regions, and the number of people enrolled in substitution treatment programs is very small compared to the total population in need. Treatment and rehabilitation services for people with substance use disorder are concentrated mainly in Yerevan, with low accessibility in the regions.

Cases documented in the healthcare sector during focus group meetings (direct quotations):

"That time, too, he wasn’t given the medication for two days, until he got worse, then they called an ambulance, and only then, after all that back and forth, did they finally give him the medication."

The discriminatory and unethical treatment of people who use drugs by healthcare providers suggests a deeply entrenched environment of stereotypes and prejudices within society. Participants' testimonies indicate that medical care is often conditioned not by health needs, but by the "moral evaluation" of the individual. Withholding medication until a patient's condition deteriorates, dismissive treatment in primary medical institutions and hospitals, and delays in providing care contradict the very essence of the right to health.

Individuals do not receive timely and quality medical care and avoid seeking help from physicians due to fear of stigma and problems with law enforcement.

SOCIAL DOMAIN

Human rights violations against people who use drugs are not limited to the actions of state bodies. They are also reflected across societal attitudes, family dynamics, employment, and social integration processes. This section examines how mechanisms of criminalization, stigmatization, and information disclosure deepen social exclusion and reproduce discrimination in contradiction to international principles of equality and human dignity.

20. An individual had previously used drugs but no longer does so. In August, she went to one of Yerevan's pubs with friends, but the security staff did not allow her to enter—she had previously been identified as a person who uses drugs. The woman explained that she no longer used drugs and that there would be no issues, asking to be allowed in, but she was denied entry.
21. An individual lives in Lori Province in a multi-story building and uses the elevator. The neighbors know and have informed each other that he is a person who uses drugs. Now, his longtime neighbors refuse to share the elevator with him; they wait until he rides alone before using it. Many no longer greet him, and young women and children do not even enter the building entrance with him.
22. In May, an individual was poisoned by cleaning products and called an ambulance. During the intervention, the physician and nurse repeatedly and strangely inquired about his veins. When the patient's condition worsened, he was transported to the First University Hospital, where two nurses, while administering an intravenous injection, continued to ask the same questions why he had no visible veins, what the scars and bruises on his arms were, suspecting drug use. The individual felt compelled to lie, yet sensed that they were treating him with "cold" indifference; they came several times to cautiously touch and examine his arms and scars and left.

In social life, people who currently use or have previously used drugs are frequently exposed to overt discrimination, being denied entry to public spaces, isolated by neighbors, and living in an atmosphere of fear and danger. In these situations, the individual's dignity is undermined, and the right to participate in social life is effectively restricted.

Social discrimination deepens marginalization and impedes social reintegration in contradiction to the application of Article 8 in conjunction with Article 14 of the European Convention on Human Rights. At the same time, Armenia lacks effective legal mechanisms for protection against such discrimination.

The violations occurring in various spheres of public life against people who use drugs are interconnected. The punitive approach of law enforcement deepens discrimination in healthcare; the latter exacerbates family tensions; and the stigma formed within families and communities is, in turn, reproduced within law enforcement and medical systems.

Thus, the problem is not limited to isolated violations but reflects the structural incompatibility of state policy with international rights-based and evidence-based standards. By maintaining a highly criminalized approach to drugs and failing to ensure comprehensive protective mechanisms, the

Republic of Armenia is failing to fulfill its international commitments regarding the protection of human dignity, health, liberty, and freedom from discrimination.

Cases documented in the social domain during focus group meetings (direct quotations):

"The neighbors say: 'they're drug addicts, they're going to die anyway, that's how it ends.'"

"It has happened that a neighbor told a neighbor, or a relative told a relative personal information."

"Before methadone you're a drug addict; when you're on methadone, you're in treatment. Everyone looks at it the same way. This is other people's opinion. This is a form of medical treatment, but a bystander, when they see you're in treatment, getting it legally, has the same stereotype as the police: it's legal, so this is good, while the other is very dangerous, they're injecting it; this is for drinking. Just like someone who doesn't understand calls both the one smoking marijuana and the one injecting the same thing—'drug addict'—it's all the same."

The statements documented in the social domain demonstrate that people who use drugs are perceived as "worthless," "dangerous," or "inevitably dying" individuals. The dissemination of personal information by neighbors, labeling, and openly dehumanizing expressions testify to deeply rooted social stigma.

This stigma is not formed independently but is fueled by the state's "criminalized" policies and the conduct of law enforcement agencies. The European Court of Human Rights has emphasized in its case law that the state has a positive obligation to protect individuals from discriminatory treatment by third parties (application of Article 8 in conjunction with Article 14 of the ECHR).

Cases documented in the employment sector during focus group meetings (direct quotations):

"No, they didn't say anything, they said there were layoffs and that they'd call me back later. They kept lying until they got rid of me."

"Employment is also an obstacle. When they see you're receiving methadone or have been imprisoned in the past, they don't hire you. That's already a problem, you can't work. The police take you in without you having done anything, so what would they do if you actually did something? I've had several cases where I went to get a job. I told them every Thursday I need to get my medication, I didn't hide it, I won't lie. I said I need to go to the hospital. I didn't say what medication it was. I said I'd be a little late those days. When they found out what the medication was or that I had been imprisoned, they didn't hire me. I don't have a profession, so I can't work in some specialty. I don't have a trade. It was greenhouse work; another was apple crate sorting work. Those few hours bothered them. You have to do manual labor: what else can you work? This happened three months ago. And that's when you get disheartened. If it’s a state job, it shows on the record; if it’s private employers, they ask around and find out. Better to lose an eye than lose your name, and now that you've changed, you don't want to go to jail, you don't want to use drugs, you receive methadone so you can stay away from all that, still there are obstacles.

The testimonies presented regarding the employment sector reveal both direct and indirect discrimination. The fact of receiving MST or having a record of incarceration becomes grounds for denial of employment even for unskilled, manual labor. Dismissal under the pretext of "staff layoffs" or refusal to hire due to treatment days contravenes international standards on the right to work and the right to non-discrimination. When an individual is registered in a treatment program, their data are transferred to the traffic police, as a result of which they are disqualified from holding a driving license and often of their livelihood as well.

The UN Committee on Economic, Social and Cultural Rights has repeatedly stated that restrictions on employment on the basis of health condition or medical treatment may constitute discrimination if they lack an objective and proportionate justification.[14]

The testimonies from focus group meetings collectively demonstrate that people who use drugs and those who receive MST in Armenia find themselves in a state of structural vulnerability. The violent conduct of law enforcement bodies, discrimination within the healthcare system, social labelling, and exclusion in the employment sector constitute mutually reinforcing negative cycles.

International best practice (Portugal,[15] Norway,[16] Switzerland,[17] Canada[18]) demonstrates that the elimination of punitive policies against drug use, the limitation of the police role in health-related matters, the provision of uninterrupted access to MST, and the introduction of anti-discrimination mechanisms lead not only to the protection of human rights but also to improvements in public health and safety. This approach is grounded in the understanding that drug use is, first and foremost, a public health challenge rather than a crime, which necessitates a transition from punitive policies to harm reduction and human-centered strategies. International standards, in particular the International Guidelines on Human Rights and Drug Policy[19], emphasize that decriminalization of simple possession and transformation of the police role from a punishing to referring for health services significantly reduce social stigma and isolation. This enables people who use drugs to access MST and sterile injecting supplies without fear or discrimination, which has been scientifically proven to reduce overdose deaths, the spread of HIV/AIDS and hepatitis, and to lower street crime rates while restoring human dignity and social inclusion.

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[14] https://www.hr-dp.org/contents/122

[15] https://www.gov.scot/publications/international-approaches-drug-law-reform/pages/4/

[16] https://link.springer.com/article/10.1186/s12954-025-01245-5

17 https://hri.global/wp-content/uploads/2022/11/Harm-Reduction-in-Switzerland_FINAL.pdf

18 https://www.cpha.ca/toxic-drug-crisis

19 International Guidelines on Human Rights and Drug Policy (UNDP, WHO, UNAIDS, OHCHR). This is the most comprehensive guideline linking drug policy to international human rights commitments. https://www.humanrights-drugpolicy.org/site/assets/files/1640/hrdp_guidelines_2020_english.pdf

UNODC, WHO, UNAIDS Technical Guide:
https://www.unodc.org/documents/hiv-aids/idu_target_setting_guide.pdf

Global Commission on Drug Policy Reports:
https://globalcommissionondrugs.org/gcdp-reports/

FAMILY DOMAIN

Regrettably, people who use drugs also face rejection, discrimination, and abusive treatment within their families, among relatives, and within their social circles.

23. An individual from Yerevan reports that, due to his drug use, his relatives have almost entirely ceased contact with him. His close friend, who is also his family's godfather, stopped communicating with him and no longer participates in family occasions. Their wives, who had also been very close and met almost daily, stopped communicating after learning about his drug use: the friend's wife no longer speaks with his wife.
24. A woman from Yerevan has a sister who has known for approximately 20 years that she used drugs, but is unaware that she is currently receiving MST. However, every time they interact, in the individual's words, her sister "throws it in her face, regardless of whether they are alone or in the presence of other relatives." When their mother passed away, on that very day, in the presence of relatives, the sister initiated an extremely unpleasant conversation, telling her: "Who asked you to fill your arms with needles—you could have lived normally, used your brain." The sister disclosed her drug use history to other relatives. As a result, relatives on her father's side no longer keep touch with her. Her immediate family, including her children, does not know that she is receiving MST. She conceals this fact, fearing potential negative consequences.

Within the family environment, people who use drugs frequently experience social isolation, humiliation, and labeling. The stories below demonstrate that an individual's health condition or past behavior is used as a basis for moral condemnation, resulting in undermined family bonds, cessation of relations, and in some cases, individuals being compelled to hide the fact that they are receiving treatment out of fear of potential consequences for themselves, their families, or their children.

There are numerous cases where relatives, friends, and neighbors urge the wives of people who use drugs to divorce, abandon their partners, or simply take the children and leave.

Although these violations are committed by non-state actors, the state has a positive obligation to protect the right to private and family life and to prevent discriminatory treatment. Stigma at the family level directly reflects the criminalized and punitive narrative of state policy.

SUMMARY

The testimonies documented, the anonymized cases, and the direct quotations collected during focus group discussions demonstrate that people who use drugs and receive MST in Armenia are faced with multiple and interconnected human rights violations. These violations occur within the law enforcement system, the healthcare sector, as well as in family, social, and labor relations.

The analysis reveals that these issues do not result from individual employee misconduct but are systemic in nature. They are driven by the prevailing criminalized and stigmatizing approach to drug use, the broad discretion of law enforcement agencies, poor regulation of healthcare services, and the absence of policies grounded in human rights and public health principles.

The documented cases demonstrate that people who use drugs frequently experience violations of the right to be free from torture and inhuman or degrading treatment, the right to liberty and security of person, the right to a fair trial and legal defense, the right to health, the right to private and family life, and the right to work in conjunction with discrimination. A concise presentation of the violations and their manifestations yields the following picture:

1. Right to freedom from discrimination - various manifestations of the violation include:

    - differentiated treatment solely on the basis of drug use or receiving MST;
    - restrictions on access to employment, medical services, and public spaces;
    - reproduction of stigma by state bodies, and others.

This and all other fundamental rights have been violated on grounds of discrimination. Drug use or addiction falls under "other status" under the Convention, and any disproportionate or negative treatment on this basis may be regarded as discrimination.

2. Right to be free from torture and inhuman or degrading treatment - various manifestations of the violation include:
    - physical violence, beatings, disproportionate use of force by the police;
    - sexual profanity and humiliating treatment;
    - deliberate withholding of medical care, necessary treatment (methadone, pain relief) as a means of pressure;
    - denial of help during withdrawal syndrome;
    - forcible arrests in the presence of children, and others.

According to the case law of the European Court, deliberately exposing a person deprived of liberty or under state control to suffering, including through denial of medical care, constitutes a violation of Article 3 of the ECHR.

3. Right to liberty and security of person: various manifestations of the violation include:
    - unjustified stops and mass searches;
    - de facto deprivation of liberty without legal grounds;
    - detention for three days or more at police stations;

- denial or delay of contact with a lawyer, and others.

Any form of deprivation or restriction of liberty that lacks clear legal grounds, proportionality, and judicial oversight contradicts the Convention.

4. Right to a fair trial and legal defense - various manifestations of the violation include:
   - obstruction of the right to contact a lawyer;
   - prohibition on calling a public defender or one's own lawyer;
   - denial of defense during the preliminary investigation to exert pressure, and others.

Restriction of access to a lawyer, particularly at the moment of deprivation of liberty, violates Convention provisions.

5. Right to health - various manifestations of the violation include:
   - interruption or denial of methadone treatment;
   - denial of medical care on grounds of stigma;
   - discriminatory treatment in healthcare facilities;
   - neglect of post-surgical pain, and others.

The right to health encompasses access to treatment, continuity of care, and quality of services. Drug addiction is recognized by the WHO as a health condition, not a criminal or moral "defect."

6. Violation of the right to private and family life - various manifestations of the violation include:
   - breach of medical confidentiality;
   - degrading treatment in the presence of family members;
   - psychological harm to children during arrests, and others.

The state has an obligation not only to refrain from violations but also to protect private life from interference by third parties.

7. Right to work - various manifestations of the violation include:
   - denial of employment on grounds of methadone treatment or past record;
   - dismissals under the pretext of "layoffs;"
   - fabrication of incompatibility between employment and treatment, and others.

Restriction of the right to work on the basis of health condition or treatment contradicts international labor and social rights standards.

Thus, the general conclusion is that the cases documented do not constitute standalone incidents but rather point to systemic problems rooted in:

- the "criminalized" perception of drug use;
- stereotypical attitudes;
- the dominance of law enforcement approaches over healthcare and social approaches;
- institutionalization of stigma within state systems;

- lack of knowledge and awareness, and others.

This situation leads to a chain of interconnected human rights violations that undermine human and public health, justice, and social inclusion objectives.

A synthesis of international legal standards, the case law of the European Court of Human Rights, UN treaty bodies, and World Health Organization guidelines demonstrates that the Republic of Armenia has not only a negative obligation to refrain from violating these rights, but also a positive obligation to ensure effective protection, prevention, and legal remedies.

In this context, systemic and cross-sectoral reform is required aimed at reducing criminalization, strengthening public health-based approaches, and combating stigma.

RECOMMENDATIONS

In the law enforcement sector to:

- Limit police discretion in restricting the liberty of people who use drugs, conducting searches, and transporting individuals to police stations by ensuring clear regulations on legal grounds and proportionality requirements.
- Ensure safeguards in the legislation for uninterrupted treatment for persons receiving MST in police stations, arrest, and detention.
- Ensure the right to immediate contact with a lawyer as an absolute safeguard, particularly for vulnerable groups.
- Introduce mandatory training for law enforcement personnel on human rights, stigma prevention, and the recognition of addiction as a health condition.
- Establish independent and effective mechanisms for the investigation of grievances regarding police violence and ill-treatment.

In the healthcare sector to:

- Recognize MST programs as essential, life-saving treatment and ensure their accessibility and continuity in all circumstances, including in premises of custody.
- Prohibit denial or restriction of healthcare services on the basis of drug use record or hepatitis C or HIV status.
- Introduce mandatory pre- and post-test counseling for HIV and hepatitis screening.
- Develop lifelong education for healthcare workers based on the principles of non-discriminatory, rights-based, and evidence-based medicine.
- Establish clear accountability mechanisms for cases of discrimination in medical care and services.

In the family and social domains to:

- Carry out public awareness campaigns to address stigma and stereotypes associated with drug use.
- Promote community support programs for families to reduce social isolation and secondary discrimination.
- Ensure effective protection of personal data and medical confidentiality preventing the unlawful disclosure of information within communities.

In the employment and social inclusion domains to:

- Enact legal safeguards to ensure that MST participation or a drug use record is not used as grounds for denial of employment or dismissal.
- Establish social and professional reintegration programs for people who are using or have previously used drugs.
- Promote employer awareness on addiction treatment and human rights.

The implementation of the proposed measures will enable the Republic of Armenia to transition from a punitive approach to a drug policy grounded in public health and human rights, contributing to the reduction of systemic violations and improvement of both human and public health and safety.