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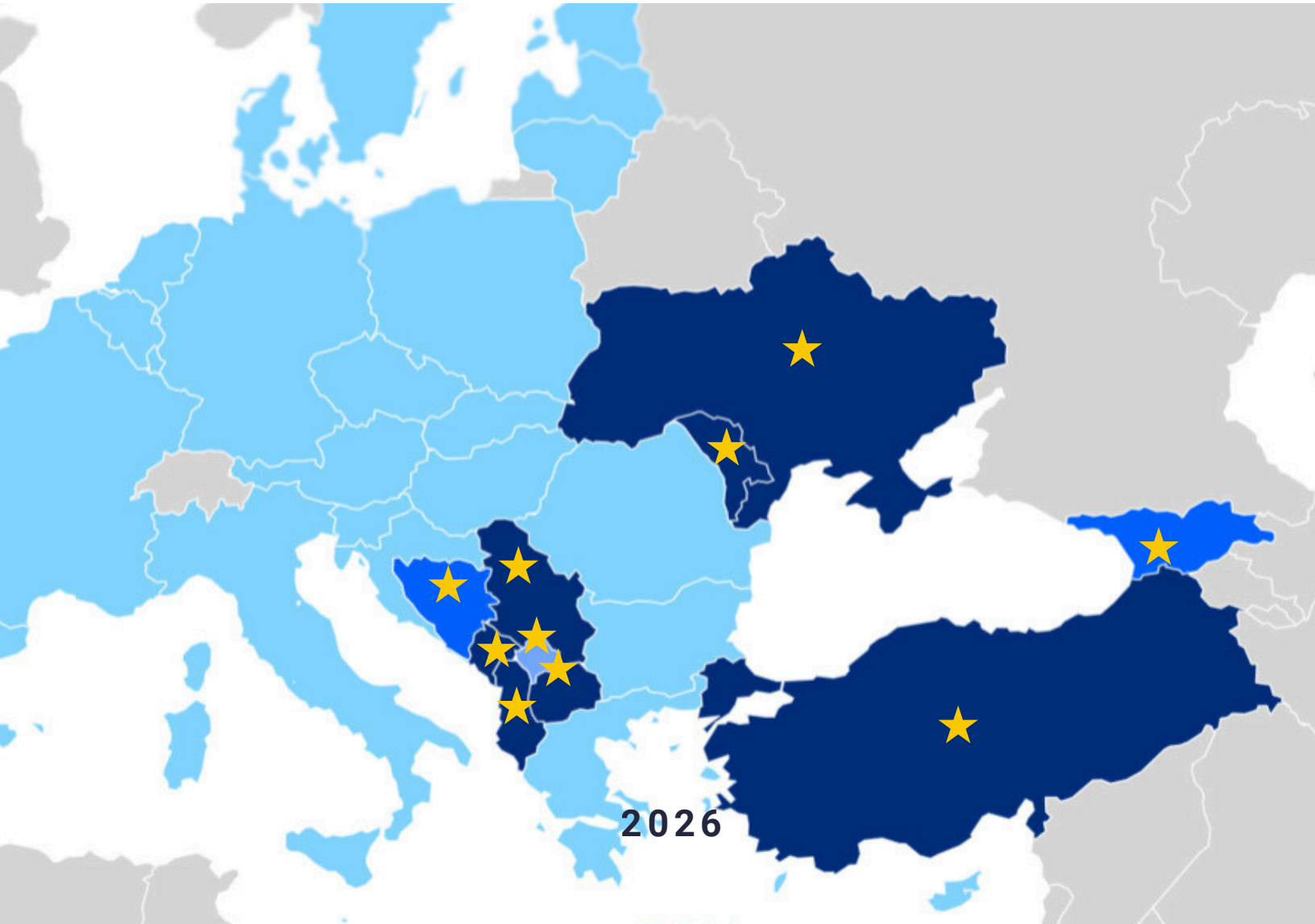
Alliance for Public Health

POLICY BRIEF ON ELIGMENT OF DRUG POLICY OF THE REPUBLIC OF MOLDOVA WITH THE EU ACQUIS FROM A PUBLIC HEALTH AND HUMAN RIGHTS PERSPECTIVE.



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For more information, visit the website: https://harmreductioneurasia.org/

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This report evaluates the alignment of the Republic of Moldova's drug policy with the *EU acquis* from a public health and human rights perspective during 2025, using the *Methodology on shadow reporting for EU accession from a drug policy perspective*.[1] The assessment places particular emphasis on the experiences of people who use drugs, as well as on insights provided by experts consulted during the evaluation process.

Through a comprehensive review of EU legislation, non-binding policy commitments, and Council of Europe recommendations, the core elements of the EU acquis on drug policy were identified from a public health and human rights perspective across four accession chapters: Chapter 23 (Judiciary and Fundamental Rights), Chapter 24 (Justice, Freedom and Security), Chapter 28 (Consumer and Health Protection), and Chapter 31 (Foreign, Security and Defence Policy). A corresponding set of 66 indicators was developed to assess gaps between national frameworks in candidate countries and the *EU acquis*.

Data on policy indicators was collected through content analysis of national drug policy legislation and official documents, while data on implementation indicators was gathered through a survey of selected experts and community representatives who completed a structured questionnaire in November 2025.

All survey data was reviewed by experts to discard inconsistent or unreliable responses. The verified data was then compiled, systematised, and transferred into a data log that serves as the basis for this report.

Key recommendations foraccession negotiations in 2026:

1. *Adopt a comprehensive national drug strategy grounded in public health and human rights (Chapter 24). This should include clear support for harm reduction, outline sustainable funding for services, and meaningfully involve civil society and community representatives in its design and implementation.*
2. *Introduce alternatives to coercive sanctions at all stages of the justice process (Chapters 23 & 28). Moldova should decriminalise personal drug use and possession (significantly raise "small quantity" thresholds) and develop diversion programs that refer people who use drugs to i]9l[treatment or support in lieu of criminal penalties.*
3. *Reform the mandatory narcological registry by repealing the legal basis for compulsory nominal registration and replacing it with a modern, patient-centred model of voluntary, confidential care based on informed consent.*
4. *Strengthen institutional capacity and coordination on drug policy (Chapters 24 & 31). This includes fully operationalising the National Drug Observatory with a mandate covering health and human rights, establishing an Early Warning System for new*

[1] EHRA (2026). Shadow reporting for EU accession from a drug policy perspective. Vilnius, Lithuania.

psychoactive substances;

5. *increase Secure sustainable domestic funding for harm reduction and treatment services (Chapter 28). The government should budget allocations to core harm reduction interventions (needle exchange, opioid agonist therapy, naloxone distribution, etc.) to reduce reliance on external donors and ensure long-term continuity of services.*

Inthe pastyear,thefollowing **key developments** havetakenplaceatanationallevel:

- *On 14 May 2025, the Government approved, by Government Decision No. 275/2025, the "Rule of Law" Roadmap (Chapters 23-24), which provides, by December 2026, for the preparation of a national anti-drug policy document (strategy/programme) and for the development, approval and piloting of a mechanism to refer people who use drugs to treatment and rehabilitation services ("therapeutic justice" approach).*
- *In March 2025, an opposition initiative introduced a draft "foreign agents" law that would impose stigmatizing labels and restrictions on NGOs receiving foreign funding. The proposal was met with strong civil society opposition and, as of end-2025, has not been adopted. This averted a serious potential threat to the operating environment of harm reduction and drug policy NGOs.*
- *Moldova continued to align closely with EU positions in international forums. At the March 2025 UN Commission on Narcotic Drugs (CND) session, Moldova joined the EU's statements, and throughout 2024-25 it supported EU-backed resolutions on global drug policy in the UN General Assembly and Human Rights Council.*

Chapter 23: Judiciary and Fundamental Rights

Moldova should develop rights-based alternatives to detention and prosecution for non-violent drug-related offences, ensuring that any justice response prioritises rehabilitation and social reintegration. In penitentiary settings, the principle of equivalence of care should be made effective in practice by removing informal barriers to access, safeguarding confidentiality, and ensuring timely continuity and initiation of evidence-based treatment and harm reduction. In parallel, Moldova should repeal the legal basis for compulsory nominal registration in the narcological registry and replace it with voluntary, confidential, patient-centred care consistent with EU fundamental rights and data protection standards.

- *EU documents reviewed under this chapter include limited references relevant to drug policy, mainly related to detention conditions, access to healthcare in prisons, and rehabilitation measures for people who use drugs.*

- *The European Commission identifies persistent shortcomings in healthcare services within penitentiary institutions, which negatively affect access to treatment for people with drug dependence.*
- *EU-level assessments point to insufficient implementation of alternatives to detention, including probation and rehabilitation-oriented measures, particularly for non-violent drug-related offences.*
- *Overall, EU documents indicate a gap between existing legal frameworks and their practical implementation regarding treatment, rehabilitation, and reintegration of people who use drugs in detention, reflecting incomplete alignment with the EU acquis.*

Chapter 24: Justice, Freedom and Security

Moldova should adopt a comprehensive national drug strategy and action plan grounded in public health and human rights, covering demand reduction, supply reduction, harm reduction and social reintegration, and ensuring meaningful participation of civil society and affected communities. Institutional coordination should be strengthened by fully operationalising the National Drug Observatory with a mandate that includes health, human rights and social impacts, and by establishing a functional national Early Warning System for new psychoactive substances that cooperates with EU mechanisms. The strategy should include clear provisions and resourcing for diversion and referral to treatment (therapeutic justice) as an alternative to criminal sanctions, in line with EU commitments.

- *EUdocuments reviewedunderthischaptercontain the most extensive findings relatedtodrug policy, highlightingseveralstructuralgapsvis-à-vis the EU acquis.*
- *TheEuropean Commissionnotestheabsenceof a comprehensive national drug strategyand action plans coveringdemand reduction,supply reduction, harm reduction, and social reintegration.*
- *The Early Warning System for new psychoactive substances (NPS) is not yet operational, requiring further legislative and institutional arrangements to align with EU mechanisms.*
- *The National Drug Observatory has not been fully established or made operational, limiting systematic data collection, analysis, and reporting in line with EU requirements.*
- *EU assessments identify limited forensic and laboratory capacity for the identification and monitoring of NPS, undermining effective responses to emerging drug trends.*
- *Mechanisms enabling referral to treatment instead of criminal sanctions for people who use drugs remain insufficiently developed.*
- *Deficiencies persist in the management, storage, destruction, and statistical monitoring of seized drugs, affecting transparency and accountability in drug control efforts.*

Chapter 28: Consumer and Health Protection

Moldova should secure sustainable domestic funding for harm reduction and treatment services, reducing reliance on external donors and ensuring continuity and national coverage, including in closed settings. Access to opioid agonist therapy, naloxone (including take-home and peer distribution), and HIV/HCV testing and treatment should be scaled up, with targeted measures to reach women, rural areas and other underserved groups. Punitive legal and policy measures that deter people from seeking health services should be reviewed, including by raising 'small quantity' thresholds and implementing diversion pathways so that health protection objectives are not undermined by criminalisation.

- *EUdocuments notelimitedprogress in publichealthmeasuresrelatedtodrug preventionand thereduction of harmfulsubstance use.*
- *Gapspersist in ensuringadequate access tohealthcare anddrug treatment services, particularly for peoplewhouse drugs in closed settings suchas penitentiary institutions.*
- *Broader shortcomingsidentified by the EUinhealthsystemcapacityandservicedelivery indirectly affect the effectiveness of drug-related health responses, indicating partialalignment with the EU acquis.*

Chapter 31: Foreign, Security, and Defence Policy

Moldova should continue and document its alignment with EU positions in international drug-policy fora and strengthen operational cooperation with EU institutions on drug-related cross-border threats, consistent with human rights obligations. External cooperation should be complemented by domestic institutional strengthening relevant to Chapter 31, including capacity for coordinated data exchange, early warning, and strategic planning in line with EUDA/EMCDDA networks.

- *EUdocuments reviewedunderthischapter do notcontainexplicitreferencestodrugpolicyor drug-related reforms.*
- *Basedon availableEU-level documentation, no findingsrelatedtogapsindrugpolicy alignment can beidentified underthischapter.*