A REVIEW OF WORK WITH INJECTING DRUG USERS IN UKRAINE IN THE CONTEXT OF THE HIV/AIDS EPIDEMIC

Published with the support of
UNITED NATIONS CHILDREN’S FUND (UNICEF) IN UKRAINE
and
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS) IN UKRAINE

Kyiv – 2005
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Opinions and positions presented in this publication do not necessarily reflect the opinions of the Government of Ukraine, UNICEF and UNAIDS.

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This collectively-written monograph presents the results of research on Ukrainian society’s response to the spread of drug abuse, drug dependence and HIV/AIDS among injecting drug users. The authors describe the current drug scene in Ukraine; outline legislative priorities for the state policy on drugs; describe the activities of governmental and non-governmental organizations in the field of drug abuse and HIV/AIDS prevention; and discuss issues surrounding the coordination of intersectoral activities and monitoring and evaluation of HIV/AIDS prevention programmes for IDU. In addition, authors define a set of problems which require adoption at the national level in order to increase the effectiveness of prevention programmes that are implemented.

This work is recommended for decision-makers who work on drug abuse, drug dependence and HIV/AIDS prevention in Ukraine; for specialists in governmental and non-governmental organizations who work in this area (drug-addiction specialists, physicians, social workers, law enforcement officers, and lawyers); as well as for coordinators and managers of national and international programmes.

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A number of organizations were involved in the preparation of **A review of work with injecting drug users in Ukraine in the context of the HIV/AIDS epidemic**, in particular:


**National state institutions at the central level:** Department on Youth Policy at the Ministry of Family, Children and Youth Affairs; Department of the Organization and Development of Medical Aid to the Population at the Ministry of Health of Ukraine; Department of General Secondary and Pre-School Education at the Ministry of Education and Science of Ukraine; State Centre of Social Services for Youth; Ukrainian AIDS Centre; Ukrainian Institute of Social Studies; State Institute on Family and Youth Affairs; Department on Combating Drug Circulation at the Ministry of Internal Affairs of Ukraine; Unit on Combating Smuggling and Violations of Customs Regulations at the State Customs Service of Ukraine; State Penitentiary Department.

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1 On 26 February 2005, the Ministry of Ukraine on Family, Children and Youth and the State Committee of Physical Training and Sport were reorganized into the Ministry of Ukraine on Youth and Sport by the Decree of the President of Ukraine # 381/2005 “About the Ministry of Ukraine on Youth and Sport”.
Oblast AIDS Centre; Zhytomyr Oblast AIDS Centre, Zakarpatyja Oblast AIDS Centre; Kyiv Oblast AIDS Centre; Ivano-Frankivsk Oblast AIDS Centre; Poltava Oblast AIDS Centre.

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According to the Ukrainian AIDS Prevention Center at the Ministry of Health (MoH) of Ukraine, as of March 1, 2005, there were 76,875 officially registered HIV-positive people in Ukraine, including 47,036 (61.2%) who were injecting drug users (IDUs). An epidemiological situation analysis demonstrates that the HIV/AIDS epidemic is beginning to increase at a high rate throughout the country, including in regions that had not been considered vulnerable until recently. The share of IDUs among HIV-positive people is dynamically changing and is growing in regions with medium and low HIV prevalence levels. Thus, the regions in which the HIV epidemic began its spread in Ukraine have reached a saturation level of infection among IDUs, while the regions to which HIV penetrated later are now facing a gradual growth of HIV infection among injecting drug users.

The aim of this review of activities for injecting drug users in Ukraine is to identify appropriate areas for the national response to the drug use problem in the context of the country's response to the HIV/AIDS epidemic, and to increase the efficiency of existing prevention programmes. It has been developed at the request of the UN Technical Working Group on Vulnerable Populations, and is based on similar studies performed in other countries. The review elaborates on the results of meetings and focused in-depth interviews with experts and professionals working with IDUs (drug-addiction specialists, health care specialists, epidemiologists, social workers, law enforcement officers, and representatives of governmental and community-based organizations). It also contains a secondary analysis of existing information (research results, literature, and official data from a number of governmental institutions), which helped not only to assess expert estimates, but also to identify problems in working with IDUs and to determine priority areas for this work. Key issues addressed in the review include:

• the Ukrainian drug scene, its characteristics and features;

• the national response to HIV/AIDS in injecting drug users (legislative priorities, public hearings, parliamentary hearings, NGO activities, the AIDS Coordination Council, public service announcements, mass media involvement);

• services currently provided to injecting drug users (voluntary counseling and testing, medical assistance and treatment, targeted interventions, substitution therapy, legal services, social support);

• problems faced by the organizations working with drug users;

• monitoring and evaluation of HIV/AIDS prevention programmes for IDUs.

In cases where different information sources focus on different aspects of one and the same problem, the authors of this review used the triangulation method, i.e., a cross-sectional check of all data using different methods or sources. In addition, the authors used evaluation and monitoring data for some situations (e.g., registered HIV infection cases; visits of patients with drug related problems to drug rehabilitation facilities, etc.), and quite often, the monitoring and evaluation exercises complemented each other.
On the basis of the findings in this review, and in consultation with the experts of national and international organizations, the authors have developed an action plan that specifies the activities and types of technical assistance needed to ensure the increased efficiency of HIV/AIDS prevention programmes for IDUs. Taking into account different areas of expertise, the somewhat ambiguous attitude of experts to regulation of the drug scene, and the difference in their professional interests, views and vision of how to solve HIV/AIDS problem, there is a need to develop a uniform and cohesive response strategy that can ensure a coordinated national response.

More than 50 experts from different governmental and nongovernmental organizations in different regions of the country were involved as consultants in the process of drafting the review and in developing the action plan. The Social Expertise Center of the Institute of Sociology at the National Academy of Sciences of Ukraine wishes to acknowledge the comments, advice and other contributions of all our colleagues. The development of this review and action plan once again demonstrated that in addressing urgent social problems, such as drug use and the HIV/AIDS epidemic, partnership is possible even in situations when specialists with different, and sometimes opposite, ideas on some issues (such as, for instance, substitution therapy or harm reduction) are involved in the process. Most important is that these people are all concerned with the current problems and wish to improve the situation. For this reason, all the experts who participated in the development of the review and the action plan made their contribution with the hope that this partnership would ensure the efficacy of the proposed plan, and its quick progress from the planning to the implementation stage.

This review is intended to improve the process of planning and implementation of programmes and projects for IDUs at the national level, and to contribute to the implementation of various components of the Global Fund and World Bank projects related to IDUs in Ukraine. At the same time, recently work with the populations that are most vulnerable to HIV infection has become more active thanks to the implementation of a number of projects supported by the International Renaissance Foundation and the International HIV/AIDS Alliance in Ukraine. So, we hope that soon we will see the outcomes of new studies and projects to identify further needs in working with injecting drug users.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>ART</td>
<td>Antiretroviral therapy</td>
</tr>
<tr>
<td>CSSY</td>
<td>Centre of Social Services for Youth</td>
</tr>
<tr>
<td>CSW</td>
<td>Commercial sex workers</td>
</tr>
<tr>
<td>FSW</td>
<td>Female commercial sex workers</td>
</tr>
<tr>
<td>FSW-IDUs</td>
<td>Female commercial sex workers who are injecting drug users</td>
</tr>
<tr>
<td>GFATM</td>
<td>The Global Fund to Fight AIDS, Tuberculosis, and Malaria</td>
</tr>
<tr>
<td>HIV</td>
<td>Humane immunodeficiency virus</td>
</tr>
<tr>
<td>IDUs</td>
<td>Injecting drug users</td>
</tr>
<tr>
<td>IDU</td>
<td>Injecting drug use</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
</tr>
<tr>
<td>MoES</td>
<td>Ministry of Education and Science</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MoI</td>
<td>Ministry of Interior</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
</tr>
<tr>
<td>MSW</td>
<td>Male commercial sex workers</td>
</tr>
<tr>
<td>NASU</td>
<td>National Academy of Sciences of Ukraine</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-governmental organizations</td>
</tr>
<tr>
<td>PLWHA</td>
<td>People living with HIV/AIDS</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of mother-to-child transmission (of HIV)</td>
</tr>
<tr>
<td>PSAs</td>
<td>Public service announcements</td>
</tr>
<tr>
<td>SBU</td>
<td>Security Service of Ukraine</td>
</tr>
<tr>
<td>STIs</td>
<td>Sexually transmitted infections</td>
</tr>
<tr>
<td>ToT</td>
<td>Training of trainers</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>YFC</td>
<td>Youth Friendly Clinic</td>
</tr>
</tbody>
</table>
SECTION 1.
THE CURRENT DRUG SCENE IN UKRAINE:
ITS KEY CHARACTERISTICS AND FEATURES

1.1. Specific features of drug use in Ukraine

General characteristics of the current drug scene.\(^2\) According to the Ministry of Health, the number of patients with drug-associated disorders at Ukrainian drug clinics was 85,400 people at the beginning of 2004.\(^3\) In compliance with current regulations, drug addicts are registered by health care facilities when patients turn to them for medical assistance and when a committee of physicians makes a corresponding clinical diagnosis.

According to data from the State Statistics Committee of Ukraine, beginning in the 1990’s, every five years the number of patients registered at health care facilities with diagnosed mental and behavioural disorders caused by substance abuse (including chemical substance abuse) nearly doubles.\(^4\) [Fig. 1.1]. While in 1992, the incidence of such disorders was 9.4 cases per 100,000 people and the prevalence was 51.0 cases per 100,000 people, in 2003 these figures were 18.0 and 178.8 correspondingly; that is, they grew by two to three times.

According to the Ministry of Internal Affairs (MoI), beginning in 1999 it has annually registered, on average, 21,000 to 25,000 people who use drugs for non-medical purposes, with 60% of them diagnosed as ‘drug addicts’. At the beginning of 2004, the total number of drug users registered by law-enforcement bodies reached 120,000 people. In the past five years alone, drug overdoses and other related diseases caused the death of almost 8,500 people recorded in MoI lists as ‘drug addicts’ (and during the first six months of 2004, another 1,300 drug users died).\(^5\)

One of the features of the current drug scene in Ukraine is that it exists in an optimum situation,\(^6\) characterized by the constant availability of drugs and psychotropic substances in the country’s internal drug market, and a lack of seasonality in the market supply. Any seasonal fluctuation in the availability of the opioid surrogates is balanced by the availability of medical preparations and tableted psychotropic substances.


The drug scene in Ukraine differs from those in other countries because most drugs are not bought with money by Ukrainian consumers, but are obtained on the basis of barter services, such as preparing drugs, reselling them, transporting the raw materials for drugs, or providing sexual services in exchange for a dose. Furthermore, drug consumption in Ukraine is often a collective exercise (in most cases drugs are used in groups), while in most other countries it is usually an individual matter.

**Regional features.** Dnipropetrovsk oblast is the region with a particularly high prevalence of drug use (growth rates are especially high in the cities of Kryvy Rih and Dnipropetrovsk). Slightly lower, but still high prevalence is observed in Donetsk, Luhansk, Odesa and Zaporizhja oblasts, in the autonomous region (AR) of Crimea and in the city of Kyiv. The remaining territories, with a relatively lower prevalence of drug addiction, are experiencing a high rate of growth in the number of patients with mental disorders caused by drug use (see tables 1.1. and 1.2, and Appendix 2, tables 1, 2, 3 and Fig. 1, 2).

The most striking difference in the prevalence of drug and psychoactive substance abuse is seen between the western and eastern/south-eastern regions of Ukraine. This difference is largely explained by social and cultural factors and the characteristics of the populations living there. Historically, people from throughout the former Soviet Union migrated to the industrial southern and south-eastern regions, as it was easy to find jobs in metallurgical plants and coal mines, and to obtain housing for different people, including those who were

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not socially accepted in other places (for instance, after serving a term in prison). Due to the heterogeneity of the population in the eastern and south-eastern regions, deep national traditions were damaged, and a ‘marginal culture’ developed in their place, leading to the weakening of behavioural standards and an increase in criminality.\(^9\)

For a long time, the regions in the west of Ukraine belonged to other countries, and this significantly influenced the lifestyles and cultural values of people there. These factors determine the difference in drug use prevalence in the different regions, and for this reason it is

necessary to strengthen and focus government policy in order, at the very least, not to exceed the current level of drug use in the western regions.

While until the middle of 1990’s, more than 95% of drug users in Ukraine were urban residents, today there is a growing number of drug addicts in both urban as well as rural areas, with only their quantity being different. According to the MoI, at the beginning of 2004, one quarter of all drug users were rural residents.10

Closed/open character of the drug scene. Another particular feature of the Ukrainian drug scene is its hidden character, which is explained by the mutual interests of the leading actors in the drug scene (drug producers and drug users) in not disclosing drug sales and purchases.11 The drug scene in small towns and villages is even more hidden than in big cities, because most people condemn drug users (especially injecting drug users). At the same time, due to a higher level of community and social involvement, the detection of IDUs in small towns is higher than in big cities.12

The concepts of closed and open drug scenes are especially relevant in a discussion of injecting drug use. A completely closed drug scene typically occurs in local groups involved in the production and use of homemade opiates. External contacts for these groups are limited to the purchase of raw materials and drug precursors, and drug dealership is almost unheard-of. 13

A relatively open drug scene with respect to homemade opiates exists in places where drug dealership is widespread. As a rule, these are places densely populated by roma, where drugs are available throughout the year for anyone wishing to buy them individually or through dealers.14 At the same time, the relative openness of the drug scene in these places does not mean absolute transparency in the sale and purchase of drugs. In this case, we are mostly talking about better opportunities for members of governmental and non-governmental organizations (especially those involved in harm reduction projects) to access members of local IDUs communities.

According to studies on the introduction of a harm reduction strategy among injecting drug use in Lviv, the specific features of drug-using communities, including behavioural features, are mostly determined by their participation in open or closed drug scenes15 and can differ significantly (see Appendix 2, Table 4, pp. 151-152). Members of closed drug scenes are usu-

14-15 Ibid.
ally people with a long record of drug use, who take large doses and make many injections a day. The places where they use drugs and the parts of their bodies where they inject the drugs also differ significantly. All of this confirms the need to develop different approaches in addressing the closed and open drug scenes.

Changes in the development of the drug scene. An explosion in the number of drug addicts at the beginning of the 1990’s developed into two inter-related processes: stable annual growth in the number of drug addicted patients (by 11-12%) and a significant expansion in the range of drug substances available for non-medical use. In the beginning of the 1990’s, over 95% of all registered drug addicts used dimethylmorphine (dimitrol), a home-made extract of poppy straw, while instances of cocaine, heroin and stimulant (metamphetamine) use were isolated. Today, the proportion of synthetic drugs and stimulants on the Ukrainian market is constantly growing, just as is occurring in many countries in the world; there is a threat that amphetamine stimulant abuse could become an integral component of the culture of drug abuse.

The combined use of drugs and other psychotropic substances is also growing among drug users; in 1999 its prevalence was 4.5% among registered drug addicts, in 2000 and 2001 it was 4.8% and 4.9%, and by 2004 it was 21.2%.

Data from medical examinations of conscripts in Kyiv demonstrate that this category of youth is moving from the use of opioids alone to the combined use of drug and other psychoactive substances (Table 1.3).

Table 1.3

<table>
<thead>
<tr>
<th>Data from medical examination of conscripts in Kyiv at Kyiv City Drug Clinical Hospital ‘Socioterapia’ (1999-2004)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred for examination (people)</td>
</tr>
<tr>
<td>Mental and behavioural disorders detected (%)</td>
</tr>
<tr>
<td>Of them due to the use of (%):</td>
</tr>
<tr>
<td>Opioids</td>
</tr>
<tr>
<td>Cannabinoids</td>
</tr>
<tr>
<td>Sedative and somnolent drugs</td>
</tr>
<tr>
<td>Other stimulants including caffeine</td>
</tr>
<tr>
<td>Alcohol</td>
</tr>
<tr>
<td>Combination of drugs and other psychoactive substances</td>
</tr>
<tr>
<td>Tramadol</td>
</tr>
</tbody>
</table>

Source: Kyiv City Drug Clinical Hospital ‘Socioterapia’, 2004 (unpublished)

18 This phenomenon is also known under the name ‘multidrug use.’
Key factors influencing the current drug scene in Ukraine. Many different objective and subjective factors have influenced the development of the Ukrainian drug scene, including, to begin, the following:\textsuperscript{20}

- drug trafficking is affected by the geopolitical location of the country and by the long-term porosity of the state border with Russia, Belarus and Moldova.\textsuperscript{21} Some of the drugs trafficked through Ukraine remain in the country, contributing to the growing number of drug users;
- the climate of Ukraine and the ability to grow plants for raw materials in domestic production of drugs;\textsuperscript{22}
- a change in the ownership of a number of businesses involved in producing and using drug-containing substances, psychotropic substances and their precursors;
- unemployment among qualified analytical chemists due to the closure or reorganization of industrial enterprises;\textsuperscript{23}
- the general social and economic situation in the country and related difficulties in adaptation;\textsuperscript{24}
- a growing demand for drugs and psychotropic substances in the context of the spread of ‘fashionable’ Western cultural trends.

In 2002 alone, 212 drug couriers were arrested on the borders with Russia, Moldova and Belarus.\textsuperscript{25} According to the MoI, today there is not a single region in Ukraine where there have not been seizures of illegal heroin, cocaine and other drugs, and people arrested for drug-related crimes include not only Ukrainians but also citizens of other countries. In particular, 239 foreign citizens, including 195 citizens of CIS countries, were detained in 2003.

\textsuperscript{20} According to the Department to Fight Illegal Drug Trafficking at the MoI of Ukraine, 2004 (unpublished).
\textsuperscript{21} Due to its geopolitical location in Europe, Ukrainian territory is often used as a transit zone for drugs from the producing countries (‘Golden Crescent,’ ‘Golden Triangle,’ ‘Balkan Route,’ etc.) to the Western European countries. The MoI of Ukraine has uncovered numerous drug traffic routes that go to Ukraine from Central and East Asia through the Russian Federation; and from Turkey to the sea ports of Ukraine and further by land through Ukraine and its western borders to Western European markets. Recently the country has been facing growing volumes of smuggled psychotropic substances (amphetamines, methamphetamines, ‘Ecstasy’) from Poland, and drug-containing medicines from Romania and Moldova, which is explained by their lower price compared to heroin and cocaine, and by the growing demand for them in the youth environment.
\textsuperscript{22} The country has its own raw material base for the illegal production of various drugs, because Ukraine traditionally produces hemp and poppy and its climatic conditions allow for growing different varieties, including those that contain addictive substances, which are used as a raw material base for the domestic illegal drug industry. In 2003 approximately 16 tons of poppy straw and 5.8 tons of marijuana were withdrawn from illegal circulation; illegal crops of soporific poppy and hemp on a total area of 767,000 square meters were done away with. [According to the Department to Fight Illegal Drug Trafficking at the MoI of Ukraine, 2004 (unpublished)].
\textsuperscript{23} Change in the form of ownership in the system of ‘Derzhcommedioprom’ and ‘Pharmatsia’ association, an abrupt growth in prices for drug-containing medicines due to a growing demand for them and a reduction in the number of qualified specialists in the chemical and pharmaceutical industries manifested itself in the appearance and spread of a network of underground laboratories that produced various types of drug substances. Whereas in 1995 law enforcement bodies detected only one laboratory that produced acetylated opium with the use of equipment capable of the industrial production of drugs, in 2000 there were 93, and in 2003 there were 224 such laboratories [According to the Department to Fight Illegal Drug Trafficking at the MoI of Ukraine, 2004 (unpublished)].
From 1998 to 2002, Ukrainian law enforcement officials seized almost 1.7 tons of cocaine and heroin, and around ten tons of hashish and pressed marijuana at the border; these drugs were being trafficked through Ukraine to the countries of Western Europe. In 2003 alone, the total amount of drugs and psychotropic substances seized was almost 22 tons (including three kilograms of heroin, 110 kilograms of opium, and six tons of marijuana and hashish) and the amount of the seized amphetamine, methamphetamine and ‘Ecstasy’ amounted to 15,000 doses.


In addition, the number of enterprises that are allowed to work with drugs and psychotropic substances on the basis of licenses according to the Ukrainian law entitled ‘Changes and Amendments to the Law of Ukraine on the Circulation of Drugs, Psychotropic Substances and their Precursors in Ukraine’ is perpetually growing. The current procedures to issue licenses (see Section 2, subsection 2.1. ‘Legal Priorities’ pp. 50-51) and an increase in the number of such businesses mean that it is possible that drugs come to the black market from these sources.

Drug use grew abruptly in 1992 when the country began the process of transition to a new economic model and to social reconstruction. A decline in government support, and a high unemployment level leading to increased poverty, resulted in a diminished quality of life for Ukrainians and made them economically, psychologically and physically more vulnerable. According to statistical surveys on the state of Ukrainian society, Ukrainians’ adaptation to the new political, social and economic realities in the process of post-totalitarian transformation was very difficult. Phenomena related to this manifested themselves mostly in the industrial regions of the country where negative social behaviours, including drug abuse, acquired a particularly acute character due to the abrupt decline in industrial production. An anti-alcohol campaign that was undertaken in the 1990’s, and the fashion, adopted from the West by young people, of using psychoactive substances had an additional impact on the spread of drug use in the country.

Drug types and specific features of their use. According to drug clinics and law enforcement officials, in Ukraine there is a broad range of homemade and synthetic drug substances used, as well as widespread use of medicines for non-medical purposes. There is even the concept of the drug of choice. However, homemade cannabinoids and opioids (acetylated and extracted opium produced from poppy straw) remain the most popular drugs.

According to sociological research, 95% of injecting drug users use opiates, and among patients at the Kyiv City Drug Clinical Hospital ‘Socioterapia’, in 2003, 63% of patients had

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31 According to in-depth interviews performed for this review. Thirty experts including drug-addiction specialists, physicians, social workers, law enforcement officers and representatives of community organizations that work with IDUs were questioned in Donetsk, Kryvy Rih and Dnipropetrovsk in August 2004. The structure of in-depth interviews is specified in Appendix 1 (p. 146-147).
mental and behavioural disorders due to the use of opioids. Today Ukraine is on the list of countries with a high level of drug-related problems due to opioid addiction, and acetylated opiates, which are characterized by a higher level of addiction, prevail over other homemade opium drugs. Opiates, which are homemade opium drugs for intravenous injection, are the most problematic drugs in the opioid group in Ukraine (their slang names are ‘shirka’—literally, ‘shot’—‘khanka,’ and ‘shirevo’). This conclusion is made on the basis of the number of patients addicted to these drugs.

There are far fewer heroin users in the country. Heroin use is practically never observed among opium-addicted rural residents, because of its high price and because it is not available in rural areas. To date, heroin remains an elite drug due to its high price (US $50-100 per gram).

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34 Another 14% of patients had drug-related disorders due to the use of cannabinoids; 21% due to combined use of different drugs; and 2% due to other drug substances.


37 There is a certain ambiguity in the interpretation of names of some most common drugs. In particular, the homemade extract from poppy straw is known in Odesa under the names ‘khimia,’ ‘rozchin’(solution), while in Kyiv – ‘chorna’ or ‘shirka’ (shot). In Odesa ‘shirka’ means the derivative of pervitin. In Kyiv, ‘shirevo’ or ‘vint’ mean pervitin, while in Odesa this is the name for poppy extract.


The use of psychostimulants (amphetamines, caffeine, ephedrine, norephedrine, etc., as well as substances that are synthesized from them) is also growing in Ukraine. Most patients with stimulant addiction inject homemade preparations on the basis of cheap and available medicines, such as Effect, Trifed, Coldact, Coldrex, etc.42 (which are known among drug users as ‘jeff,’ ‘mulka’, ephedron and pervitin). The popularity of these drugs among young people is explained mostly by two factors: their easy availability and their effect of increasing enjoyment of music at nightclubs.43

Multi-drug use and psychotropic substances use is quickly spreading in Ukraine. According to sociological studies, 40% of IDUs practice it,44 combining injecting opiates with taking Dimedrol, Imovan (or Sonovan), Tramadol, Sibazole, Morphine, tranquilizers, amphetamines, etc. In 2003 in Kyiv City Drug Clinical Hospital ‘Socioterapia,’ 21% of all patients with drug-related disorders were multidrug users. Furthermore, the simultaneous use of drugs and alcohol also remains widespread.45

Cannaboids, such as marijuana (which is often called ‘durman’—pot—, ‘travka’—grass—, ‘plan,’ etc.), hashish and anasha have become very popular among young people aged 12 to 20 years.46 The number of patients with health problems due to use of these drugs does not
exceed 1.5% and has remained practically unchanged over the last fifteen years. However, at least half of all patients with opium addiction who are admitted to in-patient drug clinics had started their drug use with cannabinoids. This means that the spread of hemp-based drugs and the consequences of their use should be evaluated using different indicators than are used for cannabis-addicted patients who are admitted to drug clinics.

According to health care specialists from drug clinics, recently Ukraine has observed a growth in the number of cases of tramadol addiction, and this phenomenon is observed mostly among young people. Tramadol is often the first drug used to achieve euphoria. Even if its users do not try other opiates, they become addicted to opioid substances, and some of these users consequently shift to the use of homemade acetylated opiates. Such cases of Tramadol addiction have also been recorded in other countries.

Drug availability. Today, drugs and psychostimulants are easily available to different population groups, in particular to young people. According to research interviews, young people buy drugs, or the components to manufacture them, in the following places:
• at discos/nightclubs – 49%;
• on the street – 34%;
• at parties – 34%;
• at the market – 26%;
• in another place – 21%;
• at a pharmacy – 20%;
• at educational facilities – 14%;
• on the beach, at the park – 9%;
• no answer – 6%.53

According to the Ukrainian Institute for Social Research, the Ukrainian State Centers for Social Services for Youth, and UNICEF, 26% of young injecting drug users prepare the solutions themselves; 36% use the services of a regular seller; and 49% use the services of different sellers.54 A single dose of a homemade drug costs relatively little for young people (1 mL of ‘shirka’ costs UAH 8-12, depending on the place and time of year).

Initiation of drug use. According to health care specialists, they have noted the increasingly young age of patients with various drug-related disorders, and the age of first drug use is usually 13-15 years, though in some places it can be 9-12 years55 and even 7-8 years.56 The median age of drug users is annually decreasing by 0.1-0.15 years;57 in some places children make up 11-13% of the total number of drug addicts (for instance, in Donetsk),58 and there were over 1,000 children among patients with drug-related problems treated in Ukrainian drug clinics in 2003.59

The development of drug addiction often starts with smoking hashish or inhaling heroin,60 which creates the illusion in users that drugs are not harmful and allows them to overcome their fear about their first (non-injecting) use; this consequently leads to injecting opiates.

53 AIDS in Ukraine: Analytical Review; Injecting Drug Users and the HIV-infection Epidemic in Ukraine (Kyiv: International HIV/AIDS Alliance in Ukraine, 2003), 12. / СНІД в Україні: Аналітичний огляд: Споживачі ін'єкційних наркотиків та епідемія ВІЛ-інфекції в Україні. – К.: Міжнародний Альянс з ВІЛ/СНІДу в Україні, 2003. - C. 12. The sum total is higher than 100% because respondents were allowed to mark all relevant answers.
55 Ibid., 141.
56 Ibid., 22-23.
The age of initiation of injecting drug use varies between 13 and 30 years (on average it is about 20 years). First use by injection among males occurs earlier than among females (on average, it occurs at the age of 18 years, versus 24 years for women). Almost 50% of IDUs perform their first injection between 15-20 years, and it is almost always done with somebody’s help. Some IDUs practice intramuscular drug injections, because they believe that they cannot be infected with HIV using this method.

Among IDUs, there are almost equal proportions of males who started drug use with cannabinoids (at the age of 13-15 years), and those who started with injecting drugs (at the age of 17-19 years). Females frequently start using drugs from injections (usually around the age of 20 years), especially if their husbands at the time are IDUs.

The key subjective reasons for initiating drug use are:
- a desire to feel new impressions;
- in social situations, being under the influence of socially important peers (female IDUs are usually influenced by their male partners);
- a desire to forget unpleasant situations (conflicts with friends and relatives, unhappiness in love, death of a relative, rape);
- depression, self-hatred;
- a belief that people should try everything;
- a desire to relieve tension or fear, to gain energy, or to relieve sexual tension.

Frequency of injection drug use. The frequency of drug use is significantly influenced by addiction to the drugs, the availability of money to buy them, and other factors. Most drug addicts use drugs two or more times a day. This is also true of injecting drug users: according to the Social Monitoring Center, 55% of drug users inject drugs two or three times a day, while 23% inject once a day. Rural residents use drugs less frequently; for example, according to research in Vinnitsa oblast, 35% of IDUs use drugs several times a day; 48% use them once a day, and 15% use them once a week.
Number of drug users. The current regulated medical system for the registration and monitoring of drug users allows drug use prevalence to be compared in different regions of Ukraine, the dynamics of epidemiological indicators to be evaluated, and the situation’s development to be forecast, although it does not reflect the real number of drug users. Most people registered at drug clinics are patients with drug addiction, but even they are not detected by health care facilities as soon as their addiction develops; this happens some time later, and due to this, the official statistics always lag behind the real situation, when patients manage to get a ‘drug record’. Also, there are drug users who use drugs from time to time but do not have signs of addiction, and are not reached by targeted medical examinations. According to health care specialists, for every drug user registered at health care facilities, there are 10 to 50 unregistered.

The official statistics from the MoI show a slightly different part of the ‘tip of the iceberg’. These numbers usually include drug users detained by law enforcement officials for the pro-

<table>
<thead>
<tr>
<th>Organizations working with drug users</th>
<th>Number of drug users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Health of Ukraine</td>
<td>Patients with mental disorders caused by drug use (including injecting drug use) as of the end of 2003: 85,400 people</td>
</tr>
<tr>
<td>Ministry of Internal Affairs of Ukraine</td>
<td>Drug users (including IDUs) registered by law enforcement officials as of the end of 2003: 120,000 people</td>
</tr>
<tr>
<td>Ukrainian Research Institute of Clinical and Experimental Neurology and Psychiatry (city of Kharkiv), Scientific and Methodological and Clinical-Rehabilitation Center on Chemical Substance Addiction (city of Kyiv)</td>
<td>Injecting drug users who use opioids for non-medical purposes as of the beginning of 2002: 210,000 - 220,000 people</td>
</tr>
<tr>
<td>'Social Monitoring' Center</td>
<td>Total number of injecting drug users in 2003: at least 560,000 people</td>
</tr>
</tbody>
</table>

Table 1.4

Number of drug users in Ukraine, According to Organizations Working with them

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68 P. V. Voloshin and others, ‘Epidemiology of the Spread of Addiction to Psychoactive Substances in Ukraine’, Ukrainian Journal of Psychoneurology 9, no. 2 (2001): 7-9/ Волошин П. В., Мінко О. І., Лінський І. В., Волошин Н. П., Гапонов К. Д. Епідеміологічна ситуація, що склалася внаслідок розповсюдження залежності від психоактивних речовин в Україні // Український вісник психоневрології. – 2002. – Т. 9., вип. 3. – С. 7-9. Drug addicts are people who, due to the regular use of psychoactive substances, have developed a corresponding pathological condition, i.e., addiction, which is characterized by irresistible drug cravings; by the impossibility of achieving mental and sometimes physical comfort outside drug intoxication (mental and physical dependence); by group-specific moral and ethical decline (the so-called Breutigam syndrome); and by social misadaptation.


duction, sale, distribution or transportation of drugs, along with users who have completed a course of treatment at drug clinics. Treatment of drug addicts is not prosecuted by the law in Ukraine, but until recently, the law required that the data on registered drug users be cross-checked between law enforcement officials and drug clinics. Today this requirement has been canceled, which is why there are essential differences between the data from the MoH and the MoI.72

At present, specialists from the MoH and MoI recognize that the official statistics reflect only a small portion of the real number of drug users. However, both the ministries and other experts agree on the quantitative characteristics. According to some expert evaluations, the total number of drug addicts and casual drug users exceeds the number of patients registered at drug clinics of Ukraine by 5-10 times.73,74

Although they recognize that 80-90% of the total number of drug users are IDUs, there are no uniform approaches for determining their overall number. According to the Ukrainian Research Center for Clinical and Experimental Neurology and Psychiatry (Kharkiv) and the Scientific and Methodological Clinical Rehabilitation Center on Chemical Substance Addiction (Kyiv), the real number of people who used opiates for non-medical purposes at the beginning of 2002 was 210,000-220,000 people, including 155,000 opioid addicts (i.e., users of poppy extracts and heroin) and 65,000 who used these drugs casually and did not become addicted (40% of the estimated number of drug addicts).

According to estimates made by the Social Monitoring Center in 2003 with the support of UNICEF and the International Renaissance Foundation, the number of injecting drug users in Ukraine was at least 560,000 people.75 Some medical specialists predict that the number of opium addicts could stabilize at a level of 300,000-500,000 people.76

The broad range of these numbers demonstrates that Ukraine still lacks a uniform, scientifically grounded and sustained approach to determining the total number of drug users at the national level.

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72 Ibid.
Social and demographic characteristics of drug users. Analysis of the age distribution of drug users in Ukraine shows that practically all of them are in their productive years, and over 70% of them are under 30 years of age.77

Males constitute the majority of drug users, although the number of females in this group is also significant. At the beginning of 2004, according to registration data from the MoI, 79% of drug addicts were males, and 21% were females.

Drug users come from a range of social status positions. The unemployed prevail among drug addicts: according to the MoI, they constitute 82.5%; 7% have jobs; white-collar workers make up 1%; school and university students are 3%; and other population groups constitute 6.9%.78 Sociological studies suggest that the number of IDUs who do not have permanent jobs or do not study anywhere is slightly smaller, but ranges between 46-81%.79

Table 1.5
IDU Distribution by Social Status on the Basis of Sampling Social Studies, %

<table>
<thead>
<tr>
<th>Регіони</th>
<th>School and university students</th>
<th>Do not have permanent job</th>
<th>Have permanent job</th>
<th>Unemployed</th>
<th>Housewives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simferopol</td>
<td>28</td>
<td>35</td>
<td>15</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td>Yalta</td>
<td>28</td>
<td>31</td>
<td>14</td>
<td>22</td>
<td>4</td>
</tr>
<tr>
<td>Kryvy Rih</td>
<td>21</td>
<td>26</td>
<td>13</td>
<td>25</td>
<td>12</td>
</tr>
<tr>
<td>Mariupol</td>
<td>34</td>
<td>25</td>
<td>20</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Zaporizhja</td>
<td>10</td>
<td>29</td>
<td>9</td>
<td>47</td>
<td>3</td>
</tr>
<tr>
<td>Luhanski</td>
<td>29</td>
<td>29</td>
<td>10</td>
<td>28</td>
<td>4</td>
</tr>
<tr>
<td>Alchevsk</td>
<td>32</td>
<td>29</td>
<td>9</td>
<td>25</td>
<td>5</td>
</tr>
<tr>
<td>Odesa</td>
<td>9</td>
<td>40</td>
<td>11</td>
<td>31</td>
<td>8</td>
</tr>
<tr>
<td>Poltava</td>
<td>15</td>
<td>25</td>
<td>16</td>
<td>36</td>
<td>7</td>
</tr>
<tr>
<td>Pervomaisky</td>
<td>28</td>
<td>35</td>
<td>15</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td>Kupiansk</td>
<td>26</td>
<td>31</td>
<td>7</td>
<td>32</td>
<td>4</td>
</tr>
<tr>
<td>Khmelntisky</td>
<td>28</td>
<td>35</td>
<td>15</td>
<td>18</td>
<td>4</td>
</tr>
</tbody>
</table>


78 According to data from the Department to Fight Illegal Trafficking at the MoI of Ukraine, 2004 (unpublished).

Most drug users live with relatives and do not have their own families; women have families more often than men, and are more often financially supported by somebody else.\(^{50,51}\)

Drug users, especially IDUs, spend a lot on drugs (depending on their drug use, they need from UAH 40 to UAH 100 per day).\(^{83}\) Taking into account that they are mostly unemployed, they often obtain money by criminal means, or take it from their parents. Some drug users earn money by dealing drugs or trading sex for a dose or for money to buy drugs.\(^{84}\)

**Gender dimensions of drug use.** Women are more vulnerable to the development of addiction and to HIV infection, because they often start from injecting drug use. Women turn to health care facilities more frequently than men, and the proportion of men and women treated at drug clinics remains at a level of two to one. At the beginning of 2004, the number of women under medical supervision by drug clinics for drug-related mental and behavioural disorders exceeded 25,000 people.

The education level of female IDUs does not differ statistically from that of male IDUs; mostly they have a college education (41-44%) and secondary education (25-30%). However, more males have permanent jobs (24% versus 14%), and study at secondary schools or colleges. At the same time, there are more female IDUs than male IDUs who do not have any permanent occupation.\(^{88}\)
Drug-related employment. Several years ago, drug-related migration manifested itself in the abrupt reduction of contacts between IDUs and representatives from NGOs during the poppy harvest, (May–August), when many IDUs went to the fields both for their own needs and to pick poppies for sale. Often, from the time the poppies ripened until the drug users ran out of stock, the number of buyers in the traditional drug markets declined. Recently, however, the situation has changed, as the market is overflowing with drugs, and there is even drug-related employment in the population.

Experts from the State Security Service of Ukraine claim that the country now has a drug business framework, and operations with drugs and psychoactive substances are the country’s most profitable illegal business, with a return on investment of between 300% to 600%. The drug business includes drug producers, their suppliers (including smugglers), drug dealers and other people who work in a type of network. One of the features of illegal operations with commercially produced drugs of foreign origin is the involvement of hired personnel who are used either as ‘mules’ or as retail drug sellers.

Very often, hired labor is also used for the production of homemade drugs for injection. According to expert evaluations made in the course of in-depth interviews from August to September 2004 for this review, opiate production has reached the level of a small business, or a small factory. In these cases, special groups of poppy straw purveyors (groups of 15 to 20 people), work for a particular ‘outlet.’ They bring (mostly from the Western regions of Ukraine) both poppy straw and ‘moliar,’ a ready-concentrated solution, which is then chemically processed into ‘shirka.’ The ‘outlet’ has people responsible for producing the drug solution; they produce it for 1-2 days for their own clients and sell it to the others. Injecting drug users have even created specific slang related to the new profession: ‘cooker’ (the one who cooks ‘shirka’), and ‘baryga’ (pusher).

Shadow drug markets function in many places, and they continue to work despite the efforts of law enforcement to close them (e.g., in Vinnitsa the principal sales outlets are at the city markets ‘Yunist’, ‘Urozhay’, ‘Lisopark’ and ‘Centralny’).

Drug production and sales are especially common among Roma, who often live in isolated settlements; but it is not exclusively their business, and representatives of other nationalities are also involved in drug-related activities. IDUs prefer to buy drugs from Roma dealers for the following reasons:

- they believe that Roma sell drugs (‘shirka’, ‘khimia’ etc.) in new syringes;

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• the likelihood is higher that Roma dealers have drugs available, compared to other dealers;
• it is more convenient to buy drugs from Roma dealers (in a pre-filled syringe), and it is cheaper (UAH 6-8 compared to UAH 10-12);
• Roma dealers sell drugs to anybody, not only to people they know.93

At the same time, IDUs believe that Roma dealers often sell low-quality drugs. Furthermore, there is a higher risk of being arrested for transporting the drugs purchased if the buyers are detained by law enforcement.94

According to focus group interviews with drug dealers, their average age is 36 years (from 28 to 44 years) and most of them were born in the same community where they distribute drugs.95 In Odesa, 90% of drug dealers are injecting drug users themselves. Dealers mostly prefer to sell drugs in small consignments: to 6-10 users a day (12-40 ml3). In some cases (for instance, on New Year’s Eve and other holidays) they receive additional orders.

According to the MoI of Ukraine, in the past five years the number of drug-related crimes detected annually, as well as the number of establishments closed down for non-medical drug use or production, has doubled; the number of drug-related criminal groups arrested has increased by 1.5 times; and the number of crimes related to involvement in drug use has grown by 2.5 times.

* * *

Thus, an analysis of the drug situation in Ukraine confirms the growth of drug abuse, while the underground nature of the drug scene’s development does not hamper its activity, which is manifested in a growing number of patients with drug-related disorders (both in cities and in rural areas); in an increasing number of drug-related crimes; in an expansion in the range of drugs and psychotropic substances available; and in the statistically-significant and constant growth of groups of drug users.

Key trends in the development of the drug scene are stable annual growth in the number of patients with drug addiction (by 11-12%), and a significant expansion in the range of drugs for non-medical use (synthetic drugs and stimulants and the quick spread of the combined use of drugs and psychotropic substances). According to medical examinations, users are now shifting from the use of opioids alone to the combined use of drugs and other psychotropic substances.

The average age of patients with various drug-related disorders is decreasing in Ukraine: the median age of drug users has been decreasing each year by approximately 0.1-0.15 years. The average age of first drug use is 13-15 years, although in some places it is even lower: 9-12 years and even 7-8 years.

94 Ibid.
95 Ibid. – P. 421.
The frequency of drug use is significantly influenced by the presence, or lack, of addiction; the availability of money to buy drugs; and other factors. Most drug addicts use drugs two or more times a day.

Today in Ukraine there is no uniform approach among different experts to determining the number of drug users. Due to the underground nature of the existing drug scene, there are significant differences among data from MoH, MoI and sociological studies. With cross-checks of the number of registered drug users between the MoH and the MoI, the situation has not substantially changed, the number of patients at drug clinics has not essentially grown, and only the difference between the official data provided by different ministries has increased. This testifies to drug users’ continued mistrust of state-owned health care facilities.

One of the consequences of the transformation of the drug scene has been the creation of groups involved in illegal drug trafficking. They include not only Roma (typical in the 1990’s), but also other nationalities, while local residents prevail among the drug pushers. Access to drugs is made easier by the fact that they are sold by people from within the community of potential users, such as local residents and friends, and the spread of drug use occurs within specific groups (of either a closed, or more open type). The concept of an open/closed drug scene is especially relevant to injection drug use. The characteristics of a completely closed drug scene include local closed groups involved in communal production and use of homemade opiates. The external contacts of such groups are limited to the purchase of raw materials and precursors, and dealership is practically non-existent.

A relatively open drug scene based on homemade opiates is found in places with widespread dealership. Such places usually include places where Roma are densely populated, where drugs are available throughout the year for everybody and can be purchased from dealers.

According to sampling studies, the specific features of drug-using communities, including behavioural trends, are mostly determined by whether they are closed or open drug scenes; these can significantly differ from one another. Participants in the closed drug scene are usually people with a long drug abuse record, who use large doses many times a day. They are often multi-drug users. The places where they use drugs and the body parts used for injections can also differ significantly. These facts demonstrate the need to develop different methods for working with drug users depending on whether the drug scene is open or closed.
1.2 Experimental use of narcotic substances by young people: club culture

Distribution of narcotics in places frequented by young people. In 2003, Ukrainian law enforcement agencies uncovered over 750 cases of illicit drug circulation in and nearby educational establishments; and 434 juvenile drug users were examined at healthcare facilities and registered (including 174 persons reported by educational institutions). Synthetic drugs continue to penetrate the gambling and show-business worlds, as well as mass entertainment events. These smuggled substances are sold for $80-100 per gram, usually in student dormitories, nightclubs, bars and casinos.

Currently in Ukraine it is easy to purchase narcotic drugs and amphetamines during shows and entertainment programmes. There have been cases of drugs being sold by the staff at the facilities holding these events. According to the Ministry of Internal Affairs (MoI), in 2003, law enforcement agencies submitted 268 requests to close various entertainment facilities where they had uncovered repeated use or distribution of drugs. In 11 cases, these requests were met.

Young people who use drugs casually, or for the first time, are extremely vulnerable to HIV infection, since they purchase drugs from different sellers and do not control the quality of the drugs. In cases of injection drug use, young people almost always fail to ensure the sterility of syringes sold pre-filled with drugs.

A separate group which is particularly vulnerable to HIV infection is rural youth. Having come to the city to study, some young people from villages start working on the side as drug couriers, transporting raw materials for the production of drugs from rural to urban areas. Gradually, they get involved in drug use, and thus are at high risk of HIV infection. If drug use among adolescents aged 14-15 years is more typical for large cities, then after reaching 16-17 years, the ratio of ‘knowledgeable’ rural inhabitants increases sharply. These trends in drug use by young people remained stable during the period from 1995-2003.

Youth attitudes towards drug use. According to public opinion surveys, young people in Ukraine are concerned about increasing drug use: 64% describe their opinion as "greatly concerned," while 31% state that they are “somewhat concerned.” There is greater con-
cern about HIV/AIDS: 71% say they are “greatly concerned” and 31% describe themselves as “somewhat concerned.” Age differences also influence the level of concern about drug use, but not considerably: from 64% within the age group 14-16 years to 70% in the age group 25-28 years.\textsuperscript{100}

The main source among youth for their initial drug use is their small group environment: friends, older or younger peers, or an older brother or sister. According to sociological surveys, drug use by brothers and sisters is an important contributing factor in starting the use of narcotic substances.\textsuperscript{101} The principal motive for trying a drug for both boys and girls is curiosity.

Polling data confirms the easy accessibility of narcotic substances to broad circles of adolescents and youth. These results give the lie to the notion that widespread drug use by children and youth can be stopped by simply condemning it and by implementing prohibitionary measures. The formation and spread of such a subculture is supported by explicit and implicit forms of propaganda which are not currently controlled by the state.

\textsuperscript{100} O. Balakireva and others, Dynamics of Tobacco, Alcohol and Drug Abuse Among High School Students in Ukraine: 1995, 1999, 2003 (Kyiv: State Institute of Family and Youth Affairs, 2003).

\textsuperscript{101} Ibid.
Sociologists have observed that, in comparison with preceding generations, modern young people have a more relaxed and tolerant attitude towards drug use or, at least, towards trying narcotic or toxic substances. However, young people’s attitudes towards drug users are rather ambiguous; in many cases these are determined by attitudes cultivated by their social environment.\(^\text{102}\)

An absolute majority of young people believe that people risk harm by using various narcotic substances. They also consider both regular and casual smoking of marijuana and hashish to be risky and dangerous. The risk of harming one’s health is correctly evaluated with respect not only to the regular use of drugs, but also to trying it once or twice. However, another trend also exists: in 1995, the health risks of using marijuana or hashish were known by 76.4% of high school students ages 15-16 years; in 2003, this figure dropped to 64%.\(^\text{103}\)

**Evaluation of drug use among friends and peers.** According to sociologists and psychologists, the reasons for adolescent drug abuse above all involve the influence of their environment, friends or peers. Upon finding oneself in the company of people who use narcotics, a young man or woman often starts using drugs him/herself, for fear of seeming out of place. Fitting in with peers is extremely important for young people, because in this way a young person is considered a member of the group and he or she feels the group’s support and encouragement.\(^\text{104}\)

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\(^\text{102}\) Ibid.
\(^\text{103}\) Ibid.
\(^\text{104}\) Ibid.
An awareness of drug culture is gradually becoming part of young peoples’ consciousness. Their knowledge about various types of narcotic substances is increasing. Whereas in 1995, only 13% of young people had heard about amphetamines, by 2003, 35% knew of them, and a considerable number (0.6%) had tried this drug themselves. According to social surveys, young people’s knowledge of so-called ‘fashionable’ drugs (often mentioned in the media, movies, etc.) — namely cocaine and heroin — is also increasing. Interestingly, girls are more aware of these drugs than boys.

Using narcotic drugs and psychotropic substances has now become a mandatory aspect of youth subculture in Ukraine. A substantial number of young people cannot imagine going to a disco or nightclub or any other entertainment without using marijuana, ecstasy or other narcotic or psycho-stimulating substances. In 2003, 40% of young people knew about ‘ecstasy,’ while in 1995 only 11% were aware of this drug.

Targeted research on youth culture and its relation to the experimental use of narcotic drugs and psychotropic substances is not presently being conducted in Ukraine. It is only known that such a study was launched in 2003 by the Ukrainian Institute for Social Research, supported by the UN Children’s Fund (UNICEF) in Ukraine. But even without the results of this research on the development of club culture in Ukraine, it is clear that drug use in discos, at shows, and in clubs is gradually becoming ‘the essence’ of rave culture. In recent years, club culture has been developing rapidly; new and stylish clubs open on a regular basis. It is possible that new types of club culture will attract new users of narcotic drugs and psy-

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Table 1.7

Changes in the level of drug use prevalence among friends, as evaluated by adolescents 15-16 years of age, %

<table>
<thead>
<tr>
<th>Description</th>
<th>Some, the majority or all friends</th>
<th>Boys 1995</th>
<th>Boys 2003</th>
<th>Girls 1995</th>
<th>Girls 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoke marijuana or hashish</td>
<td></td>
<td>4.7</td>
<td>7.5</td>
<td>2.8</td>
<td>8.8</td>
</tr>
<tr>
<td>Use LSD or other hallucinogens</td>
<td></td>
<td>1.3</td>
<td>3.0</td>
<td>0.6</td>
<td>1.5</td>
</tr>
<tr>
<td>Use amphetamines</td>
<td></td>
<td>1.3</td>
<td>2.6</td>
<td>0.6</td>
<td>1.1</td>
</tr>
<tr>
<td>Use tranquilizers or other sedatives (without a medical prescription)</td>
<td></td>
<td>1.5</td>
<td>2.8</td>
<td>0.7</td>
<td>1.3</td>
</tr>
<tr>
<td>Use crack or cocaine</td>
<td></td>
<td>1.2</td>
<td>2.0</td>
<td>0.4</td>
<td>0.8</td>
</tr>
<tr>
<td>Use ecstasy</td>
<td></td>
<td>1.0</td>
<td>2.6</td>
<td>0.4</td>
<td>0.8</td>
</tr>
<tr>
<td>Use heroin</td>
<td></td>
<td>1.1</td>
<td>1.8</td>
<td>0.4</td>
<td>0.7</td>
</tr>
<tr>
<td>Use inhalant</td>
<td></td>
<td>1.2</td>
<td>3.1</td>
<td>0.5</td>
<td>1.4</td>
</tr>
<tr>
<td>Use mushrooms</td>
<td></td>
<td>-</td>
<td>2.2</td>
<td>-</td>
<td>0.6</td>
</tr>
<tr>
<td>Use alcohol with pills</td>
<td></td>
<td>-</td>
<td>3.7</td>
<td>-</td>
<td>2.4</td>
</tr>
<tr>
<td>Use muscle pills and other stimulants (dope)</td>
<td></td>
<td>-</td>
<td>2.6</td>
<td>-</td>
<td>0.7</td>
</tr>
</tbody>
</table>


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105 Ibid.
106 Ibid.
107 Ibid.
chotropic substances from various social groups. There is a critical need to implement targeted research on drug use in dance clubs, given the rapid development of the club scene.

The intermediate results\textsuperscript{109} of a study entitled ‘Prevention of Involvement by Vulnerable Groups of Adolescents and Young People into Injecting Drug Use’, implemented by the Ukrainian Institute for Social Research with the support of the UNICEF Office in Ukraine give grounds to state that in most cases (77%), injecting drug use is preceded by non-injecting drug use in the company of friends: in 95% cases, the first injection was made in company; in 45% of cases it happened at the homes of friends or close acquaintances; 87% of IDUs had the first injection made by another person from among friends or acquaintances (63% - friends/close acquaintances; 8% - sexual partners). In more than half of cases (60%) it was not planned in advance. Another point which shows the influence of the environment or situation on the risk of trying injecting drug use was the fact that 64% of IDUs’ friends (who were not IDUs themselves) were present in while others were injecting drugs, and 59% indicated that they were offered a try. The curiosity factor and a desire to experience new, pleasant feelings also have a significant influence.

1.3 State policies and the organizational infrastructure of regulation of the drug scene

The state strategy of drug control. Ukraine’s strategy of drug control is described in the ‘Implementation of the State Policy on Combatting Illicit Circulation of Narcotic Drugs, Psychotropic Substances and Precursors for 2002–2010,’ approved by the Cabinet of Ministers of Ukraine (Order of CMU #26/2002, issued January 24, 2002.) This document outlines five basic measures directed at improving the system to prevent the circulation of illicit drugs.

On the basis of this document, the Cabinet of Ministers of Ukraine approved a ‘Programme of State Policy Implementation on Combating Illicit Circulation of Narcotic Drugs, Psychotropic Substances and Precursors for 2003–2010’, issued on 4 June 2003. Its development was influenced by the fact that currently in Ukraine there is no single target document to establish and regulate specific objectives for central executive authorities’ activities in this field. Previously, these issues were covered by sections of the Comprehensive Programme on Combating Crime for 1996–2000, the Programme on AIDS and Drug Abuse Prevention for 1999–2000, and the current Comprehensive Programme of Crime Prevention for 2001–2005.

This act addresses problems needing resolution at the government level. These include the development and implementation of anti-drug public training and education methods; treatment and rehabilitation of drug-addicted patients; setting up trainings for healthcare and law enforcement professionals; developing improved methods of drug detection; assessing technologies for cultivating drug-containing plants and destroying illegal crops; improv-

\textsuperscript{109} The research target group included young injecting drug users and their friends aged up to 23 years. The total number of respondents was 807 young IDUs and 802 of their friends. The sampling was performed under RDS methodology that includes data analysis with the use of RDSAT software. This provides an opportunity to calculate the key indices as representative of the research object. The calculation provided has been performed with the help of SPSS software without the use of RDSAT software. For this reason, they are not considered final: they will be changed, and at this stage can be used only as preliminary data.
ing law enforcement activities and optimizing retaliatory measures in combatting the spread and illicit circulation of drugs, as well as a number of other important issues.

The programme foresees two stages of implementation: 2003–2005 and 2006–2010. During the first stage, measures will be undertaken to improve the law; monitor the spread of drug addiction and the increase of illicit drug circulation; ensure more active international cooperation; establish an intersectoral data bank; develop preventive measures; improve the control system for legal drug circulation; and perform scientific research. Programme activities are based on current Ukrainian anti-drug legislation, as well as the recommendations of international organizations.

The programme defines who will be responsible for individual assignments and measures, sources of funding, and a rough calculation of the financial resources necessary to implement each measure. The programme implementation process should involve central and local executive bodies of Ukraine, leading educational institutions and scientific organizations, NGOs and charity associations, and experts in various fields who work on the issues. The programme defines the Cabinet of Ministers and the National Coordination Board as the bodies responsible for inspecting and managing its implementation; however, it does not establish performance evaluation criteria.¹¹⁰

The Ministry of Health of Ukraine in 2001 developed a draft ‘Concept Paper (Basis) for the State Policy of Ukraine on Alcohol and Drugs’ and submitted it to the Cabinet of Ministers of Ukraine for consideration.¹¹¹ It says that the state policy on drugs should aim to reduce the severity of drug-related social problems by a general reduction in their use. It recommends that at the same time, targeted state actions should be directed at harm reduction for drug users. It discusses alcohol and drug harm reduction strategies in complex with comprehensive intersectoral activities, which cover the whole population and specific social contingents simultaneously.

The suggested approach defines the main fields for state activities as: controlling and regulating the circulation of narcotic drugs, psychotropic substances and their precursors; preventing their illicit circulation; ensuring control and regulation of circulation-related activities, as well as improving control over records concerning these substances; coordinating the activities of central and local executive bodies and local governments; analyzing the situation in the chemical and pharmaceutical industries; controlling the production, distribution and sale of precursors; and stopping the illegal cultivation of drug-containing substances.

Implementation of the state policy on drugs is to be carried out through government and local anti-drug programmes. In order to develop and coordinate all activities in this field, the establishment of a National Bureau of State Policy on Alcohol and Drugs under the Cabinet of Ministers of Ukraine is recommended. Because of the special position of the SBU (Security Service of Ukraine) concerning the regulation of narcotic drugs and alcohol, the draft concept paper was submitted for consideration to the National Coordination Board on Combatting Drug Abuse in the Cabinet of Ministers of Ukraine.

¹¹⁰ EU Belarus, Ukraine, Moldova Action on Drugs (BUMAD) Programme; Project I; Legal Assistance, Report Improving Legislation and Organizational Structure on Drugs in Ukraine (Kyiv: 2003).
¹¹¹ On July 15, 2004 Kyiv City Council adopted a Basis for Activities on Alcohol and Drugs in the City of Kyiv on the basis of this project (http://ecococontrol.iatp.org.ua/Koncept.html).
Among the strategies within the national response to the drug scene it is worth mentioning the Fifth National Programme on HIV Prevention, Treatment and Care for People Living with HIV/AIDS for 2004–2008 (Fifth National HIV/AIDS Prevention Programme), as well as the Basis for Government Strategies until 2011, approved by the Cabinet of Ministers on March 3, 2004. These documents have an indirect relation to the drug problem in Ukraine, since they aim at HIV/AIDS prevention and outline HIV prevention activities in Ukraine; anticipate greater access to treatment and care for people living with HIV/AIDS; and promote informational and educational activities in the field of HIV/AIDS prevention. Injecting drug users remain the main source of HIV infection in the country, which is why they represent the major target group for this programme.

Organizational infrastructure. The National Coordination Board for Combatting Drug Abuse in the Cabinet of Ministers of Ukraine is an intersectoral coordination body for regulating the drug scene on a policy level. It was established by a resolution of the Cabinet of Ministers of Ukraine, issued on May 13, 1993, with the most recent changes made on December 27, 2001. The Board is chaired by the Vice-Prime Minister; it consists of deputy ministers from all the ministries and departments responsible for dealing with drug-related problems, as well as leading scientists and expert practitioners, and representatives of non-governmental organizations. Board meetings are held quarterly. The main objectives of the board, among others, include the development of measures to ensure that state policy is implemented in this field, as well as the coordination of activities by stakeholders (including ministries, other government and non-government bodies and organizations).

The relevant units and departments in the Ministry of Internal Affairs (Department on Combatting Illicit Drug Circulation, Investigation Unit), the Security Service of Ukraine (Service on Combatting the International Drug Business, Department on Combatting Corruption and the Drug Business, Investigation Unit), the State Customs Service (Unit on Combatting Drug Smuggling at the Department on Combatting Smuggling), the State Border Guard Committee and the Public Prosecutor’s offices, within their respective spheres of competence, are authorized to perform operational, investigative and search measures, inquiries or prejudicial investigations of drug-related cases, including legalization of illegal incomes.

The Drug Control Committee at the Ministry of Health of Ukraine functions as a specialized body which regulates activities related to legal drug circulation; it also implements international cooperation activities in controlling precursors. The Committee’s responsibilities are defined by a Cabinet of Ministers Resolution, passed in September 2003. They include: controlling the circulation of drugs and their precursors; preventing their illicit circulation; and cooperating with international bodies and organizations, as well as corresponding departments in foreign countries.

The Committee develops a list of narcotic drugs, psychotropic substances and precursors subject to control in Ukraine; defines a quota and permissible quantities of these substances; and performs inspections of related financial transactions. The Committee has authorized representatives in the regions.
The Prosecutor General’s Office of Ukraine is the body responsible for providing legal assistance in cases of crimes related to illicit drug circulation.

Even though a coordinating body has not yet been established, a mechanism of coordination surrounding joint operative and search activities at the international level does exist, despite the rivalries among various law enforcement agencies. The Service on Combatting the International Drug Business at the Department on Combatting Corruption and Drug Business in the SBU is the key element of this mechanism.\textsuperscript{112}

According to research, the administrations of Ukrainian law enforcement agencies are currently reviewing evaluation criteria for operative and investigative units’ activities, in order to shift from quantitative to qualitative indicators in this field. These new evaluation criteria for law enforcement activities are expected to lead to new efforts by the relevant agencies directed at revealing more serious crimes.\textsuperscript{113}

As for reducing the drug demand in Ukraine, there are numerous government and non-governmental organizations working in this field. Government offices include the Ministry of Education and Science, the State Institute on Family and Youth Affairs, and the Department on Combatting Illicit Drug Circulation at the Ministry of Internal Affairs. All these participate in the development and implementation of education and prevention activities.\textsuperscript{114} However, implementing such measures is complicated by a lack of financial resources, relevant literature, and materials. A number of non-governmental and international organizations participate in prevention programmes, as well as taking active part in substitution therapy programmes, rehabilitation of drug-dependent persons, and drug use harm reduction projects; they also conduct various studies in these fields.

The necessity to establish a single body whose functions would include coordinating inter-sectoral activities and the cooperation of governmental and non-governmental organizations in anti-drug work (including its social aspects), is anticipated by the draft ‘Basis for the State Policy of Ukraine on Alcohol and Drugs’, that is, the National Bureau on the State Policy on Alcohol and Drugs under the Cabinet of Ministers of Ukraine. The responsibilities of various social institutions in individual spheres of activity is outlined below (Table 1.8.).

At the same time it is necessary to mention that the concept paper lacks a discussion of a clearly-determined and transparent mechanism of control over the implementation of decisions.

So, organizations and institutions of different types (different according to their activities: governmental/non-governmental) play their respective roles as social actors in the Ukrainian drug scene, working with knowledge and information, allocating and distributing technical and financial resources, and providing a response to the current situation. At the same time, it is extremely important to coordinate cooperation between these bodies in order to

\textsuperscript{112} EU Belarus, Ukraine, Moldova Action on Drugs (BUMAD) Programme; Project I; Legal Assistance, Report Improving Legislation and Organizational Structure on Drugs in Ukraine (Kyiv: 2003), 7.

\textsuperscript{113} Ibid., 7–8.

\textsuperscript{114} Ibid., 33.
increase the effectiveness of their impact on the drug situation and to motivate socially-ori
tented anti-drug activities. Adoption of the suggested concept paper on the state policy on
drugs by the Government of Ukraine would contribute considerably to the resolution of this
social governance issue.

Table 1.8

<table>
<thead>
<tr>
<th>Type of activity</th>
<th>Executive bodies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of measures to reduce demand for narcotic drugs</td>
<td>Central and local executive authorities, in accordance with their competences</td>
</tr>
<tr>
<td>Prevention measures concerning the illicit circulation of narcotic drugs and psychotropic substances</td>
<td>Security Service of Ukraine, the Ministry of Internal Affairs of Ukraine, State Customs Service of Ukraine, State Border Guard Service of Ukraine, General Prosecutor’s Office of Ukraine</td>
</tr>
<tr>
<td>Information and education of the population about drugs</td>
<td>The Ministry of Education and Science of Ukraine, State Committee for Television and Radio Broadcasting of Ukraine, the Ministry on Family, Children and Youth Affairs</td>
</tr>
<tr>
<td>Harm reduction programmes for users of narcotic substances</td>
<td>Central and local executive authorities in accordance with their competences</td>
</tr>
<tr>
<td>Regulation of advertisements and propaganda in order to prevent the use of alcohol and narcotic substances</td>
<td>Central and local executive authorities in accordance with their competences</td>
</tr>
<tr>
<td>Control over providing medical assistance to persons with narcotic disorders and members of their families with problems of co-dependence</td>
<td>The Ministry of Health of Ukraine</td>
</tr>
<tr>
<td>Control and responsibility for social and psychological rehabilitation and re-adaptation assistance, as well as implementation of syringe and needle exchange programmes</td>
<td>The Ministry on Family, Children and Youth Affairs</td>
</tr>
</tbody>
</table>


1.4 Medical and social aspects of the drug scene: injecting drug use and HIV-infection

**HIV epidemics among injecting drug users.** The problem of drug use in Ukraine is closely connected with another problem: the HIV/AIDS epidemic, which has now expanded to almost every region of the country. According to the Ukrainian AIDS Center, as of October 1, 2004 there were 71,359 officially registered HIV-positive citizens of Ukraine; among these, 44,615 (62.5%) are injecting drug users. Nearly 70% of the officially registered HIV-positive IDUs live in the south-eastern oblasts of Ukraine (Figure 1.5).
According to epidemiological surveys, the number of HIV-positive IDUs in regions with high HIV prevalence is decreasing, and it is increasing in regions with average and low HIV prevalence. For example, the proportion of HIV-positive IDUs as a share of all officially registered HIV-positive IDUs in Ukraine in the eastern part of the country dropped by 15% over the last six years, while in other regions, this proportion increased by 2 – 6% (see Appendix 2, Figure 8). So, in those regions from which HIV infection began to spread, there is a relative stabilization of the epidemic among IDUs, while in other regions, where HIV penetrated somewhat later, the number of HIV-positive people among IDUs is gradually increasing.

An absolute majority of HIV-positive IDUs (75%) are men. The age category most affected is from 20 to 39 years among both men and women. These are the most able-bodied and reproductively active members of the population. Young people ages 20 to 29 years constitute more than 50% of all officially registered HIV-positive IDUs in Ukraine (Figure 1.6).

During the last six years, one positive trend concerning HIV infection among 15–19 year-olds who use drugs intravenously has been noted: this age group constituted 4.2% of all officially registered HIV-positive IDUs in Ukraine in 1997, but 2.9% in 2003. At the same time, however, the number of HIV-positive drug users younger than 15 years of age continues to grow, and currently this group makes up close to 2% of all officially registered HIV-positive children.

Most often, injecting drug users are diagnosed during the late clinical manifestations of HIV infection, including its terminal stage, AIDS. Among those who have died from AIDS, HIV-positive IDUs make up almost 65%. Life expectancy among such persons is extremely low: 49.2% die within one year of being diagnosed with HIV/AIDS; 35.7% live from one to three
years; 14.9% - from three to five years; 0.2% - from five to ten years. Their main causes of death include AIDS-related diseases and drug overdose.

Currently the HIV epidemic is spreading in various ways; its ratios are changing dynamically. Statistical data from the Ukrainian AIDS Center indicate that the main method of HIV transmission in Ukraine remains injecting drug use; two-thirds of the total number of HIV infections are associated with injecting drug use. Against a background of a decline in the rates of HIV-positive IDUs, the rate of heterosexual HIV transmission is growing annually.

While the rates of officially registered HIV-positive IDUs are decreasing, along with a decrease in the number of annual examinations in this risk group, the number of HIV-positive persons who inject narcotic substances continues to grow, according to sero-epidemiological monitoring. It increased by 7.3%: from 2.02% in 1995 to 14.71% in 2003. HIV-positive injecting drug users who have had only one blood test for HIV often do not return for the results of their analysis and for post-testing counseling, and thus they don’t give another blood sample to verify the initial positive result. As a result, they are not entered into the official registry of HIV-positive/AIDS patients.

In Ukraine, the potential for HIV infection to penetrate to a broader stratum of the population is determined, above all, by the chain of sexual transmission between IDUs and people who do not use injecting drugs, but who partially overlap with IDUs and the general population. Often, intravenous drug use is defined as a ‘source’ of HIV infection, leading to the spread of HIV via sexual transmission, and making a substantial contribution to the increase in the number of heterosexual HIV infection cases.

**Behavioural risks of IDUs which lead to HIV infection.** As stated earlier, the most ‘problematic’ drugs, from a medical and social point of view, are homemade opiates, extracted from poppy straw using industrial solvents and acetylated by acetic anhydride. The production
process excludes opportunities for the HIV virus to get into or be preserved in the intermediate product (opium concentrate); virus contamination becomes possible only after the last production stage — injecting the drug, if a ‘dirty’ syringe is used. If they use Dimedrol or other tableted preparations, then milled pills are added to a container with the prepared solution, which is taken into a syringe. As a result, if a contaminated syringe or needle is used, the solution also gets contaminated.

Clearly, in these conditions it is possible to avoid HIV contamination of drug solutions only if sterile or fully disinfected syringes are used by at least three groups of people: 1) those who prepare narcotic drugs; 2) those who distribute the drugs; 3) those who use the drugs. For

Table 1.9

<table>
<thead>
<tr>
<th>Stages of risk of drug contamination with HIV (in homemade opiates)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake of prepared solution (after final preparation; can be with ‘dirty’/non-sterile syringe)</td>
</tr>
<tr>
<td>Storage (can be stored in non-sterile equipment, or solution can be added to ‘dirty’/non-sterile syringe)</td>
</tr>
<tr>
<td>Distribution of drug/packing (solution can be added to a ‘dirty’/non-sterile syringe)</td>
</tr>
<tr>
<td>Drug use (with somebody else’s non-sterile syringe)</td>
</tr>
</tbody>
</table>

Source: Kaminskaya G. An Attempt of Methodology, or Two Years of Harm Reduction Implementation in Lvov. — http://www.afew.org/russian/drugusers_articles/16drugusers.php
this reason, the use of disposable syringes as a method of preventing HIV infection remains the principal one.115

In Ukraine, syringes are widely and legally accessible to all. They can be purchased in drugstores throughout the country, and they are relatively cheap: from UAH 0.20 to UAH 0.80, depending on the size and manufacturer. The purchase of a syringe containing drugs is illegal; however, according to research, the majority of IDUs buy drugs packaged in syringes.116

The main reasons for failing to use sterile syringes are: lack of time to purchase them due to being in a state of withdrawal;117 fear of being caught by police; fear that relatives will find the purchased syringe; and lack of money.118 The last aspect is especially important, considering the lack of regular earnings among the majority of IDUs and the high price of drugs (especially for drug-dependent people). Quite often, IDUs simply forget to buy a new syringe.

If a drug addict does not have his/her own syringe, he or she may buy it from a ‘cooker’119 (which is more expensive than a drugstore), or ask someone to give him/her a clean syringe. But usually they use used syringes.120 Syringes may often be found near the doorways of ‘cookers’ (usually drug users leave their used syringes in such places).

According to statistical research, IDUs still have a tradition of sharing syringes for injecting drug use,121,122,123 even though those IDUs who use other IDUs’ syringes is decreasing gradu-

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117 AIDS in Ukraine: Analytical Review; Injecting Drug Users and HIV-infection in Ukraine (Kyiv: International HIV/AIDS Alliance in Ukraine, 2003), 11. // Див.: СНІД в Україні: Аналітичний огляд: Споживачі ін'єкційних наркотиків та епідемія ВІЛ-інфекції в Україні. – К.: Міжнародний Альянс з ВІЛ/СНІДу в Україні, 2003. – С. 11. Abstinence syndrome, abstinence, withdrawal syndrome (‘chuck horrors’ or ‘cold turkey’ – slang) is a group of symptoms of varying severity, which result from the cessation of use or reduction in drug dose after a prolonged period of drug use and/or use of high doses. Typical manifestations of opioid withdrawal are rhinorrhea, epiphora, muscle pain, cold sensitivity and, in 24-28 hours, muscle and stomach spasms. A craving for drugs continues even after physical symptoms subside.
118 Ibid., 11.
119 Ibid.  Cooker (slang) – a person who produces drugs at home.
120 Ibid.
ally: in 2004 the number dropped by 1.5 times in comparison with 2002. This is a result of IDUs being reached by prevention programmes. It is quite widespread among injecting drug users to make multiple use of syringes. According to social surveys, a new syringe for each injection is used, on average, by 53% of respondents, and 47% use the same syringe many times. In some cities of the proportion of IDUs who use syringes many times exceeds 80% (e.g. in Yalta, 2002). Syringe cleaning (if it is done) is usually limited to rinsing with boiled water or tap water. Less popular are boiling the syringe and needle, or cleaning them with alcohol and disinfecting solutions.

Risky sexual behaviours. The main risk factors for sexual transmission of HIV include: unprotected sex (especially with casual partners); providing sexual services in exchange for money or drugs; multiple sexual partners; presence of prior sexually transmitted diseases and attempts at their self-treatment; and having a high percentage of injecting drug users among sexual partners.

According to behavioural studies, IDUs typically have active sex lives (for example, in 2004, 88% of IDUs polled reported having had sexual contacts during the last 12 months); every other IDU has sexual contact with two or more partners. The age group with the highest rate of sexual activity is 21-30 years. This activity is influenced by their drug use patterns: while among IDUs who have used drugs for one year (or less) only 6% did not have any sexual contacts in the previous three months, among IDUs who have used drugs for five years, the rate is 55%.

Studies indicate that sexual activity depends greatly on the type of drugs taken. IDUs who inject amphetamine practice risky sexual behaviours more often. As a result, they have a greater risk of HIV and sexually transmitted infections (STIs). However, even though infection in this group mainly spreads among drug users, the spread of HIV into the general population is carried predominantly by those who do not use drugs.

126 Ibid., 27.
Half of all IDUs have casual or commercial sexual relations. As a rule, men ‘buy’ sex, while women provide sexual services on a commercial basis, including for drugs. According to a survey conducted among intravenous drug-using clients of CSW, 38% of sexually active IDUs had had sexual contacts with casual or unfamiliar sexual partners in the previous month. On average, injecting drug users have sexual contacts with three to four casual partners monthly. In addition, some male IDUs have sexual contacts with men.

Levels of awareness among IDUs about preventing HIV infection. Different studies demonstrate that IDUs have insufficient information and knowledge concerning HIV prevention, and knowledge about HIV transmission does not necessarily guarantee safe behaviour, even though the majority of IDUs are confident in their own awareness about HIV/AIDS. Those most knowledgeable about how HIV is transmitted are those injecting drug users who live in regions where harm-reduction prevention programmes were launched at the very onset of the epidemic (Odesa, Mykolayiv, Dnipropetrovsk, Donetsk, and the Autonomous Republic of Crimea). Along with a reduction in the coverage of IDUs by prevention activities, IDUs’ awareness and skills of practicing safe HIV behaviour are dropping. The least-informed IDUs live in Sumy, Ternopil and Rivne oblasts, where prevention programme implementation is either insufficient or altogether lacking.


136 Ibid., 157.
The level of information distribution concerning HIV/AIDS grows with the length of injecting drug use history and the age of the IDUs. The lowest awareness is found among IDUs younger than 18, and the highest is among IDUs of 30 years and older. At the same time, the lowest information distribution is among IDUs with an injecting drug use history of less than one year; the highest is among those IDUs who have a four- to six-year history. Respondents with an injecting drug use history of six to seven years make a lower assessment of their personal risks of HIV infection.

1.5 Injecting Drug Users who are most vulnerable to HIV/AIDS

Adolescent IDUs and IDUs with a short drug use history. Research on IDU communities in a number of Ukrainian cities shows that all these communities include adolescents of 14-18 years of age (from 3% to 15%). Teenage IDUs and older IDUs with a short drug use record constitute a group at higher risk of HIV infection, because:

- They make up a rather isolated group, because experienced IDUs try to avoid contact with beginners (experienced IDUs, as a rule, practice less risky injecting behaviours), fearing problems with the police;
- Teenage IDUs do not have the skills and opportunities necessary to prepare drugs themselves, so they buy ready-made solutions and use them immediately after the purchase, often in the doorway of the ‘cook’;
- Usually, beginning IDUs have their drug injected by another person. In addition, there is an increased probability that the syringe and drug are of unknown origin;
- Injecting drug use beginners often do not know about the risks and means of HIV transmission, or about prevention measures and the activities of prevention programmes;
- Teenage IDUs try to hide their drug use from their relatives: they do not store sterile syringes, fearing their parents; and they start injecting drugs immediately in dangerous places (legs and groin) to hide the traces of injection.

Among adolescents registered with the Ukrainian AIDS Center who are HIV-positive as a result of injecting drug use, 75% are male and 25% are female. Half of all HIV-positive teenagers are 13-14 years of age. At the time that their HIV status was detected, all of them had a drug abuse history (homemade ‘shirka’) of 1-2 years, while some of them had had early sexual experiences. Many of these children had been detained by police, had conditional convictions, and were homeless.

137 Ibid.
138 Ibid.
141 According to Ukrainian AIDS Centre data, 2004, unpublished.
Seventy-five percent of HIV-positive teenage drug users were born and live in socially marginal families. In 60% of their families, either one parent, or both, are drug users. In addition, in 25% of these families, the parents are alcohol-dependent, the mothers lead an antisocial life, are beggars, or are in prison.

A majority of HIV-positive adolescent injecting drug users (85%) live with their families or are brought up by relatives; 15% of them receive some state assistance. Almost every second teenage IDU (45%) is a student at a general secondary school. Fifteen percent study at professional and technical schools, 15% study at home, 5% don’t study (or are homeless), and 20% live in correctional institutions for children.142

Injecting drug use at an early age leads to serious disorders in the physical and mental development of children, influencing the process of growth and formation of their organisms: among medically examined HIV-positive children who inject drugs, 65% fell behind normal height and weight indicators, and had various mental health disorders.

142 Ibid.
Injecting Drug Users who are Prisoners.\footnote{According to the State Penitentiary Department of Ukraine (SPD), 2004, unpublished.} In 2000 in Ukraine, according to official data, 7% of all prisoners were infected with HIV. In April 2004, the medical units of penitentiary facilities registered 2,488 HIV-positive persons; of these, 31 had AIDS. Among the ways HIV is transmitted among prisoners with primarily detected HIV infection, the main and most important way (in the last four years) is parenteral, in using injecting drugs. This makes up 79-91% of all transmissions. Currently in Ukrainian penitentiary facilities there are more than 8,000 people who are ‘disposed towards’ injecting drug use. The total number of drug-dependent people serving sentences is much higher, making up 30% of the total number of prisoners. According to a survey conducted in April 2004, medical staff from penitentiary facilities in Ukraine reported that there were 4,790 persons (including 604 women) who received compulsory drug and alcohol abuse treatment.

HIV-positive prisoners, including those with AIDS, are detained in remand prisons and regular penitentiary facilities. According to the current law, the administrations of such institutions are required to ensure that information about inmates’ HIV status is kept confidential. Provision of medical assistance to HIV-positive individuals is also performed regularly. Penitentiary facilities have both required and voluntary treatment of drug abuse for drug-dependent inmates.

In 2003, the State Penitentiary Department, in cooperation with the Vektor Medical, Informational and Analytical Center and with the financial support of the International Renaissance Foundation, launched a project to implement modern principles for treating drug-dependent individuals in the medical units of penitentiary facilities. However, results of the project have not yet been made public. Projects planned by the State Penitentiary Department on combatting HIV in the correctional system include: dissemination of information from international experience concerning effective methods of opioid dependence treatment in penitentiary facilities; undertaking a number of treatment and prevention activities; organizing prisoner re-socialization/re-adaptation activities; developing educational programmes and educational/methodological modules for healthcare and social workers, consultants and staff, as well as informational materials for prisoners; and developing methodological recommendations on further implementation of harm-reduction programmes in penitentiary facilities.

The Department is a co-implementer of the National Programme on HIV Prevention, Treatment and Care of People Living with HIV/AIDS (PLWHA) for 2004–2008 (Fifth National HIV/AIDS Prevention Programme) for 2004–2008; in order to implement this plan, a sectoral programme on HIV prevention, treatment and care for PLWHA in the criminal-justice system for 2004–2008 was developed and adopted by a resolution of Collegium Number Five on April 16, 2004.

Territorial branches of the Department and oblast healthcare administrations have also developed regional programmes.

Public opinion surveys conducted in various correctional facilities in November–December 2004 demonstrate the effectiveness of educational work and prove the need for it to continue in correctional facilities. Educational projects in penitentiary facilities reach more than half of all pris-
oners (57%). According to the survey, the percentage of prisoners who can describe the best ways to prevent sexual transmission of HIV, and know how HIV is and is not transmitted, is 39%.

Beginning in 2004, the department has been implementing a project entitled ‘Control over HIV/AIDS in Ukraine’ with support from a World Bank loan. It plans to implement educational and prevention activities to prevent HIV/AIDS among prisoners, convicts, and the staff within the system of correctional institutions.

Along with non-governmental organizations and within the framework of the Global Fund project called ‘Overcoming the HIV/AIDS Epidemic in Ukraine,’ the department is implementing three projects involving support and care of HIV-positive prisoners at facilities in Donetsk, Odesa and Lviv oblasts, and one project on HIV/AIDS prevention among the staff, prisoners and convicts at prisons in Crimea, Donetsk, Mykolayiv, Kyiv, and Kherson oblasts.

At the same time, the information available on the work of penitentiary facilities to organize and implement drug abuse and HIV/AIDS prevention measures among prisoners is limited. This work is sectoral and information is not easily available. As a result, there is a lack of accessible data on expert discussions concerning these issues. In order to develop an HIV/AIDS prevention strategy for imprisoned injecting drug users, it is necessary to study the drug use situation in the Ukrainian penitentiary system.

Ukraine is still lacking a set of services for IDUs who are released from correctional institutions. As a result, there exists a real threat that they will relapse into drug use in IDU circles without the necessary social support.

Men who have sex with men (MSM)-injecting drug users. Even though Ukraine was the first among all former Soviet republics to abolish, in 1991, criminal liability for sexual relations between adult males under mutual consent, special studies concerning this population group are quite isolated in Ukraine today. According to official data, from 1987–2003, 46 individuals were infected through homosexual transmission, making up 0.08% cases of all HIV transmissions. As of October 1, 2004, the number of individuals infected through homosexual transmission had increased to 53.\textsuperscript{144}

Behavioural research on MSM indicates that the circle of injecting drug users among MSM is quite limited: only 6%.\textsuperscript{145} As with other injecting drug users, MSM-IDUs often practice risky HIV behaviours, purchasing drugs in syringes from unknown persons, or using their own syringes without knowing how they were filled. Sometimes, in order to clean the syringe, they use improvised means: rinsing them with tap water, boiled water, soap or detergent, urine, etc. Some injecting drug users take drugs into their own syringe from a common container or from the seller’s syringe. This also increases the risk of HIV infection.

\textsuperscript{144} Ukrainian AIDS Centre, 2004, unpublished.
According to behavioural studies, one in three MSM-IDUs is HIV-positive. This covers those who agreed to provide information on their personal test status. It should be noted that there are no HIV-positive MSM-IDUs who use drugs regularly: the majority of them practice injecting drug use “from time to time” which increases the risks of HIV infection because of situational conditions connected with both safe injecting skills and safe sexual contacts in terms of HIV infection. These are often practiced by drug users in a state of alcoholic or narcotic intoxication.146

The majority of polled HIV-positive MSM-IDUs are bisexuals. Among them there are married people or people living in a common-law marriage. This increases the probability of their participation in heterosexual contacts. According to polls, HIV-positive MSM-IDUs almost always use condoms in their sexual contacts with women, but there are some exceptions. Out of six polled representatives of this category, four reported using condoms “all the time”, while the remaining two said that they use condoms “in the majority of cases.” This is why it is possible that HIV infection has spread beyond only MSM-IDUs and MSM circles, and it is also gradually spreading among their female partners, especially when such men are bisexuals and practice heterosexual relations with various partners.147

In general, MSM-IDUs tend to underestimate the danger of HIV infection through injecting drug use, in comparison with MSM who are not IDUs. At the same time, they believe that segments of the population other than MSM (who do not use drugs), youth above all, are much more vulnerable to HIV infection. Even though, on average, all MSM believe that their own risks of HIV infection are ‘low’, MSM-IDUs evaluate their risks as somewhat higher than those who never use drugs.

Commercial Sex Workers (CSW)-IDUs. Commercial sexual services are provided by both women (FSW) and men (MSW): 20% of polled female IDUs and 1.5% of male IDUs in 2004.149 Commercial sex workers are one of the most responsive social groups with respect to HIV infection, while the increase in the number of persons who provide commercial sex services is an important factor in the spread of HIV in Ukraine. According to MoI data, the sex business in Ukraine involves at least 150,000 women. In 2003, law enforcement agencies detained 5,000 women for provision of sex services on a commercial basis.

At the same time, 44% of FSW inject drugs. According to sentinel surveillance survey data, the level of HIV infection among FSW-IDUs is almost five times higher than the level of HIV infection of FSW who do not inject drugs (38.6% as compared to 8.3%). According to women, doctors, and police officers, sexually-transmitted diseases (STDs), tuberculosis,

146 Ibid.
147 Ibid.
148 CSW – commercial sex workers. This group includes persons who provide paid sexual services: women (FSW) and men (MSW).
hepatitis B and HIV infection are widespread among female sex workers. HIV-positive female sex workers live in every large city of Ukraine.\textsuperscript{150}

Behavioural studies of FSW show that the most dangerous factors, in terms of the spread of HIV, in the commercial sex environment are the following:

- Prevalence of sexual relations with injecting drug users;
- Injecting drug use by female sex workers themselves;\textsuperscript{151}
- Forced sexual contact without the use of condoms;
- Voluntary sexual contacts without condoms. These are especially widespread among those FSW who provide the cheapest services, because they often work for a dose;
- The widespread practice of buying low-quality but cheap condoms from commercial stands and at markets, counterfeits of well-known brands, and products with an expired shelf life.\textsuperscript{152}

Thus, the drug scene in Ukraine has particular medical and social characteristics that contribute to the spread of HIV/AIDS in the country. In addition to the concentration of HIV infection among IDUs, there is also simultaneous sexual HIV transmission from IDUs to their sexual partners. ‘Bridge groups’ between IDUs and the general population consist of their permanent or casual sexual partners who do not inject drugs. Such groups may include both representatives of other vulnerable populations (CSW, prisoners, MSM) and a broad stratum of the population, which cannot be formally called ‘vulnerable groups’.

Research indicates that among IDUs, especially among those not reached by prevention programmes, risky HIV infection behaviour models remain persistent. These behaviours include the use of non-sterile injecting equipment and unprotected sexual contacts. It is obvious that prevention programmes should further focus on information and educational work, dissemination of sterile equipment and condoms, and involvement of the greatest possible number of IDUs in field and stationary syringe exchange units. At the same time, the particular characteristics of individual local drug scenes have to be considered, as well as the level of their openness/closedness. It is even necessary to develop different strategies for harm reduction for injecting drug users and to consider these particular characteristics.


\textsuperscript{151} Ibid.

\textsuperscript{152} Ibid.
Conclusions of Section One

In analysing the drug scene in Ukraine it is clear that, despite active measures to decrease the demand and consumption of narcotic substances, drug use in the country is not declining. On the contrary, it is increasing gradually, and showing new tendencies and characteristics.

Elements of the culture of drug use are gradually becoming a part of young peoples’ consciousness: they are more aware of so-called ‘fashionable’ drugs (often mentioned in the media, movies, etc.), namely, cocaine and heroin; and they know more about other types of drugs: some young people cannot imagine going to a disco or club without marijuana, ecstasy or another narcotic or psychostimulating substances. Even despite the lack of results of targeted studies concerning the development of club culture in Ukraine, it is clear that the spread of drug use in discotheques, shows, and clubs is growing. This requires new ways to prevent the spread of narcotic use on the one hand, and HIV infection on the other hand. Young people who use drugs for the first time, or only occasionally, are extremely vulnerable to HIV infection, because very often they fail to take measures to protect themselves under these conditions.

The rather insufficient effectiveness of prevention measures is brought about by the lack of a comprehensive state strategy which would consolidate and reinforce the anti-drug efforts of various social institutions. The lack of consolidation leads to an assumption that the most attractive approach here would be to ‘subdue’ drug users and to deprive them of an opportunity to ‘create demand’ for narcotic drugs. Currently in Ukrainian society, such a policy has the support of the public, which views drug users as public disturbers or dangerous criminals. Both international and national experience proves that such a policy will not lead to the reduction of demand for drugs if nothing is done to resolve the economic, social and healthcare problems connected to illicit drug use.

One of the outcomes of the underground activities of the IDU community is a lack of coordinated and verified data concerning their numbers. The official statistics (both governmental and sectoral) do not reflect the real numbers of IDUs, because only a portion of them consult drug-rehabilitation centres for assistance or are registered by the MoI. That is why currently, law enforcement agencies claim 120,000 registered drug users; and clinics keep records on 85,000 patients with mental disorders because of drug use. But according to a recent assessment there are 560,000 injecting drug users.

At the same time, injecting drug users remain, as a group, at the highest risk of HIV infection, continuing to shape the nature of the HIV/AIDS epidemic in Ukraine. The ratio of IDUs among all HIV-positive individuals is changing dynamically depending on the region. There is a tendency for it to show a decline in regions with high HIV-prevalence, and an increase in regions with average and low HIV-prevalence levels.

Behavioural studies demonstrate that in order to develop an effective prevention strategy, it is not enough to base it on epidemiological data. It is necessary to consider the findings and conclusions of special surveys on the vulnerability of certain groups towards HIV at the local level. A key role in such studies is played by NGOs, because these organizations have access to clients and receive support from donor agencies. The NGO role is strengthened through cooperation with governmental organizations.
2.1 Legislative priorities

At the parliamentary level, Ukraine has joined international various conventions on drugs, in particular the Single Convention on Narcotic Drugs (1961), the Convention on Psychotropic Substances (1971), and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988). These conventions regulate the priorities for national legislation in this field.

**Regulation of the legal circulation of narcotic drugs.** The legal circulation of narcotic drugs is regulated by a number of laws and by-laws. The main legislation in this field is the law ‘On the Circulation of Narcotic Drugs, Psychotropic Substances, their Analogues and Precursors in Ukraine’ (hereinafter – The Law on Drugs). This regulatory and legal act is a basic document, aimed at direct regulation of legal activities concerning narcotic drugs, psychotropic substances, and their analogues and precursors. It defines the authorities of the state managing bodies, as well as the rights and responsibilities of organizations and individuals working with these drugs.

Provisions concerning individual aspects of activities in legal drug circulation are also covered in the laws ‘On Foreign Economic Activity’, from April 16, 1991; ‘On Medicines’, from April 4, 1996; ‘On Advertisement’ from June 3, 1996; ‘On Flora’ from April 9, 1999; ‘On Licensing Certain Types of Economic Activity’ from June 1, 2000; and others. On the basis of these legislative acts, the Government of Ukraine and various ministries and departments adopted a number of regulatory and legal acts which establish detailed regulations and standards for certain types of activities in the circulation of narcotic drugs, psychotropic substances and their precursors. Currently a new draft wording of the law ‘On the Circulation of Narcotic Drugs, Psychotropic Substances, their Analogues and Precursors in Ukraine’ has been submitted to the government for consideration.

**Classification of narcotic drugs and psychotropic substances.** According to Article 6 of the law ‘On the Circulation of Narcotic Drugs, Psychotropic Substances, their Analogues and Precursors in Ukraine’, all narcotic drugs, psychotropic substances and precursors are included in four tables of the list of narcotic drugs, psychotropic substances and precursors (hereinafter – the National List) and are classified on the basis of their harmful impact on human health and their use in medical practice in accordance with UNODC recommendations.153

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153 *Table I* of the National List: particularly dangerous narcotic drugs and psychotropic substances, included on Lists No. One and No. Two, circulation of which is prohibited with the exception of strictly limited applications for scientific purposes; drug-containing plants, included on List No. Three, circulation of which is limited to cultivation, use or sale for industrial purposes.

*Table II*: narcotic drugs and psychotropic substances included on Lists No. One and No. Two, circulation of which is limited and subject to special control according to the law. Activities connected with the circulation of stated substances are performed by enterprises of state and communal ownership with relevant state licenses.

*Table III*: narcotic drugs and psychotropic substances, included on Lists No. One (narcotic-containing medicines) and No. Two (psychotropic substances), circulation of which is limited. The law allows certain exceptions regarding control over circulation of the stated substances. Activities connected with the circulation of substances included on List No. One may be performed by enterprises of state and communal ownership with the
Article Eight of the law regulates the circulation of narcotic drugs and analogous psychotropic substances within the country. The Cabinet of Ministers of Ukraine has the authority to establish a maximum permissible quantity of narcotic drugs, psychotropic substances and precursors in medications. The indicated quantities are currently established by a Resolution of the Cabinet of Ministers of Ukraine entitled ‘On the Approval of the List of Narcotic Drugs, Psychotropic Substances and Precursors’, No. 770, from May 6, 2000.

According to Article One of the Law on Drugs, the National List is approved by the Cabinet of Ministers of Ukraine under submission of the authorized executive healthcare body (the Ministry of Health of Ukraine). Currently the list of narcotic drugs, psychotropic substances and precursors is regulated by a Resolution of the Cabinet of Ministers of Ukraine, No. 770 from May 6, 2000, with supplements issued on December 12, 2002. Recent changes concerning strong and poisonous medicines were introduced on July 7, 2004, in accordance with the MoH Order No. 344 (on tramadol).

**Control over cultivation of drug-containing substances.** According to Article Seven of the law entitled ‘On the Circulation of Narcotic Drugs, Psychotropic Substances, their Analogues and Precursors in Ukraine’, as well as List No. Three of Table One in the National List, the law permits cultivation of poppy and hemp plants for industrial purposes with a license. Cultivation of poppy and hemp is permitted for enterprises of state and communal ownership. Private legal entities have a right to cultivate plants with a low content (0.15%) of narcotic drugs and psychotropic substances.

The Ministry of Agriculture Policy (with the consent of the Ministry of Internal Affairs) licenses the cultivation of plants that contain drugs for industrial purposes. Order No. 92/173 (issued by the State Committee of Ukraine on Regulatory Policy and Entrepreneurship and the Ministry of Agriculture Policy on June 21, 2001) approves and regulates the licensing conditions and the organizational, technological, qualification and special requirements for the cultivation and application of plants which contain drugs. The Cabinet of Ministers of Ukraine Resolution No. 743, issued on June 1, 2002, approved an order to exterminate plants that contain narcotic drugs and psychotropic substances, as well as to exterminate waste from these plants.

**Licensing the production, selling and dissemination of narcotic drugs.** According to the law of Ukraine ‘On the Licensing of Certain Types of Economic Activity’, the development, production, storage, transportation, purchase, import, export, supply, or extermination of narcotic drugs, psychotropic substances and their precursors is subject to licensing. The Cabinet of Ministers of Ukraine Resolution No. 786 from May 10, 2001 establishes the list of drugs and substances subject to control, along with the activities that require licensing.

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relevant state licenses; activities connected with the circulation of substances included on List No. 2 may be performed by enterprises of all types of ownership which produce medicines and psychotropic substances with the relevant state licenses.

*Table IV:* Precursors included on Lists No. One and No. Two, circulation of which is limited and subject to special control according to the law. Activities connected with the circulation of substances included on List No. One of this table of precursors may be performed by enterprises of state and communal ownership with the relevant state licenses.
According to Resolution No. 1698 of the Cabinet of Ministers of Ukraine from November 14, 2000, licenses are issued by the State Service on Medical Substances and Products for Medical Purposes and approved by the Ministry of Internal Affairs.

Resolution No. 756 of the Cabinet of Ministers of Ukraine, issued on June 4, 2001, approves the list of documents which have to be submitted by organizations and individuals working with these drugs. The resolution also requires an application for a state license to engage in activities connected with the circulation of narcotic drugs, psychotropic substances and their precursors. Detailed provisions on the order of license issuance, re-registration and cancellation, and maintaining the license registry, as well as the licensing conditions to perform these activities are established by a Joint Order of the State Committee of Ukraine on Regulatory Policy and Entrepreneurship and the Ministry of Health of Ukraine No. 39/66, issued on February 20, 2001.

Currently, many organizations and individuals working with narcotic drugs and precursors do not have state licenses because there are many obstacles in the practical organization of licensing procedures. In order to resolve this problem, a draft of a new wording of the Law on Drugs contains special provisions about how licenses are issued by the Ministry of Internal Affairs. It also covers liability for violating the requirements for a license.

**Regulation of the transportation of narcotic substances.** According to Article 12 of the Law on Drugs, the import and export of narcotic drugs, psychotropic substances and their precursors must be performed on the basis of a Certificate (Special Authorization) in order to pass through border check points. These check points are managed by the State Border Service. The Cabinet of Ministers of Ukraine Resolution No. 146 from February 3, 1997 established an order for issuing certificates for the import and export of narcotic drugs, psychotropic substances and their precursors. According to this resolution, as well as to the Joint Order of the Security Service of Ukraine and the Ministry of Health of Ukraine No. 224/350, issued on September 23, 2002, certificates are issued by the Committee on Drug Control under the consent of the Security Service of Ukraine.

According to Article 13 of the law on drugs, the transportation of narcotic drugs, psychotropic substances and precursors across the Ukraine is performed by enterprises, establishments and organizations of all types of ownership with the appropriate license for such activities on the condition that the transported cargo’s safety and integrity is preserved. Such transportation is performed on the basis of strict accountability according to an order outlined by the Ministry of Health of Ukraine.

**Assessment of drug demand, collection of statistical data and organization of stock reserves.** According to Article 11 of the Law on Drugs, the Cabinet of Ministers determines the annual quotas within which narcotic drugs and psychotropic substances are produced, stored, imported and exported. These quotas are calculated on the basis of Ukraine’s needs for narcotic drugs and psychotropic medications. The demand for narcotic drugs and psychotropic substances is defined on the basis of data submitted to the Committee on Drug Control by organizations working with these drugs. It is later approved by the Cabinet of Ministers of Ukraine. The law of Ukraine ‘On Circulation of Narcotic Drugs, Psychotropic Substances,
their Analogues and Precursors in Ukraine’ plus a number of resolutions of the Cabinet of Ministers and orders of the Ministry of Health on the control of narcotic drugs, psychotropic substances and precursors establish the order and terms for the companies to submit information about their activities. Detailed provisions on the order of keeping registers, special forms of log journals and the length of time they must be retained are established by the Cabinet of Ministers of Ukraine Resolution No. 58, ‘On Approval of the Order of Managing and Controlling the Circulation of Narcotic (Medical) Substances’, issued on January 18, 2003.

**A system of control over the purchase of drugs.** According to Article 14 of the law on Drugs, citizens have a right to purchase narcotic drugs or psychotropic substances only with a medical prescription. These drugs and substances are sold at licensed state and communally-owned pharmacies. Article Four of the Law on Drugs stipulates that prescriptions must be written out on special forms. These forms are regulated by the Ministry of Health.

According to Ministry of Health Order No. 185 from May 17, 2001, medications which contain small quantities of narcotic drugs and psychotropic substances can be sold without medical prescription if these drugs and substances cannot easily be extracted from the medications in quantities that allow drug abuse. The detailed requirements for receiving special prescription forms to sell narcotic and psychotropic medications, as well as the registration, storage and disposal of these forms is established by Order No. 324 of the Ministry of Health of Ukraine, issued on December 8, 2000.

According to the Cabinet of Ministers of Ukraine Resolution No. 58 ‘On Approval of Requirements for Control over the Circulation of Narcotic (Medical) Substances’, issued on January 18, 2003, the Committee on Drug Control inspects all institutions, enterprises and organizations involved in narcotic drug circulation activities at least once a year. In the event that they detect any faults during these inspections, the management of those entities must correct the violations and pass a repeat inspection in one month. In the event that a recurring or severe breach of the law is detected, the Committee informs the relevant law enforcement agencies about these violations.

**Restrictions concerning the advertisement of narcotic drugs.** Article 20 of the law on advertisement prohibits the advertisement of medications containing narcotic drugs or psychotropic substances, except advertisements designed specially for healthcare institutions and medical staff. Order No. 177 of the Ministry of Health of Ukraine from June 10, 1997 establishes the principal requirements for advertisements for healthcare institutions and medical staff. It also requires that these advertisements be disseminated through specialized printed media.

**Control over the circulation of precursors.** Precursors are included in the National List of substances subject to control. Table Four of the National List is subdivided into two lists: precursors included on List No. One are subject to more strict control. Others (such as acetic acid anhydride and potassium permanganate) are included on List No. Two and are subject to less strict control. According to Article 16 of the Law on Drugs, in the presence of relevant licenses all related activities may be performed by state-owned enterprises (List No. One of Table Four of the National List), and by enterprises of all forms of ownership (precursors included on List No. Two). Enterprises are prohibited from accumulating a quantity of precursors which exceeds their production needs.
The State Service on Medical Substances and Products for Medical Purposes licenses the circulation of precursors. The Ministry of Industrial Policy (as a licensing body) and the Committee on Drug Control, (as well as various law enforcement agencies within the sphere of their respective competencies) exercises control over organizations working with precursors.

The Committee on Drug Control informs authorities from other countries about how to regulate the export of precursors and about their transit through Ukrainian territory. This information is contained in the Cabinet of Ministers of Ukraine Resolution No. 58 ‘Approval of Requirements for Control over Circulation of Narcotic (Medical) Substances’, issued on January 18, 2003. In addition, the Committee submits a copy of an issued or received export certificate to the authorities from an importing state.

**Prevention of illicit drug circulation.** An integral part of the current Ukrainian anti-drug legislation are 17 criminal and legal standards (Articles 305-321 of the Criminal Code of Ukraine (CCU) and Articles 44, 441, 1061, 1062 of the Code of Ukraine on Administrative Offences [CUAO]). These articles concern:

- Smuggling of narcotic drugs, psychotropic substances, their analogues or precursors (Article 305 of CCU);
- Use of funds received from the illicit circulation of narcotic drugs, psychotropic substances, their analogues or precursors (Article 306 of CCU);
- Illegal production, manufacturing, purchase, storage, transportation, consignment or distribution (sale) of narcotic drugs, psychotropic substances or their analogues (Article 307 of CCU);
- Theft, misappropriation, or extortion of narcotic drugs, psychotropic substances or their analogues or taking possession of them by means of fraud or abuse of office (Article 308 of CCU);
- Illegal production, manufacturing, storage, transportation or consignment of narcotic drugs, psychotropic substances or their analogues without purpose of selling them (Article 309 of CCU);
- Sowing or growing soporific poppy or hemp (Article 310 of CCU);
- Illegal production, manufacturing, purchase, storage, transportation or consignment of precursors (Article 311 of CCU);
- Theft, misappropriation, extortion of precursors or taking possession of them by means of fraud or abuse of office (Article 312 of CCU);
- Theft, misappropriation, extortion of equipment for production of narcotic drugs, psychotropic substances or their analogues, or taking possession of it by means of fraud or abuse of office or other illegal actions with such equipment (Article 313 of CCU);
- Illegal introduction of narcotic drugs, psychotropic substances or their analogues into an organism (Article 314 of CCU);

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• Involvement in the use of narcotic drugs, psychotropic substances or their analogues (Article 315 of CCU);
• Illegal public use of narcotic drugs (Article 316 of CCU);
• Organization or maintenance of places for the illegal use, production or manufacture of narcotic drugs, psychotropic substances or their analogues (Article 317 of CCU);
• Illegal production, forgery, use or sale of forged documents to receive narcotic drugs, psychotropic substances or precursors (Article 318 of CCU);
• Illegal issuance of medical prescriptions to purchase narcotic drugs or psychotropic substances (Article 319 of CCU);
• Violation of the established rules of circulation of narcotic drugs, psychotropic substances, their analogues or precursors (Article 320 of CCU);
• Illegal production, manufacture, purchase, transportation, consignment, or storage for the purpose of selling or selling poisonous substances (Article 321 of CCU);
• Illegal manufacture, purchase, storage, transportation, consignment of narcotic drugs or psychotropic substances without purpose of selling in small quantities (Article 44 of CUAO of Ukraine);
• Evasion from medical examination or medical inspection (Article 441 of CUAO of Ukraine);
• Failure to take measures to ensure protection of soporific poppy or hemp plants, or places where they are stored and processed (Article 1061 of CUAO of Ukraine);
• Illegal sowing and growing of soporific poppy or hemp (Article 1062 of CUAO of Ukraine).

Most of the articles limit and prohibit illicit drug circulation. Articles 307, 309 and 311 of the Criminal Code of Ukraine are of a prohibitive nature. Article 307 and Article 311 require exemption from liability in connection with voluntary surrendering of narcotic drugs, psychotropic substances, their analogues and precursors. According to Article 309, if an individual indicates the source of purchase or contributes to solving a drug-related crime, and voluntarily submits to a healthcare facility and starts treatment for drug abuse, he/she is exempt from criminal liability. According to Article 44 of CUAO of Ukraine, a person is exempt from liability only for voluntarily surrendering narcotic drugs or psychotropic substances.

The Criminal Code of Ukraine does not establish criminal liability for drug use. However, by purchasing, producing, transporting, or storing drugs, even without the intent of selling them, drug-addicted users violate the current criminal legislation. Obviously, it is impossible to use drugs without producing or buying them. So, each drug-dependent patient is, without a doubt, a criminal according to the current Criminal Code of Ukraine. This is the basis for the penitentiary system of registering drug abuse patients, which is corroborated by the parallel registration of drug abuse patients in healthcare facilities and MoI, and by revisions to the list of registered individuals.

The negative impact of a ‘narcotic’ registration is reinforced by prohibition from a number of professions, prohibition from to keeping or obtaining a valid driver’s license, requirements to attend drug rehabilitation facilities, and society’s intolerance towards drug users. Under such circumstances, patients try to avoid registration. In addition, drug dependence, com-
bined with the high prices for drugs, eventually forces drug addicts to breach the law (in addition to participating in illicit drug circulation). Criminal law requires compulsory treatment for individuals convicted of crimes connected with alcoholism and drug abuse. This is an aggravating circumstance in defining the punishment. This leads to concealing drug use, and avoidance of registration in drug rehabilitation facilities.155

**Combatting illicit drug use.** A response to illicit drug use is included in Articles 12–21 of the law of Ukraine ‘On Measures to Fight Illicit Circulation of Narcotic Drugs, Psychotropic Substances, Precursors and Addiction’, issued on February 15, 1995. According to Articles 12–13 of this law, illegal drug use is established on the basis of evidence from witnesses, the presence of symptoms of drug intoxication, results of medical examination, and drug testing. The order of detection, medical examination, voluntary and compulsory treatment of drug-dependent persons is determined by standards and acts of MoI, MoH, the Ministry of Justice of Ukraine, the Prosecutor General’s Office of Ukraine and the Supreme Court of Ukraine. The law requires compulsory treatment, provided in specialized facilities of the Ministry of Health of Ukraine.

**Measures on medical and social prevention of HIV/AIDS among drug users.** None of the abovementioned laws contain regulations concerning medical and social prevention of HIV/AIDS among users of narcotic drugs. Certain elements of work with injecting drug users originate from other legislative acts of Ukraine in the field of public health protection. These principles and activities include informational and educational activities; ensuring easy access to social and healthcare services; conducting work with persons who inject drugs; and providing drug users with sterile injecting equipment and disinfectants.

In particular, in Article Four of the law of Ukraine ‘Prevention of Acquired Immunodeficiency Syndrome (AIDS) Morbidity and the Social Protection of the Population’, the state guarantees:

- Regular and complete educational coverage of the population (including in the mass media) concerning the causes of infection, the ways HIV is transmitted, and the methods and means of preventing infection;
- Inclusion of special topics on HIV/AIDS prevention in the curricula of secondary, professional and technical educational establishments and schools of higher education;
- Ensuring broad public access to prophylactics, which help prevent infection and the spread of HIV through sexual transmission;
- Ensuring prevention of the spread of HIV among injecting drug users, including establishing conditions to exchange used injecting needles and syringes for sterile ones;
- Support of activities directed at increasing awareness of safe sexual behaviours in the population and increasing public awareness of the high risks of HIV infection in injecting narcotic drugs.

Ukrainian law does not prohibit the use of narcotic medications in medical practice to treat various diseases.156 The use of such medical drugs is covered, above all, in the law of Ukraine entitled ‘Circulation of Narcotic Drugs, Psychotropic Substances, their Analogues and Precursors’. Article Ten of this law directly indicates that activities connected with the application of narcotic drugs and psychotropic substances, included on Tables Two and Three of the List of Narcotic Drugs, Psychotropic Substances, their Analogues and Precursors, Subject to Special Control in Accordance with Ukrainian Legislation, are allowed only in medical practice and for scientific and research work, as well as for educational and other purposes, as required by this law.

At the same time, List No. One in Table Two of the National List, approved by Order No. Seven of the Ministry of Health of Ukraine, issued on March 23, 1998, which is currently in force, includes such narcotic substances as buprenorphine and methadone, which are broadly used in substitution therapy in other countries.

These principles are recognized as a binding element of state policy in the response to HIV/AIDS. Favorable conditions for their implementation are created not only by public health legislation, but also by laws and standards in the fields of education, information, and charity, as well as legislation regulating the activities of citizens’ associations, social services, etc.

For example, in addition to a number of easily-enacted, modern harm-reduction strategies that are required by provisions of Ukrainian law, special attention is paid to the fact that local centres of social services for youth (CSSY) can establish certain specialized services in accordance with local communities’ needs. These services include:

- psychological assistance via a ‘Telephone Trust Hotline’;
- centres for social rehabilitation of children and youth with functional deficits;
- services for youth secondary employment; mobile counselling services for social work in rural and mountain localities;
- Counselling units for injecting drug users (Dovira/Trust);
- Social support services for youth in institutions of confinement; and many others.

These specialized services are established and implement their activities within the framework of centres of social services for youth programmes. A capacity to establish such specialized services is provided for by Order No. 14 of the State Committee of Ukraine on Family and Youth Affairs, issued on February 4, 2002, which also approves typical regulation on specialized services within CSSY.

Substitution maintenance therapy for patients with opioid dependence. Allowing injecting drug users to receive substitution maintenance therapy is a complex issue.

According to Clause 36 of the National HIV/AIDS Prevention Programme for 2001-2003, as approved by Resolution No. 790 of the Cabinet of Ministers of Ukraine on July 1, 2001, the

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Ministry of Health of Ukraine, the Council of Ministers of the Autonomous Republic of Crimea oblast, and the state administrations of the cities of Kyiv and Sevastopol were commissioned to implement substitution therapy during 2001-2003, in order to reduce the risks of HIV and other transfusion infections among injecting drug users. This resolution also directed all the abovementioned executive bodies to ensure funding for these undertakings, as directed by the National Programme. This included a requirement to implement substitution therapy.

An important factor in resolving the issue of substitution therapy as a method of drug dependence treatment is Clause 3.1 in the Order of Circulation of Narcotic Drugs, Psychotropic Substances and Precursors in the State and Communal Healthcare Facilities in Ukraine, approved by Order No. 356 of the Ministry of Health of Ukraine, issued on February 18, 1997. It does not simply allow, but actually obliges the medical staff of treatment and prevention facilities (including clinics in scientific and research institutions, and schools of higher medical education) to prescribe narcotic and psychotropic medications as authorized for medical practice and according to patients’ medical indications (obviously, all necessary conditions to ensure effective control over circulation of these substances should be observed).

According to Article 44 of The Basics of Legislation of Ukraine on Healthcare, medical personnel must apply all methods of prevention, diagnostics, treatment and medication as authorized by the Ministry of Health of Ukraine. The Ministry of Health of Ukraine also establishes the order of application of these methods. The capacity to apply substitution therapy to treat opioid dependence is anticipated by the unified standards for drug rehabilitation assistance. These and other healthcare standards are approved by Order No. 226 of the Ministry of Health of Ukraine entitled ‘Approval of Temporary Sectoral Unified Standards of Medical Technologies in Diagnostics and Treatment Process of In-Patient Assistance to the Adult Population in Treatment and Prevention Facilities of Ukraine, Temporary Standards for Volumes of Diagnostic Examinations and Treatment Activities; and Criteria for Quality of Child Treatment’, issued on July 27, 1998.

In addition, the application of substitution maintenance therapy as a method of treatment for drug dependence is provided in outpatient treatment and care. It is established by Order No. 507 of the Ministry of Health of Ukraine ‘Approval of Standards for Provision of Medical Assistance and Quality Indicators of Medical Assistance’, issued on December 28, 2002. This Order approves procedures for providing medical assistance to the adult population in outpatient and clinic facilities specializing in drug rehabilitation.

The Ministry of Health of Ukraine registered buprenorphine and methadone as medications which can be used in medical practice (the latter was registered and included on the State Register of Medications by Order No. 259 of the Ministry of Health of Ukraine on April 8, 2003). Along with other analgesics of the opioid series, buprenorphine was included on the National List of Key (vitaly important) Medications and Products for Medical Purposes, approved by Cabinet of Ministers of Ukraine Resolution No. 1482 on November 16, 2001, and The List of Medications of Domestic and Foreign Origin which can be Purchased by Healthcare Facilities and Institutions and which are Funded Partially or
Fully from the State and Local Budgets, approved by Order No. 169 of the Ministry of Health of Ukraine on April 14, 2003.

Since the treatment of drug dependence is not included in the List of Paid Services, Provided in State Healthcare Facilities and Schools of Higher Medical Education, approved by the Cabinet of Ministers of Ukraine Resolution No. 1138, issued on September 17, 1996, such services (including substitution maintenance therapy in the event of its practical implementation and the provision of state and communal health care facilities with relevant medications) should be accessible for every person in need.

Currently unresolved is the possibility of using substitution therapy for persons who serve their sentences and are detained in investigation wards or correctional facilities of the State Penitentiary Department.

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An analysis of Ukrainian legislation demonstrates that it takes into account international principles and standards. It is able to ensure a coordinated, participatory, public and responsibility-based approach towards the problem of HIV/AIDS, and it combines policy and programmes to respond to HIV/AIDS at all levels of the state administration. However, programmes on drug abuse and HIV/AIDS prevention have not been effective enough because the state’s policy on drugs lacks a solid foundation of clearly defined principles. As a result, the current legislative priorities address an insignificant number of the problems that exist, particularly concerning the circulation of narcotic substances and their precursors. Problems include:

- a lack of clarity on the distribution of rights and authority between society and citizens who have problems with drug abuse;
- a need for national and local anti-drug action programmes, and funding sources for them;
- the lack of a system of social targeted assistance for populations who have problems caused by drug abuse.

As a result, currently Ukraine does not have effective, socially-oriented prevention programmes and anti-drug activities.

Even though the current law does not directly regulate criminal liability for drug use, it turns a drug-dependent individual into a criminal because it is impossible to use drugs without either making or buying them. Ukraine does not have a ‘harm reduction from drug use’ strategy at the legislative level. Activities being implemented are based on individual sectoral standards and legal acts and national programmes, but not on particular laws. The current regulations do not allow opportunities for prevention; they ensure the criminalization of drug users; and they legally set the necessity for action only in tertiary prevention because they primarily aim at combatting criminal groups or forcing treatment of drug-addicted patients.

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157 Meaning legislative recognition of national drug policy implementation on the basis of the following strategies: 1) regulation of illicit drug circulation; 2) reduction of demand for drugs; 3) harm reduction from drug use.
2.2 State policy on drug use, drug dependence and the prevention of HIV infection

In Ukraine, there is an established and relatively effective system of social standards regulating prevention of one type of deviant behaviour connected with the non-medical use of narcotic drugs, the development of drug dependence, and illicit drug circulation: namely, drug addiction. As a type of state policy, drug-addiction prevention is directed at reducing the negative impact of drug addiction on individuals and upon society as an overall system. It can be achieved through detection, elimination or neutralization of the causes and conditions of drug addiction. Relevant regulatory standards are realized through the laws of Ukraine, Presidential Decrees, Resolutions of the Cabinet of Ministers of Ukraine, and other acts, on the basis of which a number of institutions and organizations implement prevention activities.

Primary prevention activities are the key goal of drug demand-reduction programmes. They are aimed at various target groups: populations who do not use drugs; individuals inclined towards drug use; individuals who use drugs but have not become drug-dependent and are inclined towards breaking the law; drug-dependent people; and people who have committed drug-related crimes.

Educational institutions play an important role in the prevention of drug use and drug addiction. The law of Ukraine ‘On General Secondary Education’, the National Development Doctrine, approved by the Decree of the President of Ukraine №347 of April 17, 2002, the Resolution of the Cabinet of Ministers №1717 entitled ‘On the transition of general educational institutions of Ukraine to the new content, structure and 12-year term of study’ from November 16, 2000 clearly establish that developing a conscientious attitude towards one’s own health and the health of other people is the highest social value, and the formation of health-promotion skills and principles of healthy lifestyles, and improving the physical and mental health of children are among the nation’s educational priorities.

Regional policy on healthy lifestyles for the next generation is being articulated purposefully and consistently. According to the law of Ukraine ‘On the Protection of Childhood’, the Decree of the President of Ukraine Number 42/2001 ‘On additional measures to ensure the implementation of the National Programme ‘Children of Ukraine’ for the period until 2005’ of January 24, 2001, the Decree Number 258 of the President of Ukraine ‘On urgent measures to strengthen morals in society and to establish healthy lifestyles in 2002–2003’ of March 13, 2002, and the intersectoral comprehensive programme ‘The Nation’s Health for 2002–2011’, the Ministry of Education and Science of Ukraine have undertaken the relevant sectoral activities.

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158 Y. L. Byelousov, ‘Institutionalization of Drug Addiction Prevention in Ukraine: Social Structures and Social Relations’ (thesis, 22.01.03), (Kharkiv, 2003). There is a whole set of interpretations of the notion of ‘prevention.’ In particular, it can be viewed as ‘an intervention or a complex group of interventions directed at avoidance or significant reduction of risks to receive or to further develop consequences and interpersonal problems which are harmful for human health’, [The framework of the state policy of Ukraine on alcohol and drugs, http://ecocontrol.iatp.org.ua/Koncept.html/ Концепція (основи) державної політики України щодо алкоголю та наркотиків. – http://ecocontrol.iatp.org.ua/Koncept.html], or as an activity directed at strengthening and preserving the stable functioning of a social system which is implemented through the detection, elimination or neutralization of causes and conditions which cause various deviations.

159 Ibid.
160 Ibid.
161 Ibid.
The priority areas of education development determined in the National Development Doctrine, approved by Decree Number 347 of the President of Ukraine on April 17, 2002 include the ‘promoting healthy lifestyles and motivating young people towards healthy living’.

The Ministry of Education and Science of Ukraine is performing deliberate activities to increase the awareness of children and young people of the necessity to adopt and maintain healthy lifestyles and to engage in safe behaviour. This is being done through the introduction of new curricula, methodologies, expansions of interactive training and counselling work, publication of related educational literature, training of staff concerning prevention activities in this domain, and improvement of an early prevention system, of psychological and pedagogical diagnostics, of individual work, and of the use of existing scientific and methodological capacities and learning from best practices.

Provision of the corresponding knowledge and formation of the skills needed to preserve and strengthen health is performed through the following activities:

- adding a health education component to the curriculum content of educational institutions;
- a system of extra-curricular activities and out-of-school training;
- optimization of the regime of educational and child-rearing activities;
- training and retraining of educational staff.

The concept of healthy lifestyles is included in most primary school subjects; at secondary school, this concept is covered within the study of such subjects as biology, geography, ecology and the humanities.

The school biology curriculum covers the issues of prevention of alcohol, drugs and tobacco use. Almost every topic in these subjects allows for the teaching of important aspects of developing healthy lifestyles.

The content of ‘pre-conscription military training’ and ‘basic medical and health training’ curricula at vocational training schools covers the whole range of issues related to medical and health training of students, and contributes to the prevention of alcohol, tobacco and drug use.

The ‘Framework for developing positive motivation of children and youth towards healthy lifestyles’, developed and approved by Order Number 605 of the Ministry of Education and Science of Ukraine on July 21, 2004 had to a certain extent strengthened the focus of education on various aspects of forming healthy lifestyles and skills to preserve health. The framework determines methodological principles, approaches and criteria for the development of a positive motivation towards healthy lifestyles. It is based on an inter-sectoral, comprehensive approach and combines opportunities for organized education and self-education. The framework envisages the application of psychological, behavioural, situational, functional, active, integrated and reproductive approaches that highlight various aspects of the development of a positive motivation towards healthy lifestyles among children and young people. Individual sections include staff training and determine the conditions and methods of implementation, including scientific and methodological support.
Health promotion content is included in practically all child-development activities at preschool institutions.

A training course entitled ‘Safe and Healthy Lifestyles’ has been introduced as the basic structure of a sample educational schedule for the training of qualified teachers and junior specialists at higher professional colleges and centres for vocational training; it was introduced for all professions beginning with the 2002/2003 academic year.

In 2003 a specialization in the course ‘Health and physical culture’ was introduced for the training of pedagogical staff. Prevention of HIV/AIDS, substance abuse and tobacco use was introduced in the humanities curriculum at higher educational institutions, in particular, in the training courses ‘Ethics of family relations’, ‘Basic medical knowledge and health protection of children’; healthy lifestyles topics, in particular an HIV prevention section, have also been introduced.

In pursuance of resolution number 877 of the Cabinet of Ministers entitled ‘On approval of the Programme to implement government policy on combating illicit circulation of drugs, psychotropic substances and precursors for 2003-2010’ of June 4, 2003, and in order to improve measures to prevent the illegal use of drugs and psychotropic substances through education and the development of healthy lifestyles, the Ministry of Education and Science developed and approved the sectoral activities (order number 440 of the MoES of July 7, 2003).

The issue of drug use in children is controlled by the Ministry of Education and Science on a permanent basis. It focuses on the improvement of prevention activities and of the existing situation in the young people environment.

One of the primary tasks set by the Ministry for the education management bodies in relation to the growing rates of non-medical use of drug substances by children and young people was to develop regional programmes aimed at responding to the circulation of illicit drugs and the spread of drug use.

The Ministry issued orders entitled “On the improvement of prevention activities among children and young people to prevent illicit use of drugs and psychotropic substances’ and ‘On the prohibition of tobacco smoking at all educational institutions and adjacent territories’.

Prevention activities at educational institutions are focused not only on instruction concerning harmful consequences of risky behaviours, but on the real benefits of the healthy lifestyles. Health care workers discuss the prevention of tobacco use, drug addiction, and alcoholism with the students; the institutions organize contests of relevant informational materials (posters, booklets, newspapers), joint exhibitions of creative works of parents and children; festivities; topical events, round tables, classroom meetings, months of health, etc. Prevention Councils operate at schools; health passports for children have been compiled; and computer databases with necessary information have been created. Individual work with pupils registered at law enforcement bodies has been strengthened.

Managers of educational institutions put a special emphasis on attendance at, and coverage of, pupils by extracurricular activities. The system of education and science of Ukraine has 1,496 extracurricular facilities that cover almost 1,190,000 children and adolescents.
The following categories of teachers trained children in vital skills at secondary educational facilities of the education system as of January 1, 2003:

- 5,060 psychologists and social teachers;
- 19,394 teachers of biology;
- 14,401 mentors involved only in mentoring;
- 14,185 teacher-organizers.

At the same time, certain problems still remain unresolved in the prevention of drug use and promotion of healthy lifestyles. A narrow (sectoral) approach to health education on the basis of life skills does not ensure sustainable behavioral changes in the long run. More efficient and sustainable outcomes, as a rule, are achieved when the educational strategy is based on the skills needed to preserve and strengthen health and is coordinated with policy, services, family and local communities, mass media and other strategies to maintain healthy lifestyles.

Educational institutions often have to solve acute problems related to the upbringing of children by themselves and they cannot withstand a furious competition with the mass media, because every day young people learn information from the mass media which contradicts the values of a civilized society.

In order to quickly identify adolescents who use drugs, it is necessary to enter changes in Resolution Number 1238 of the Cabinet of Ministers entitled ‘On mandatory preventive narcological examinations and procedures to implement them’ of November 6, 1997, in terms of addition of pupils and students to the list of categories of people who should be examined on a mandatory basis and free of charge.

Such prevention work has a comprehensive nature; it covers a wide range of activities and contributes to reducing the harm of non-medical use of narcotic substances to society in general; it also facilitates the reduction of drug use, improving health and quality of life. Such efforts cover all spheres of prevention activity, beginning from preventing drug use initiation and ending with reducing its negative consequences for society. It includes information distribution, education of the population, early interventions and counselling, treatment, rehabilitation, prevention of relapses, and social reintegration with provision of assistance and access to the necessary services for various groups of the population.

Based on the fact that prevention work is performed by various agents (social, medical and legal), and considering various approaches to the categorization of prevention, prevalent in medicine, drug addiction prevention activities can be organized as follows (see Table 2.1).

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162 The framework of the state policy of Ukraine on alcohol and drugs, http://ecocontrol.iatp.org.ua/Koncept.html

163 Medical sciences distinguish three types of prevention: primary — social and economic activities by the state directed at the improvement of lifestyles, environment, education, etc.; secondary — a complex set of efforts directed at the elimination of marked risk factors which under certain conditions may lead to the emergence, exacerbation or relapse of a disease; tertiary — a complex set of activities for the rehabilitation of patients who have lost their full vital capacity.
Currently in Ukraine, drug addiction prevention does not constitute an integrated system because there are no established links between the different actors who work in various fields of prevention (medical, social, and legal). The Coordination Council on Combating Drug Abuse at the Cabinet of Ministers of Ukraine coordinates prevention activities at the level of their governing bodies; in other words, at the level of ministries and departments. However, coordination is absent at the level of ordinary performers. Ukraine also lacks a specialized law on drug addiction prevention, which would clarify the main areas of prevention, the range of its subjects, and the forms of their cooperation.164

The framework of the state policy of Ukraine on alcohol and drugs, which is currently being considered by the Government of Ukraine, defines the list of prevention activities as:

- Development and realization of drug demand-reduction programmes, both across the country in general and among individual populations in particular, with priority given to youth;
- The use of information within educational and prevention programmes;
- Management of prohibition of advertising narcotic drugs;
- Blocking any propaganda about drug use;
- Ensuring the cooperation of government structures and institutions within the mass media;
- Increasing public awareness concerning the risks related to using narcotic substances;
- Supporting the promotion of full and busy lifestyles in the population (among youth, above all);


<table>
<thead>
<tr>
<th>According to subjects of prevention</th>
<th>In the content of prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social sphere</td>
<td>Formation of negative attitudes towards drug use in society, orientation on healthy lifestyles</td>
</tr>
<tr>
<td>Medical sphere</td>
<td>Informing population about the harm of drugs, the consequences of their use for human organism</td>
</tr>
<tr>
<td>Legal sphere</td>
<td>Informing the population about human rights, preventing drug-related violations of law</td>
</tr>
</tbody>
</table>

• Ensuring a state system of permanent and objective informing of the population about the narcotic situation in the country;
• Involving healthcare experts, law enforcement agencies, and representatives from prosecutors’ offices to work with students at educational institutions of various levels;
• Ensuring the education of teachers, school psychologists and specialists representing social services for youth concerning modern methods of drug use prevention;
• Organizing and holding various contests and publications in mass media.165

An important element of prevention work is to propagate the commitment of statesmen, local state administrators, specialists, scholars, athletes, and artists to the principles of a life without drugs.

According to social polling results, the demand for prevention policy concerning drug addiction and HIV infection among youth is generally brought about by a need to establish and promote healthy lifestyles among youth.166 According to the Ukrainian Institute of Social Studies, representatives of the younger generation describe the following activities as vitally important:

Table 2.2

<table>
<thead>
<tr>
<th>Activities and undertakings</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Change the state policy on youth</td>
<td>87</td>
</tr>
<tr>
<td>Create appropriate conditions for youth to spend their leisure time</td>
<td>94</td>
</tr>
<tr>
<td>Form appropriate ideas among youth concerning harmful habits and sex using informational and educational activities</td>
<td>91</td>
</tr>
<tr>
<td>Make cultural and sports facilities more accessible to youth (theatres, exhibitions, stadiums, athletic and training rooms, etc.)</td>
<td>95</td>
</tr>
<tr>
<td>Form appropriate values and norms in youth environment</td>
<td>91</td>
</tr>
<tr>
<td>Teach young people about good (healthy) nutrition</td>
<td>77</td>
</tr>
<tr>
<td>Develop communication and conflict resolution skills</td>
<td>90</td>
</tr>
<tr>
<td>Prepare young people for family life</td>
<td>85</td>
</tr>
<tr>
<td>Develop psychological assistance counselling units and school psychologists</td>
<td>90</td>
</tr>
</tbody>
</table>

Source: State Centre of Social Services for Youth: Ukrainian Institute of Social Studies, Analytical Report on the Results of Polling Ukrainian Youth Within the Framework of the Project ‘Public Opinion Survey Among Children and Youth Concerning the Effectiveness of Prevention of Negative Phenomena (Drug Abuse, AIDS, Smoking, Delinquency, Criminality) in Children’s and Young People’s Environment and the Formation of Healthy Lifestyles’ (Kyiv: 2001).
Prevention work with youth. The goal of the primary prevention of drug addiction is to form negative attitudes towards drug use in society, and orientation towards healthy/full-fledged lifestyles. However, according to social research, more than 80% of young people 14-28 years of age cannot recall even a single drug abuse prevention activity in which they participated during the last 12 months.\(^{167}\)

Very often, young people lack information about organizations which perform prevention activities for youth. According to research conducted in 2001 by the State CSSY with the Ukrainian Institute of Social Studies, 71% of young people polled did not know anything about such organizations.\(^{168}\) Those respondents who knew such institutions named the police, educational institutions, schools and CSSY.

![Diagram 2.1. Awareness among youth about organizations conducting prevention work concerning negative behaviours (including drug abuse and the spread of HIV/AIDS) by rayon, city (2001, figures expressed as percentages)](image)

**Source:** State Centre of Social Services for Youth: Ukrainian Institute of Social Studies, Analytical Report on the Results of Polling Ukrainian Youth Within the Framework of the Project ‘Public Opinion Survey Among Children and Youth Concerning the Effectiveness of Prevention of Negative Phenomena (Drug Abuse, AIDS, Smoking, Delinquency, Criminality) in Children’s and Young People’s Environment and the Formation of Healthy Lifestyles’ (Kyiv: 2001), 13.

The lack of a law which clearly regulates the main spheres of prevention, the authorities and level of responsibility for their subjects, and the mechanisms of cooperation limits the efforts of prevention programmes. This is exacerbated by weak organizational and financial support

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\(^{168}\) State Centre of Social Services for Youth: Ukrainian Institute of Social Studies, Analytical Report on the Results of Polling Ukrainian Youth Within the Framework of the Project ‘Public Opinion Survey Among Children and Youth Concerning the Effectiveness of Prevention of Negative Phenomena (Drug Abuse, AIDS, Smoking, Delinquency, Criminality) in Children’s and Young People’s Environment and the Formation of Healthy Lifestyles’ (Kyiv: 2001), 13//Державний центр соціальних служб для молоді, Український інститут соціальних досліджень. Аналітичний звіт за результатами опитування молоді України в рамках проекту “Вивчення громадської думки дітей та молоді щодо ефективності роботи з профілактики негативних явищ (наркоманії, СНІДу, тютюнопаління, правопорушень, злочинності) в дитячому та молодіжному середовищі та формування здорового способу життя”. — К., 2001.
of organizations conducting prevention activities, and a lack of multilevel coordination of their activities. As a result, the range of drug addiction prevention work functions not as an integral and targeted system, but as a set of multi-vector activities. In order to ensure coordination between subjects of various drug addiction prevention areas, it is necessary to establish efficient coordination councils at different levels of state administrations.

Prevention work with youth, as well as with other target groups, is comprehensive in nature and covers a wide range of activities directed at preventing drug use, reducing harm from non-medical use of narcotic substances, strengthening health, and improving the quality of life. Serving as a regulatory mechanism, prevention activities aim to ensure behaviours that comply with social and legal standards. In addition to a regulatory function, prevention activities perform an educational function, since they try to persuade, but not to force. In other words, they aim not to punish, correct and re-educate, but to educate, thus preventing deviant behaviour.

In December 2003, on the assignment of ICF International HIV/AIDS Alliance in Ukraine, the Statinformconsulting Information and Analytical Agency performed a study entitled ‘Evaluation of the level of coverage of pupils and students by prevention programmes’. The study results showed that teachers of 55% of secondary schools in Ukraine had received some training on HIV/AIDS prevention on the basis of healthy lifestyles and taught such classes during the recent academic year. This indicator was much higher at the schools of Prichernomorsky Social and Economic Region (Kherson oblast): 92%, and much lower at the schools of Pridneprovsky region (Kirovograd oblast): 32%.

In one year, over two-thirds of Ukrainian pupils and students took part in activities related to HIV prevention. This information is comprehended most effectively through interactive forms of training: when children participate in the preparation and implementation of an event, discuss problems, play role games, etc., 60% of participants in prevention activities (or 39% of all respondents) took an active part in them.

Significant differences in the coverage of young people by prevention programmes were identified in the regions: the coverage index was the highest in Prechernomorsky Region (Kherson oblast) with 52%, and the lowest in Kiev, with 24%.

The proportion of active participants in prevention activities was the highest at the secondary and specialized schools (44% and 46% respectively), while at the higher educational institutions of the III-IV levels of accreditation, it was only 21%. Involvement of students in prevention activities was higher at state educational institutions (40%) than in private ones (31%). Girls participated more actively than boys (45% and 33% respectively).

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169 The study had been performed with the organizational and methodological support of the Ministry of Education and Science of Ukraine. In accordance with the study plan, the respondents included principals at secondary schools, as well as pupils and students at secondary and vocational schools, and higher educational institutions of the I-IV levels of accreditation by a representative sampling. The total number of respondents included 349 secondary school principals and 3,732 pupils and students.

170 Analytical report on the results of sociological study ‘Coverage of pupils and students by prevention programmes’ performed by the Information and Analytical Agency ‘Statinformconsulting’ on an assignment from ICD International HIV/AIDS Alliance in Ukraine in December 2004.
The survey results showed that there was a number of factors that determined the readiness of young people to change behaviour: experience of participation in similar events; active participation in their organization and implementation; the attractiveness of the event itself and the information that is provided; existing knowledge; readiness to participate in such activities in future; perception of one’s own active part in the future activities, etc. Survey results show that the organization of prevention work for pupils and students should have positive outcomes in the long run, because a significant number of young people will feel the impact of prevention activities, adjust their behaviour and express a willingness to participate in corresponding prevention activities in future.

2.3 Public and Parliamentary hearings

Public and Parliamentary hearings are a type of social technology only recently introduced to Ukrainian society. To date, only one targeted public hearing has been held, concerning this topic: ‘State policy in the field of drug circulation and HIV prevention and response to the spread of HIV/AIDS in Ukraine’ (November 17, 2003). This event was attended by representatives of numerous public and charity organizations, government institutions, etc.

In the course of public hearings, various opinions were voiced concerning how to improve the current situation concerning violations of the rights of injecting drug users and people living with HIV/AIDS. Participants also discussed a range of problems related to inconsistent standards and laws in the field of drug circulation and HIV prevention and law enforcement practices. They also developed recommendations to improve the situation, which were included in the resolution arising from the public hearings.171

On November 26, 2003 there was a parliamentary hearing on the situation of young people in Ukraine ‘Formation of healthy lifestyles among Ukrainian youth: situation, problems and prospects’ (in accordance with the requirements of the declaration ‘On general principles of the state policy on youth in Ukraine’), at which the implemented interventions were considered as an integral part of activities to prevent drug use and drug addiction. It was underscored that only five to seven percent of Ukrainian school graduates are healthy; more than 11% of secondary schools in the cities and 41% in rural areas do not have special gyms.172

On December 1, 2003 in the Verkhovna Rada of Ukraine there was a parliamentary hearing entitled ‘Social and economic problems of HIV/AIDS, drug abuse and alcoholism in Ukraine and ways to address them.’ Its goal was to define the primary objectives and actions related to HIV/AIDS, drug abuse and alcoholism in Ukraine. This hearing was very promising, because it was held in the Ukrainian Parliament with participation from representa-

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171 All-Ukrainian Harm Reduction Association Newsletter, no. 3 (2004). Информационный бюллетень Всеукраинской Ассоциации снижения вреда. – 2004. - № 3
tives of the legislative and executive branches of power, international organizations, and national HIV service NGOs.

Participants defined a number of reasons for the prevalence of HIV in Ukraine, including economic problems, a lack of resources to ensure appropriate funding of social needs, improper use of the existing legislation, as well as formal and stated approaches to resolving problems.173

In the course of the hearing, the following issues were considered: increasing awareness among young people about HIV/AIDS; overcoming both the stigma associated with HIV/AIDS and discrimination against PLWHA; and improving access to antiretroviral therapy. In addition, participants discussed the need to change certain legislative regulations to increase the effectiveness of efforts directed at controlling the HIV/AIDS epidemic; strengthening the observance of human rights; and limiting potential possibilities for discrimination and ostracism of people who live with HIV and their relatives and friends, and representatives of vulnerable groups.

As a result of the discussion of HIV/AIDS in Ukraine, participants approved recommendations from the parliamentary hearing, which suggested a number of activities to be implemented at the level of the Cabinet of Ministers of Ukraine, oblast and local executive bodies and local self-governments. The Ombudsman of Ukraine was commissioned to conduct an inspection of the observance of rights and freedoms of HIV-infected individuals and AIDS patients as guaranteed by the Constitution and laws of Ukraine during 2004. A special report on this issue is expected to be submitted to the Verkhovna Rada of Ukraine.

Clause ten of the Parliamentary Hearing Recommendations, approved by Decision No. 1426-IV of the Verkhovna Rada of Ukraine on February 3, 2004, establishes terms for developing and approving the framework of the state policy of Ukraine on alcohol and drugs by the end of the first six months of 2004. Currently this framework is finalized, but by the end of 2004 it was not yet approved because of conflicting views by MoH and SBU.

2.4 Coordination Councils on AIDS

The Cabinet of Ministers of Ukraine established the Government Commission on HIV/AIDS Prevention (Cabinet of Ministers of Ukraine Resolution No. 116 of February 7, 2001) to:

- settle issues related to activities to protect the population from HIV/AIDS efficiently;
- coordinate the work of ministries and other central and local executive bodies, public and charity organizations working to develop and implement legal, organizational and other HIV/AIDS prevention efforts; and

The Government Commission on HIV/AIDS Prevention is chaired by the Vice-Prime-Minister for humanitarian issues.174

According to the regulations of the Government Commission, it had a right to establish workgroups (as necessary) of prominent scholars and experts from scientific and research institutes, schools of higher education, other institutions and organizations (under consent of their respective management) to develop proposals and recommendations, and provide expertise and scientific research on the prevention of HIV/AIDS. The Commission can also receive free information as necessary from relevant organizations to fulfil its objectives.

The Government Commission on HIV/AIDS prevention developed Ukraine’s application to the Global Fund and established the Country Coordination Mechanism (CCM), headed by the Vice-Prime-Minister for Humanitarian Issues, the Minister of Health of Ukraine and the UN Resident Coordinator in Ukraine.175 The Country Coordination Mechanism was specially designed to work with the Global Fund and it therefore has a number of distinctive features:

• The group was to coordinate proposals submitted from Ukraine to the Global Fund and control how activities are implemented (within the framework of specific final agreements).
• It was planned to function as a forum to promote the development of partnerships and participation of all stakeholders, including governmental institutions, NGOs, and faith-based organizations, as well as private sector representatives.
• It was designed to encourage multi-sectoral programmes and to ensure links between various healthcare development and protection programmes.
• It was designed to encourage partners to combat poverty-generated diseases and to ensure that local programmes are sustainable.176

Provisions concerning the Government Commission include that this body establishes the order and agenda of its work independently, but its meetings have to be held on a quarterly basis. The Commission’s experience demonstrates that involving other organizations (inter-
national donor organizations in particular) was not very productive. In 2004 there was only one Commission meeting, brought about by an assignment to the International Charity Organization’s International HIV/AIDS Alliance in Ukraine, as a temporary recipient of a grant entitled ‘Overcoming HIV/AIDS Epidemics in Ukraine’, provided by GFATM.

Coordination councils on HIV/AIDS were also established at oblast state administrations (as a rule, they were headed by deputy heads of oblast state administrations), but in many regions they existed only ‘on paper’, and had no financial or organizational support to implement any decisions. Problems in coordinating such councils are brought about by the general absence of a clear mechanism for the organization of activities concerning HIV/AIDS and drug use in society as a whole.

In May 2005, the National Coordination Council to Prevent HIV/AIDS was formed, and M. Tomenko, a Vice-Prime Minister of Ukraine, was appointed as its chairman. The Council took over the functions of the previously established Governmental Commission on HIV/AIDS Prevention and of the Country Coordination Mechanism.

The National Coordination Council to Prevent HIV/AIDS is a working body at the Cabinet of Ministers of Ukraine and has been created in order to coordinate the activities of the ministries, other central and local governments, and respective international and civil society organizations for the efficient implementation of a single policy, consolidated use of funds, and improvement of the system of monitoring in the area of HIV/AIDS response.

The head of the National Council, M. Tomenko, underscored that the Coordination Council would operate in a new legal format would initiate proactive and constructive work to protect young people from the global threat of AIDS. According to the Vice-Prime Minister, the National Coordination Council, unlike the previous governmental structure, should not continue endless discussions about its strategy, but instead should undertake more real activities and measures to fight HIV/AIDS.

Provisions on establishment of a range of support institutions that would contribute to the implementation of the Coordination Council strategies were developed; in particular, a provision on the establishment of committees that would enable involvement of the National Council of Qualified Experts, Doctors and Public Figures. Five such committees were approved and members of the National Council were appointed their chairmen. So, the Committee on Strategic Planning, Budget, Monitoring and Evaluation was headed by S. Shevchuk, a member of parliament; the Committee on Healthy Lifestyles by V. Klitchko; the Committee on Treatment, Care and Support by A. Shcherbinskaya; the Committee on Work with Vulnerable Groups by N. Pidlisna; and the Committee on Human Rights Protection of PLHA by V. Zhovtiak.

178 http://www.kmu.gov.ua/control/uk/publish/news_article?art_id=16791379&cat_id=35883
Also, they approved a provision on the Secretariat of the National Coordination Council, which will include 8 people who will be selected on a contest basis with the participation of the representatives of civil society organizations.

Further, they approved a draft provision on an Oblast Coordination Council that should perform the functions of the National Council to overcome HIV/AIDS at the regional level.

### 2.5 Non-governmental organizations and their cooperation with state institutions

In Ukraine there are more than 100 NGOs working on programmes to prevent HIV/AIDS among injecting drug users, but this number is, clearly, insufficient to ensure a full-fledged network of NGOs acting to prevent the spread of HIV/AIDS among IDUs. In many oblasts these NGOs work single-handedly, while in some large cities (with many injecting drug users) there are no such organizations at all. At the same time, partnerships between the existing non-governmental organizations working with IDUs and government institutions are often rather ambiguous and diverse.

The process of developing the National Programme on HIV Prevention, Treatment and Care for People Living with HIV/AIDS for 2004-2008 involved 22 key bodies of the executive branch and 12 international and national non-governmental organizations. This shows the expansion of NGO activities in Ukraine and how their role has increased to respond to the objective of implementing programmes at the national level. At the same time, NGOs in Ukraine remain dependent on government institutions, which often avoid partnership relations because of large workloads and a reluctance to take on additional responsibilities.

It should be noted that without government support for HIV service organizations’ development, and without a single concept of viewing NGOs as the state’s strategic partners, it is impossible to accelerate the involvement of such an important and powerful actor in civil society. The state’s ‘care’ of organizations established at one’s own risk (meaning NGOs), is anticipated by the current Ukrainian law ‘On Charity and Charity Organizations’. It says that “the law guarantees state support for participants of charity activities and establishes conditions for their activities”, but at the same time “interventions of state authorities, local self-governments and their officials in the work of charity organizations are prohibited”. This requires introduction of changes and additions to the current legislation to clarify the role and place of HIV-service NGOs in the joint (with the state) implementation of national objectives.

In addition, one may often observe that some organizations have a kind of monopoly over working with IDUs. This complicates the process of establishing new NGOs and limits the effectiveness of programmes. A lack of financial resources and only partial availability of social programmes also complicate NGO activities. As a result, NGOs are not confident in their future: they don’t know whether they will have to suspend their activities after their current grants are over, or if they will have to look for more money to implement other types of activity. It is necessary to expand social programmes to improve cooperation between governmental and non-governmental organizations.
The lack of interaction between NGOs and local authorities and law enforcement agencies has a long history, influenced by many strong opinions and stereotypes. Recent dialogue still shows a certain circumspection concerning the publication of specific information about these agencies’ activities.

Cooperation between government organizations and NGOs is based on a number of standards and legal acts, adopted at both national and local levels. KCCSSY actively cooperates with various NGOs to ensure joint implementation of social programmes in the Kyiv community. These programmes are directed at HIV/AIDS prevention among IDUs and FSW and comprehensive social support and assistance to PLWHA. The Centre’s social partners include the following organizations:

- the non-governmental organization Club Eney;
- the non-governmental organization Centre for Psychological and Social Rehabilitation of Drug-dependent Youth ‘Step by Step’;
- the Kyiv city department of the International Charity Organization called the ‘Stairs’ Rehabilitation Centre;
- the non-governmental organization Institute on Problems of Drug Abuse and Drug-related Criminality;
- the All-Ukrainian Charity Organization All-Ukrainian Network of People Living with HIV/AIDS;
- the Kyiv city organization of the Red Cross Society of Ukraine;
- the All-Ukrainian Cultural and Educational Centre ‘New Life’; and
- the International Charity Foundation ‘Vertical’.

Cooperation between government institutions (for example, CSSY) and non-governmental organizations has many potential advantages: to combine their resources; to expand the network of their field or mobile syringe exchange routes; to involve drug-dependent youth in re-socialization through work in various programmes; to disseminate information about the work of the state organizations network, existing IDU mutual aid groups; and to establish cooperation with other institutions.180

There are numerous examples of close cooperation between governmental and non-governmental organizations in other Ukrainian cities. Examples include: the recovery of lost passports, registration in the place of residence, restoration of parental rights, and legalization of disability, studying, employment, etc. (Donetsk Oblast Society of Support of HIV-infected, Charity Foundation ‘Getting Back to Life’, NGO ‘Life+’ from Odessa, Zhytomyr Charity Foundation on Prevention of Socially Dangerous Diseases and AIDS).

The club ‘April’ from Poltava organized training on art therapy both in its premises and in an oblast mental hospital; it also organized evenings for family recreation and the therapeutic camp called Our Way. These activities were designed to ensure a more complete adaptation of PLWHA back into society, to improve the quality of their lives and to reduce the self-stigmatization effect. The non-governmental organization ‘Life Plus’ from Odessa is implementing the first pilot project in Ukraine on the non-medical care and support of 50 PLWHA. The project’s activities are designed to improve the quality of life for PLWHA, and to provide them with medical, consultative, legal, psychological and social assistance.

The Charity Foundation ‘Doroha Dodomu/A Way Home’ in Odessa implemented a project called ‘National training centre on HIV/AIDS/STD prevention among vulnerable population groups’. This project became the basis for training practical experts, including social workers and volunteers, to educate IDUs, FSW and individuals from vulnerable groups on safe behaviour models. Currently, the first stage of the project has been completed. Trainers were selected (in a two-stage process) and 20 Ukrainian trainers were prepared to hold trainings according to a unified methodology using the best international and domestic practices.

One of the most successful actions is to facilitate access to medical and social services for vulnerable groups. Various projects created mobile medical teams (the Donetsk Oblast Society to Support HIV-infected Persons, the Charity Foundation Spodivannya/Expectations in Zaporizhya, the Charity Foundation Turbota/Care in Donetsk and others). To ensure greater access to means of protection, clients of the Charity Foundation ‘Mongoose’ in Kherson established a night-time ‘distress centre’ on the basis of the Krok drug store network. Specially trained pharmaceutical staff work there as volunteers.

180 For example, thanks to the cooperation of the Kyiv City Centre of Social Services for Youth with Club ‘Eney,’ in 2004 there were 5 mobile counselling units working in Kyiv. To conduct this activity, both KCCSSY and the non-governmental organization Club ‘Eney’ provided their vehicles. During the first six months of 2004, activists provided 1,506 individual services covering 1,061 clients. The counselling units ‘Dovira/Trust’ are also working: there is one stationary (21 Kramskoho St.) and 5 mobile units. The total number of IDUs covered makes up 2,216 persons. IDUs turned in 64,800 syringes and received 21,000 (with participation of Club ‘Eney’). Clients were also provided with informational materials, namely a booklet on the activities of the Intersectoral Day-and-Night Unit (IDNU) entitled ‘Information and Consultation: Social and Drug-Addiction Bureau’ (funded by KCCSSY) and other information materials, which were published at the expense of Club ‘Eney’ and the International HIV/AIDS Alliance. Overall, 1,506 informational and counselling services were provided.
In the city of Cherkasy, participants in prevention programmes can be referred to an anonymous drug rehabilitation clinic to receive buprenorphine substitution treatment.

The Charity Foundation Unitus in Mykolayiv issues a specialized prevention newspaper, Plantain, for vulnerable women; supports the formation of skills and motivation towards safe behaviours among vulnerable women by involving them in support groups; and ensures access to the Foundation’s library and resource base.

The authority of the non-governmental organization A Step Towards in Sumy and its experience of prevention work among IDUs helped this NGO to receive financial support from the oblast state administration and to spread harm reduction strategy over four rayons of the Sumy oblast.

The HIV/ADS epidemic also affected children born to HIV-infected mothers and left to the mercy of fate. Their social and physical rehabilitation in shelters and specialized children’s homes is ensured by activists and volunteers at projects in Donetsk and Odessa. The latter conduct games classes, strolls and provide care and vitamin nutrition. The Charity Foundation Solidarity in Ivano-Frankivsk hold weekly courses in computer literacy for children of IDUs and HIV-positive people, and provide them with school accessories and humanitarian assistance.

In addition to clients’ health protection, NGOs pay significant attention to social rehabilitation by means of organization and support of mutual aid groups for IDUs, FSW, PLWHA and their relatives. They also help them in cooperation with partner organizations and provide IDUs with free detoxification and rehabilitation services. Clubs and centres include: ‘Eney’ in Kyiv, ‘April’ in Poltava, the Charity Foundation Blagodiynist/Charity in Mykolayiv, the Stairs Centre in Chernihiv, the Charity Foundation ‘New Family’ in Chernivtsi, club ‘Victoria’ in Pavlograd and others.

Members of the Charity Foundation Turbota in Donetsk implemented a project which held a series of practical training seminars for medical staff and patients of the state and self-sustained skin disease clinics on HIV/AIDS/STIs. NGO staff prepared and published the training manual Counselling on HIV/AIDS and STIs, which was approved by the Ministry of Health of Ukraine and the Central Methodological Unit of Higher Education.

Prevention activities are also conducted in penitentiary system institutions through training and counselling of prisoners and representatives within this system (for example, the Charity Foundation Blagodiynist from Mykolayiv and the Charity Foundation Insight from Cherkasy).

In 2002 – 2003 a Public Congress entitled Stalist/Sustainability in Vinnytsia, in cooperation with the healthcare authority of Vinnytsia oblast state administration, conducted a series of mobile training sessions on pre- and after-testing counselling for individuals from vulnerable groups. Two hundred and ten doctors and 62 representatives of paramedical personnel in the oblast attended the training sessions.

Cooperation between governmental and non-governmental organizations today is gradually spreading. The main problem is connected with coordinating the activities of governmental and non-governmental organizations in the field of HIV/AIDS prevention among drug users and improving the exchange of information and resources.
2.6 Social mobilization (against stigma and discrimination)

Even though the HIV/AIDS epidemic has followed different paths in different countries,\(^{181}\) it is very common for the epidemic to be concentrated in marginalized groups within the population, especially among injecting drug users (IDUs). That is why these groups face the most prejudiced attitudes and lack access to basic services related to HIV/AIDS, STIs, and other problems. IDUs are subject to double stigmatization: as IDUs on the one hand and as persons with a high risk of HIV infection on the other hand. It should be added that stigmatization and subsequent discrimination are applied not only to representatives of marginal groups but to their relatives and friends as well.

In Ukraine, contemptuous and intolerant attitudes towards IDUs lead both to reluctance of the latter to take HIV tests,\(^{182}\) and to unwillingness to receive services (medical, social and legal). Intolerant attitudes from the broader community are the result of a lack of adequate information on HIV/AIDS infection. The main reasons for AIDS-phobia, stigma, discrimination and marginalization in terms of HIV/AIDS include the following:\(^{183}\)

- insufficient understanding of the disease;
- myths about HIV transmission;
- superstitions;
- the lack of treatment;
- irresponsibility in information about the disease in the mass media;
- the fact that AIDS is incurable; and
- widespread fears connected with prohibited drugs and injecting drug use.

Current attitudes and thoughts in society are greatly influenced by the fact that information provided in the Soviet Union at the end of the 1980s about HIV/AIDS was strongly stigmatizing in nature. The opinion that AIDS is a disease of ‘adverse populations’ (drug-dependent persons, homosexuals, etc.) was prevalent. And this belief is still shared by the majority of the Ukrainian population. As a result, there are various overlapping levels of stigma prevalent in society.

According to research conducted by the Ukrainian Institute of Social Studies (UISS),\(^{184}\) the majority of Ukrainians know about HIV/AIDS. At the same time, there are many myths on how HIV is transmitted, how to test for it, and how to prevent the disease. To a certain extent this explains negative attitudes towards PLWHA. The majority of respondents stated that they would like to distance themselves from PLWHA in their everyday lives. According to social research data, over 30% of population share the idea of isolating PLWHA.\(^{185}\)


\(^{185}\) Ibid.
Similar results can be found in other studies. According to the Centre of Social Expertise at the Institute of Sociology of the Academy of Sciences of Ukraine, the majority of the population believes that PLWHA cannot lead a normal, full-fledged life and continue working in labour collectives after revealing their HIV-status. For example, employees in the industrial complex, who demonstrated the most negative attitudes towards PLWHA, believe that HIV-infected individuals expect negative attitudes and often perceive themselves as inferior or defective people.

The main reasons for such attitudes are: the low level of information distribution concerning risks and means of HIV/AIDS transmission and a lack of knowledge and practical skills for HIV/AIDS prevention. AIDS is viewed not as a ‘disease’, but as a ‘crime’ and ‘punishment’ for risky lifestyles. That is why people believe that HIV/AIDS-related dangerous behaviours are typical of ‘adverse populations’ only: drug-dependent persons, commercial sex workers, homosexuals, etc. In the majority of cases, people believe that they will never face this problem, because they do not lead dangerous lives.

<table>
<thead>
<tr>
<th>№</th>
<th>Levels of stigma</th>
<th>Manifestations of stigma concerning IDUs and PLWHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Meta-level (Culture)</td>
<td>• Social norms and standards that state that people who belong to a certain group (here, IDUs and PLWHA) are less moral, and deserve their problems. This cultural stigma is reflected in the mass media and social advertisements, built on a model of humiliation.</td>
</tr>
</tbody>
</table>
| 2 | Macro-level (State) | • Underestimation of the problem’s social significance.  
• Unfounded limitations of different types of IDUs and PLWHA activities.  
• Imperfect legislation concerning drug use.  
• Incomplete statistical background on the prevalence of HIV/AIDS (because of reluctance of IDUs to have HIV testing). |
| 3 | Meta-level (Social institutions, interpersonal relations) | • Discriminative attitudes by government, the healthcare system, the church, business and other social institutions towards IDUs or PLWHA.  
• Intolerant and discriminative attitudes towards IDUs or PLWHA from institutions, personal contacts and the relevant socially significant groups.  
• Distancing from IDUs and PLWHA, etc. |
| 4 | Micro-level (Self-stigmatization or auto-stigmatization) | • Understated self-assessment; self-limitation in professional and personal development and in the creation of a normal family; assumption of the role of victim.  
• Excessive stress and suffering, which leads to health deterioration. |

Table 2.2

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Attitudes are somewhat different on a personal level: some respondents state that they would not change their attitudes about a sick friend or relative. Another group within those polled indicated that they would keep strong ties with an HIV-infected relative. Only a few people are ready for normal communication with an HIV-infected person because few are aware of the absence of danger in normal contact.

Along with PLWHA, people from other social and professional groups are also stigmatized. Unlike social groups with a higher risk of infection, those at higher risk because they work with persons at risk are less stigmatized, but they make such a substance, that may be strongly discriminated against in the future, considering the current rates of HIV/AIDS prevalence (see Table 2.3).

### Table 2.3

<table>
<thead>
<tr>
<th>Social risk groups</th>
<th>Professional risk groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>• IDUs;</td>
<td>• Medical staff (contact patients, work with blood);</td>
</tr>
<tr>
<td>• alcohol-dependent persons;</td>
<td>• Social workers (contact patients, drug users)</td>
</tr>
<tr>
<td>• homosexuals;</td>
<td>• Drivers (casual sexual relations on the road);</td>
</tr>
<tr>
<td>• homeless persons;</td>
<td>• Hotel personnel and those who use hotel services;</td>
</tr>
<tr>
<td>• commercial sex workers;</td>
<td>• Consumer services personnel: hairdressers, restaurant business employees (contact with many people);</td>
</tr>
<tr>
<td>• prisoners;</td>
<td>• Representatives of artistic professions (many contacts with IDUs, they change their sexual partners very often);</td>
</tr>
<tr>
<td>• tourists and those who change their residence often;</td>
<td>• Blood donors;</td>
</tr>
<tr>
<td>• youth.</td>
<td>• Railway workers - conductors;</td>
</tr>
<tr>
<td></td>
<td>• Labour migrants</td>
</tr>
</tbody>
</table>


*Focus group participants believe that it is typical for these populations to lead disordered/casual sex lives and disregard rules of personal hygiene, which then inevitably leads to infection. Respondents defined the social groups listed, using their personal perception of these groups' lifestyles.*
PLWHA evaluate society’s attitudes towards HIV-infected individuals as extremely negative, while medical staff, employers, educators and law enforcement officers are the most discriminatory groups of populations. As a result, HIV-positive persons try to conceal their status.

According to an assessment conducted by the International HIV/AIDS Alliance in Ukraine, 32% of IDUs do not believe in the possibility of friendly attitudes towards them from society. It is, thus, perceived as extremely important for a person who quits drugs to change their social environment. However, as a rule, society rejects ex-IDUs, who then they return to see their old friends and to drugs.

Social research results show that Ukrainian society today does not fully realize the problems associated with HIV/AIDS. For example, 39% of citizens polled are against the state spending money for providing IDUs with clean syringes.

The results of the international study The European Values Study: a Third Wave indicate that citizens of Ukraine are extremely intolerant towards PLWHA, drug users and homosexuals in comparison with other European countries.

On May 16, 2004, Kyiv City Centre of Social Services for Youth conducted a public opinion survey within the framework of the event ‘Love, Remember, Live!’. KCCSSY polled adolescents, youth and their parents on their attitudes towards people living with HIV/AIDS.

### Table 2.4

<table>
<thead>
<tr>
<th>Country</th>
<th>PLWHA</th>
<th>Drug users</th>
<th>Homosexuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hungary</td>
<td>78</td>
<td>92</td>
<td>84</td>
</tr>
<tr>
<td>Ukraine</td>
<td>59</td>
<td>87</td>
<td>63</td>
</tr>
<tr>
<td>Belarus</td>
<td>58</td>
<td>87</td>
<td>63</td>
</tr>
<tr>
<td>Lithuania</td>
<td>55</td>
<td>86</td>
<td>68</td>
</tr>
<tr>
<td>Russia</td>
<td>52</td>
<td>84</td>
<td>58</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>52</td>
<td>72</td>
<td>54</td>
</tr>
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<td>Romania</td>
<td>47</td>
<td>74</td>
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</tr>
<tr>
<td>Croatia</td>
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</tr>
<tr>
<td>Slovakia</td>
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</tr>
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<td>Poland</td>
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<td>69</td>
<td>55</td>
</tr>
<tr>
<td>Estonia</td>
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<td>90</td>
<td>46</td>
</tr>
<tr>
<td>Malta</td>
<td>39</td>
<td>72</td>
<td>40</td>
</tr>
<tr>
<td>Greece</td>
<td>37</td>
<td>51</td>
<td>42</td>
</tr>
<tr>
<td>Italy</td>
<td>31</td>
<td>55</td>
<td>29</td>
</tr>
</tbody>
</table>


According to the data received, close to one-half of respondents are tolerant of HIV-infected individuals. According to the research:

- 84% of respondents stated that they do care about the medical and social problems of people living with HIV/AIDS and ways of settling them.
- More than half of respondents (53%) believe that they would not change their attitudes to a relative or friend if they found out he/she were HIV-positive.
- Intolerant attitudes towards HIV-infected persons were expressed by a quarter of respondents (26%). This group stated that HIV-status influences a person’s personal qualities and value to society. However, 56% of respondents do not see such interdependence.

### Table 2.4 (continue)

<table>
<thead>
<tr>
<th>Country</th>
<th>PLWHA</th>
<th>Drug users</th>
<th>Homosexuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Ireland</td>
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<td>78</td>
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</tr>
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<td>Latvia</td>
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<td>Portugal</td>
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<tr>
<td>Great Britain</td>
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<td>Ireland</td>
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<td>Finland</td>
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<td>Sweden</td>
<td>7</td>
<td>60</td>
<td>6</td>
</tr>
<tr>
<td>Iceland</td>
<td>7</td>
<td>76</td>
<td>8</td>
</tr>
</tbody>
</table>


Source: Kyiv City Centre of Social Services to Youth data, 2004 (unpublished)
55% of those polled do not object to people infected with HIV being close to them, while 24% are absolutely against cohabitation or education.

The discrepancy in the tolerance assessment of the Ukrainian population towards HIV-infected persons, as viewed in these studies, can be explained by the fact that in Kyiv, information about HIV/AIDS is much more widespread. Thus, inhabitants of the capital have greater awareness and understanding of this problem. In addition, the Kyiv City Centre of Social Services for Youth study was performed during a targeted event, dedicated to HIV/AIDS problems, and consequently, the majority of respondents represent a population which is interested in these issues and has a more tolerant position in relation to HIV-infected persons.

Understanding the need for social and legal support for IDUs and PLWHA is extremely important for de-stigmatization mechanisms. Freedom from discrimination is one of the basic human rights, which is based on general principles of natural law. The rights of IDUs and PLWHA are defined and guaranteed by the Constitution of Ukraine, the UN Resolution on human rights, ratified by Ukraine, and other standards and legal acts, as well as other citizen rights. Despite all this, during the practical realization of legislative standards concerning non-medical use of drugs and HIV/AIDS prevention one may observe systematic violations of rights of injecting drug users and HIV-infected persons.

Table 2.5. The most critical issues for IDUs and PLWHA

<table>
<thead>
<tr>
<th></th>
<th>For IDUs</th>
<th>For PLWHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>According to the opinions of</td>
<td>Application of physical violence by police</td>
<td>Unprofessional treatment of PLWHA by doctors,</td>
</tr>
<tr>
<td>social workers and lawyers,</td>
<td>officers.</td>
<td>who refuse to treat them. Violation of right</td>
</tr>
<tr>
<td>the following issues</td>
<td>Illegal actions during arrest.</td>
<td>to receive medical assistance.</td>
</tr>
<tr>
<td>are the most important for</td>
<td>Inadmissible methods of interrogation.</td>
<td>Illegal denial of confidentiality/anonymous</td>
</tr>
<tr>
<td>IDUs and PLWHA:</td>
<td>Illegal search.</td>
<td>status.</td>
</tr>
<tr>
<td></td>
<td>The lack of free or, at least accessible</td>
<td>Refusal of employment or education.</td>
</tr>
<tr>
<td></td>
<td>medical services; refusal to treat.</td>
<td>Social barriers from environment (discrimination), etc.</td>
</tr>
<tr>
<td></td>
<td>Deprivation of residence permit and parental</td>
<td></td>
</tr>
<tr>
<td></td>
<td>rights, etc.</td>
<td></td>
</tr>
</tbody>
</table>

Source: Materials from: http://aids.ua/_projects/advocacia/research.html

Periodically, there are mass events in different regions of Ukraine, held to draw the public’s attention towards the problem of the HIV/AIDS epidemic and to foster more tolerant treatment of PLWHA. These events are held within the framework of the Global Campaign against stigmatization of and discrimination against HIV-infected persons. For example, the AIDS Fund East-West, in cooperation with the organization Medicins Sans Frontieres (MSF), launched media campaigns in 2001 on solidarity with PLWHA and on safe-sex issues. The programme goal is to provide the population with adequate information and to increase awareness about HIV/AIDS, and thus to reduce the level of stigmatization and dis-
crimination for PLWHA. Each campaign is developed on the basis of the previous campaign results, which ensures continuity in the programme. In December 2003, the AIDS Fund East-West, along with the All-Ukrainian Network of People Living with HIV/AIDS (AUN-PLWHA) and its regional divisions launched successive solidarity campaigns with PLWHA. They plan to conclude the programme in March 2005.192

Sociological measurements performed at various times by different research institutions show that society’s attitudes towards marginalized groups are not changing significantly. Society is not becoming more tolerant, even though the level of public awareness is increasing. We believe that this is connected with the fact that the stigma surrounding HIV/AIDS rests upon deeply rooted social fears, resembling the stigma surrounding such diseases as leprosy or cholera. It is necessary to reach a deeper understanding of these problems and the social standards that reinforce them. Then it will be possible to create more effective activities and overcome the stigmatization of discrimination directed towards PLWHA and IDUs in Ukrainian society. Otherwise there is a risk that programmes and events will be incomplete and their impact will be insignificant.

It is also necessary to mobilize society’s resources and form more tolerant attitudes towards IDUs and PLWHA by means of:

- Effective educational activities: developing social marketing and social advertisements directed at increasing public information on HIV/AIDS-related problems and the need for tolerant attitudes towards PLWHA and vulnerable groups;
- Increasing participation by IDUs, ex-IDUs and PLWHA in harm-reduction programmes and informational and educational activities;
- Advocacy activities, directed at observance and protection of the rights of IDUs and PLWHA; review of legislation;
- Stimulation of local initiative activities in organizing events, directed at the formation of tolerant attitudes towards IDUs and PLWHA.

2.7 Public Service Announcements

Public Service Announcements (PSAs) are a social marketing tool which is viewed as an effective communications model, entirely different from propaganda. The overall goal of a PSA is to change people’s attitudes towards every-day reality and to form new ones, or to change (transform) existing social values and stereotypes. No wonder that the PSAs are used more and more as a component of social policy and as an active subject in forming social protection mechanisms and the growth of social capital.

According to the results of an expert evaluation of PSAs applied in Ukraine, PSAs are a powerful mechanism to prevent negative phenomena, and are capable of changing public atti-
tudes towards various social problems. The study was performed in 2003 by the Centre of Social Expertise at the Institute of Sociology of NASU and commissioned by the United Nations Children’s Fund in Ukraine (UNICEF).193

HIV/AIDS and drug abuse prevention is one of the most topical problems, and PSAs should be used to cover the issue in the media. According to research conducted by the Ukrainian Institute of Social Studies, 11-14% of Ukrainian young people believe that the impact of PSAs on HIV/AIDS and drug abuse prevention is decisive; 52-57% of respondents believe that their influence is not that significant. Only 8% negate such influence unconditionally.194 According to expert evaluation, at the time the research was conducted, 16% of the PSAs in Ukraine belonged to HIV/AIDS prevention, and 16% to drug abuse prevention.195

Currently the use of PSAs in Ukraine is midway through a process of development and institutionalization. By 2002, volumes of PSA made up less than 1.5% of the advertisement market of Ukraine.196

Advertising activities in Ukraine are regulated by the law of Ukraine (On Advertising No. 270/96-BP as of July 3, 1996). The law of Ukraine on May 15, 2003 No. 762-IY introduced certain changes, including allowing the issue of PSAs. The law ‘On Advertising’ (Article 12) contains a definition of a PSA or ‘social advertising’, which is defined as “information from state institutions concerning healthy lifestyles, healthcare, protection of the environment, preserving energy resources, preventing offences, social protection and public safety, of a non-commercial nature. These advertisements cannot mention specific products or their manufacturers.”

Among the state executive bodies, the system of CSSY pays particular attention to the creation and dissemination of social advertising. There is a number of documents which regulate CSSY social advertising activities. These include provisions on social advertising in the

194 State Centre of Social Services for Youth; Ukrainian Institute of Social Studies, Analytical Report on the Results of Polling Ukrainian Youth Within the Framework of the Project ‘Public Opinion Survey Among Children and Youth Concerning the Effectiveness of Prevention of Negative Phenomena (Drug Abuse, AIDS, Smoking, Delinquency, Criminality) in Children’s and Young People’s Environment and the Formation of Healthy Lifestyles’ (Kyiv: 2001), 70. / Державний Центр соціальних служб для молоді, Український інститут соціальних досліджень. Аналітичний звіт за результатами опитування молоді України у рамках проекту “Вивчення громадської думки дітей та молоді щодо ефективності роботи з профілактики негативних явищ (наркоманії, СНІДу, тютюнопаління, правопорушень, злочинності) в дитячому та молодіжному середовищі та формуванні здорового способу життя”. – К., 2001. – с. 70.
CSSY data provides information on social advertising related to HIV/AIDS that is useful for a discussion about how to use PSAs on HIV/AIDS and drug prevention programmes. Social advertising placed in the mass media concerns negative phenomena in the youth culture, and constitutes a significant portion of all social advertising. This advertising is divided into 9 thematic subdivisions (support of volunteer movement, violence, youth reproductive health issues, etc).

Table 2.7

The number of advertising products, produced and placed in mass media

<table>
<thead>
<tr>
<th>№</th>
<th>Type of product</th>
<th>Prevention of negative phenomena (smoking, alcohol, drug abuse, HIV/AIDS, STI)</th>
<th>Total, according to 9 thematic subdivisions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>number</td>
<td>Broadcasts</td>
</tr>
<tr>
<td></td>
<td>Produced in 2004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Audio segments</td>
<td>74</td>
<td>261</td>
</tr>
<tr>
<td>2</td>
<td>Video segments</td>
<td>15</td>
<td>54</td>
</tr>
<tr>
<td>3</td>
<td>Documentaries</td>
<td>5</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Produced in 2002 - 2003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Audio segments</td>
<td>10</td>
<td>1,262</td>
</tr>
<tr>
<td>2</td>
<td>Video segments</td>
<td>26</td>
<td>611</td>
</tr>
<tr>
<td>3</td>
<td>Documentaries</td>
<td>10</td>
<td>39</td>
</tr>
</tbody>
</table>


197 According to CSSY data.
198 Report on the implementation of the CSSY programme 'Creation and Dissemination of Social and Advertising Information During the First Six Months of 2004' by the State Centre of Social Services for Youth Department of Social Advertising Information. / Звіт про реалізацію відділом соціально-рекламної інформації ДЦССМ програми системи центрів соціальних служб для молоді “Створення та поширення соціально-рекламної інформації у І півріччі 2004 року”.
During the first six months of 2004, 191 TV programmes and 717 radio programmes were broadcast; 2,661 articles were published in the press; 21 press-conferences and 131 roundtables were held. All of them concerned CSSY activities in the field of prevention of negative phenomena in the youth environment. In conclusion, it should be added that social advertising in Ukraine is gradually improving in terms of both quality and quantity. However, it is necessary to focus on investments in advertising healthy lifestyles, preventing negative phenomena and establishing positive behavioural models in society.

2.8 Advocacy

Over the course of its almost 20-year history, the HIV/AIDS epidemic in Ukraine has been measured not by tens, but by hundreds and even hundreds of thousands of infected persons. Numerous efforts failed to stop the epidemic from spreading. The epidemic is still driven by injecting drug users and involves not only medical staff, representatives of relevant ministries and international organizations, but also police officers, local authorities and members of parliament. However, the current implementation of vitally important anti-viral treatments for the many HIV-infected drug users looks unpromising without launching relevant drug substitution therapy programmes. These programmes were not introduced in Ukraine for a long time because of disputes between law enforcement and medical institutions.

This disagreement brought about the development in Ukrainian society of a social phenomenon of advocacy for the rights of IDUs and those infected with HIV. Advocacy efforts included protection of interests, lobbying and advancement. This process was directed at changing policy, legislation, standards, acts and practices and used influential personalities, groups and institutions. Advocacy efforts are performed by a majority of HIV service organizations because they understand the need for a comprehensive approach towards addressing complex social problems such as the vitally important issue of the HIV/AIDS epidemic.

As a result, the country set several precedents when HIV-infected persons sought legal assistance, but the number of such cases is extremely limited. The first occurred in 1998 in the city of Novoarkhangelsk of Kirovohrad Oblast, when a tractor driver who was infected in the hospital fought for his rights and won his case.

In April 2004, the All-Ukrainian Network of People Living with HIV/AIDS (AUN PLWHA), with support from the UNDP and the TACIS project (implemented by the European Commission), initiated legal proceedings to protect the rights of an individual infect-

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200 Advocacy here has two meanings: 1) information distribution (support, lobbying) regarding certain ideas (e.g. a need to protect the rights of IDUs and PLWHA) in order to introduce policy changes; 2) direct protection of the rights of vulnerable populations (IDUs, FSW; PLWHA, etc).


ed with HIV (a former injecting drug user who was in remission for five years). This individual was deprived of his job as a driver for the editorial office of Zlagoda, the Novosanzzhar raion state administration newspaper, because of his HIV-positive status. With the support of All-Ukrainian Network of PLWHA lawyers, a suit was decided in favor of the plaintiff.

Another case was lodged with the Dniprovsky raion court of the City of Kyiv in May 2004 by a nurse, born in 1968. She refused to disclose her name out of concern for her children. Her HIV-positive status was made public by medical workers, and her child was on the edge of being expelled from kindergarten, even though the child was healthy. This case is not yet decided. The insignificant numbers of appeals concerning protection of one’s rights are brought about by Ukrainians’ generally low level of trust that their cases would be successful.

In 2003, the International HIV/AIDS Alliance in Ukraine supported three specialized projects, designed to protect the rights of people affected by the HIV epidemic. These projects concerned protection of the rights of HIV-infected children, injecting drug users and female sex workers.

The project, directed at protecting the rights of HIV-infected children to receive education was developed and implemented by Dnipropetrovsk’s non-governmental organization Anti-AIDS for the Children of Ukraine. The problem of school-age HIV-positive children’s access to the state secondary educational institutions is new for Ukraine, but very soon the number of such children will increase. That is why timely actions designed to ensure the right of children to have access to education and to prevent discrimination against children are extremely important. The organization Anti-AIDS for the Children of Ukraine was the first in Ukraine to raise the issue of protecting the rights of HIV-infected children at the municipal level. This project conducted training for teachers in ten Dnipropetrovsk schools concerning work with HIV-infected children. The training was attended by 805 teachers.203

The Mykolayiv Blagodiynist Charity Foundation implemented an advocacy project entitled Promoting the Formation of Tolerant Attitudes towards IDUs among MoI Officers and HIV Prevention among MoI Officers, with support from the International HIV/AIDS Alliance in Ukraine. Its goal was to improve the application of the Criminal Code of Ukraine to IDUs by law enforcement officers and to ensure conditions for including information about HIV/AIDS to MoI Department personnel in training programmes. In the course of implementing the project, activists conducted work with deputies of Mykolayiv city and oblast councils as well as with Mykolayiv advocates to ensure police officers received materials on violations of the law. The project established a coalition of advocacy organizations to deal with the protection of rights of people dependent on drugs. As a result, the Head of Mykolayiv city Department of MoI in Mykolayiv oblast issued an Order No. 339 on November 18, 2003 and instructions on the Order for Personal Searches of People Who Inject Drugs.

The All-Ukrainian Harm Reduction Association, supported by the International Renaissance Foundation, implemented a project in 2003–2003 entitled Improvement of Advocacy

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Policy Concerning Injecting Drug Users and People Who Live with HIV/AIDS within the Framework of Harm Reduction Programmes Implementation. Starting in August 2004, this NGO launched a project called Public Lobbying for Harm Reduction Strategy (in cooperation with the International Centre for Perspective Studies). The goal of this project is to lobby and implement activities directed at reinforcing efforts to ensure public support for the introduction of harm reduction strategies in Ukraine. It is also designed to achieve systemic changes in the field of HIV/AIDS prevention and provide control over drug circulation in Ukrainian society for the benefit of drug dependent persons, HIV-infected citizens and society in general.204

An unusual feature in recent years is the increased number of NGOs protecting the rights of vulnerable groups. This fact is shown in the results of the competition of the International HIV/AIDS Alliance in Ukraine Advocacy of Interests of HIV Vulnerable Populations. As many as six organizations were selected to implement advocacy projects.

Table 2.8
Advocacy projects supported by the International HIV/AIDS Alliance in Ukraine
(launched in August 2004)

<table>
<thead>
<tr>
<th>NGO - implementer</th>
<th>Topic of the project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kyiv club 'Eney'</td>
<td>ANTIAIDS Advocacy</td>
</tr>
<tr>
<td>Kremenchuk non-governmental organization Poryatunok/Salvation</td>
<td>Implementation of a campaign to create a system of medical and prevention services for women involved in commercial sex</td>
</tr>
<tr>
<td>Sumy Charity Foundation Krok Nazustrich/A Step Towards</td>
<td>Advocacy of methadone substitution therapy introduction in the city of Sumy</td>
</tr>
<tr>
<td>Mykolayiv Charity Foundation Vykhid/Exit</td>
<td>Advocacy of rights of HIV-infected children of school age</td>
</tr>
<tr>
<td>Poltava Charity Association Svitlo Nadiyi/A Light of Hope</td>
<td>Protection of rights of PLWHA and HIV vulnerable groups to receive medical assistance</td>
</tr>
<tr>
<td>Luhansk Charity Foundation Krok u Maybutne/A Step to Future</td>
<td>Advocacy and regional HIV/AIDS programmes</td>
</tr>
</tbody>
</table>


One result of these advocacy activities is public hearings into state policy in the field of drug circulation and HIV prevention and the response to the spread of HIV/AIDS in Ukraine (November 17, 2003). At the same time, advocacy in Ukraine is not as effective as it could be because there is no single law that would coordinate the positions of various departments and agencies (e.g. MoI, SBU and MoH concerning substitution therapy). Ukraine has a legally-defined harm reduction strategy in its drug policy.

204 Ibid., 12.
2.9 Self-help organizations

Some of the organizations currently working with HIV-infected and drug dependent persons started as self-help groups for these individuals. This is how the charity organization ‘Svi-tanok/Dawn’ Club in Donetsk started its activities. It was officially registered in January 2003 (even though in reality it started in 2001) and its mission is to improve the quality of life of HIV-infected and drug-dependent people. Starting in August 2004, this NGO launched several long-term projects united under the name Development of a Self-Help Movement for People who Live with AIDS in Donetsk Oblast. Within the framework of this project, a system of self-assistance is being developed. NGO activists provide weekly consultations in the oblast drug rehabilitation clinic and Donetsk AIDS Centre. Self-help group meetings for drug addicts and HIV-infected persons are also held in Donetsk and Makiyivka.

At the same time, the organization implemented another project called Centre of Psychological Support and Self-Realization of People Who Live with HIV in Donetsk. It included three spheres: a press-club, which dealt with posters and publication of the magazine Youth is Our Excuse. This journal was specially designed for HIV-infected and drug-dependent people. It contains life stories of HIV-infected and drug dependent individuals, legal and social aspects, news and information about organizations working in the field. The other field of activity is a creative club where HIV-infected and drug dependent persons can express themselves creatively. It includes dressmaking courses (its participants sewed the club’s banner) and lessons on anti-retro-viral therapy. The third sphere is called a ‘party-club’ and it is a club for leisure and recreation where people get together, organize picnics, visit discotheques, theatres, and celebrate different holidays. The organization plans to create a club of acquaintances. The project is financed by the U.S. Agency for International Development through All-Ukrainian Network of People Living with HIV/AIDS.

A substantial portion of people who refer themselves or others to self-help groups, or those who establish them themselves have personally experienced the problems faced by HIV-infected and drug dependent persons in our country. They often start their work being at the very bottom of life, having no wish to live except for drugs or alcohol. Now they work and are quite happy about it and they have a lot of ideas.

Several self-help groups were established with the support of Kyiv City CSSY. One of them is for relatives and friends of addicts (a group of drug-dependent youth in cooperation with the NGO Centre of Psychological and Social Rehabilitation of Chemically Dependent Youth ‘Step by Step’). Three groups for drug-dependent youth and one group for relatives and friends were established in cooperation with the Kyiv Department of International Charity, known as the Rehabilitation Centre Skhody/Stairs. In July and August 2004 self-help groups for IDUs were established at Sevastopol city and the Dnipropetrovsk oblast centres of social services for youth.

As in-depth studies have demonstrated, involving reformed drug users to work with NGOs is not unusual, even though former drug users with lengthy remission periods exhibit different behaviours (some of them eventually return to injecting drug use). They are influenced by how close they are to temptation. These people must be extremely self-confident and have both feet on the ground to resist the temptation to return to drug use. On the other hand, former drug users
understand that the principle of helping their peers is extremely important and that they will be far more influential and trustworthy in IDUs communities than representatives of government institutions, and therefore more effective at helping drug users. Last but not least, they find opportunities for self-realization and find a new type of authority among relatives and drug users.

2.10 Mass media participation in drug abuse and HIV/AIDS spreading prevention

The mass media is now a primary source of information for young people, especially concerning drug abuse and the prevention of HIV/AIDS. This is proved by the results of public opinion surveys, which indicate that the majority of young people would like to receive information about drug abuse from television and radio (69%), from experts (42%) and from newspapers, magazines and newsletters (34%).205

A similar situation is observed concerning priorities for sources of information on HIV/AIDS: 58% selected television and radio; 52% selected experts and 26% selected newspapers and magazines. It should also be noted that the answer ‘information via Internet’ in both cases was selected by very few respondents (0.2% and 0.3% respectively).

Where would you like to receive information about drug abuse?

![Diagram 2.5. Importance of various sources for young people on how they would like to receive information about drug use]

Source: State Centre of Social Services for Youth; Ukrainian Institute of Social Studies, Analytical Report on the Results of Ukrainian Youth Polling Within the Framework of the Project ‘Public Opinion Survey Among Children and Youth Concerning the Effectiveness of Negative Phenomena Prevention (Drug Abuse, AIDS, Smoking, Delinquency, Criminality) in Children and Youth Environment and Formation of Healthy Lifestyles’ (Kyiv: 2001).

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205 State Centre of Social Services for Youth; Ukrainian Institute of Social Studies, Analytical Report on the Results of Polling Ukrainian Youth Within the Framework of the Project ‘Public Opinion Survey Among Children and Youth Concerning the Effectiveness of Prevention of Negative Phenomena (Drug Abuse, AIDS, Smoking, Delinquency, Criminality) in Children’s and Young People’s Environment and the Formation of Healthy Lifestyles’ (Kyiv: 2001). Державний центр соціальних служб для молоді, Український інститут соціальних досліджень, Аналітичний звіт за результатами опитування молоді України у рамках проекту “Вивчення громадської думки дітей та молоді щодо ефективності роботи з профілактики негативних явищ (наркоманії, СНІДу, тютюнопаління, правопорушень, злочинності) в дитячому та молодіжному середовищі та формування здорового способу життя”, Київ, 2001.
It should be mentioned that access to the internet for Ukrainian children and youth has grown exponentially in recent years, and the research was conducted in 2001, meaning many more representatives of the target audience would mention this medium as qualifying as mass media.

Other types of propaganda well-known to modern youth should be mentioned: TV commercials; posters, leaflets, booklets, documentaries; concerts and festivals, movies and collections of special literature. The least familiar for modern students are the following communication channels: appearances/statements of youth and/or political leaders in mass media; radio commercials, conferences, symposiums and debates.

The mass media’s social responsibility is to help form healthy lifestyles among young people. However, today it is very uncommon for a journalist or a media outlet independently to initiate the publication of materials on socially important topics (including drug abuse prevention and response to HIV/AIDS). Moreover, sometimes organizations which try to contribute to the publication of such material find it extremely difficult to do so because it is better for journalists to write ‘readable’ journalist materials on drug abuse of

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HIV/AIDS than to give practical advice on their prevention. Below are the main reasons for journalists’ avoiding writing on HIV/AIDS issues:207

- **HIV/AIDS is far away from us.**
- **The problem causes fear because of its despair: nothing can be done about it, since HIV/AIDS is an incurable disease.**
- **The lack of financial interest: no one wants to ‘buy’ such information.**
- **The lack of information: it is unknown whom to ask for information.**
- **Stereotypes that this problem concerns ‘bad guys’ only; it has nothing to do with the ‘good guys’.**
- **People do not want to hear about that.**
- **Fear of association with the disease (I don’t want people think that I am sick).**
- **Everything was said on this issue: the topic is exhausted, the audience is not interested.**
- **We are sick of ‘life stories’.**
- **Lack of journalist awareness on this topic.**
- **Too much information: it is hard to select the right information.**
- **Poor work by non-governmental organizations (NGOs): the lack of professionalism, inability to work with mass media, the lack of partner relations.**
- **Nothing can be done about that — what’s the point in writing about it?**

At the same time there exists another list:


These are only a few reasons why the mass media can become interested in AIDS issues.

**They often say that HIV/AIDS is the main plot of the healthcare field. Globally, AIDS kills more people than famine or war.**

However, the AIDS story is not about death only. We talk about how people manage to live with HIV. **208**
These reasons should be considered by organizations implementing relevant information campaigns. In Ukraine, there are already several positive examples in which effective relations with the mass media were established. Cooperation has led to the distribution of the majority of materials on HIV/AIDS prevention among various populations (including IDUs) that appear in media outlets.

An information campaign launched by the State Centre of Social Services for Youth targets youth. In 2003, regional centres of social services for youth contributed to the publication of 2,661 articles in the printed media on preventing negative phenomena, including smoking, alcohol use, drug abuse, HIV/AIDS. Twenty-one press conferences and 131 roundtables were held.

According to the Ukrainian Institute of Social Studies, reinforcing cooperation with the mass media is one result of implementing harm reduction projects. The local press periodically publishes various articles; local TV and radio companies regularly broadcast programmes dedicated to these projects. As a result, they quite often succeed in changing society’s negative attitudes towards harm reduction programmes and their clients, drug-dependent people.

At the same time, some experts believe that inadequate media coverage of drug abuse and HIV/AIDS in Ukraine may cause negative reactions from target audiences. Casual and irresponsible presentation of information about narcotic drugs in some media outlets is one major factor which influences the further spread of injecting drug use.

An analysis of Ukrainian web space showed that this segment of the world wide web contains close to twenty resources with a lot of information about drug abuse and HIV/AIDS. Among them are:

- the official website of All-Ukrainian Network of People Living with HIV/AIDS (PLWHA) – http://www.lgvss.org.ua
- the official website of the Ministry of Health of Ukraine – http://www.moz.gov.ua

The International HIV/AIDS Alliance was one of the organizers of the All-Ukrainian competition among the mass media and journalists on HIV/AIDS prevention and support of people living with HIV/AIDS entitled ‘AIDS Concerns Everyone! Think Globally – Act Locally!’ (“СНІД стосується кожного! Думай глобально – дій локально!”) in cooperation with the British Council (within the framework of the Transatlantic Initiative of the USA and European Commission). The Alliance organized and participated in 17 press-conferences. During 2001 – 2003 national and local media published over 300 print materials, issued 100 radio programmes and five special social advertisement infomercials highlighting HIV prevention activities which were supported by the International HIV/AIDS Alliance. In May 2003, with the support and live participation of the Alliance, a five-hour radio marathon was held. It was an initiative of Public Radio, dedicated to AIDS Memorial Day. Alliance staff actively participated in television programmes which highlighted the problems of HIV/AIDS and vulnerable groups. Such programmes included ‘Without Taboo’ with Mykola Veresen, ‘I Think So’ with Hanna Bezulyk, and ‘I Want to Be and I will Be’ with Olha Gerasyniuk. [International HIV/AIDS Alliance in Ukraine, HIV/AIDS and Mass Media: Information for Journalists. 4th edition (2004) / МБФ “Международный Альянс ВИЛ/СНИД в Украине”, ВИЧ/СПИД и СМИ. Информация для журналистов, четвертое издание, 2004].


We may conclude that there is a large social need for mass media coverage of drug abuse and HIV/AIDS prevention. According to polling data, getting information through this communication channel is a habit for young people. In addition, it is quite trustworthy. Young people would like to receive this type of information via the mass media. Newspapers, journals, radio and TV channels, as well as internet resources, play a significant and increasing role in creating public awareness among Ukrainian children and youth. As with any other informational and explanatory project, information campaigns on drug abuse and HIV/AIDS prevention require systemic activities. In addition to efforts to prevent increased drug abuse and the HIV/AIDS epidemic in Ukraine, information campaigns should continue to help form more tolerant community attitudes towards drug-dependent people and those living with HIV/AIDS.

One should not expect that the media will become increasingly active in providing their readers, listeners and viewers with a complete view of the complex range of HIV/AIDS-related problems. Unfortunately, journalists are often guided by the superstitions discussed above. In order to strengthen educational and informative media components on these topics, organizations dealing with these issues should use more public-relations technologies. They have to search for and use information of interest to the media, they have to be a constant and competent source of information, and they have to ensure a genuine partnership with the mass media. There are several examples of such cooperation in Ukraine: they concern the activities of both international and Ukrainian government organizations. Cooperation with the mass media also requires a adequate response to incorrect or distorted information that is provided by the media concerning drug abuse and HIV/AIDS problems. Incorrect material on these topics can be very harmful for information campaigns.

A very promising way of communicating key messages to children and youth is the internet. The importance of this medium is growing steadily. In addition to the utility of online publications concerning drug abuse and HIV/AIDS, it helps journalists from other media to prepare materials on the problems of drug abuse and HIV/AIDS prevention.

2.11 Mobilization of financial resources in response to HIV/AIDS

Mobilization and coordination of resources is currently one of the most important and least accessible components for analysis, because there is no transparent mechanism for inter-sectoral administrative and financial management, and this makes accessing relevant information difficult.

In Ukraine there has been an increase in funding to respond to HIV/AIDS: UAH 5.4 million in 2000; UAH 6.7 million in 2001; UAH 9.3 million in 2002; over UAH 13 million in 2003,213 UAH 17.0 million in 2004. In addition, funds for some HIV/AIDS prevention measures from a World Bank loan are allocated. These comprise: UAH 76,893,400 for prevention work among vulnerable populations; UAH 8,230,400 for informational and educational work directed at reducing the prevalence of HIV behavioural risks and propagating healthy lifestyles; UAH 3,046,100 for preventing HIV transmission from mothers to their children. In 2005, there is a plan to allocate UAH 34 million from the state budget for combatting HIV/AIDS. The GFATM in 2004 allocated US $1,397,898 for prevention work among IDUs in Ukraine.

In 2004 the International HIV/AIDS Alliance in Ukraine became a temporary recipient of the grant Overcoming HIV/AIDS Epidemics in Ukraine, provided by GFATM. In the same year the GF assigned US$326,658 for HIV/AIDS prevention among IDU programmes. Financial resources were also allocated by International Renaissance Foundation (US$500,000), AIDS Fund ‘East-West’ (US$350,000). In 2003 the International Renaissance Foundation allocated US$369,587 to implement harm reduction projects (51 projects in various regions of Ukraine). In 2004 UNDP/SIDA allocated US $134,751 for programmes to protect the rights of HIV-infected persons among Kherson region’s IDUs, including female sex workers who inject drugs (2002-2004).

213 http://minfin.gov.ua/control/uk/publish/printable_article?art_id=38036
In September 2004, USAID provided US $8,200,000 for disease prevention and increased access to treatment of PLWHA and those affected by the epidemic (the SUNRISE project). This will contribute to the funding of Ukrainian NGOs, even though they still need to improve their technical capacities to ensure effective services to IDUs and targeted youth.

It should be stated that HIV prevention among IDU projects in Ukraine is financed by many international donors. The main source of financing is the Open Society Institute and its local partner, the International Renaissance Foundation. In addition, many projects are financed by UN agencies in Ukraine: (UNICEF, UNDP, UNAIDS), the government of Germany, the Global Fund to Fight AIDS, Tuberculosis and Malaria, International HIV/AIDS Alliance, the World Bank, the international organization AIDS Fund ‘East-West’ (AFEW) in Ukraine and Russia, the International Harm Reduction programme (IHRD), the Open Society Institute, the Communications Programme Centre within the D. Hopkins Institute, the Counterpart Alliance for Partnership, the international organization Medecins sans Frontieres (Netherlands section), the UK Ministry of International Development, the Department for International Development of the Great Britain Embassy to Ukraine, the British Council, the US Agency for International Development at the US Embassy to Ukraine (USAID), the SPDF, ‘MAIN line’ (the Netherlands), and the Global AIDS Fund, as well as a number of government structures.

Conclusions to Chapter 2

An analysis of Ukrainian legislation on drug policy and the response to HIV/AIDS demonstrates that it takes into account international principles and standards and is able to ensure a coordinated, participatory, public and responsibility-based approach towards the problem of HIV/AIDS. Policies and programmes work in combination on HIV/AIDS at all levels of the state administration. However, programmes on drug abuse and preventing HIV/ADS among IDUs are not sufficiently effective because of a lack of clearly defined drug legislation to support harm-reduction strategies and drug-addiction prevention. As a result, the current legislative priorities deal with the regulation of insignificant problems, and are primarily concerned with the circulation of narcotic substances and their precursors.

Issues of basic principles on drugs remain unclear; particularly, the distribution of rights and authorities between society and citizens who have drug use-related problems; the necessity of national and local anti-drug action programmes and defining sources for their funding; and a system of social targeted assistance to populations who have problems caused by drug use.

Existing methodologies of prevention work with children and young people should be recognized as unsatisfactory.

Even though current legislative standards do not directly entail criminal liability for drug use, they make it possible to turn a drug-dependent individual into a criminal, because it is impossible to use drugs without making or buying them. Ukraine does not have a defined strategy for harm reduction at the legislative level. Activities being implemented are based on
individual sectoral standards and legal acts and national programmes, but not on defined laws. The current regulations do not include opportunities for prevention; they ensure crim-inalization of drug users and they set in law the necessity for action only in the field of tertiary prevention, because they aim primarily at combatting criminal structures or at forcing treatment of drug abuse patients.

The framework of the state policy of Ukraine on alcohol and drugs was developed on the basis of recommendations from a parliamentary hearing entitled Social and Economic Problems of HIV/AIDS, Drug Abuse and Alcoholism in Ukraine and Ways of Approaching Them. However, its adoption has been delayed. Currently it is has been submitted to the Coordination Council on Combatting Drug Abuse for consideration, but during 2004 there was not one Council session. The main reason for the delay in approving the framework lies in the diversity of sectoral interests of MoI, SBU and MoH Ukraine.

The issue of the working capacity of organizations which have to coordinate the work of various structures, institutions, government organizations and NGOs is also critical for Coordination Councils on AIDS. Legally there are three similar national-level structures: the Government Commission on HIV/AIDS at the Cabinet of Ministers of Ukraine; the Country Coordination Mechanism and the Temporary Special Commission of the Verkhovna Rada of Ukraine on HIV/AIDS, Tuberculosis and Drug Abuse. In reality, none of them actually functions.

Today we may also talk (if not on the level of general financial support, at least on the level of a dialogue) about the gradual development of an important guiding principle. That principle involves building support for partnership between the state and representatives of different communities (including drug users or people living with HIV/AIDS, service organizations, advocacy organizations, etc). In favour of this conclusion, the current National HIV/AIDS Prevention Programme for 2004-2008 involves not only healthcare authorities and other executive bodies and local self-governments, but also non-governmental organizations. However, the existing network of non-governmental organizations in the field of prevention work with IDUs requires expansion because in many oblasts, such NGOs work single-handedly while in some large cities (with quite numerous IDU communities) there are no such organizations at all.

The positive element in society’s response to HIV/AIDS among IDUs is the introduction of new social technologies, including public and parliamentary hearings, the development of social advertising, advocacy for citizen rights for drug users and HIV-infected persons and the organization of the work of various coordination bodies. However, the majority of such technologies have not expanded yet and relevant events and actions are irregular. Often they are nothing more than a formality. The work of coordination councils requires detailed review and examination at the national level, with a special focus on improving capacity and establishing functioning secretariats with appropriate funding.

There is a large social need to work with the mass media on drug abuse and HIV/AIDS prevention. According to polling data, using this communication channel is a frequent habit for young people. In addition, it is quite trustworthy. Young people would like to receive this type of information via the mass media. Newspapers, journals, radio and TV channels, as
well as internet resources play a significant and increasing role in formation of public awareness among children and youth of Ukraine. At the same time, more information on drug abuse and HIV/AIDS needs to be communicated through the mass media because the current information campaign is not producing the positive results expected.

In addition to efforts to prevent the spread of drug abuse and HIV/AIDS in Ukraine, information campaigns should continue to form more tolerant community attitudes towards drug-dependent persons and people living with HIV/AIDS. Within this context, the current informational campaign may be considered more successful. Some research data prove it is. However, activities in this field should be continued, because this aspect of the information campaign is related to prevention work and has a major influence on the social atmosphere in society.

One should not expect that the media will become increasingly active in providing their readers, listeners and viewers with a complete view of the complex range of HIV/AIDS-related problems. Unfortunately, journalists are often guided by the superstitions discussed previously. In order to strengthen educational and informative media components concerning the topics under discussion, organizations dealing with these issues should use more public relations technologies. A very promising way of communicating key messages to children and youth is the internet. The importance of this medium is growing steadily. In addition to the utility of online manuals concerning drug abuse and HIV/AIDS, it helps journalists from other media to prepare materials on the problems of drug abuse and HIV/AIDS prevention.

The issues of financing, coordinating the activities of different organizations, and transparency in decision-making at the national level are very important issues. The majority of HIV/AIDS prevention programmes in Ukraine are implemented at the expense of international donors. Expenditures from the State Budget are gradually growing for certain activities. However, it is virtually impossible to track intersectoral cooperation in such funding. This shows the need to conduct additional studies and relevant analytical analyses.
SECTION 3. HIV SERVICES FOR INJECTING DRUG USERS

3.1 Voluntary testing/counselling

The number of people who were tested for HIV in Ukraine decreased from a maximum of 7.2 million in 1993 to 2 – 3 million in 2002. This was strongly influenced by the adoption of a new wording of the Law of Ukraine ‘On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and the Social Protection of the Population’, passed on March 3, 1998. It was the first legislative document to declare a principle of voluntary HIV testing. Until then HIV examinations were compulsory for certain groups, including injecting drug users.

Today, despite the fact that the state guarantees anonymous and confidential testing and counselling before and after tests, these services are rather limited. They are hampered by high prices, few locations and the limited capacities of the testing centres. In addition, the public is not sufficiently informed about such services; pre- and post-testing counselling is not regularly offered; and centres are not sufficiently provided with HIV test kits.

The majority of IDUs are not aware of their HIV status. Among those who have not had a test, 55% were afraid of getting positive test results. Twenty-three percent of IDUs did not believe in the accuracy of the diagnoses; 11% did not care, and 11% did not even think about testing. The likelihood of IDUs having an HIV test often depends on their drug use record. The most active, in terms of HIV testing, are those IDUs who used drugs for three to five years. According to the data of behaviour surveillance among IDUs in 2004, 82 per cent confirmed a possibility to go for a confidential HIV-testing, and 8 per cent rejected this option, 10 per cent hesitated to answer. Ukrainian experts are considering further work to ensure that all injecting drug users have access to voluntary anonymous HIV testing and counselling, which is extremely important to prevent the spread of HIV among the IDUs community and their sexual partners.

3.2 Medical assistance and treatment of drug-dependent persons

A network of medical facilities for drug users. Treatment and rehabilitation of drug dependent persons is performed according to the current legislation in specialized state facilities of the system of the MoH of Ukraine in oblast (city) drug addiction treatment centres and hospitals. These facilities provide both out-patient and in-patient assistance. Drug addiction assistance to drug-dependent groups is mainly provided by territorial drug addiction institutions, which are, as a rule, facilities with communal ownership. These institutions are funded by local budg-

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215 Ibid. / Там само.
ets. Overall in Ukraine there is one national drug treatment centre, 24 oblast treatment centres and four municipal drug treatment centres. The field employs close to 5,000 specialists, including doctors, psychologists, social workers and nurses. These specialists form the All-Ukrainian Harm Reduction Association.

According to WHO guidelines, treatment and prevention are the key areas of response in an HIV strategy. Injecting drug users (including HIV-positive IDUs) may also receive medical services for skin and venereal diseases (from the list below), for tuberculosis, and at psychotherapy treatment centres, AIDS Centres (city and oblast centres were established in 18 large cities with high HIV infection prevalence), ambulatory and polyclinic facilities, drug stores, surgical and infection departments and ambulance services.

The type of drug addiction assistance provided in drug addiction facilities was not regulated by any documents describing treatment standards until 1995. Between 1995 and 1998 the Ministry of Health of Ukraine developed unified standards for drug addiction assistance for people in treatment and prevention facilities in Ukraine. During the same period, in cooperation with the National Coordination Council on Drug Abuse at the Cabinet of Ministers of Ukraine, MoH experts studied and analyzed the best domestic experiences and practices. This activity involved experts from United Nations International Drug Control Programme, the World Health Organization, and the International Labour Organization. They concluded that Ukraine has modern, highly professional treatment and rehabilitation programmes in the city of Kyiv (Kyiv City Drug Addiction Clinical Hospital ‘Sociotherapy’) which can serve as the basis for implementation in every region of Ukraine. Ukrainian specialists also reviewed international experience in the field of treatment and rehabilitation. On the basis of this study, the unified standards were developed. In the Kyiv City Drug Addiction Clinical Hospital ‘Sociotherapy’ they have developed a modern, comprehensive programme of socio-psychological and medical rehabilitation of drug abuse patients and their relatives. This programme is a completely Ukrainian project; it received the highest approval from both Ukrainian and international experts (including specialists from United Nations International Drug Control Programme, the World Health Organization, and the International Labour Organization). In Dnipropetrovsk and Ivano-Frankivsk they have special departments within the framework of the existing drug addiction facilities which also implement programmes of socio-psychological rehabilitation, but the range of these programmes is narrower.

A number of drug addiction clinics and treatment centres have established mobile groups. These include mobile intoxication-testing laboratories and mobile medical teams, consisting of drug addiction consultants. The former provide testing on intoxication; the latter provide counselling for drug addiction treatment in other healthcare facilities. In large cities they have private brigades for emergency drug addiction assistance.

During the 1990s, despite the growing number of drug-dependent persons, the material and technical resources for drug addiction treatment, as well as hospital beds reserved for drug addiction facilities, decreased almost three-fold. This led to lines of patients in many oblasts, all waiting to receive treatment. Numerous decisions of councils, and written appeals of the Min-

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istry of Health of Ukraine to oblast and city state administrations during 1995–1999 were designed to stop state administrations’ efforts to ‘save’ funds by cutting funds for drug addiction assistance. The Ministry of Health initiated the adoption of a similar decision, made by the National Coordination Council on Drug Abuse at the Cabinet of Ministers of Ukraine. Despite all these efforts, all oblast state administration and Kyiv state administration continued to reduce financial and technical resources for drug addiction in 1996–1998.

A similar desire to ‘economize’ motivates efforts to unite existing drug addiction facilities with other medical institutions, in order to support the institution at the expense of the drug addiction facilities. This leads to reduced quality of drug addiction care, and destroys the system of drug addiction facilities. These facilities were planned as part of an integrated system of territorial organizational and methodological centres to conduct treatment and rehabilitation work with drug-dependent individuals. Examples of such newly established associations can be found in Rivne (the union of oblast drug addiction treatment centres and city mental hospital), in Kyiv oblast (the union of the oblast’s drug addiction treatment centres with one of the mental hospitals) and in the city of Sevastopol, where all drug addiction assistance consists of in-patient treatment in one stationary department for the whole city.

So, there is a critical need to provide administrative services and a regulatory regime that will preserve and develop a system with the material and technical resources for drug addiction facilities in Ukraine. For one thing, it requires a complete cessation of any reduction (or unification) of existing drug addiction facilities. For another, it needs a sufficient number of treatment divisions within such facilities, including compulsory treatment departments for drug addicts (as planned by current legislation) and departments for voluntary treatment and rehabilitation of children and youth with drug-related problems.

Medical assistance in drug addiction centres is usually sought by people with established addiction and pronounced social problems. The absolute majority of opioid drug users who turn to facilities for assistance are characterized by a highly progressed course of the disease and large numbers of psychopathic and neurotic disorders (up to 73%). Under such conditions, modern treatment in Ukrainian drug addiction treatment centres lasts 12-14 days and is brought down to mere detoxification. Many doctors view such treatment as ‘scientifically ungrounded and thus unpromising’. That is why reformation of current drug addiction assistance systems should be viewed in the context of the social and psychological needs of drug users and the creation of conditions for their rehabilitation and re-socialization.

In general, current medical practice in Ukraine does not fully satisfy the needs of adults and adolescents, in particular those belonging to higher risk groups. Ignoring the special needs of young people is a factor which contributes to the epidemic spread of health problems. In order to improve the situation within the healthcare system of Ukraine, a network was created of youth-

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friendly clinics (YFC) with the goal of providing counselling and practical assistance on STD treatment and information distribution on HIV/AIDS prevention. Now, youth-friendly clinics are established in Kyiv (2 clinics), Kamianets-Podilsky (1), Lviv (1), and Poltava (2). They are based on city centres of social services to youth, and they provide free access to various medical specialists: gynecologists, specialists in skin and venereal diseases, drug addiction counsellors, psychologists, pediatricians, psychotherapists, and sexologists. These clinics also provide anonymous socio-psychological counselling and informational, medical and social assistance to adolescents and youth (including IDUs, PLHWA-IDUs, FSW-IDUs, and ex-prisoner-IDUs).

In order to regulate the treatment of drug abusing and alcoholic patients, the Ministry of Health of Ukraine and the Ministry of Internal Affairs developed a draft law of Ukraine entitled ‘On Compulsory Treatment of Drug Abuse and Alcohol Patients’, which was passed in the Verkhovna Rada of Ukraine in the first reading. Drug addiction clinic personnel believe that such a law would considerably improve the situation, including creating capacities for effective anti-drug prevention. However, lawyers believe that such a law comes into conflict with human rights provisions, as guaranteed by the Constitution of Ukraine.

That is why it is desirable to consider not just a separate law on mandatory or forced treatment of drug addiction diseases (such legislation proved its exceptional ineffectiveness during the Soviet regime), but to develop and approve much broader legislation on how best to work with different IDU groups. Such legislation would include the necessary comprehensive activities on the organization of a) effective control over drug users; and b) parallel implementation of effective drug addiction prevention programmes for youth and other high-risk groups.

**Accessibility of medications.** When we talk about the accessibility of medical drugs, we mean that each patient with a need for certain preparations according to clinical and laboratory indications can obtain them in any location or village in the country without any obstruction and for free, or at least, at a minimal price. According to the international study The European Values Study: a Third Wave, no more than 8% of Ukrainian population fully trusts the current healthcare system (see Table 3.1.).

According to studies conducted by the Institute of Sociology of NASU, only 15% of the population receives enough medical assistance, and 62% feels there is a shortage of proper medical assistance. Medications are purchased in insufficient amounts (53%). In 2002, only one in four Ukrainian citizens (24%) purchased the entire complement of their drug prescriptions. Less comforting is the current situation with antiretroviral preparations: for a long time in

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Ukraine they were inaccessible to IDUs. The situation has changed recently, and by the beginning of 2005 antiretroviral (ARV) therapy was provided to 1,400 individuals. The Global Fund on AIDS, Tuberculosis and Malaria provided Ukraine with medications to treat AIDS patients, accounting for 2,000 adults and 100 children. Six regions of Ukraine with the most acute HIV/AIDS situation were selected to receive medications for treatment programmes: the city of Kyiv, Odesa, Mykolayiv, Donetsk, Dnipropetrovsk oblasts and the Autonomous Republic of Crimea. Treatment programmes in other regions are planned and will launch starting in March 2005. Plans for 2005 include an increase in the number of persons covered by ARV therapy to 4,000. Working to improve access to ARV drugs revealed another problem that is typical in Ukraine: few IDU patients want to receive antiretroviral therapy.

A person ‘in the system’ (an active drug user) cannot manage his or her own administration of the ARV therapy, and he/ she often fails to manage his or her own life. Until now, no one studied the characteristics of this truly special category of HIV-infected IDUs. The degree to which these users are drug-dependent can vary widely: many of them stopped using drugs after learning about their positive HIV status and have not used drugs for one, two, three or more years. These people are fully responsible both personally and socially. However, they continue to be registered in the state HIV statistics as ‘drug addicts’.

It is necessary to pay attention to another important aspect. Today, the issue of immune system condition and the ‘aggressiveness’ of the infection of each patient in Ukraine is actually determined on the basis of clinical indicators. Without a doubt, ‘immunological’ analyses of HIV-infected patients are performed in the majority of Ukrainian cities, but their quality does not comply with modern standards. In addition, these analyses are not always free. It is

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Table 3.1

“To what extent do you trust the healthcare system?” (1999-2000)


It is important that the country’s policy-makers are aware of this fact and receive trustworthy information in order to improve the situation in a timely manner.

Access to almost all types of medical services for the absolute majority of IDUs is limited due to the lack of money to have the necessary examinations and treatment. We refer not only to the high costs of treating drug dependence (UAH 300 – 600 in 2003 for medicines and other medical materials to be purchased at one’s own expense) and the diseases that are prevalent among IDUs (abscesses, phlegmons, generalized septic complications, hepatitis, venereal diseases, and HIV infection), but also to the availability of so-called ‘voluntary contributions’ (tips) that have to be ‘donated’ when being treated at hospitals or other medical facilities. We also refer to patients who are unable to offer a financial motivation to medical staff to provide higher quality treatment. However, here there is almost no difference between drug users and those who do not consume drugs: the majority of the Ukrainian population receives free medical assistance only partially. There is a certain charge for the remaining part.

Providing medical services to drug-dependent individuals in Ukraine today requires a number of additional definitions and regulations at the national level, especially concerning the order of purchasing or getting free, paid or partially-paid services and to increasing PLHWA-IDUs interest in antiretroviral treatment. The work of medical facilities which deal with secondary and tertiary prevention (drug addiction hospitals and treatment centres, AIDS centres, mental facilities, etc.) are financed as a rule from: the state budget, off-budget funds of local administrations, revenues from self-supporting activities of healthcare institutions and medical insurance funds (this last source of financing brings only minor returns).

Medical institutions (especially in small towns, which do not have the status of oblast and raion centres) suffer from a lack of funds to purchase the necessary equipment and medications, or to provide ongoing care for patients, and still more problems. There is a vital need to create new places for inpatient treatment of drug-dependent IDU patients in cities with no drug addiction clinics and with large numbers of IDUs; to expand capacities for HIV testing and counselling; and to establish facilities for rehabilitation (re-socialization) of IDUs and substitution therapy programmes.

3.3 Targeted interventions (IDUs, FSW-IDUs, MSM-IDUs, IDUs in prisons)

In Ukraine, as in other countries with a high level of HIV prevalence among IDUs, HIV prevention is an element of broader work on prevention of the harmful consequences related to drug use. This work is known as ‘harm reduction’ from drugs and it represents a certain medical, social and political approach towards addressing the problem of narcotic substances abuse. Principles and strategies of ‘harm reduction’ are based upon understanding the harmful consequences that result from drug use. Harm reduction also employs targeted activities built upon these principles, and directed towards reducing the harmful effects of drug use.

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A number of non-governmental organizations in Ukraine implement projects based on recommendations of the WHO, UNAIDS, and the Council of Europe. They include: information work and education; ensuring easy access to social services and healthcare services; active work among IDUs; providing IDUs with sterile injecting equipment and disinfectants; and drug substitution therapy.227

The main goal of harm reduction activities and programmes is to stop the spread of HIV/AIDS in Ukraine and to integrate vulnerable groups into society. The fundamental principle of these programmes is the observation of human rights. Currently, the Harm Reduction Association includes 26 organizations.228 Information about these organizations can be found on the website www.uhranet.narod.ru. These organizations implement 40 harm reduction projects in Ukraine; the projects are financed primarily by international foundations and organizations.229

Harm reduction services are directed at limiting or reducing the harmful consequences of drug abuse: the medical consequences (including the spread of HIV and other viral and bacterial infections, overdoses, and venous problems); the social consequences (social losses resulting from the increased spread of drug abuse, impossibility of social adaptation of drug users, problems with employment, education, family); economic costs of PLWHA treatment; the disability of a large part of the population); and the legal consequences (violations of human rights, imprisonment of drug users).230

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229 Projects on HIV prevention in the IDU environment were launched in Ukraine in 1996. The first project was supported by UNAIDS and implemented in Odesa by the local NGO ‘Faith, Hope. Love.’ The second largest project in terms of its importance for Ukraine is called ‘HIV/STI Prevention Among IDUs in Poltava.’ Beginning in September, 1997 the project was implemented by the Poltava Charity Foundation ‘Anti-AIDS’ with the financial and technical support of the International Harm Reduction Programme (IHRD) of the Open Society Institute (New York, USA). Beginning in 1997, the Healthcare Department within the Ministry of Internal Affairs of Ukraine, with the support of UNAIDS, launched a project on HIV/AIDS prevention in prisons. Beginning in October, 1997 the Kyiv City Centre of Social Services for Youth started to implement a set of activities within the framework of a harm reduction strategy directed at the prevention of HIV infection, sexually transmitted infections, and other infectious diseases among drug injecting youth. The project is supported by UNICEF and the Kyiv City State Administration, Central Healthcare Administration, Kyiv City State Nарcological Hospital ‘Sociotherapy’ and the Division Combating Illicit Drug Circulation of the Central Administration of the Ministry of Internal Affairs of Ukraine in the City of Kyiv. Beginning in 2001, the Ukrainian State Centre of Social Services for Youth, in partnership with UNICEF, implemented two projects: ‘HIV/AIDS Prevention Among Young Injecting Drug Users’ and ‘HIV Prevention Among Adolescents in the Southern Regions of Ukraine.’ Within the framework of these projects there are 11 ‘Dovira/Trust,’ counselling units for injecting drug users. Beginning in November, 1998 a project entitled ‘Informational and Educational Peer Work to Prevent HIV/STI among IDUs in Six Cities of Ukraine’ is being implemented. It is supported by UNAIDS and the Government of Germany.

Beginning in January, 2002 and thanks to the joint efforts of the International HIV/AIDS Alliance, the Harm Reduction Programme of the Open Society Institute and the International Renaissance Foundation, eight harm reduction projects received continued funding, including a new project in Kyiv under the non-governmental organization ‘Eney.’ In 1998 the International Harm Reduction Programme of the Open Society Institute passed a fundamental and historically significant decision on three-year funding of harm reduction projects in Central and Eastern Europe involving funding from the national Soros Foundations. The Ukrainian foundation is called the International Renaissance Foundation. Consequently, a significant expansion of harm reduction programmes in Ukraine is expected.

According to data from the Ukrainian Institute of Social Studies, injecting drug users receive the highest coverage by prevention programmes in regions where harm reduction programmes have been in place since 1998, while the effectiveness of harm reduction programmes depends directly on how long safe injection centres have been functioning. Only if clients regularly use such services for at least one year do they form a certain habit, or culture, of safer drug use.

Among clients who visit safe injection centres for less than six months, 95% are aware of HIV/AIDS, while only 48% of them believe that they have a sufficient knowledge of the problem. Among clients with a drug use record of at least one year and more, 100% know something about HIV/AIDS, while 63% of them believe themselves to have sufficient knowledge about the epidemic. In the cities, where harm reduction programmes were launched as far back as 1998, 63% of respondents believe that they have sufficient knowledge about HIV/AIDS. In places where support has been provided since 2002, 43% of respondents believe they have sufficient knowledge about HIV/AIDS. After receiving information about HIV/AIDS, clients of safe injection centres (those supported from 1998) have applied various measures to reduce the risk of HIV infection more often than other groups. Above all, the programme requires careful selection of friends and acquaintances, reducing injection drug use, and using sterile needles and syringes.

The positive influence of harm reduction programmes and the benefits of safer access to of ready-made drugs are proved by the following facts:

- Clients who have used the services since 1998 get their drugs from permanent sellers twice as often as clients who were involved in the programme later (44% and 22% respectively).
- Clients of safe injection centres who used the services for at least one year or more are less likely to buy drugs with a higher potential risk of infection. ‘Newcomers’ (those with a record of using the services of safe injection centres for less than one year), were twice as likely as ‘experienced’ clients to fill their syringes from a common container, which is one of the most dangerous ways to acquire and use drugs (40% of newcomers filled their syringes from a common container, compared with 24% of experienced clients).

According to the Ukrainian Institute of Social Studies’ research, the work of safe injection centres did not significantly influence one particular sexual behaviour of their clients: the frequency of condom use. Positive changes can, however, be observed in the practice of provision of paid sexual contact. In cities where harm reduction programmes have been in place since 1998, respondents (individuals providing sexual contact for financial reward) used condoms twice as often as those who live in cities with shorter terms of programme implementation. Polled representatives of this social environment believe that authorities treat harm reduction programmes with a ‘moderately positive’ attitude.

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232 Ibid./ Tam samo.

233 Ibid./ Tam samo.
Clients of harm reduction programmes disseminate information among other injecting drug users, and exchange syringes for them. This extends the actual impact of the programme to include friends and companions of the direct clients of safe injection centres.

Data from NGOs involved in this activity show the number of injecting drug users who use harm reduction services is increasing (see Table 3.2). However, general coverage of IDUs with harm reduction programmes remains relatively low. Funding of such activities is exercised primarily at the expense of international organizations, even though money is allocated from the State Budget (for example, activities of ‘Dovira/Trust’ Centres within CSSY provide services for IDUs – see Section 3.7).

Another area of targeted intervention is distributing condoms to groups with an increased risk of HIV infection. We have limited information available about condom distribution in the country. According to sociological survey data conducted in Kherson oblast (2003) by the Institute of Social Studies and in cooperation with UN Population Fund in Ukraine, IDUs prefer not to buy condoms, but to receive them in syringe exchange units (SEU) or other harm reduction project sites.

During 2002–2004 the number of IDUs covered by HIV/AIDS prevention projects had more than doubled (See Table 3.3). According to the International HIV/AIDS Alliance in Ukraine, by the end of 2004 over 44,000 injecting drug users, 4,500 commercial sex workers and 3,500 prisoners had obtained access to HIV prevention services. Some 600,000 condoms were distributed in vulnerable populations. A total of 21 million people in the country were covered by behaviour change communications through information programmes and the mass media.

Table 3.2.

Harm Reduction Activities of the non-governmental organization AIDS Prevention Foundation (Zhytomyr) from 2001 to 2004

<table>
<thead>
<tr>
<th>Period</th>
<th>Target groups</th>
<th>Target group coverage</th>
<th>Syringes distributed</th>
<th>Syringes utilized</th>
<th>Distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>03.2001–04.2002</td>
<td>IDUs (Zhytomyr)</td>
<td>608 persons</td>
<td>142,000</td>
<td>241,817</td>
<td>4,500 condoms</td>
</tr>
<tr>
<td>05.2002–05.2003</td>
<td>IDUs (Zhytomyr, Berdychiv)</td>
<td>954 persons</td>
<td>122,280</td>
<td>154,739</td>
<td>11,812 condoms</td>
</tr>
<tr>
<td>10.2002–11.2003</td>
<td>FSW (Zhytomyr)</td>
<td>76 persons</td>
<td>-</td>
<td>-</td>
<td>3,162 condoms; 27 contraceptives and means of disinfection (202 bottles of Chlorkegsidine and 258 hygienic wipes)</td>
</tr>
<tr>
<td>05.2003–06.2003</td>
<td>IDUs (Zhytomyr)</td>
<td>992 persons</td>
<td>14,152</td>
<td>17,360</td>
<td>1,714 condoms</td>
</tr>
<tr>
<td>07.2003–12.2003</td>
<td>IDUs (Zhytomyr, Berdychiv)</td>
<td>1036 persons</td>
<td>45,509</td>
<td>48,295</td>
<td>7,694 condoms</td>
</tr>
<tr>
<td>01.2004–06.2004</td>
<td>IDUs (Zhytomyr, Berdychiv)</td>
<td>1055 persons</td>
<td>16,740</td>
<td>20,030</td>
<td>2,574 condoms</td>
</tr>
</tbody>
</table>

Source: AIDS Prevention Foundation (Zhytomyr) data (unpublished)
Non-governmental organizations’ experience implementing various prevention programmes among vulnerable populations (including IDUs) prove that the main problems and difficulties which affect the effectiveness of targeted interventions include the following:

- In many cities there are no non-governmental organizations to provide active and effective implementers of IDU-oriented activities, or such NGOs are midway through their development process (for example, the cities of Novovolynsk, Alchevsk, Yalta, and Pervomaisk).
- There are insufficient systems to monitor and evaluate programmes and assess their impact on the epidemiological situation at the local level.
- In some cities there exists tough competition between NGOs, which hampers cooperation and the exchange of information and experience. At the same time, there are cases of productive cooperation between NGOs which perform the same activities for different target populations or which provide expertise in different types of prevention activities.
- The activities of many NGOs depend on unreliable funding from donor organizations, which means programmes will suddenly shift from working hard to being brought to a standstill.
- Dependence on requirements of sponsors, who often ‘order the right music’ — namely, activities within individual programmes, technologies or separate target groups.
- Dependence on state institutions within harm reduction strategy activities (for example, utilization of syringes, provision of premises for syringe exchange units).
- The activities of certain NGOs are not integrated in a general strategic programme within an oblast or city.236

Table 3.3.

Dynamics of coverage of vulnerable populations with HIV/AIDS prevention projects

<table>
<thead>
<tr>
<th></th>
<th>IDUs</th>
<th>FSW</th>
<th>MSM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Infor-</td>
<td>Condom</td>
<td>Needle</td>
</tr>
<tr>
<td></td>
<td>mation</td>
<td>distribution</td>
<td>exchange</td>
</tr>
<tr>
<td>2002 Total coverage (people)</td>
<td>15,906</td>
<td>15,906</td>
<td>15,906</td>
</tr>
<tr>
<td>Including females (people)</td>
<td>3,180</td>
<td>3,180</td>
<td>3,180</td>
</tr>
<tr>
<td>Including males (people)</td>
<td>12,726</td>
<td>12,726</td>
<td>12,726</td>
</tr>
<tr>
<td>2003 Total coverage (people)</td>
<td>21,534</td>
<td>21,534</td>
<td>21,534</td>
</tr>
<tr>
<td>Including females (people)</td>
<td>4,307</td>
<td>4,307</td>
<td>4,307</td>
</tr>
<tr>
<td>Including males (people)</td>
<td>17,227</td>
<td>17,227</td>
<td>17,227</td>
</tr>
<tr>
<td>2004 Total coverage (people)</td>
<td>44,339</td>
<td>44,339</td>
<td>44,339</td>
</tr>
<tr>
<td>Including females (people)</td>
<td>8,868</td>
<td>8,868</td>
<td>8,868</td>
</tr>
<tr>
<td>Including males (people)</td>
<td>35,471</td>
<td>35,471</td>
<td>35,471</td>
</tr>
</tbody>
</table>


Non-governmental organizations’ experience implementing various prevention programmes among vulnerable populations (including IDUs) prove that the main problems and difficulties which affect the effectiveness of targeted interventions include the following:

So, introduction of targeted HIV/AIDS prevention projects is ever on the increase in Ukraine. As a rule, their implementation is realized in two spheres: dissemination of sterile injecting equipment and syringes, and informational and educational work with representatives of vulnerable groups. This activity is performed both on the basis of stationary needle exchange units and through outreach activities. Local conditions, especially the level of openness of the drug scene, have a significant impact on the mechanisms selected to implement harm reduction projects. Above all, their effectiveness is affected by the level of openness/closeness of drug scene at the local level.

As for the open drug scene, it is obvious that the main focus should be involving the maximum possible number of injecting drug users in exchange programmes (at field or stationary units). The goal for the closed drug scene is regular contact with IDU mini-communities to persuade their members of the need to exchange syringes and needles. These are some cases of equipment exchange at drug users’ homes, but currently it is viewed as an experimental activity. If there are both open and closed drug scenes in one location, NGOs implementing harm reduction projects have an additional workload to address these differences in user behaviour.

3.4 Substitution maintenance therapy implementation for patients with opioid addiction

When we talk about the treatment of HIV-infected persons, we mean mostly drug-dependent individuals. The conditions for ensuring good-quality treatment of this group of patients are closely connected with the implementation of substitution maintenance therapy. This method is widely applied in many countries worldwide. Until now, substitution therapy implementation programmes in Ukraine were delayed by law enforcement agencies and individual politicians, even though the start of treatment programmes for HIV-infected persons without substitution therapy programmes is considered by many as pointless. For

Ukraine, this issue is of special importance, since the GFATM provided Ukraine with humanitarian assistance in the form of antiretroviral medications under the condition that substitution maintenance therapy programmes be implemented for opioid addicted patients. Without such programmes, no one can be assured that drug dependent persons will administer antiretroviral medications as prescribed, have the necessary checkups, etc. Attitudes towards substitution therapy with respect to the medical issue greatly depend not on the bulk of available information and the ability to consider all ‘pros and cons’, but on the personal philosophy of people, and whether a drug-abuse problem is perceived by society as a disease (in this case the method of treatment of drug dependent individuals depends on medicine) or as a criminal behaviour (in which case enforcement methods are preferred).

The worldwide practice of substitution therapy programmes (which cover over 600,000 clients) usually applies the following medications: methadone (oral solution with sugar); morphine with slow effect (pills/caps for using once or twice a day); buprenorphine (sublingual tablets); LAAM (livo-acetyl-methadile); and heroin (for experimental/research purposes, as a rule). According to data from the European Monitoring Centre of Drugs and Drug Addiction (EMCDDA), in many countries of the world, the accessibility of substitution therapy programmes is increasing, while the number of patients who received methadone substitution treatment has increased by 44% during the last 5 years (see Table 3.4).

A peculiar feature of the legislative regulation of drug-related issues in Ukraine (as in many other countries) is that drugs are legislated through many acts and branches of the law. For a long time, this prevented substitution therapy, even though existing documents did not prohibit it. According to the ‘List of Narcotic Drugs, Psychotropic Substances, their Analogues and Precursors, Subject to Special Control in Accordance with Ukrainian Legislation’ (March 23, 1998), the following narcotic substances can be used in medical practice (and, consequently, for substitution therapy purposes), including opiates: codeine, morphine, buprenorphine, methadone. The same year (1998), substitution therapy was included in the unified standards for drug addiction treatment of populations in treatment and prevention facilities of Ukraine. This was accomplished through an Order of the MoH of Ukraine, No. 226, passed on July 27, 1998, which provided for prescription of substitution therapy to opiate-dependent individuals on the basis of an individual treatment schedule (a preparation-substitute is not identified).

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On November 30, 2001 the Government Commission on HIV/AIDS Prevention passed a
decision to support implementation of treatment programmes for drug abuse patients with
application of substitution therapy using non-injecting medications.

The National HIV/AIDS Prevention Programme for 2001 – 2003, approved by Resolu-
tion No. 790 of the Cabinet of Ministers of Ukraine passed on July 11, 2001, in its Clause
36 directly provides for the following: ‘Initiate implementation of substitution therapy to
reduce the risks of HIV and other transfusion infections among injecting drug users’. In
March 2004, the Cabinet of Ministers Resolution approved the Fifth National Pro-
gramme on HIV Prevention, Treatment and Care for People Living with HIV/AIDS for
2004 – 2008, which provides for the implementation of substitution therapy programmes
(Clause 12).

In 2003, the Ministry of Health approved an Action Plan to implement a treatment compo-
nent within the framework of the Global Fund programme, and one of the objectives pro-
vides for substitution therapy in Ukraine. Resolution No. 877 of the Cabinet of Ministers of
Ukraine, entitled ‘On Approval of a Programme of State Policy Implementation for Com-
battling the Illicit Circulation of Narcotic Drugs, Psychotropic Substances and their Precur-
sors for 2003 – 2010,’ was issued on June 4, 2003. Clause 26 requires the following: “Ensure
assessment of the domestic experience of the application of substitution therapy methodolo-
gies to provide treatment and social rehabilitation of drug addicts.”

### Table 3.4.

<table>
<thead>
<tr>
<th>Countries</th>
<th>Number of persons who received methadone substitution therapy</th>
<th>Change, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>6,617</td>
<td>7,000</td>
</tr>
<tr>
<td>Denmark</td>
<td>4,298</td>
<td>4,937</td>
</tr>
<tr>
<td>Germany</td>
<td>45,300</td>
<td>49,300</td>
</tr>
<tr>
<td>Greece</td>
<td>400</td>
<td>1,060</td>
</tr>
<tr>
<td>Spain</td>
<td>51,000</td>
<td>78,806</td>
</tr>
<tr>
<td>France</td>
<td>53,281</td>
<td>85,757</td>
</tr>
<tr>
<td>Ireland</td>
<td>2,859</td>
<td>5,865</td>
</tr>
<tr>
<td>Italy</td>
<td>77,537</td>
<td>86,778</td>
</tr>
<tr>
<td>Luxemburg</td>
<td>931</td>
<td>1,007</td>
</tr>
</tbody>
</table>
| The Nether-
| lands      | 13,500    | 13,500    | 0         |
| Austria     | 2,966     | 5,364     | 80,8      |
| Portugal    | 2,324     | 12,863    | 453,5     |
| Finland     | 200       | 400       | 100,0     |
| Sweden      | 600       | 621       | 3,5       |
| Great Britain| 28,776   | 35,500    | 23,4      |
| Norway      | 204       | 1,853     | 808,3     |
| TOTAL       | 290,793   | 390,611   | 34,3      |

*Source: Substitution Therapy (Kyiv: International HIV/AIDS Alliance in Ukraine, 2004), 5.*
In April 2003, the State Pharmacological Committee registered methadone in Ukraine as a remedy for opioid drug dependence treatment. On December 1, 2003, a Parliamentary Hearing was held. It resulted in the adoption of a resolution ‘Parliamentary Hearing Recommendations on the social and economic problems of HIV/AIDS, drug abuse and alcoholism in Ukraine and ways of settling them’. This helped hasten the implementation of substitution therapy (the effectiveness of which was endorsed by experience from around the world).

In 2004 the All-Ukrainian Harm Reduction Association developed methodological recommendations entitled ‘Application of methadone substitution therapy in treatment and rehabilitation of patients with opioid dependence syndrome’. These recommendations were approved by the Ukrainian Centre for Medical Information and coordinated with the Department of Organization and Development of Medical Aid to the Population, within the Ministry of Health of Ukraine, on February 17, 2004.

Pilot substitution therapy projects in Ukraine only started in April 2004, and this is why Ukraine does not have sufficient domestic experience in this area. As a result of UNDP’s ‘Human Rights in Action’ campaign, and directed at protecting the rights of the most vulnerable groups (IDUs, female sex workers and people living with HIV/AIDS) a substitution therapy programme was launched in Kherson oblast to treat opioid drug dependence (the substitute drug was buprenorphine).

It is too early to summarize these programmes or to make conclusions, as the projects have not been in place for long, and the number of participants is quite limited. So far, AIDS patients are not participating in the Kherson pilot project, but all of its clients are drug users with a long record of drug use. They have made numerous efforts to quit drug use and have taken virtually all other types of treatment. None of them expected a positive outcome. Some patients have a drug use record exceeding 20 years. The youngest patient is 25 years of age. He has used drugs since the age of 17. Eight drug users in the programme left the programme, and the patients tend to rotate in and out of the programme. Those who left the programme tend to be individuals who did not really want to receive treatment but were forced by relatives to participate.

Despite the short term of programme activities, it has already revealed a number of social problems brought about by the implementation of substitution therapy. Immediately after the treatment course patients had so much free time that they didn’t know what to do. Some of them lost their jobs a long time ago; some of them did not work at all. Too much free time causes depression, and depression, in turn, is a breeding ground for drug use. People have to be occupied all the time in these programmes. If they have work to do, they will have an incentive to lead a normal life.

This project included, from the beginning, a scientific approach to evaluating the effectiveness of the programme, in part because of the contradictions in public attitudes towards substitution therapy. Working in close cooperation with the WHO and on the basis of its protocols, the project will conduct scientific supervision and record all data received regardless whether a patient ends up continuing or discontinuing his/her treatment. Such surveillance will help define how useful this therapeutic method is in Ukraine. A partnership with the
International Renaissance Foundation will help establish a computer network to ensure objective monitoring and evaluation of the treatment’s effectiveness.

The substitution therapy model in Ukraine is developed with up-to-date technologies, and modern pharmaceutical means will be used in conjunction with the relevant social and psychological support. Programmes will be implemented with systemic monitoring and scientific evaluation. The project involves experts and volunteers representing various sectors and spheres.

The International Renaissance Foundation provided its support to the process of the state registration of ‘methadone hydrochloride’ which is widely used in substitution therapy in European countries. The International Renaissance Foundation also supported substitution therapy projects in five Ukrainian cities where some work had already begun. In addition, the Foundation supported research on the legislative basis for substitution therapy introduction in Ukraine. In November 2004, Ukraine was visited by the WHO/UNAIDS Mission. This is expected to contribute to creating agreement among the various institutions and will help remove obstacles to implementing substitution therapy among IDUs as part of a response to HIV and other blood-borne diseases.²⁴⁶

Ukrainian lawyers recognize that delays in implementing substitution therapy in Ukraine is a violation of the rights of persons suffering from drug dependence to receive appropriate medical assistance and their right to choose an officially-approved method of treatment. Implementing substitution therapy is delayed because of a lack of funds. These funds are required for the appropriate retraining of specialists (including medical staff, social workers, and individuals at organizations for parallel treatment and re-socialization) and for social assistance to persons involved in substitution therapy programmes – employment, residence, etc). Implementing substitution therapy has also been delayed because of a complete misunderstanding and lack of acceptance of the principles of substitution therapy by many drug addiction treatment professionals and officials. This lack of acceptance is stems from a lack of knowledge, and a fear that substitution therapy will reduce the motivation among drug dependent individuals to fully reject the use of drugs. Many long discussions among individual experts and various institutions show the need to conduct informational and educational campaigns on substitution therapy implementation and to present various points of view, while focusing attention on drug users’ needs.

### 3.5 Legal services (protection of rights)

Effective measures to prevent the spread of HIV/AIDS are affected by a number of factors, one of the most important of which is legislative. Success depends on how well the current laws and regulatory acts contribute to society’s ability to take appropriate action in response to epidemics, and whether they can be put into practical application. It is well-known that protection and observation of human rights and respect for human dignity in connection with HIV/AIDS is exceptionally important for an effective response to the disease.

In Ukraine the rights of injecting drug users (IDUs) and people living with HIV/AIDS (PLWHA) are regulated by the Constitution of Ukraine and other regulatory and legal acts, as rights of any other citizen. At the same time, discrimination and stigmatization have become the norm in social and legal relations concerning PLWHA and IDUs. This, in turn, leads representatives of these groups to a sense of social detachment, and makes problems within local groups even worse, and thus hampers implementing effective prevention measures.

Starting in April 2003, the All-Ukrainian Harm Reduction Association, with support from the International Renaissance Foundation, the Open Society Institute (Budapest) and the International Harm Reduction Programme (New York), launched a project entitled ‘Improvement of Advocacy Policy Concerning Injecting Drug Users and People Living with HIV/AIDS within the Framework of Harm Reduction Projects Implementation’.

The project goals include:

• Improving the legal conditions to ensure implementation of harm reduction projects in Ukraine;
• Improving current legislation which regulates issues of the non-medical use of drugs, the rights of HIV-positive persons, and the implementation of related projects;
• Developing mechanisms which ensure the implementation of laws;
• Establishing a network of permanently functioning services for legal protection and provision of legal assistance to drug users and HIV-positive individuals within the harm reduction projects network in Ukraine.
• Forming tolerant public attitudes towards problems of the target group.

In general, the legal needs of drug users and HIV-positive persons depend on the basic needs which they have to address in their everyday lives.

According to data provided by All-Ukrainian Network of People Living with HIV/AIDS, the type and nature of rights violations of IDUs and PLWHA-IDUs have certain characteristics in various spheres of life.

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Table 3.5.

Types and nature of violations of IDUs and PLWHA-IDU rights in various spheres of life

<table>
<thead>
<tr>
<th>Types</th>
<th>Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criminal-procedural and administrative spheres.</strong> Search and examination of IDUs without sufficient legal grounds by law enforcement officers (Article 177 of Criminal-Procedural Code of Ukraine). In executing these procedural acts, severe violations of current legislation regulating these actions has taken place, namely:</td>
<td>• A low level of knowledge of current Ukrainian legislation by IDUs, a low level of knowledge about their rights and legal interests; and, in the majority of cases, an inability to protect these rights because of insufficient means to ensure protection of their interests;</td>
</tr>
<tr>
<td>• The lack of relevant documents (resolutions or protocols) during the search or examination, or the failure to compile and submit documents to the prosecutor’s office within 24 hours after the search or examination;</td>
<td>• Distribution of confiscation plans for narcotic drugs, psychotropic substances and precursors by law enforcement authorities, which leads to the violations mentioned above;</td>
</tr>
<tr>
<td>• In the majority of cases, absence of witnesses during the search and examination;</td>
<td>• In some cases, low professional standards concerning knowledge of legislation, rights and professional duties among law enforcement officers. This leads to violations of procedural regulations and automatic discrimination against the person under investigation;</td>
</tr>
<tr>
<td>• Drug users’ (IDUs and FSW IDUs) failure to understand documents, inability to control their actions or realize the legal risks they were taking because they were under the influence of narcotics while they were being taken into custody and signing documents (protocols, explanations, testimonies, etc.);</td>
<td>• Laws, regulatory acts, orders and instructions do not directly provide for medical assistance in the event of detention of a person with abstinence (withdrawal) syndrome; as a rule, it is only provided in severe cases;</td>
</tr>
<tr>
<td>• Taking advantage of the effects of drug-use withdrawal while conducting an investigation, and manipulating this withdrawal to obtain a confession;</td>
<td>• Cases of callous treatment during the course of investigation; callous treatment of the client’s fate and failure to protect his/her interests by advocates, which is caused by the client’s lack of money, and the advocate’s insufficient practical record and general public attitudes to this category of the population as unwanted elements of society; and</td>
</tr>
<tr>
<td>• Forced evidence against oneself in violation of Article 63 of the Constitution of Ukraine;</td>
<td>• Confidence among police officers as to their impunity for crimes committed in relation to IDUs and FSW-IDUs. This is based on higher authorities and controlling bodies providing ‘cover’ for policemen who have violated the rights of citizens in these groups.</td>
</tr>
<tr>
<td>• Failure to explain the individual’s rights according to procedural regulations;</td>
<td>• Numerous cases of medical workers’ refusal to provide appropriate medical services and professional assistance to IDUs or PLWHA (upon discovery of their status from official sources). Staff may allude to the lack of necessary equipment, medicines, or a residence permit, and put them on a waiting list, or take other unwarranted action to delay or deny service.</td>
</tr>
<tr>
<td>• Refusing to provide advocacy services and failure to notify individuals of their right to have an advocate or to notification with a delay;</td>
<td>• Low legal awareness of medical staff; non-recognition of IDUs as seriously ill patients, who require appropriate medical assistance and services.</td>
</tr>
<tr>
<td>• Application of physical force and special means to detain individuals during inquiry and investigation;</td>
<td>• Misconceptions about the disease, including the assumption that medical treatment of PLWHA is hopeless, with no outcome other than death.</td>
</tr>
<tr>
<td>• Compelling IDUs, FSW-IDUs to repay compensation to law enforcement officers. This may include prostitution; concealing facts about drug confiscation or forcing female sex workers-IDUs to engage in sexual relations; and</td>
<td></td>
</tr>
<tr>
<td>• A widespread practice of torture of IDUs by law enforcement officers, and deliberate, illegal institution of criminal proceedings against such persons.</td>
<td></td>
</tr>
<tr>
<td><strong>Medical sphere.</strong> Against the background of violations of the rights of IDUs in the medical sphere, distrust towards medical staff is developed among the representatives of this group. As a result, IDUs are afraid to be officially registered. They are also disappointed in drug abuse treatment methodologies.</td>
<td></td>
</tr>
<tr>
<td>• Numerous cases of medical workers’ refusal to provide appropriate medical services and professional assistance to IDUs or PLWHA (upon discovery of their status from official sources). Staff may allude to the lack of necessary equipment, medicines, or a residence permit, and put them on a waiting list, or take other unwarranted action to delay or deny service.</td>
<td></td>
</tr>
<tr>
<td>• Low legal awareness of medical staff; non-recognition of IDUs as seriously ill patients, who require appropriate medical assistance and services.</td>
<td></td>
</tr>
<tr>
<td>• Misconceptions about the disease, including the assumption that medical treatment of PLWHA is hopeless, with no outcome other than death.</td>
<td></td>
</tr>
</tbody>
</table>
- Refusing hospitalization for an overdose of drugs; referral to specialized departments of mental hospitals, even when these departments are not available or are in distant raion centres.
- Failure to respond to requests for an ambulance (these requests are not registered), refusal to dispatch ambulances to certain addresses, or recommending that the caller should refer to specialized departments of mental hospitals. Such non-provision of emergency medical assistance often leads to fatal outcomes.
- Medical staff members' attempts to discharge pregnant women who are IDUs or who are living with HIV/AIDS as soon as possible (explaining it as a means of reduction of possible risks of HIV infection).
- Disclosure of confidential information about medical results of individuals who had a check-up and were diagnosed with HIV/AIDS.
- Medical personnel fearing infection from disease when treating IDUs or PLWHA. This proves the insufficient professional level of knowledge of medical workers about the disease.
- Inaction by executive authorities despite violation of current legislation concerning the confidentiality of HIV/AIDS testing results; failure to bring to account those guilty of rights violations.
- Executive authorities failure to act when current rights legislation is violated, HIV/AIDS test results not being kept in confidence, and those guilty of offenses not being held accountable.

Social and domestic sphere

- Social workers' refusal to designate child care assistance, or to provide other types of social assistance (e.g. coupons for free public transportation) to unwed mothers with IDU status, as is provided for and guaranteed by the state.
- Illegal eviction of IDUs from their places of residence. This type of violation can be further subdivided as follows:
  - seizure of IDUs' residences through fraud or other criminal means;
  - loss of residence as a result of a court decision;
  - illegal eviction from the place of residence by the IDU's relatives or guardians;
  - Deprivation, without grounds, of parental rights;
  - Refusal to accept children of IDUs at children's preschool facilities.
- Refusal without grounds to grant subsidies for communal services.
- Insufficient level of knowledge of relevant legislation by IDUs and PLWHA.
- Slow process of appeals to the appropriate authorities about these violations, and IDUs and PLWHA becoming resigned to their rights being violated because of their status.
- Social factors including negative public attitudes about these groups.
- Increased level of criminal activities in the country.
- Corruption in executive bodies.

Labour sphere

- Dismissal of a person based on information that a person is a drug user or is living with HIV/AIDS. As a rule, formal dismissal is performed for various reasons, including reduction of staff, reorganization of an enterprise or organization, employee's negligence to his/her duties, exposure of other violations. The list of 'grounds' varies in different cases and has the appearance of legality.
- Refusal to hire a person with IDU or PLWHA status.
- Workplace discrimination of a person belonging to IDU and PLWHA category.
- Insufficient level of knowledge of current legislation by IDUs and PLWHA;
- PLWHA and IDUs reconciling themselves to rights violations and succumbing to feelings of hopelessness because of their medical status.
- Social factors, including negative public attitudes about these groups.

Source: According to the findings of the project ‘ Improvement of Advocacy Policy Concerning Injecting Drug Users and People Living with HIV/AIDS Within the Framework of Implementing Harm Reduction Projects’, realized by the All-Ukrainian Harm Reduction Association, 2004.
The Legal Department of the All-Ukrainian Network of PLWHA provides free legal services to HIV-positive individuals (including IDUs). However, this fact remains unknown to the majority of the potential clients for such services. Even though violations of the rights of drug users and HIV-infected individuals are quite frequent, people do not dare to appeal to the courts, fearing the procedures around rights protection on the one hand, and not knowing their rights on the other.

The All-Ukrainian Network of PLWHA lawyers indicate that the majority of appeals concern rights violations by medical workers, including disclosure of HIV status and refusal to provide medical assistance. In addition, teachers, managers of kindergartens and headmasters often violate HIV-positive peoples’ rights. Whenever they become aware of a child’s HIV-positive status, they find various reasons to refuse a child’s admission to an educational institution. There are also many appeals concerning illegal dismissals. People often suffer from moral humiliation in relation to their HIV status from their colleagues and neighbours.

So, the absolute majority of violations of the rights of IDUs and PLWHA-IDUs in different spheres of everyday life are caused by a number of objective and subjective factors: a low level of knowledge of current Ukrainian legislation among vulnerable populations concerning their rights and legal interests and in the majority of cases, an inability to protect their rights (often due to a lack of means); directives to law enforcement agencies to fulfil plans concerning confiscation of narcotic drugs, psychotropic substances and their precursors, which leads to the violations mentioned above; low legal awareness of medical staff; failure to recognize IDUs as seriously ill patients who require appropriate medical assistance and services; misconceptions about the hopelessness of treatment and medical services for PLWHA (assuming the only outcome is a fatal one); medical personnel’s fear of infection with HIV or other diseases commonly found among IDUs (showing insufficient professional knowledge); belated appeals to the appropriate authorities about these violations, and PLWHA and IDUs reconciling themselves to violations of their rights and succumbing to feelings of hopelessness because of their medical status. This is combined with the fact that appeals to the appropriate authorities about these violations are often delayed, and IDUs and PLWHA become resigned to their rights being violated. This is combined with the executive authorities failing to act when rights are violated, and those guilty of offences not being held accountable. The basic factor for all of these violations is of a social nature: negative public attitudes to this group in the population.

3.6 Social support

Considering their needs, IDUs state that purely medical treatment (even if it is free of charge) is insufficient to help them quit drugs for good. After quitting a physical addiction, it is necessary to pass a course of psychological rehabilitation to eliminate mental dependence on the drug. Many IDUs speak of the necessity for social support in the form of self-
help groups for those individuals who are trying to stay drug-free. They also emphasize the importance of organizing leisure time activities (at least for the initial period) in order to stay away from thoughts about drugs.

In Ukraine there is no single social policy on drug users and HIV-positive individuals; there are no specialized services for them. Many experts believe that it is not drug users and HIV-infected persons, but the lack of a coordinated and effective policy that threatens society. Protection of the interests of HIV-positive persons and AIDS patients is ensured through:

- the system of state and private insurance;
- establishing special foundations to raise funds from various sources (international assistance, government institutions and self-help groups);
- targeting and guaranteeing support from international organizations to ensure prevention activities, diagnostics, and treatment of IDUs (although protection of IDUs’ interests cannot be guaranteed by anyone).

The peculiarities of IDUs and drug use mean individuals usually cannot work full-time (because it is necessary for them to inject a dose). The administrations of various enterprises and organizations are not disposed towards employing persons whose behaviours are interrupted during the working process. That is why a majority of IDUs make both ends meet through occasional earnings, which are usually enough to purchase a small amount of a drug. That is why there is a need to establish in Ukraine a system of part-time, hourly employment, which could be used both by students, pensioners and injecting drug users.

For IDUs, and especially for HIV-infected IDUs, it is vitally important to receive social support. Psychologists believe that initial positive results can be reached through *formation of a system of values and life perspectives*, if a dependent person achieves personal integrity. In this context the role of family, friends and relatives becomes the determining factor.

According to physicians, the length of the remission period in drug users greatly depends on their adherence to treatment, their eagerness to preserve their families and find a job, and on their social status, the level of parental control, and their own level of commitment to their environment. However, even given the availability of such a wide range of limiting positive factors, drug use relapse can occur unexpectedly and spontaneously, despite the drug dependent’s wishes. This is caused by the pathogenic mechanisms of the course of the disease. After a series of treatment and rehabilitation measures, the leading syndrome of opioid

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dependence is a syndrome of psychological dependence, with an obsessive and compulsive propensity towards the use of opiates.\textsuperscript{254}

In Ukraine the profession of a social worker to take care of HIV infected individuals has not been institutionalized. However, training of highly qualified specialists is conducted in Ukraine’s schools of higher education, including at the School of Social Work at the Kyiv-Mohyla Academy National University. The school establishes relations directly with HIV-infected persons and self-help groups. Still unresolved is the issue of certifying the specialization of social worker by the state schools of higher education.

AIDS centres in Ukraine, as in Russia, have started to establish groups of parents of HIV-infected persons, so-called ‘circles’.\textsuperscript{255} Sometimes such groups register themselves as non-governmental organizations or as centres of psychological rehabilitation for HIV-positive persons. These centres can also provide practical assistance to people in the field of protection of rights.

A network of organizations and facilities which implement social and rehabilitation activities with drug dependent persons. Implementation of social and rehabilitation activities with drug dependent persons is based on the number of legislative and regulatory acts. Above all, it concerns the Law of Ukraine ‘On the National Programme of Support for Youth in 2004 – 2008’ No. 1281-IV passed on November 18, 2003. One of the programme’s main objectives is to develop the ‘Your Victory’ Network of Drug Dependent Youth Re-Socialization Centres, as well as networks created by youth NGOs; supporting the work of centres of social services for youth and their special departments; and expansion of this network.\textsuperscript{256}

In accordance with the programme on implementation of the state policy ‘On Combating Illicit Circulation of Narcotic Drugs, Psychotropic Substances and Precursors for 2003 – 2010,’ which was approved by the Cabinet of Ministers Resolution No. 877, objectives to be fulfilled during the first stage (2003 – 2005) include improving measures to prevent the illicit use of narcotic drugs and psychotropic substances (through information distribution, education, early intervention, counselling, treatment, rehabilitation and prevention of relapses) and further examination and social rehabilitation in order to provide persons in need with an opportunity for timely assistance and support from appropriate services.

Along with the increase of drug users in Ukraine, one may also observe an increase in the number of organizations providing rehabilitation services to drug addicts. However, such an increase sometimes has an avalanche-like, uncontrolled nature, in which the quality of services is doubtful. According to the Cabinet of Ministers of Ukraine Resolution No. 809 from June


13, 2002, in order to activate work on rehabilitation and adaptation of drug dependent youth, a model regulation for a ‘Your Victory’ Drug Dependent Youth Re-Socialization Centre was approved. The coordination of such centres’ establishment is to be performed by the Ministry on Youth and Sports of Ukraine. The matter concerns the establishment of not a single centre, but a network of youth re-socialization centres. In order to implement this activity, the Ministry on Youth and Sports developed a number of orders during 2002 — August of 2004.257

As of December 1, 2004, there were 19 drug dependent youth re-socialization centres working in Ukraine (four of them were created with the support of UNICEF), which are united into the ‘Your Victory’ network.258 Rehabilitation centres for re-socialization of drug dependent youth can be established both within the framework of the abovementioned Cabinet of Ministers Resolution and independently (without joining the ‘Your Victory’ network). However, networking has several advantages. It is, above all, a system of state support, corporate settlement of everyday issues, exchange of experience between centres, participation in national programmes, etc. The system of monitoring and evaluation of such centres has been developed by the Ministry on Youth and Sports with the support of UNICEF.

These services belong to the social sphere. This statement is shown by Article 1 of the Law of Ukraine “On Social Services”: social services — it is a complex of legal, economic, psychological, educational, medical, rehabilitation and other measures, directed at individual social groups or persons, who face complicated life circumstances and require outside assistance (hereinafter — individuals who require social services), with the goal of improving their vital activities and helping social adaptation and a return to full-fledged life.

According to the abovementioned Law, the basic form of providing social services includes material assistance and social servicing. Material assistance is provided to persons who find themselves in a complicated life situation. This assistance may take the form of monetary or material support such as nutrition products, sanitary and hygienic products, child care support, clothes, footwear and other goods of vital necessity, and fuel, as well as technical and auxiliary means of rehabilitation.

Social services may be performed at a person’s place of residence (at home); in stationary/in-patient boarding institutions and facilities; in rehabilitation institutions and facilities; in day

257 Such orders include: ‘On the Establishment of an Intersectoral Work Group to Study the Organization and Development of a Network of ‘Your Victory’ Drug Dependent Youth Re-Socialization Centres’, No. 579 passed on August 9, 2002 (activity is concluded); ‘On the organization of the implementation of the Cabinet of Ministers of Ukraine Resolution No. 809 ‘On the Development of a Network of ‘Your Victory’ Drug-Dependent Youth Re-Socialization Centres’, from June 13, 2002 (work is fulfilled, activity is concluded); ‘On Strengthening Work on the Formation of Healthy Lifestyles, and Drug Abuse and HIV/AIDS Prevention in the Youth Environment’ No. 511, issued on May 29, 2003 (work is fulfilled, activity is concluded); ‘On the Approval of Measures to Ensure the Activities of ‘Your Victory’ Drug-Dependent Youth Re-Socialization Centres and to Promote their Network Development’ No 54 as of February 6, 2004; ‘On the Establishment of a Work Group Concerning Development of a Network of ‘Your Victory’ Drug-Dependent Youth Re-Socialization Centres and the Organization of their Activities’ No. 13 passed on April 9, 2004.

duty institutions and facilities; in temporary or permanent-stay institutions and facilities; in
territorial centres of social services; and in other institutions of social support (care).

So, social support for drug-dependent persons may take many forms and may include, in
addition to moral support, various types of social services (socio-domestic, psychological,
socio-pedagogical, socio-medical, socio-economic, legal, employment services, professional-
rehabilitation of persons with limited physical capacities, information services, etc.).

### 3.7 A network of counselling centres

In Ukraine there are at least two types of counselling centres, which form a kind of network:
counselling centres at medical institutions (AIDS Centres and drug addiction treatment
centres), and counselling units ‘Dovira/Trust’, established under social services centres for
youth.

A network of counselling centres has existed in Ukraine since 1987. Such centres represent
structural divisions of healthcare institutions, including AIDS centres and drug addiction
treatment centres. Establishment of counselling centres was one of Ukraine’s first steps in
response to the spread of HIV within Ukraine. Counselling centres are as close a possible to
the target populations in terms of both the form of work and convenient access to services.
They provide services on pre- and post-testing counselling, direct HIV diagnostics (some-
times STIs as well), guaranteeing anonymity or confidentiality. The majority of them pro-
vide services to all groups, free of charge.

It is known that counselling work concerning HIV is aimed at prevention of primary HIV
infection and its further transmission. Ukraine has substantial positive experience in this
field. In 1993, the Ukrainian AIDS Centre was the first in Ukraine to introduce pre- and
post-testing counselling as a structural element of HIV-antibody diagnostics.

The risks of punishment for behaviour which is considered socially unacceptable forces indi-
viduals who belong to vulnerable groups to avoid medical assistance (including HIV- anti-
body testing) from healthcare facilities which do not guarantee anonymity and observance
of medical secrecy.

This fact is proved by the long-term practice of the Ukrainian AIDS Centre’s counselling
centre: among clients who took advantage of anonymous testing, the number of individuals
infected with HIV is on average four times higher than those individuals who were tested,
and whose names and places of residence were recorded.

An increase in IDUs providing their addresses voluntarily helps in implementing prevention
programmes for this group, and providing counselling for HIV-antibody testing helps drug

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259 People and HIV (Kyiv: International HIV/AIDS Alliance in Ukraine, 2004), 259./ Люди и ВИЧ. – К.:
users choose safer behaviours. The positive experience of the Ukrainian AIDS Centre was shared with regional AIDS centres. Their data, in turn, prove the need to provide counselling services anonymously.

By the end of 2004, 52 Dovira counselling units were working in 14 Ukrainian cities. They were established at youth social services centres to conduct prevention activities. Some of these units are funded within the framework of joint projects of the State Centre of Social Services for Youth and UNICEF; others are supported by the State Budget through the CSSY system. In 2001 from the State Budget they allocated UAH 53,000 to support counselling units for injecting drug users; in 2002 it was UAH 168,000; in 2003 it was UAH 300,000; in 2004 it was UAH 419,000.

During this period the number of IDU appeals to Dovira counselling units increased from 4,000 in 2001 to 22,265 in 2003. Dovira units are supported by active cooperation between the following centres of social services for youth and non-governmental organizations:

- All-Ukrainian Network of People Living With HIV/AIDS, the ‘Human Rehabilitation Centre’ Charity Foundation, the ‘New Way of Life’ Charity Foundation, the ‘Hope and Salvation’ non-governmental organization (Autonomous Republic of Crimea);
- the ‘Logos’ Centre of Practical Psychology (Volyn oblast);
- the ‘Club Victoria’ non-governmental organization of PLWHA (Dnipropetrovsk oblast);
- the Charity Foundation ‘The Health of the Nation’ (Donetsk oblast);
- the ‘Salus’ Regional Foundation, the ‘All Together’ Charitable Non-Governmental Foundation Centre for Social and Psychological Information, the ‘Blossom of Ukraine’ Brybuzhansky Charity Centre (Lviv oblast);
- the ‘Charity’ Charitable Foundation, the ‘Unitus’ Charitable Foundation (Mykolayiv oblast);
- the ‘Faith, Hope, Love’ Public Movement, the ‘A Way Home’ Charitable Foundation (Odesa oblast);
- the ‘A Light of Hope’ Charitable Association in Support of People Living With HIV/AIDS, the ‘Club April’ non-governmental organization, the ‘Anti-AIDS’ Charitable Foundation (Poltava oblast);
- the ‘The Red Ribbon’ Charitable Foundation of Support of People Living With HIV/AIDS (Kharkiv oblast);
- the ‘Stairs’ NGO Rehabilitation Centre, the non-governmental organization ‘All Together’ Association to Resolve the Problems of Drug Abuse and AIDS, the ‘Vedis’ Centre of Re-Socialization of Chemically Dependent Persons non-governmental organization (Chernihiv oblast);
- the ‘Modus’, ‘Dzherelo/Spring’, and ‘Volunteer’ non-governmental organizations (Sevastopol).
For Ukraine this experience is unique, because the state centres and non-governmental organizations are working together with state support to implement programmes. The State Budget contains a separate article on funding SSY Centres, which allows support for permanent harm reduction programmes (to be carried out by CSSY with NGOs participation).

There are positive reports by local authorities about the Dovira counselling unit at CSSY. In Odesa oblast Baltsky raion, CSSY agreed to cooperate with the raion department of the MoI and the raion healthcare department. As a result, the local Dovira unit occupied space in the drug addiction office of the Rehabilitation Centre. In Mykolayiv oblast in May, the regional CSSY organized and conducted intersectoral working meetings to establish Dovira counselling units in Ochakiv and Nova Odesa. These meetings resulted in draft resolutions to implement practical harm reduction strategies when working with IDUs in these cities. In Chernihiv oblast, a number of organizational measures were carried out to establish a Dovira unit in the city of Pryluky, and the counselling unit received their own premises, which are being equipped and staffed.

Within the Dovira counselling unit in the city of Sevastopol CSSY five mutual assistance groups were created: two of them for injecting drug users, one for HIV-infected individuals and an additional two groups for co-dependent persons. In a number of CSSYs (Melitopol city CSSY in Zaporizhya oblast, Chervonohrad city CSSY in Lviv oblast and Chernihiv oblast CSSY) there are mutual assistance groups composed of parents whose children use drugs. In Mykolayiv oblast CSSY there is a mutual assistance group called ‘Exit’ to support HIV-infected injecting drug users.

So, the main advantage of social services centres for youth in the cities mentioned above in the field of HIV infection prevention among IDUs is systemic in nature and includes cooperation with other state institutions and non-governmental organizations.


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According to data from the State Centre of Social Services to Youth, 2004 (unpublished)
Conclusions to Section Three

Providing comprehensive medical services to drug-dependent individuals in Ukraine today requires a number of additional definitions and regulations at the national level, especially concerning the order of purchasing or receiving free, paid or partially paid services, as well as regulations concerning receiving free medicines.

The work of medical facilities which deal with secondary and tertiary prevention (drug addiction hospitals and treatment centres, AIDS Centres, mental facilities, etc.) are financed, as a rule, from: the state budget; off-budget funds of local administrations; revenue from self-supporting activities of healthcare institutions and medical insurance funds (the latter source of financing brings only minor returns).

Medical institutions (especially in small towns, which do not have the status of oblast and raion centres) suffer from a lack of funds to purchase the necessary equipment, medications, maintenance of patients, etc. There is a vital need to:

• create new places for inpatient treatment of drug dependent IDU patients in cities with no drug addiction clinics and with large numbers of IDUs;
• expand the capacity for HIV testing and counselling;
• establish facilities for rehabilitation (re-socialization) of IDUs; and
• establish substitution therapy programmes.

In many cities, prevention programme implementation is realized in close cooperation and interaction with other services which work with vulnerable populations. However, this level of cooperation is not established in the majority of cities, or in raions and oblasts. It is also important to find ways to implement prevention programmes for drug users and other communities that are vulnerable to HIV infection. It is also necessary to provide more communication and care than these groups have received in the past.

Important service providers for IDUs in Ukraine are local non-governmental organizations. Their activities are supported, as a rule, by international organizations and charity agencies. Services provided by NGOs include: disseminating informational and educational materials; syringe exchange; distribution of condoms and disinfectants; provision of humanitarian assistance; individual and group counselling on HIV/AIDS, infectious diseases, drug dependence, psychological dependence, ways to help mitigate the medical, social and psychological aspects of HIV infection, legal issues, as well as family counselling; referring for medical examination and treatment to other healthcare facilities; telephone counselling; employment; and involvement into self-help group activities.

The availability of these services is rather limited, and yet, expanding their range is often complicated by both local organizations and law enforcement agencies. These agencies often believe that exchanging syringes is one way to propagate injection drug use. They are also complicated by local inhabitants, who are afraid of an increase in crime and ‘young people roaming around’ at night. This is why new free syringe exchange units are
often picketed by local residents. Such protests usually stop after appropriate explanations are made.

The work of prevention programmes is hampered by a lack of an effective infrastructure for services for injecting drug users who want to control or get rid of their dependence permanently. Treatment, rehabilitation and even detoxification remain inaccessible for the majority of IDUs. As a rule, such services are ineffective.

Virtually unresolved at the legislative level remains the issue of substitution therapy in Ukraine. This is brought about by conflicting attitudes towards this methodology by representatives of profile ministries, policy-makers and relatives of IDUs. The first substitution therapy pilot project in Ukraine was launched only in April 2004, and for this reason Ukraine does not have sufficient experience in this field. Discussions are currently being held around methadone programme implementation.

One cannot expect that substitution therapy will be effective in the absence of extensive socio-therapeutic and rehabilitation measures, as well as adequate professional and labour rehabilitation. It is necessary to search for realistic opportunities to expand this activity both in the healthcare system and within other state institutions. To achieve this goal, it is necessary to invigorate the activities of HIV/AIDS Coordination Councils.

The absolute majority of violations of the rights of IDUs and PLWHA-IDUs in different spheres of everyday life are caused by a variety of objective and subjective factors. There is a low level of knowledge of current Ukrainian legislation among vulnerable populations about their rights and legal interests in the majority of cases. In addition, IDUs and PLWHA are often unable to protect their rights because of a lack of means. Law enforcement agencies are often ‘directed’ to fulfil plans concerning confiscation of narcotic drugs, psychotropic substances and precursors (which leads to the rights violations). Medical staff often have a low level of legal awareness, and IDUs are not recognized as seriously ill patients requiring appropriate medical assistance and services. This is complicated by the misconception that medical treatment for HIV/AIDS is hopeless and this disease will only end in death. Further, medical personnel fear infection with HIV or a disease prevalent among PLWHA (which shows the low level of professional understanding among medical workers). Appeals to appropriate authorities concerning these violations are often delayed, and IDUs and PLWHA become reconciled to their rights being violated. This is combined with the executive authorities’ failure to act when the current rights legislation is violated, and those guilty of offenses not being held accountable. The basic factor for all these violations is of a social nature: negative public attitudes to these groups and individuals.

Problems exist in providing legal services to injecting drug users because not all of them are paid. Free legal services for HIV-positive individuals are provided by the legal department of the All-Ukrainian Network of PLWHA, but this information remains inaccessible to the majority of potential clients. Even though drug users and HIV-positive peoples’ rights are frequently violated, they do not dare to appeal to courts, fearing the procedures of rights protection on the one hand and not knowing their rights on the other.
In Ukraine there is no single social policy on drug users and HIV-positive individuals; there are no specialized services for them. According to sociological surveys, the main social problems of these populations are: employment, labour-management relations, the threat of losing a job; residence conditions and material well-being; stigmatization and discrimination; poor relations with family members, relatives and friends; receiving psychological assistance; receiving medical assistance; preserving the secret of their positive HIV diagnosis; relations with law enforcement agencies; and human rights violations.
SECTION 4. MONITORING AND EVALUATION

4.1 The modern monitoring and evaluation system on HIV/AIDS among IDUs in Ukraine

In order to address the problems of HIV/AIDS and drug abuse, it is necessary to adopt institutional measures at the national and local level; involve a broader stratum of the population in the strategic planning and implementation process; ensure that an appropriate needs assessment is performed; introduce professional training programmes to teach new skills; increase access to a broad range of services based on practical experience; and establish monitoring and evaluation systems.

As was mentioned earlier, currently there are many programmes for preventing HIV/AIDS among IDUs being implemented in Ukraine with the support of international donor organizations, non-governmental organizations and scientific and research institutions. However, dissemination and coordination of information about these programmes and their results and achievements, as well as about oversight of these activities, is quite ineffective, and the available information is not always accessible to decision-makers. The main factor is the lack of an effective and comprehensive national monitoring and evaluation system on HIV/AIDS and drug abuse. Such a system should be ensured at the legislative level.

Information technology (IT) is gradually attaining high status in monitoring the HIV/AIDS status of IDUs in Ukraine. As a rule, public organizations deal with the results of IT applications, such as statistics, forecasts, etc. However, professional centres, whose activities are aimed at studying various aspects of HIV/AIDS and injection drug use problems, are in desperate need of such technologies, because IT allows quick and accurate processing of large volumes of information according to many indicators, creating a comprehensive social picture.

It should be noted that various HIV/AIDS monitoring and evaluation studies among injecting drug users were performed in the past and are currently being performed in Ukraine. These studies have different objectives: from monitoring individual projects and evaluating their social, administrative and/or economic efficiency, to monitoring and evaluation of a specific programme which consists of several projects. Such studies are usually generalized; they focus on individual projects/programmes; and their results are accessible only to a limited group of people. At the same time, an epidemiological monitoring system on HIV infection is being developed more actively, with specific targets.

Currently, monitoring and evaluation is performed by most organizations at various levels working in HIV/AIDS prevention. A large number of projects concerning injecting drug-use behaviors connected with the risks of HIV infection have been implemented in Ukraine; there have also been analyses of the social consequences, but the majority of them were performed by uncoordinated actors, using various methodologies and samples. Active joint work continues in developing a standardized mechanism to monitor harm reduction programmes and to evaluate their effectiveness (All-Ukrainian Harm Reduction Association, International HIV/AIDS Alliance).260

The frequency of development of such studies and their coverage of all regions of Ukraine is falling behind the actual needs of Ukrainian society. This considerably reduces opportunities to develop an efficient policy on introducing an HIV prevention strategy among injecting drug users, as well as its effective implementation. At the same time, the current epidemiological situation concerning HIV/AIDS among IDUs requires a comprehensive approach to ensure: 1) overall coverage of this phenomenon; and 2) comparison of social and behavioural parameters with epidemiological characteristics. So, the development of a national monitoring and evaluation system on drug abuse and HIV/AIDS is extremely critical under the current conditions.

4.2 Epidemiological monitoring of HIV/AIDS among IDUs

In Ukraine, epidemiological surveillance of HIV is through a state system. The main mechanism of this system is collection, analysis and interpretation of data about infectious diseases, and regular reporting on these data. The system is effective with respect to the majority of infectious diseases.

However, HIV epidemiological surveillance experience shows that the current system of data collection and analysis does not reflect the real prevalence of the epidemic, a result of both the medical and non-medical features of this disease. Such a state of affairs requires a new strategy, such as that recommended by WHO/UNAIDS: a sentinel surveillance system. It has proved its effectiveness in HIV epidemiological research in Western Europe, Africa and Asia. In Ukraine, sentinel studies were infrequent; they were conducted in certain regions only.

A modern HIV epidemiological surveillance system among IDUs (second-generation surveillance for HIV), includes three components: HIV epidemiological studies, STD epidemiological studies, and behavioural monitoring.

Second-generation HIV/AIDS epidemiological surveillance among IDUs involves a combination of epidemiological and behavioural data, allowing exploration of their interrelations. The first surveillance was conducted in 1999 with UNDP support; the second was in 2002 with UNICEF support; in 2004, it was implemented with the assistance of the International HIV/AIDS Alliance.

The introduction of a modern HIV surveillance system among IDUs in Ukraine will provide a real view of HIV/AIDS prevalence, and allow the development of epidemiological forecasting over time, making possible accurate budget allocations, which are quite important given the lack of funding of the healthcare system in Ukraine.

The current Ukrainian epidemiological surveillance system. The official registration system is based on official reports of the number of new HIV and AIDS cases, provided by region-

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al AIDS centres to the Ukrainian AIDS Prevention Centre. People who have a positive reaction to HIV antibodies and pass clinical testing in treatment and prevention facilities (AIDS centres) are registered in the system.

Seroepidemiological monitoring records the number of HIV tests and the number of HIV-infected persons detected by laboratories which perform diagnostic tests. This data is received through screenings of IDUs as well as diagnostic testing results.

**Sentinel HIV/AIDS surveillance.** In 1988, WHO introduced the sentinel surveillance method as a more effective method to monitor trends in HIV infection. This method involves the systematic collection of data on HIV prevalence among select groups of the population in a defined territory during a defined period of time. Sentinel studies involve anonymous, unlinked (or linked) testing, in which individuals’ identifying details are excluded. The first sentinel epidemiological studies among IDUs in Ukraine (by NGOs with epidemiologists from public health and epidemiological units) were conducted in 1997 in Odessa and in 1998 in Poltava.

Further sentinel studies among IDUs, FSW and STI patients have been performed by the Ukrainian AIDS Prevention Centre over the past several years.

According to seromonitoring data, the HIV prevalence index among IDUs over the last three years remained stable at 10%; according to sentinel studies in 2000, it ranged from 17% to 64%, depending on the region.

The data acquired suggest the necessity of systematic studies of this type among risk groups and other populations to determine the actual situation with respect to HIV infection in Ukraine.

**Behavioural monitoring.** Observing behaviour is a key element of an HIV/AIDS epidemiological surveillance system. Information on behaviour makes it possible to gain in-depth information on the dynamics, hidden causes and outcomes of the epidemic, and provides understanding of the effectiveness of interventions aimed at preventing HIV infection at different stages of development of the HIV epidemic. Behavioural monitoring has specific elements.

When HIV infection levels are at the stage of concentrated epidemics, behavioural monitoring should include: research on the behaviour of groups at high risk for HIV infection; research on the behaviour of bridge groups; and research on the behaviour of the general population and individual social and demographic groups.


The goal of behavioural monitoring is to gather information about potential factors which contribute to the prevalence of HIV in society, as well as to use this information for statistical and educational activities and the planning, monitoring and evaluation of the effectiveness of prevention programmes with respect to individual target groups, youth, and the general population.

Behavioural monitoring is performed by conducting systematic behavioural studies which provide information on the population’s knowledge, attitudes (stereotypes, beliefs, myths) and behaviors concerning HIV.

Behavioural monitoring allows researchers to: learn the behavioural peculiarities of representatives of certain groups, and plan intervention actions on this basis; determine the interrelations between population groups with lower and higher behavioural risk levels; study changes in risk-associated knowledge, attitudes and behaviors; and evaluate the effectiveness of intervention programmes directed at changing knowledge and attitudes and encouraging safe behaviors.

Behavioural monitoring principles:

Provide an opportunity to compare results across time and space.

1. This requirement is implemented through standardization of the methodology used in each individual research project:
   • Use of standardized indicators (questions) for various target groups;
   • Use of a single methodology for creating sampling total for a defined group as the study subject;
   • Standardization of analysis in comparing the results of separate studies.
2. Take into account the stage of the HIV/AIDS epidemic and regional (village) characteristics.
3. Meet the needs of the national and regional monitoring and evaluation system with respect to the effectiveness of the current response to HIV/AIDS.
4. Track tendencies through regular and systemic behavioural monitoring.
5. Provide information for comparison between Ukraine and other countries.

Until now, Ukraine has had experience performing behavioural studies among representatives of high risk groups for HIV infection (including IDUs). Beginning in 1996, a variety of studies were conducted on behavioural elements and the level of information distribution about HIV/AIDS and IDU prevention programmes. These studies were linked with research on HIV prevalence factors among IDUs and with planned prevention measures; and with research on the effectiveness of certain anti-epidemic measures and on trends in behaviour among representatives of target groups.

Link with sentinel biological studies: Second-generation sentinel surveillance systems involve a close connection between behavioural and sentinel biological research. There are two ways to establish such a link:

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Ibid., 9-10.
• Linked research, in which both interviewing respondents and taking blood samples for biological analysis are performed at a single visit. The blood sample and a completed questionnaire are given the same identifying code. Thus, the identification code allows researchers to compare the results of biological and behavioural research at the individual level (without personal identification).

• Conducting behavioural research in the same sentinel areas where used needles and syringes are collected to test blood remnants, or where HIV sentinel examinations of members of target groups is performed. There is no comparison of biological and behavioural research results at the individual level.

It should be noted that in performing sentinel biological research and IDUs behavioural monitoring, there is an urgent need to ensure the anonymity and confidentiality of both tests and questionnaires.

Second-generation surveillance methodology does not require linked research. In certain cases, however, collection of data within sentinel biological studies and polling within behavioural monitoring may be performed simultaneously. In this case, preliminary joint preparation of interviewers and those who perform biomaterial sampling is conducted. In the event of linked sentinel research, the questionnaire should include the number of the blood sample, but IDUs do not always agree to give blood for analysis.

If the method is used of testing for HIV among IDUs by analyzing blood left in syringes and needles turned in to syringe exchange units, or testing blood samples with the informed consent of participants, behavioural polling is recommended in sentinel areas where research on HIV or other biomaterials is conducted simultaneously. In order to gather accurate information, special attention must be paid to avoid ‘double counting’ the same person, who may visit syringe exchange units several times during the study period.

4.3 Institutionalization of monitoring and evaluation of HIV/AIDS among IDUs

Currently in Ukraine there is no national monitoring and evaluation (M&E) system within the national response to the HIV/AIDS epidemic. Accordingly, there is no national M&E system regarding HIV/AIDS among IDUs. However, a great deal of preparatory work has been done to develop such a system. In 2003, under the initiative of the Ministry of Health of Ukraine and with the support of a large number of stakeholders, including ministries, UN agencies, civil society organizations and international NGOs, the Ukrainian National Monitoring and Evaluation Plan on HIV/AIDS was prepared. However, this plan has not been implemented.

In 2004, the International HIV/AIDS Alliance in Ukraine became a temporary Principal Recipient of a grant entitled ‘Overcoming the HIV/AIDS epidemic in Ukraine’, provided by the GFATM. As a result, an expert group coordinated by UNAIDS was able to develop draft methodological recommendations on collecting information in compliance with

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national indicators\textsuperscript{266} for IDUs, in particular: methodological recommendations on monitoring the Behaviour of injecting drug users as a second-generation epidemiological surveillance component.

To date, a list of national indicators for Efficient Monitoring and evaluation with respect to the response to HIV/AIDS epidemic has been compiled and submitted to the Government of Ukraine for review. the process of collecting data in compliance with the national indicators defined in this list has been completed.

A set of national indicators was selected on the basis of a planned process with the involvement of many stakeholders. In developing the current national indicators, efforts were made to harmonize/coordinate various programmes and projects. Below is the list of national indicators for IDUs:

1. Percentage of IDUs who have adopted behaviours that reduce transmission of HIV, i.e., who both avoid sharing injecting equipment and who use condoms (code – VUL1, UNGASS core indicator).

2. Percentage of respondents in a survey of injecting drug users who, in response to prompting, identify switching to non-injection drugs, avoiding sharing injecting equipment, and cleaning injecting equipment with bleach as methods of preventing HIV transmission (code - VUL2, UNAIDS additional indicator).

3. Percentage of the population requesting an HIV test, receiving a test and receiving the test results (code - VCT1, additional UNAIDS indicator for high risk groups).

4. HIV prevalence among IDUs on the basis of sentinel studies (code – IMP5, alternative core UNGASS indicator).

\textbf{4.4 Strengths and weaknesses of current M&E system of IDUs in Ukraine}

\textbf{Organizational problems.} Many types of activities connected with monitoring and evaluation of both HIV in general and HIV among IDUs in particular are performed in Ukraine through various subsystems with participation of various government ministries, national or international NGOs, research institutes, and donor organizations. As a result, none of them has a complete and comprehensive overview of M&E activities concerning IDUs. A coordination mechanism between stakeholders is lacking; a single approach towards M&E data collection priorities is also missing. In addition, the flow of information between ministries, NGOs, research institutes, donors and technical assistance organizations is not coordinated. There is a lack of systematic use of M&E data in strategy and programme development.\textsuperscript{267}

\textbf{Informational problems.} There is a great necessity to develop a single informational database on HIV/AIDS among IDUs. Adequate, detailed information is lacking about IDUs, name-


\textsuperscript{267} Ibid., 42.
ly: their numbers and social and demographic characteristics. There is a need to create a computerized and technology-based forecasting model of the social and economic consequences of the spread of the HIV/AIDS epidemic.

**Strengths of the current HIV epidemiological surveillance system in Ukraine.** According to Ukrainian law, HIV testing is voluntary. Information on the results of sero-epidemiological monitoring of the prevalence of HIV in Ukraine reflects the volume and results of HIV testing of various groups of the population, but it does not contain personal identifying data. Information on officially-registered HIV/AIDS patients includes all cases of HIV/AIDS among persons with appropriate registration. Personal information is kept confidential. Data analysis on the results of HIV antibody testing (seromonitoring) is performed according to separate codes. This makes it possible to make conclusions about HIV infection in certain vulnerable groups. Surveillance data allows the epidemic’s development to be tracked, and the progress of prevention activities to be monitored at the national level. Epidemiological surveillance allows data to be compared from various regions of Ukraine. Through surveillance, it is possible to forecast and plan steps to alleviate the consequences of HIV/AIDS. Surveillance data can inform public opinion and society’s response to the country’s HIV situation.

**Weaknesses of the current HIV epidemiological surveillance system in Ukraine.** Data from epidemiological surveillance is not always representative. Recording sero-monitoring data (the results of blood tests) is not perfect: the database on pregnant women includes tests which do not correspond with the number of examined women; and persons tested anonymously in counselling centres are not included in the official statistics. The current surveillance system does not focus on HIV prevalence trends in high-risk groups: injecting drug users, female sex workers, men who have sex with men, etc. Official registration and seromonitoring data does not allow analysis of HIV/AIDS prevalence in terms of the social characteristics of the people examined. There is also a lack of a single testing strategy. Decisions on examination volumes and groups are made at the oblast level, and depend on the local financial situation.

**Strengths of HIV sentinel surveillance in Ukraine.** It is the only method which provides a realistic picture of HIV prevalence among IDUs; it also documents, in a timely manner, changes in the epidemic’s development within this group. This method makes it possible to uncover geographic aspects of the spread of HIV among IDUs. It also allows researchers to track trends in the development of HIV infection among IDUs over time. Sentinel research data can be used to evaluate the effectiveness of prevention programmes concerning particular IDU groups or regions. It is a cost-effective method of addressing the epidemic.

**Weaknesses of the current HIV sentinel surveillance in Ukraine.** The sentinel surveillance system is not carried out at the national level. Sentinel studies of HIV among IDUs are not integrated into a single surveillance system of HIV among IDUs in Ukraine. Studies are performed occasionally, within the framework of pilot projects. There is a lack of trained personnel to conduct such research.
Advantages of behavioural monitoring. This method allows researchers to learn the details of IDU behaviour and to plan interventions on this basis. It also helps to reveal interrelations between populations with low levels of behavioural risk, and IDUs. If repeated, it allows researchers to study behavioural changes connected with risks among IDUs. On the basis of this, it is possible to evaluate the effectiveness of intervention programmes directed at behavioural change and the formation of safe behaviors among IDUs.

Weaknesses of behavioural monitoring. The national system of IDU behavioural monitoring is still under construction. Behavioural studies are performed by various non-governmental organizations, using different methodologies. As a consequence, the data cannot be compared. The reliability of such studies is problematic because there is no information about the target group (IDUs), in particular, its structure and numbers.

Conclusions of Part 4.

Currently in Ukraine, substantial numbers of programmes and projects have been implemented involving social monitoring of HIV infection among IDUs, IDU behavioural studies, the risks of HIV infection, and analysis of social and economic consequences. But the majority of these were performed by uncoordinated actors according to a variety of methodologies and sampling methods. Until recently, dissemination and coordination of information about such programmes, the results of their implementation, and the management of such activities were quite ineffective. The main factor affecting this is the lack of an effective and comprehensive national monitoring and evaluation system on HIV/AIDS and drug abuse, which should be ensured at the legislative level.

With respect to epidemiological monitoring of HIV among IDUs, an up-to-date surveillance system has been developed and put into practice. It is a modern HIV epidemiological surveillance system for IDUs, called ‘second-generation surveillance’. It is a part of a general monitoring and evaluation system. It includes three components: HIV epidemiological studies, STD epidemiological studies, and behavioural monitoring of IDUs.

At present in Ukraine there is no national monitoring and evaluation (M&E) system for the national response to HIV/AIDS. Accordingly, there is no national M&E system concerning HIV/AIDS among IDUs. However, a great deal of preparatory work has been done to develop such a system. In 2003, under an initiative by the Ministry of Health of Ukraine and with the support of a large number of stakeholders, including ministries, UN agencies, civil society organizations and international NGOs, the Ukrainian National Monitoring and Evaluation Plan on HIV/AIDS was prepared.

In 2004, the International HIV/AIDS Alliance in Ukraine became the temporary recipient of a grant entitled “Overcoming the HIV/AIDS epidemic in Ukraine”, provided by


269 Ibid.
GFATM. As a result, it was possible to develop draft methodological recommendations for collecting information in compliance with national indicators for IDUs. This work was continued by the Alliance with UNAIDS support. So far, they have prepared a list of national M&E indicators concerning the effectiveness of HIV/AIDS response activities. This list was submitted to the Government of Ukraine for approval, and the process of collecting data in accordance with the national indicators has been completed. As for the IDU component in the M&E system, joint work is underway, directed at developing a standardized mechanism for monitoring ‘harm reduction’ programmes and evaluating their effectiveness (All-Ukrainian Harm Reduction Association, International HIV/AIDS Alliance in Ukraine).

CONCLUSIONS

An analysis of the current drug scene in Ukraine shows growth in the consumption of narcotic substances. The underground character of the drug scene’s development does not hinder its activities, which are manifested in the growing numbers of patients with drug-related disorders (in both urban and rural areas); in the growth in drug-related crimes; in the expanded range of drugs and psychotropic substances that are available; and in the appearance of a statistically-significant and constant growth in the number of social groups of drug users.

The key trends in the development of the drug scene are stable annual growth in the number of patients with drug addiction (by 11-12%), and a significant expansion in the range of drugs available for non-medical use (synthetic drugs and stimulants and the quick spread of the combined use of drugs and psychotropic substances). According to medical examinations, users are now shifting from the use of opioids alone to the combined use of drugs and other psychotropic substances.

Data from medical examinations of conscripts in Kyiv demonstrate that this category of young people is moving from the use of opioids alone to the combined use of drugs and other psychoactive substances. Their frequency of drug use is significantly influenced by the level of addiction, the availability of money to buy them, and other factors. Most drug addicts use drugs two or more times a day.

The country is witnessing the increasing youthfulness of the numerous patients with different disorders caused by drug use. The average age of first drug use is thirteen to fifteen years, although in some places it is even lower: nine to twelve years and even seven to eight years. The average age of patients with various drug-related disorders is decreasing in Ukraine: the median age of drug users has been decreasing each year by approximately 0.1-0.15 years, and children comprise 11-13% of total drug addicts in some cities (e.g., in Donetsk).

At present, Ukraine lacks a uniform approach by different experts to the determination of the number of drug uses. The underground character of the current drug scene explains significant differences in the data of the MoH, MoI and sociological research studies, showing only the visible part of the ‘tip of the iceberg.’ After the cancellation of the collation of the data on drug users between MoH and MoI, the situation did not essentially change: the number of patients at the drug clinics did not significantly grow, while the differences in the official data from different institutions increased. This is evidence of the continuing lack of trust of drug users towards the state health care facilities.

One of the consequences of the transformation of the drug scene has been the creation of groups involved in illegal drug trafficking. They include not only Roma (typical in the 1990’s), but also other nationalities, while local residents prevail among the drug pushers. Access to drugs is made easier by the fact that they are sold by people from within the community of potential users, such as local residents and friends, and the spread of drug use occurs within specific groups (of either a closed or more open type).
The concept of open or closed drug scenes is especially relevant in relation to injecting drug use. A completely closed drug scene typically occurs in local groups involved in the production and use of homemade opiates. The external contacts of such groups are limited to the purchase of raw materials and precursors, and dealership is practically non-existent.

A relatively open drug scene with respect to homemade opiates exists in places where drug dealership is widespread. As a rule, these are places densely populated by roma, where drugs are available all the year round for anyone wishing to buy them individually or through dealers.

An examination of the drug scene in Ukraine shows that, despite active measures to decrease the demand and consumption of narcotic substances, drug use in the country is not declining. On the contrary, it is increasing gradually, and showing new tendencies and characteristics.

Mostly this has been is brought about by the lack of a comprehensive state strategy which would determine the key principles of the state policy on drugs and would consolidate and reinforce the anti-drug efforts of various social institutions.

The lack of such consolidation leads to the assumption that the most attractive approach to the situation would be to ‘subdue’ drug users and to deprive them of an opportunity to ‘create demand’ for narcotic drugs. Currently in Ukrainian society, such a policy has the support of the public, which views drug users as public disturbers or dangerous criminals. However, both international and national experience proves that such a policy will not lead to the reduction of demand for drugs if nothing is done to resolve the economic, social and health-care problems connected to illicit drug use. So, the problems in work with injecting drug users are brought about by various objective and subjective circumstances that need to be resolved at the national and regional/local levels.

Problems in work with IDUs that need to be solved at the national level.

**Policy.** The current state policy of Ukraine addresses the problems of HIV/AIDS prevention in Ukrainian society. This is shown by the number of current legislative, normative and legal acts. However, organizations (social, medical, legal) which work with injecting drug users perform their duties at the intersection of spheres of regulating illicit drug circulation, preventing drug abuse and the spread of HIV infection among the population, and targeting their services to injecting drug users and addicts. Each of these spheres is regulated by individual, narrow-oriented norms: regulating the circulation of drug (under the domination of law enforcement, and with repressive approaches) or implementation of preventive medical and social activities (using harm reduction principles). The lack of a legislative definition of balanced state policy on illicit drugs that would clarify the system of actions directed at problem prevention and drug use harm reduction leads to numerous ambiguous assessments of these organizations’ activities, and misunderstandings and problems in the development of intersectoral drug prevention programmes of a social nature. A separate national body is needed (a National Bureau or National Committee), that would be responsible for the development of a state policy on drugs, as well as for the coordination of the work of various...
departments, ministries, and organizations of different spheres to implement drug abuse prevention activities and work with drug users.

**Legislative priorities.** Ukrainian legislation generally complies with modern international principles both in the sphere of regulating drug circulation and preventing the spread of HIV/AIDS. However, there are some contradictions which influence the regulation of prevention activities.

Even though the Criminal Code of Ukraine does not specifically mandate criminal liability for drug use, its current norms contribute to the easy ‘transformation’ of a drug user into a criminal, because by buying, producing, transporting and storing drugs, even without the intent to sell them, drug addiction patients violate the current criminal legislation of Ukraine (Articles 305 – 320 of the Criminal Code of Ukraine), and it is impossible to use drugs without either buying or producing them. The existence of these norms complicates prevention activities of organizations which work under harm reduction projects, because IDUs often neglect the safety aspects of drug injection, fearing arrest by law enforcement officers. Withdrawal syndrome can also be used to elicit incriminating evidence by law enforcement authorities, and compulsion to take blame — in other words, it leads to manipulations of detained persons. Such a situation requires shifting the emphasis of law enforcement work from drug users to drug dealers and drug traffickers; intensifying their prosecution; and focusing on the use of money from illegal drug trafficking. Appropriate legislative reform also needs to be combined with re-training of law enforcement officers.

A single law on prevention of drug use is needed, which would clearly regulate the key areas of prevention and designate the spheres of authority and the responsibilities of its subjects, as well as the mechanisms for their cooperation.

**Coordination of Activities.** To reduce drug demand in Ukraine, there is a number of governmental and non-governmental organizations working in the country. Their activities at the highest level are coordinated by the Coordination Council on Combatting Drug Addiction within the Cabinet of Ministers of Ukraine. However, this body does not coordinate the work of organizations at the executive level, at the level of organizations. On the other hand, in 2004 there were two coordination bodies responsible for HIV/AIDS prevention on the top level: the Government Commission on HIV/AIDS Prevention with the Country Coordination Mechanism that was formed within it, and the Temporary Special Commission of the Verkhovna Rada of Ukraine on HIV/AIDS. However, none of these bodies actually worked.

As a result, the country actually lacks a multi-level coordination structure for the activities of different organizations involved in drug use prevention, and due to this fact, the existing prevention organizations do not constitute a system that would purposefully contribute to the identification, removal and neutralization of the causes of drug use, and, respectively, would reduce its negative impact. A corresponding coordination body was established in May 2005. It is the National Coordination Council on HIV/AIDS Prevention, headed by Vice Prime Minister. The newly created Council undertook the functions of the Governmental Commission on HIV/AIDS Prevention and of the Country Coordination Mechanism.
There is a separate need for coordination at the national level of the activities of NGOs. This would enable them to expand their capacity to share their experiences and printed materials, and to organize targeted training sessions, conferences, and volunteer training.

**Social mobilization (against stigma and discrimination).** In Ukraine, injecting drug users, as well as other groups vulnerable to HIV infection (IDU, FSW, and MSM) are not always ready to participate in prevention programmes because of the widespread stigma concerning IDUs and HIV-positive persons. Public opinion is entirely intolerant towards drug dependence, and sometimes it is even hostile: more than 50% of the population is afraid of PLWHA, while 39% of those polled were against the state financing a programme of providing clean syringes at no cost to IDUs. So, IDUs have to face a double stigmatization: as injecting drug users on the one hand, and as persons with a high risk of HIV infection on the other hand.

In this regard it is necessary to develop tolerant attitudes in the whole society towards prevention of drug abuse and the spread of HIV/AIDS, first of all, among the country’s leaders (the President, Prime-Minister, Speaker of the Parliament), political and religious leaders, political circles of power, business people, medical workers, etc. – as the basis of the response to HIV/AIDS at the local and national levels.

In addition, it is necessary to shape the national-level public opinion on attitudes towards people with drug dependence, and issues surrounding their social protection, medical treatment, and care, putting a special focus on the need to overcome current fears in society.

**Introduction of social technologies: public service announcements.** At present, public service announcements (PSAs) do not pay enough attention to the prevention of HIV infection in the country and to reducing the harm caused by drug abuse in some groups and in the general population. Despite the high level of intolerance and social stigmatization of IDUs and PLWHA, the country has not performed any research to investigate the level of PSA coverage of these problems, even though it is supposed to play a significant role. Those few public service announcements on HIV prevention are characterized by simplistic storylines (‘you watch it once, and the next time it is not interesting’) and a lack of professionalism at the development stage. At the national level, it is necessary to create a programme for the development of targeted PSAs on HIV/AIDS prevention and to attract highly qualified professionals from PR and advertising to expand the range and scale of PSAs (in particular, to organize contests, to mobilize local PSAs, etc.).

**Advocacy.** Advocacy, as one of the kinds of social technologies used in the prevention of HIV/AIDS, started to develop in Ukraine not so long ago. At the national level, advocacy on behalf of HIV-infected people is done by a range of HIV-related organizations that focus their activities on changing the current policy, legislation, regulations and practices. Advocacy on behalf of the interests of drug addicted people is mostly performed by the Ministry of Health and international organizations (WHO, UNDP, UNAIDS, International Renaissance Foundation, International HIV/AIDS Alliance in Ukraine, and others), which promote the need to introduce substitution maintenance therapy in the country. Through the use of advocacy methods, they managed to organize civil and parliamentary hearings on HIV/AIDS problems and drug related policy in the country. However, the positions of MoH and law enforcement institutions still remain uncoordinated at the national level, including
the adoption of a framework for governmental drug policy; legislative approval of the harm reduction philosophy, and legal recognition of substitution therapy programmes in the country. Also, it is necessary to initiate a very active adoption of international best practices in prevention of drug use and HIV/AIDS in other countries of the world.

**Targeted interventions: harm reduction programmes.** Harm reduction programmes have been in place in Ukraine since 1998. It became possible to implement appropriate prevention programmes on the basis of legal acts and regulations concerning prevention of HIV/AIDS in the country (in particular, with respect to free access to and provision of sterile injecting equipment). At the same time, the repressive legal norms in relation to the production, purchase and transportation of drugs often put drug-addicted patients on the same level of responsibility as drug dealers and pushers. The situation is made more complicated by the attempts of law enforcement bodies to manipulate the statistics on solved drug-related crimes, due to which drug-addicted patients are often presented as criminals. At the national level, it is necessary to solve the unclear issue of the distribution of rights and authorities between society and those of its citizens who have problems with drug use.

**Health care and treatment.** Even though Ukrainian law guarantees free treatment for all PLWHA, including PLWHA-IDUs, the majority of such patients in Ukraine had no access to ARV therapy until recently. Nor were the appropriate laboratory methods of HIV infection monitoring accessible in the pathology process. Until now, the country had not established general accessible research on immunity and viral load indicators, which is the most correct test to determine the need to initiate ARV treatment, and to establish morbidity control and start treatment. It remains necessary to tackle the possibility of domestic production of inexpensive ARV drugs.

The work of medical facilities which deal with secondary and tertiary prevention (drug addiction hospitals and treatment centres, AIDS centres, mental facilities, etc.) is financed as a rule from the state budget, off-budget funds of local administrations, revenues from self-supporting activities of healthcare institutions and medical insurance funds. Medical institutions (especially in small towns) suffer from a lack of funds to purchase the necessary equipment and medications, or to provide ongoing care for patients, and still other problems. There is a vital need: to create new places for in-patient treatment of drug-dependent IDU patients in cities with no drug addiction clinics and with large numbers of IDUs; to expand capacities for HIV testing and counselling; and to establish facilities for substitution therapy programmes and rehabilitation (re-socialization) programmes for IDUs.

It is necessary to review the approach to the anonymous treatment of drug addicted patients, because at present it is rather problematic in our country: a drug clinic or a police station would require registration of personal data on a drug user who turned to them for services or who was detained. At the same time, there is a trend of creating civil society organizations, similar to anonymous drug users associations, that are objectively unable to provide all the health care services that are provided by the state medical facilities.

**Substitution Maintenance Therapy.** As far back as 2001 the Government Commission to Fight HIV/AIDS at the Cabinet of Ministers of Ukraine adopted a resolution on supporting drug addiction treatment programmes with the use of substitution therapy using non-inject-
ing preparations. Even though the implementation of substitution therapy programmes was approved by the Fourth (2001–2003) and Fifth (2004–2008) National Programmes of HIV/AIDS Prevention, the implementation of a substitution therapy pilot project (on the basis of buprenorphine) was launched only in April 2004.

Methadone remains a medication for limited use. The Ministry of Information, SBU, various other representatives of the uniformed services, politicians and parliamentarians have expressed their concern at the efficiency and cost of methadone treatment, thus hindering introduction of methadone pilot projects. A delay in the introduction of substitution therapy actually leads to the violation of the human rights of drug-dependent persons to appropriate medical assistance and selection of a treatment method as substitution maintenance therapy for opioid-dependent persons. There exists a need to recognize the legal rights of opioid-dependent IDUs to receive substitution maintenance therapy with non-injecting preparations. A network of facilities which would provide substitution therapy needs to be developed simultaneously with the establishment of accessible rehabilitation and re-socialization centres. It is also necessary to design programmes on comprehensive combination of substitution therapy and drug dependent patients’ involvement in social life. It is additionally necessary to organize training for experts concerning substitution therapy implementation.

**Social support.** In Ukraine there is no single social policy on drug users and HIV-positive individuals; there are no specialized services for them, although problems with employment, material status, stigmatization, relations with family members, getting psychological support and human rights violations still remain urgent for these people. Many experts believe that it is not drug users and HIV-infected persons, but the lack of a coordinated and effective policy that threatens society. Despite the development of a network of organizations and facilities which are involved in social and rehabilitation work with drug dependent persons, these capacities do not meet the needs of drug addicts in psychological and social rehabilitation. It is necessary to support and stimulate the establishment of such centres on the basis of clearly defined service standards. There is also a need at the national level to design a system of hourly employment, which could be used by persons who cannot work full time (including those who cannot work because of their health condition).

It is also necessary to restructure the national system of training and re-training of NGO members and representatives of re-socialization centres and centres of social services for family, children and youth for them to get involved in practical work with drug dependent and HIV-infected persons. In order to improve the level of qualification of social work experts concerning vulnerable populations, it is necessary to develop state exchange programmes to share experience with other countries’ experts. Development and implementation of current specialist training programmes is also needed concerning work with young people with social and medical problems. NGOs and CSSYs need to participate in international conferences of social workers who deal with drug dependent and HIV-positive persons and PLWHA.

**Drug use prevention.** Existing prevention programmes are targeted at specific small populations, have an exclusively informational character, and are limited to small territories and short periods of action. It is necessary to create a long-term governmental programme on drug use and drug addiction prevention, which could be targeted to students at school and
which could provide warnings and explanations for a long time. It is also necessary to develop and approve a law on prevention of drug use in the country, and to identify a coordination body that would comprehensively regulate the prevention activities of various social institutions in the area of prevention of drug use and HIV/AIDS among IDUs.

**Funding.** Only a small portion of services to drug addicted IDUs is funded from the state budget. Most prevention programmes are being implemented with a support of international organizations and donors. Currently the country lacks a transparent mechanism of financial management of comprehensive multisectoral programmes for HIV/AIDS prevention among IDUs, due to which the issue of re-allocation of funds between the institutions still remains unclear. It is necessary to study the management functions of this mechanism, which would enable evaluation of specific programmes.

Due to a lack of financial resources, there are no guarantees of the long-term sustainability of many programmes, while the activities of civil society organizations depend on the type and goal of the grant that is given. It does not guarantee the sustainable, long-term development of prevention programmes, which is why it is necessary to revise the principles of cooperation between governmental organizations and NGOs in the implementation of a social order.

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So, the issues that need to be resolved on the national level include:

1) Approving the concept of a state policy of Ukraine on drugs which would clearly determine the system of interventions aimed at the problem of prevention and reduction of harm related to drug use, contribute to the removal of misunderstandings in the evaluation of activities of different organizations, and remove the obstacles to the development of intersectoral, socially targeted programmes to prevent drug use.

2) Adopting a single law on drug abuse prevention that would clearly define key prevention areas, and the authorities and responsibilities of the various stakeholders as well as a mechanism of cooperation between them.

3) Creating / establishing an individual body (National Bureau or National Committee) that would develop a government policy on drugs and coordinate the activities of different institutions and organizations working in different areas of drug use prevention.

4) Coordinating at the national level the activities of NGOs and expanding NGOs’ capacities to share their experiences and printed materials, and organize targeted training seminars and conferences, train volunteers, etc.

5) Developing a commitment from the whole society with respect to their response to the spread of drug use and HIV/AIDS: from the country’s leaders (President, prime-minister, speaker of the Parliament) to political and religious leaders, political circles and busi-
nessmen, health care workers and others, as a foundation of activism in response to AIDS, which is the key to further strengthening the political impetus at the local and national level.

6) Shaping the attitudes of society towards drug addicted people and their problems concerning social security, medical treatment and care, focusing on the need to overcome widespread social fears.

7) Creating a programme for the development of targeted public service announcements on HIV/AIDS prevention and attracting highly qualified professionals from the advertising and PR agencies to produce them, and expanding the range and scale of PSAs.

8) Initiating more active coverage of the best international practices on drug use and HIV/AIDS prevention in other countries of the world.

9) Resolving the issue of uncertainty in the distribution of rights and authority between society and citizens who have problems with drug use, which results in the fact that at present, IDUs are identified by law enforcement officers as criminals simply on the grounds of drug use or drug addiction.

10) In order to improve medical care and treatment, it is necessary at the national level to involve representatives of risk groups in HIV counseling and testing, and to investigate the possibility of the production of ARV drugs in Ukraine.

11) There is a need to create places for in-patient treatment of drug users in the cities that lack drug clinics and clinics but have a lot of IDUs; to expand the capacity for HIV counseling and testing, to create rehabilitation (resocialization) centres for sick IDUs and for substitution maintenance programmes.

12) Recognizing the legal right of opioid-dependent IDUs to receive substitution maintenance therapy with non-injecting preparations. A network of facilities, which would provide substitution therapy, needs to be developed simultaneously with the establishment of accessible rehabilitation and re-socialization centres. It is also necessary to design programmes involving a comprehensive combination of substitution therapy and drug dependent patients’ involvement in social life. It is necessary to organize training for experts concerning the implementation of substitution therapy.

13) Supporting and stimulating the establishment of rehabilitation and resocialization centres for drug-addicted people. There is also a need at the national level to design a system of hourly employment, which could be used by persons who cannot work full time (including those who cannot work because of their health condition).

14) Restructuring the national system of training and re-training of NGO members and representatives of re-socialization centres and centres of social services for family, children and youth for them to get involved in practical work with drug dependent and HIV-infected persons. In order to improve the qualification level concerning vulnerable populations of social
work experts, it is necessary to develop state exchange programmes to share experiences with experts in other countries. The development and implementation of up to date specialist training programmes is also needed concerning working with young people with social and medical problems. NGOs and CSSYs need to participate in international conferences of social workers who deal with drug dependent and HIV-infected persons and PLHA.

15) Developing procedures for community control in cooperation between governmental organizations and NGOs.

Problems related to working with IDUs that should be resolved at the regional/local level

Lack of understanding between governmental organizations and NGOs. Rather often, there is a misunderstanding between the representatives of governmental organizations and NGOs in the course of prevention activities (e.g., when it comes to the allocation of premises for an NGO, or getting permission for certain kinds of activities, provision of free health care to drug addicted IDUs, etc.). These misunderstandings can be explained by specific features of the institutional approach to drug use prevention, as well as by the personal perceptions of some government officials. This tension can be significantly reduced through joint discussions, round tables, workshops on advocacy and the building of tolerant attitudes towards IDUs. Furthermore, it would be desirable at the oblast, rayon and local levels to continue:

- Training sessions with local administration officials and health care specialists in order to motivate them to facilitate the access of IDUs to health care;
- Training sessions for the employees of CSSY, the mass media, MoI, and employment services to motivate them to expand social assistance to IDUs, to help them in employment, and to shape a tolerant public attitude to the problems faced by IDUs.

Coordination of activities between governmental organizations and NGOs. This issue remains important at the level of organizations that provide services to IDUs. Coordination Councils on AIDS have been created at the oblast state administrations, but in the absence of a clear organizational mechanism and with the lack of funds they often exist only on paper. To coordinate activities of different organizations involved in the prevention of drug use it is necessary to make oblast Coordination Councils more active, and to create coordination councils at the level of city and rayon state administrations. These councils should include experts that hold leading positions in drug use prevention, representatives of local governments, law enforcement bodies, mass media and civil society organizations. Coordination councils should form regional policy in the area of drug use prevention and combating drug-related crimes; distribute responsibilities and duties among the organizations involved in prevention activities; and manage their activities.

It is also necessary to enter specific items in to local self-government budgets, which would entail funding of the working secretariats of these Coordination Councils, so that their work has a targeted and stable character, and to develop local action plans (with the inclusion of harm reduction programmes and budgets for implementing these types of activities).

Development of local civil initiatives. A lot depends on the attitude of local governments and those involved in advocacy towards the problems of drug use and HIV-infection. To increase
the efficiency of social prevention it is important to do everything possible to ensure the development of civil initiatives. To achieve this it is necessary:

- Entering a separate item in local self-government budgets that would entail provision of financial support to civil society organizations involved in the prevention of drug use and drug addiction;
- Organising annual contests to determine the best prevention programmes, and supporting the winning civil society organizations by providing them with premises and financial support;
- Organising quarterly round tables with representatives of civil organizations in order to identify problems that hamper the efficiency of their activities;
- Involving representatives of civil organizations in the development of regional programmes targeted at drug use prevention.

**Social dialogue between different social partners.** Different organizations are involved in activities on rehabilitation and resocialization of drug addicted IDUs. In many cities, such centres are established by religious communities. Religion, as a constituent part of civil society, has a powerful impact on different layers of the population; it regulates organizational and financial opportunities and has moral authority. However, the activities of believers in their work with drug users and drug addicts is not always supported by government organizations, especially when it comes to work with pupils and students. It is necessary to establish a close cooperation between local self-governments, civil and religious organizations involved in the treatment and rehabilitation of drug addicts. It is worth organizing a series of round tables with the participation of government representatives, departments of the interior and other stakeholders.

Also, it is necessary to develop comprehensive activities aimed at changing IDUs’ attitudes to the work of governmental institutions, to help them overcome the fear of punishment if they turn to AIDS centres or counseling centres. Injecting drug users should be encouraged, on a step by step basis, to contact health care specialists, social workers and to inform them about the programmes that are being implemented (including needle exchange programmes), about the location of health care and social services, about the services that can be obtained there, and to initiate the creation of informal NGOs for addicted people. Business structures are practically not involved at all in the prevention of drug abuse.

**Enhancing the prestige of work with vulnerable groups.** An urgent problem in many cities and even in whole regions is the lack of NGOs that can deal with IDU problems. For example, the only organization that works with the targeted group of IDUs in Yalta is the counseling centre Dovira, based on the city CSSY. The lack of infrastructure for targeted work with IDUs, and the lack of consolidation of civil society in the city is mostly the outcome of the lack of the prestige of working with vulnerable groups (IDUs and PLHA). These problems should be solved through focusing on the social importance of work of drug-addiction specialist doctors, social workers, health care specialists and law enforcement officers. It is necessary to promote NGO activities in the legal prevention of drug use. Unfortunately, such NGOs are practically non-existent at present.

**Technical support for organizations.** Employees of civil society organizations name the following key obstacles to their activities in HIV/AIDS prevention among IDUs: limitations of
time available and limited financial capabilities, the lack of local government programmes that would involve community partnerships for the implementation of certain activities, or the provision of funding for such activities. That is why it is quite frequently the case that NGOs are concerned that after the expiration of another grant they will have to suspend their activities or to actively search for funds for other activities.

The efficiency of HIV prevention programmes among IDUs at the local level can be ensured through the expansion of a network of counseling centres, improvement of financial support to the organizations that work with IDUs, providing them with buses, equipment, etc. Anonymous HIV counseling and testing centres should be created using the facilities of city hospitals. Corresponding specialists should be trained for the work with this category of drug addicted patients.

The problems of technical support for NGOs are solved in some cities though a mechanism of social assignment. It is necessary to develop these mechanisms, and to inform the public about the efficiency of this kind of cooperation between local self-governments and NGOs. Involvement from professionals (experts in PR, information managers) is needed to raise HIV/AIDS prevention programmes to a higher level of acceptance by district communities and the city’s population as a whole.

**Increasing the role of local mass media in prevention programmes.** Many NGOs involved in work with IDUs within harm reduction programmes had significant difficulties in the initial stages of their activities. They felt a negative reaction from the uniformed services, law enforcement officers, and journalists with respect to free distribution of sterile injecting equipment, disinfectants and condoms for IDUs. Implementation of a regular informational and educational campaign changed attitudes to this form of prevention. It is necessary to continue covering the most urgent issues of drug use prevention in the mass media, to have ongoing contacts with journalists, to train them in tolerant understanding of the problem and gradually to change widespread stereotypes.

**RECOMMENDATIONS**

On the basis of the main conclusions of this review, we have the following recommendations:

• Provide legislative definitions for the basic elements of the state policy of Ukraine on drugs, which would clearly define the system of interventions directed at narcotic drug use prevention and harm reduction; eliminate misinterpretation and confusion in the evaluation of activities of various institutions, as well as difficulties in the development of intersectoral, socially-centred drug addiction prevention programmes. Above all it is necessary to develop and ratify a framework for the state policy of Ukraine on drugs.

• Develop a single law on drug addiction prevention, which would clearly regulate the main areas of prevention, and the authorities and degrees of responsibility of its subjects as well as mechanisms for their collaboration.

• Establish/designate a separate body (this can be either the Coordination Council on Combating Drug Abuse at the Cabinet of Ministers of Ukraine, or the newly established National Bureau or National Committee), which would develop a state policy on drugs,
and coordinate the activities of various departments, ministries and other organizations on various drug abuse prevention issues.

- Strengthen the work of Coordination Councils to Prevent HIV/AIDS by reestablishing permanent secretary positions. Allocate national and local budget funds to support the permanent work of such secretariats.

- The Ministry of Youth and Sports of Ukraine should form an NGO database in order to facilitate their IDU-related activities and to strengthen their capacities with respect to exchanging experience, disseminating printed materials, and organizing targeted trainings, conferences, volunteer training courses, etc.

- Strengthen the commitment of Ukrainian society to HIV/AIDS prevention, including leaders of the state (the President, Prime Minister, and Speaker of Parliament), political and religious leaders, political circles and authorities, representatives of the private sector, healthcare providers and regular citizens, in order to establish a basis for activism provided by communities involved in HIV/AIDS prevention activities. This will serve as a key to a powerful political impulse at the local and national levels.

- Form public attitudes towards drug-dependent patients, issues of their protection, treatment and care, focusing on the necessity to manage society’s fears and lack of information.

- Broaden the use of different social technologies (advocacy, public service announcements (PSAs), public and parliamentary hearings, self-help organizations, community partnerships) within various HIV/AIDS prevention programmes.

- Develop a targeted development programme for PSAs on preventing the spread of HIV/AIDS, involving highly skilled advertisement and PR professionals; expand the assortment and quantity of public service announcements.

- Extend media coverage of global HIV/AIDS prevention practices in national, regional and local mass-media, with a particular focus on effective prevention programmes for injecting drug users. Support the dissemination of press-releases, analytical notes and diverse other informational materials at press-conferences and other events dealing with non-medical drug use and HIV/AIDS.

- Settle the uncertainty concerning the separation of rights and authorities between society and citizens who have problems with drug use, in order to prohibit law enforcement officers from identifying injecting drug users as criminals by virtue of their drug use or drug dependence. Combine reforms in legislation with retraining procedures for law enforcement agencies’ personnel.

- Legally recognize the right of drug dependent IDUs to receive treatment involving substitution maintenance therapy with non-injecting medications. Develop a network of medical establishments providing substitution therapy and expand the complex of widely accessible rehabilitation and re-socialization centres. Design comprehensive programmes on combining substitution therapy and involvement of drug dependent patients in the social life of their communities. Organize professional trainings on the implementation of substitution maintenance therapy.

- Develop a model for IDUs rehabilitation centres and evaluate it by the appropriate bodies in the Ministry of Youth and Sports of Ukraine.
• Develop a system of hourly employment for the benefit of people who, due to certain conditions (health issues, in particular) are not able to work full-time (including injecting drug users and PLWHA).

• Restructure the national training and retraining system for members of non-governmental organizations and workers of Centres of Social Services for Youth in order to facilitate their practical work with drug-dependent and HIV-positive injecting drug users. With the goal of increasing the level of competence and expertise of social workers in their work with vulnerable members of the population, develop national exchange programmes, supporting sharing of experience with representatives from other countries. Develop methodological recommendations on the implementation of already-available training programmes for experts to work with young people with social and medical problems. Organize and conduct an international conference in Ukraine of social workers who work with drug dependent persons and PLWHA.

• To systematize activities of various subjects of prevention work in the field of narcotism prevention after the legislative definition of basic principles of the state policy on drugs and identification of institution, which will be responsible for intersectoral multilevel coordination and cooperation, are performed.

• Promote the use of partnership mechanisms by local self-governments in order to involve various non-governmental organizations in prevention activities and to disseminate information about advanced methods and the most recent experiences of government institutions and NGOs.

• Hold regular negotiations between the Government and pharmaceutical companies concerning the reduction of prices for ARV preparations and registration of medications, with the goal to diversify ARV programmes for PLWHA. The Parliament of Ukraine should immediately develop a policy and strategy for ARV preparation production in Ukraine, thus ensuring their availability to all PLWHA.

• Launch domestic production of buprenorphine for sublingual use.

• Ensure the integration of key activities (syringe and needle exchange, distribution of condoms and disinfectants, information dissemination, outreach activities, STI treatment) into a treatment and support complex, which would envisage: HIV/STI treatment (including ARV-therapy), access to tuberculosis and STI treatment and counseling, treatment and care of other drug-use related diseases.

• Introduce regular project monitoring and evaluation. Within this objective: develop and implement training courses for project coordinators, staff and volunteers; develop a single standard for project documentation and record-keeping, which would reflect the primary activities within the project as well as the resources used (according to the standard developed by the International HIV/AIDS Alliance in Ukraine). Introduce training courses to conduct behavioral studies (including rapid assessment, sampling calculation, questionnaire development, data processing) for project coordinators. Ensure the involvement of professional consultants in conducting behavioral studies and interpreting their results.

• Develop, on the basis of the Government decision concerning the establishment of a national monitoring and evaluation system of HIV/AIDS, epidemiological indicators for ‘harm reduction’ programmes and involve stakeholders from the public sectors, NGOs and international donor organizations in monitoring the compilation of the database.

• Support the establishment of community centres for IDUs and other local vulnerable groups of population.
GLOSSARY

Advocacy for the rights of IDU and those infected with HIV — a process directed at changes in policy, legislation, normative acts and practices, used by influential individuals, groups and institutions to protect the interests of drug-dependent and HIV-positive persons.

Antiretroviral (ARV) drugs — treatment medications which work to suspend the reproduction of the HIV virus and thus prevent the destruction of the immune system.

Antiretroviral (ARV) therapy — treatment which slows down the reproduction of the HIV virus, allowing a considerable prolongation of life in case of HIV infection and the development of AIDS.

Buprenorphine — a synthetic opioid, used in substitution maintenance therapy for persons with opioid dependence. Beginning in April 2004 it is used in Ukraine under the name of 'Adnok' preparation for sublingual absorption for IDU, covered by substitution therapy projects (Kherson, Kyiv).

Counselling centres — special structural subunits at health care facilities, primarily within AIDS centres and drug addiction treatment centres, which provide pre- and post-testing counseling, and direct HIV diagnostics, while guaranteeing anonymity and confidentiality.

'Club' drug use culture — the use of narcotic and psychotropic substances by youth at places of entertainment, frequented by young people: nightclubs, bars, casinos, student dormitories, discos, etc.

Adherence to treatment — conscientious use of medications and observance of treatment regimens and procedures by patients in accordance with their medical prescriptions. It is especially important concerning HIV-positive injecting drug users who are receiving ARV-therapy.

Controlled use of narcotic drugs — periodical (experimental) use of narcotic substances, not related to drug addiction.

'Dovira' counseling units — structural subunits established within centres of social services support for youth (CSSY) in order to perform prevention activities among injecting drug users. The activities of these units are implemented through cooperation with non-governmental organizations in the following areas: dissemination of informational materials, distribution of sterile injecting equipment, disinfectants and condoms, counseling for IDU, and syringe exchange.

Drug addiction/Narcomania (Greek 'Narke'- Motionless + 'Mania'- Insanity) — a disease which is accompanied by complicated disorders of physical and mental functions as a result of acutely expressed propensity to take narcotic drugs. According to the law of Ukraine 'On Measures to Fight Illicit Circulation of Narcotic Drugs, Psychotropic Substances, Precursors and Addiction' (1995) the term 'narcomania' is defined as a "a diseased psychological condition, characterized by chronic intoxication caused by abusive use of narcotic sub-
stances, as defined by UN Conventions or by the Drug Control Committee at the Ministry of Health of Ukraine, and which is characterized by mental or physical dependence”.

**Drug dependence** — psychophysiologic condition of human dependence on narcotic drugs and psychoactive substances, which cause false feelings of well-being, joy, intoxication, narcotic dreams, etc. According to the law of Ukraine 'On Measures to Fight Illicit Circulation of Narcotic Drugs, Psychotropic Substances, Precursors and Addiction' (1995) the term 'drug dependent person' is equivalent to the term 'drug-addicted patient', meaning a person who was diagnosed with drug addiction in accordance with the clinical procedures of a health care institution.

**Drug users** — individuals who consume narcotic drugs and psychoactive substances for non-medical purposes.

**Drug scene**- circulation of drugs and all related processes in a specific region of the country, district, or city. Characteristics of the drug scene include: the most widespread narcotic substances; social and demographic characteristics of a drug-users community; availability of medical, social and other services for drug users; economic situation; presence of a policy on drugs/anti-drug policy, activities of civil society organizations, etc.

**Government Commission on HIV/AIDS Prevention** — a state body, established in 2000 by the Cabinet of Ministers of Ukraine to ensure the efficient settlement of issues related to the protection of the population from HIV/AIDS, as well as to coordinate the work of ministries and other central and local executive bodies working to develop and implement legal, organizational and other HIV/AIDS prevention efforts.

’**Harm reduction** from drug use” — medical, social and political approach towards the resolution of illicit drug use-related problems, with the goal of stopping the spread of HIV/AIDS in the country and facilitating integration of vulnerable groups into society.

**HIV counseling** — provision of highly qualified psychological support to a person who requested a consultation at a medical facility or AIDS centre in the event that his/her HIV testing results were positive.

**HIV infection** — a disease which emerges as a result of infection with human immunodeficiency virus (HIV), which, with time, makes human organism vulnerable and defenseless even to innocuous microorganisms.

**Injecting drug users (IDUs)** — individuals, who consume narcotic drugs through injection.

**Medical and social aspects of drug scene in Ukraine** — a set of individual medical characteristics, which have a social importance. These include: 1) HIV/AIDS spreading among injecting drug users; 2) opportunistic or HIV-associated infections among IDUs; 3) higher risk groups among IDUs; 4) risky behaviors of IDUs concerning HIV infection, etc.

**Methadone** — synthetic narcotic analgesic, which has pharmacological properties, characteristic of the opioid group (morphine, heroin). Methadone is included on Table No. 1 of the
List of the Single Convention on Narcotic Drugs (1961) and the National List as a dangerous narcotic substance. In Ukraine the issue of introduction of methadone in substitution maintenance therapy programmes for persons with opioid dependence is still being discussed.

Monitoring the drug addiction situation (drug scene) — systematic measurement and assessment of indicators of the development of the drug scene (in accordance with a clearly defined methodology). Monitoring indicators can be used to track: the prevalence of drugs and psychotropic substances; frequency of detection of new cases of drug addiction and mental diseases caused by drug use; individual and social groups' attitudes towards narcotic drugs and the drug addiction situation, etc. A particular age group, a system of facilities, or a distinct region (city, rayon) can be defined as the object of monitoring. Monitoring can be partial (reflecting sociological and psychological indicators) or full (including evaluation of factors and activities of social structures).

Narcotic subculture — a particular culture of drug users, characterized by their transformed thinking and system of values. It is oriented towards a feeling of euphoria from the use of narcotic drugs; it also has very specific world outlook.

Narcotic substances (drugs) (Greek 'Narkotikos' — Something that establishes the state of motionlessness) — certain substances of vegetal or synthetic origin, which provoke stimulant, excitatory, depressive, or hallucinogenic effects on the central nervous system. According to the list of narcotic drugs, psychotropic substances and precursors identified by Ukrainian legislation, such substances are subject to state control.

Drug addiction — a social phenomenon which involves massive addictive behaviours which lead to the formation of special social groups, the establishment of a special subculture and specific social relations, as well as a kind of transformation of the social structure and establishment of new social institutions.

Drug addiction prevention — activities directed at the use of a system of social norms to weaken the negative effects of the population's drug addiction on society as a social system through detection, elimination or neutralization of the causes and conditions of drug addiction.

Drug addiction of the population — the spread of the non-medical use of narcotic drugs and psychotropic substances among the population.

National legislation in the field of drug policy and response to HIV/AIDS — a system of laws and normative acts, established with the consideration of international principles and norms, which aims at ensuring a coordinated, participatory, open and responsive approach towards the problem of drug addiction and HIV/AIDS, and which combines policy and response programmes at all levels of the state administration.

Non-governmental organizations (NGOs) involved in HIV/AIDS prevention programmes — civil society organizations which provide services of: dissemination of informational and educational materials; syringe exchanges; and distribution of disinfectants. NGOs also provide individual and group counseling on HIV/AIDS, narcotic drug dependence, and methods and means of
prevention; they also provide referrals for medical examinations and treatment at healthcare facilities; provide counseling via confidential telephone hotlines; assist in employment, etc.

**Opiomania** — pathological condition of human dependence on opioids (such as heroin, morphine, and synthetic and homemade opiates).

**Opportunistic or HIV-associated infections** — specific infections which cause diseases in people with impaired immune system.

**Peer consultant** — a specially trained person who can help a client to find his/her own answers to urgent questions and to make independent decisions. These consultants have life experiences similar to that of the client. For example, a consultant to an injecting drug user is a former IDU.

**Precursors** — chemical substances used in the production and manufacturing of narcotic drugs and psychotropic substances, included on the list (including homemade opiates).

**Prevention of drug use, drug dependence and HIV infection** — a system of informational, educational, pedagogical, social, legal, medical, psychological and other tools, directed at detection and elimination of the causes of drug use, and risky behaviors caused by the use of drugs, as well as the associated personal, social and medical consequences (neglect, criminality, such diseases as hepatitis, HIV, sexually transmitted infections, etc).

**Psychotropic substances (Greek 'Psuche' – Soul + 'Tropos' – Turn)** — chemical substances of synthetic or natural origin, which can influence mental processes: energizers, tranquilizers, neuroleptics, psycho-stimulants and sedative remedies. They are subject to state control according to Ukrainian law.

**Public service announcements (social advertisements) on HIV/AIDS and drug dependence prevention** — an activity directed at changing people’s attitudes towards everyday reality to shift them towards formation of new values or transformation of their existing social values concerning healthy lifestyles.

**Self-help organizations** — a network of self-help groups of people whose aim is to enhance the quality of life of HIV-infected and drug dependent individuals.

**Social mobilization** — formation of tolerant attitudes towards injecting drug users in society by means of effective educational work; involvement of IDUs and former IDUs in harm reduction programmes and informational and educational activities, etc.

**Social support** — a course of social and psychological rehabilitation to get rid of dependence on narcotic drugs, in the form of self-help groups for those who want to escape drug dependence, as well as organizing their leisure time to help form a new system of values and life perspectives. In addition to moral and psychological support, this system covers a range of various social services: social and domestic, social and pedagogical, social and medical, social and economic, employment services, information services, etc.
Social technologies — a system of activities in society's response to the spread of HIV among IDUs: public and parliamentary hearings, PSAs, advocacy on the rights of IDUs and those infected with HIV, organization of work of various coordination councils.

State policy on drugs — a set of basic principles and norms which lay the foundation for state activities concerning narcotic drugs and psychotropic substances. Among the principal current state strategies on drugs are: 1) regulation of the legal circulation of narcotic drugs; 2) prevention of (or controlling and combating) illicit drug circulation; 3) reduction of the demand for drugs; 4) reduction of the harm from drug use.

State strategy on combating illicit drug circulation — a system of actions, directed at the development and improvement of methods to uncover illicit drug circulation and technologies for the cultivation of drug-containing substances, and extermination of their illegal crops; improvement of law enforcement activities and optimization in the use of controlling measures to combat the illegal spread and illicit circulation of narcotic drugs.

State strategy on harm reduction from drug use — a system of actions, directed at minimizing the negative outcomes of drug use; treating, rehabilitating, and re-socializing drug dependent persons, and appropriate training of personnel in the medical and legal spheres.

State strategy on reduction of demand for narcotic drugs — a system of prevention measures including those of an educational, pedagogical, medical, social, economic, organizational and managerial nature, directed at preventing the initiation of drug use and formation of drug dependence among persons who practice regular drug use.

Substitution therapy (or substitution maintenance therapy) — a type of treatment of opioid dependence, which utilizes opiate agonists — substances which have an effect on the human brain similar to that of heroin or morphine. It makes it possible to prevent the development of withdrawal syndrome and to block the propensity to crave illegal opioids. The value of substitution therapy lies in the fact that this kind of therapy allows dependent drug users to withdraw from the use of illegal opioids and thus to reduce risks of infection (HIV, hepatitis, other infections).

System of monitoring and evaluation of HIV/AIDS among IDUs — permanent tracking, evaluation and analysis of the situation concerning the spread of HIV connected with injecting drug use. The main features of the current monitoring system are: 1) epidemiological monitoring of HIV/AIDS among IDUs, based on sentinel studies; 2) behavioral monitoring, which is a key element of the HIV/AIDS sentinel surveillance system; 3) an institutionalized list of national indicators on monitoring and evaluation of the effectiveness of actions which ensure management of the HIV/AIDS epidemic.

The List of narcotic drugs, psychotropic substances and precursors — a list of narcotic drugs, psychotropic substances and precursors, included on Tables One to Four in accordance with Ukrainian legislation and international conventions. Approval of its obligatory observance was provided by the Verkhovna Rada of Ukraine. The List was approved by the Cabinet of Ministers of Ukraine upon its submission by the special authorized executive body within the healthcare sector. It is published in the official printed media.
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103 http://www.nsme.org.ua
APPENDIX 1.

The Structure of In-Depth Interviews

THE UNITED NATIONS CHILDREN’S FUND (UNICEF) IN UKRAINE
CENTRE FOR SOCIAL EXPERTISE OF THE INSTITUTE OF SOCIOLOGY AT THE
NAS OF UKRAINE

Dear expert,

By request of the United Nations Children’s Fund (UNICEF) in Ukraine, the Centre for
Social Expertise of the Institute of Sociology at the NAS of Ukraine is conducting an expert
survey on work with injecting drug users in Ukraine, with the goal of enhancing the effec-
tiveness of HIV/AIDS prevention programmes. We would like you to answer several ques-
tions at your own will. We guarantee the full confidentiality of your answers, which will be
used in generalized form only. Thank you for your cooperation.

1. What are the main features/manifestations of the drug scene in your region?

   The number of drug users (including injecting drug users); the dynamics of change;
   The correlation between consumption of ‘hard’ and ‘soft’ drugs;
   Differences between the drug scene in your oblast from other regions’ drug scenes;
   The presence/absence of a seasonal aspect in drug use;
   Drug-conditioned migration of population.

2. What are the main reasons for the increase/reduction of number of injecting drug addicts in
your region/city?

3. In what IDU-related programmes/projects is your organization participating (or has participated)?
   How would you evaluate the effectiveness of these activities? What obstacles did you have to face?

4. What national and international technical assistance is necessary to enhance the effective-
ness of your organization’s work with IDUs?

5. What problems related to work with injecting drug users can you define that require resolution at:

   – the national level;
   – the local level?

6. Do you have any suggestions concerning the improvement of national legislation to increase
the effectiveness of programmes which work with IDUs?
7. How would you characterize the current system of assistance and services for injecting drug users? What organizations are the most important in providing this type of assistance?

8. What types of work, to your opinion, are the most important within the context of the response to HIV/AIDS:
   – At the national level;
   – At the local level?

9. What is necessary to ensure effective realization of such types of activities?

10. What is the role of international organizations in the system of work with injecting drug users within the context of HIV prevention in Ukraine?

11. Please tell us about interrelations/cooperation between governmental and non-governmental organizations in the area of IDU-related activities to prevent HIV infection among IDUs. Please indicate the best examples of such cooperation:
   – What are the manifestations of such cooperation (finance, personnel, management)?
   – Does it possess the features of equality of work?
   – What do you think: is the state interested in such cooperation?
   – Is such cooperation facilitated and supported by the national legislation?
   – How do you plan such cooperation?

12. What can serve as a basis for the unification of various social institutions in the sphere of the response to HIV among different population groups, including injecting drug users?

13. Considering the National Action Plan on HIV Prevention among IDUs, what is necessary to support it within the framework of national programmes and regional/city activities?
APPENDIX 2

Table 1

Regional distribution of patients with mental and behavioral disorders as a result of the use of narcotic substances (as of the end of 2003)

<table>
<thead>
<tr>
<th>Oblasts</th>
<th>Total</th>
<th>Adolescents</th>
<th>Rural inhabitants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomous Republic of Crimea</td>
<td>4,462</td>
<td>28</td>
<td>600</td>
</tr>
<tr>
<td>Vinnytsia oblast</td>
<td>1,156</td>
<td>9</td>
<td>181</td>
</tr>
<tr>
<td>Volyn oblast</td>
<td>1,791</td>
<td>2</td>
<td>119</td>
</tr>
<tr>
<td>Dnipropetrovsk oblast</td>
<td>1,5241</td>
<td>32</td>
<td>308</td>
</tr>
<tr>
<td>Donetsk oblast</td>
<td>9,891</td>
<td>64</td>
<td>257</td>
</tr>
<tr>
<td>Zhytomyr oblast</td>
<td>1,579</td>
<td>6</td>
<td>126</td>
</tr>
<tr>
<td>Zakarpataya oblast</td>
<td>228</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>Zaporizhya oblast</td>
<td>5,370</td>
<td>27</td>
<td>403</td>
</tr>
<tr>
<td>Ivano-Frankivsk oblast</td>
<td>597</td>
<td>0</td>
<td>88</td>
</tr>
<tr>
<td>Kyiv oblast</td>
<td>1,401</td>
<td>2</td>
<td>270</td>
</tr>
<tr>
<td>Kirovohrad oblast</td>
<td>2,040</td>
<td>10</td>
<td>243</td>
</tr>
<tr>
<td>Luhansk oblast</td>
<td>3,622</td>
<td>43</td>
<td>136</td>
</tr>
<tr>
<td>Lviv oblast</td>
<td>1,017</td>
<td>1</td>
<td>74</td>
</tr>
<tr>
<td>Mykolayiv oblast</td>
<td>2,964</td>
<td>4</td>
<td>280</td>
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<tr>
<td>Odessa oblast</td>
<td>8,517</td>
<td>20</td>
<td>673</td>
</tr>
<tr>
<td>Poltava oblast</td>
<td>2,710</td>
<td>20</td>
<td>312</td>
</tr>
<tr>
<td>Rivne oblast</td>
<td>1,148</td>
<td>6</td>
<td>91</td>
</tr>
<tr>
<td>Sumy oblast</td>
<td>897</td>
<td>2</td>
<td>199</td>
</tr>
<tr>
<td>Ternopil oblast</td>
<td>407</td>
<td>0</td>
<td>35</td>
</tr>
<tr>
<td>Kharkiv oblast</td>
<td>1,570</td>
<td>5</td>
<td>140</td>
</tr>
<tr>
<td>Kherson oblast</td>
<td>2,529</td>
<td>5</td>
<td>466</td>
</tr>
<tr>
<td>Khmelnytskyi oblast</td>
<td>2,339</td>
<td>27</td>
<td>213</td>
</tr>
<tr>
<td>Cherkasy oblast</td>
<td>1,885</td>
<td>10</td>
<td>325</td>
</tr>
<tr>
<td>Chernivtsi oblast</td>
<td>713</td>
<td>2</td>
<td>58</td>
</tr>
<tr>
<td>Chernihiv oblast</td>
<td>2,044</td>
<td>5</td>
<td>270</td>
</tr>
<tr>
<td>The city of Kyiv</td>
<td>8,844</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>The city of Sevastopol</td>
<td>490</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Ukraine, total</td>
<td>85,449</td>
<td>353</td>
<td>5,908</td>
</tr>
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</table>

Source: All-Ukrainian Narcology Association data (unpublished)
Table 2

Regional distribution of the number of persons with mental and behavioral disorders as a result of the use of narcotic substances (first diagnosed), taken under surveillance during 2003

<table>
<thead>
<tr>
<th>Oblasts</th>
<th>Total</th>
<th>Adolescents</th>
<th>Rural inhabitants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomous Republic of Crimea</td>
<td>278</td>
<td>6</td>
<td>55</td>
</tr>
<tr>
<td>Vinnytsia oblast</td>
<td>172</td>
<td>4</td>
<td>31</td>
</tr>
<tr>
<td>Volyn oblast</td>
<td>120</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Dnipropetrovsk oblast</td>
<td>958</td>
<td>24</td>
<td>29</td>
</tr>
<tr>
<td>Donetsk oblast</td>
<td>755</td>
<td>26</td>
<td>27</td>
</tr>
<tr>
<td>Zhhtomyr oblast</td>
<td>262</td>
<td>4</td>
<td>41</td>
</tr>
<tr>
<td>Zakarpaty oblast</td>
<td>14</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Zaporizhya oblast</td>
<td>519</td>
<td>21</td>
<td>70</td>
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<tr>
<td>Ivano-Frankivsk oblast</td>
<td>77</td>
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<td>17</td>
</tr>
<tr>
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<td>0</td>
<td>40</td>
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<tr>
<td>Kirovoobr oblast</td>
<td>212</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td>Luhansk oblast</td>
<td>594</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>Lviv oblast</td>
<td>169</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Mykolayiv oblast</td>
<td>360</td>
<td>1</td>
<td>59</td>
</tr>
<tr>
<td>Odessa oblast</td>
<td>885</td>
<td>11</td>
<td>84</td>
</tr>
<tr>
<td>Poltava oblast</td>
<td>235</td>
<td>10</td>
<td>38</td>
</tr>
<tr>
<td>Rivne oblast</td>
<td>108</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Sumy oblast</td>
<td>98</td>
<td>2</td>
<td>23</td>
</tr>
<tr>
<td>Ternopil oblast</td>
<td>129</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Kharkiv oblast</td>
<td>99</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Kherson oblast</td>
<td>207</td>
<td>4</td>
<td>59</td>
</tr>
<tr>
<td>Khmelnytskyi oblast</td>
<td>270</td>
<td>16</td>
<td>24</td>
</tr>
<tr>
<td>Cherkasy oblast</td>
<td>323</td>
<td>6</td>
<td>35</td>
</tr>
<tr>
<td>Chernivtsi oblast</td>
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<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Chernihiv oblast</td>
<td>262</td>
<td>5</td>
<td>28</td>
</tr>
<tr>
<td>The city of Kyiv</td>
<td>1,215</td>
<td>20</td>
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</tr>
<tr>
<td>The city of Sevastopol</td>
<td>103</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Ukraine, total</td>
<td>8,610</td>
<td>206</td>
<td>803</td>
</tr>
</tbody>
</table>

Source: All-Ukrainian Narcology Association data (unpublished)
### Regional distribution of patients with mental and behavioral disorders as a result of the use of narcotic substances, who covered by treatment in 2003

<table>
<thead>
<tr>
<th>Oblasts</th>
<th>Total</th>
<th>Adolescents</th>
<th>Rural inhabitants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomous Republic of Crimea</td>
<td>1,958</td>
<td>19</td>
<td>194</td>
</tr>
<tr>
<td>Vinnytsia oblast</td>
<td>349</td>
<td>2</td>
<td>83</td>
</tr>
<tr>
<td>Volyn oblast</td>
<td>845</td>
<td>0</td>
<td>51</td>
</tr>
<tr>
<td>Dnipropetrovsk oblast</td>
<td>7,751</td>
<td>26</td>
<td>127</td>
</tr>
<tr>
<td>Donetsk oblast</td>
<td>5,580</td>
<td>41</td>
<td>119</td>
</tr>
<tr>
<td>Zhytomyr oblast</td>
<td>936</td>
<td>6</td>
<td>71</td>
</tr>
<tr>
<td>Zakarpata oblast</td>
<td>85</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Zaporizhya oblast</td>
<td>2,088</td>
<td>15</td>
<td>223</td>
</tr>
<tr>
<td>Ivano-Frankivsk oblast</td>
<td>383</td>
<td>0</td>
<td>48</td>
</tr>
<tr>
<td>Kyiv oblast</td>
<td>1,222</td>
<td>2</td>
<td>230</td>
</tr>
<tr>
<td>Kirovohrad oblast</td>
<td>1,154</td>
<td>10</td>
<td>169</td>
</tr>
<tr>
<td>Luhansk oblast</td>
<td>1,176</td>
<td>27</td>
<td>85</td>
</tr>
<tr>
<td>Lviv oblast</td>
<td>648</td>
<td>1</td>
<td>48</td>
</tr>
<tr>
<td>Mykolayiv oblast</td>
<td>1,728</td>
<td>3</td>
<td>199</td>
</tr>
<tr>
<td>Odessa oblast</td>
<td>3,482</td>
<td>15</td>
<td>272</td>
</tr>
<tr>
<td>Poltava oblast</td>
<td>1,079</td>
<td>10</td>
<td>134</td>
</tr>
<tr>
<td>Rivne oblast</td>
<td>525</td>
<td>2</td>
<td>35</td>
</tr>
<tr>
<td>Sumy oblast</td>
<td>611</td>
<td>1</td>
<td>68</td>
</tr>
<tr>
<td>Ternopil oblast</td>
<td>219</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Kharkiv oblast</td>
<td>966</td>
<td>5</td>
<td>101</td>
</tr>
<tr>
<td>Kherson oblast</td>
<td>1,104</td>
<td>3</td>
<td>242</td>
</tr>
<tr>
<td>Khmelnytskyi oblast</td>
<td>2,056</td>
<td>27</td>
<td>198</td>
</tr>
<tr>
<td>Cherkasy oblast</td>
<td>804</td>
<td>4</td>
<td>131</td>
</tr>
<tr>
<td>Chernivtsi oblast</td>
<td>176</td>
<td>2</td>
<td>33</td>
</tr>
<tr>
<td>Chernihiv oblast</td>
<td>1,154</td>
<td>5</td>
<td>43</td>
</tr>
<tr>
<td>The city of Kyiv</td>
<td>1,973</td>
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<td>0</td>
</tr>
<tr>
<td>The city of Sevastopol</td>
<td>184</td>
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<td>3</td>
</tr>
<tr>
<td>Ukraine, total</td>
<td>40,236</td>
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<td>2,933</td>
</tr>
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</table>

Source: All-Ukrainian Narcology Association data (unpublished)
Figure 1. Regional distribution of the number of drug users

Figure 2. Registration of drug users by MoI bodies
Figure 2. Dynamics of the Number of Adolescent Drug Users Under Medical Drug Addiction Clinic Surveillance

Source: All-Ukrainian Narcology Association data (unpublished)

Table 4

Individual Characteristics of Different Injecting Drug User Communities: Members of Closed and Open Drug Scenes

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Closed drug scene</th>
<th>Open drug scene</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>• Younger than 20 - 2%;</td>
<td>• Younger than 20 - 23%;</td>
</tr>
<tr>
<td></td>
<td>• From 20 to 25 - 24%;</td>
<td>• From 20 to 25 - 47%;</td>
</tr>
<tr>
<td></td>
<td>• From 26 to 30 - 24%;</td>
<td>• From 26 to 30 - 14%;</td>
</tr>
<tr>
<td></td>
<td>• From 31 to 40 - 35%;</td>
<td>• From 31 to 40 - 15%;</td>
</tr>
<tr>
<td></td>
<td>• 41 years and older - 15%</td>
<td>• 41 years and older - 0%</td>
</tr>
<tr>
<td>Education</td>
<td>• incomplete secondary - 9%;</td>
<td>• incomplete secondary - 20%;</td>
</tr>
<tr>
<td></td>
<td>• secondary - 51%;</td>
<td>• secondary - 38%;</td>
</tr>
<tr>
<td></td>
<td>• secondary special - 22%;</td>
<td>• secondary special - 18%;</td>
</tr>
<tr>
<td></td>
<td>• incomplete higher - 5%;</td>
<td>• incomplete higher - 9%;</td>
</tr>
<tr>
<td></td>
<td>• higher - 13%</td>
<td>• higher - 15%</td>
</tr>
<tr>
<td>Narcotic substance used</td>
<td>• 'shirka' only - 27%;</td>
<td>• 'shirka' only - 85%;</td>
</tr>
<tr>
<td></td>
<td>• 'shirka' + other narcotic drugs - 73%</td>
<td>• 'shirka' + other narcotic drugs</td>
</tr>
<tr>
<td>Place of drug use</td>
<td>• at home - 57%;</td>
<td>• at home - 7%;</td>
</tr>
<tr>
<td></td>
<td>• at friends' place - 9%;</td>
<td>• at friends' place - 0%;</td>
</tr>
<tr>
<td></td>
<td>• at the porch - 6%;</td>
<td>• at the porch - 0%;</td>
</tr>
<tr>
<td></td>
<td>• anywhere - 25%;</td>
<td>• anywhere - 20%;</td>
</tr>
<tr>
<td></td>
<td>• 'outlet' - 0%;</td>
<td>• 'outlet' - 55%;</td>
</tr>
<tr>
<td></td>
<td>• on street - 0%;</td>
<td>• on street - 9%;</td>
</tr>
<tr>
<td></td>
<td>• didn't answer - 3%</td>
<td>• didn't answer -9%</td>
</tr>
</tbody>
</table>
Table 4 (continue)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Closed drug scene</th>
<th>Open drug scene</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug use record</td>
<td>• less than 1 year - 4%;</td>
<td>• less than 1 year - 4%;</td>
</tr>
<tr>
<td></td>
<td>• 1 year - 3%;</td>
<td>• 1 year - 7%;</td>
</tr>
<tr>
<td></td>
<td>• 2 - 3 years - 24%;</td>
<td>• 2-3 years - 20%;</td>
</tr>
<tr>
<td></td>
<td>• 4 - 5 years - 29%;</td>
<td>• 4-5 years - 18%;</td>
</tr>
<tr>
<td></td>
<td>• 6 - 10 years - 34%;</td>
<td>• 6-10 years - 36%;</td>
</tr>
<tr>
<td></td>
<td>• 10 - 20 years - 30%;</td>
<td>• 10-20 years - 15%;</td>
</tr>
<tr>
<td></td>
<td>• 20 years and more - 6%</td>
<td>• 20 years and more - 0%</td>
</tr>
<tr>
<td>Daily dose (ml)</td>
<td>• 1 - 3%</td>
<td>• 1 - 15%</td>
</tr>
<tr>
<td></td>
<td>• 2 - 3%</td>
<td>• 2 - 11%</td>
</tr>
<tr>
<td></td>
<td>• 3-5 - 20%</td>
<td>• 3-5 - 27%</td>
</tr>
<tr>
<td></td>
<td>• 6-9 - 30%</td>
<td>• 6-9 - 15%</td>
</tr>
<tr>
<td></td>
<td>• 10-15 - 29%</td>
<td>• 10-15 - 28%</td>
</tr>
<tr>
<td></td>
<td>• 15 and more - 15%</td>
<td>• 15 and more - 4%</td>
</tr>
<tr>
<td>Number of injections/day</td>
<td>• 1-3 times per week - 0%</td>
<td>• 1-3 times per week - 9%</td>
</tr>
<tr>
<td></td>
<td>• once a day - 4%</td>
<td>• once a day - 15%</td>
</tr>
<tr>
<td></td>
<td>• twice a day - 16%</td>
<td>• twice a day - 16%</td>
</tr>
<tr>
<td></td>
<td>• 3 times a day - 29%</td>
<td>• 3 times a day - 47%</td>
</tr>
<tr>
<td></td>
<td>• 4 times a day - 39%</td>
<td>• 4 times a day - 7%</td>
</tr>
<tr>
<td></td>
<td>• 5 times a day - 9%</td>
<td>• 5 times a day - 4%</td>
</tr>
<tr>
<td></td>
<td>• 6 times a day - 2%</td>
<td>• 6 times a day - 2%</td>
</tr>
<tr>
<td></td>
<td>• 8 times a day - 1%</td>
<td>• 8 times a day - 0%</td>
</tr>
<tr>
<td>Place of injection</td>
<td>• groin - 35%</td>
<td>• groin - 18%</td>
</tr>
<tr>
<td></td>
<td>• neck - 3%</td>
<td>• neck - 9%</td>
</tr>
<tr>
<td></td>
<td>• capillary areas - 6%</td>
<td>• capillary areas - 2</td>
</tr>
<tr>
<td></td>
<td>• surface - 16%</td>
<td>• surface - 42%</td>
</tr>
<tr>
<td></td>
<td>• intramuscular - 10%</td>
<td>• intramuscular - 2%</td>
</tr>
<tr>
<td></td>
<td>• various - 30%</td>
<td>• various - 27%</td>
</tr>
</tbody>
</table>

Table 5

Registration of IDUs in Drug Addiction Facilities and by Law Enforcement Agencies
(according to a public opinion survey), 2003, %

<table>
<thead>
<tr>
<th>City</th>
<th>In drug addiction clinic</th>
<th></th>
<th></th>
<th>By police</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Difficult to answer</td>
<td>Yes</td>
<td>No</td>
<td>Difficult to answer</td>
</tr>
<tr>
<td>Simferopol</td>
<td>40</td>
<td>58</td>
<td>2</td>
<td>49</td>
<td>50</td>
<td>1</td>
</tr>
<tr>
<td>Yalta</td>
<td>31</td>
<td>62</td>
<td>7</td>
<td>22</td>
<td>62</td>
<td>16</td>
</tr>
<tr>
<td>Vinnytsia</td>
<td>39</td>
<td>60</td>
<td>1</td>
<td>56</td>
<td>43</td>
<td>1</td>
</tr>
<tr>
<td>Novovolynsk</td>
<td>62</td>
<td>34</td>
<td>4</td>
<td>42</td>
<td>45</td>
<td>13</td>
</tr>
<tr>
<td>Kryvyi Rih</td>
<td>36</td>
<td>45</td>
<td>19</td>
<td>13</td>
<td>55</td>
<td>32</td>
</tr>
<tr>
<td>Donetsk</td>
<td>43</td>
<td>57</td>
<td>0</td>
<td>38</td>
<td>56</td>
<td>6</td>
</tr>
<tr>
<td>Makiyivka</td>
<td>16</td>
<td>84</td>
<td>0</td>
<td>30</td>
<td>70</td>
<td>0</td>
</tr>
<tr>
<td>Mariupol</td>
<td>30</td>
<td>60</td>
<td>10</td>
<td>30</td>
<td>67</td>
<td>3</td>
</tr>
<tr>
<td>Zaporizhya</td>
<td>78</td>
<td>20</td>
<td>2</td>
<td>72</td>
<td>27</td>
<td>1</td>
</tr>
<tr>
<td>Luhansk</td>
<td>29</td>
<td>47</td>
<td>24</td>
<td>26</td>
<td>20</td>
<td>54</td>
</tr>
<tr>
<td>Alchevsk</td>
<td>29</td>
<td>49</td>
<td>22</td>
<td>26</td>
<td>22</td>
<td>52</td>
</tr>
<tr>
<td>Lviv</td>
<td>50</td>
<td>50</td>
<td>0</td>
<td>56</td>
<td>40</td>
<td>4</td>
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<tr>
<td>Chervonograd</td>
<td>45</td>
<td>53</td>
<td>2</td>
<td>36</td>
<td>40</td>
<td>24</td>
</tr>
<tr>
<td>Mykolaiv</td>
<td>47</td>
<td>52</td>
<td>1</td>
<td>47</td>
<td>52</td>
<td>1</td>
</tr>
<tr>
<td>Odessa</td>
<td>41</td>
<td>58</td>
<td>1</td>
<td>49</td>
<td>47</td>
<td>4</td>
</tr>
<tr>
<td>Poltava</td>
<td>64</td>
<td>33</td>
<td>3</td>
<td>65</td>
<td>33</td>
<td>2</td>
</tr>
<tr>
<td>Pervomaisk</td>
<td>29</td>
<td>69</td>
<td>2</td>
<td>36</td>
<td>64</td>
<td>0</td>
</tr>
<tr>
<td>Kupiansk</td>
<td>77</td>
<td>19</td>
<td>4</td>
<td>74</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>Khmelnytskiy</td>
<td>79</td>
<td>20</td>
<td>1</td>
<td>61</td>
<td>36</td>
<td>3</td>
</tr>
<tr>
<td>Sevastopol</td>
<td>10</td>
<td>86</td>
<td>4</td>
<td>11</td>
<td>67</td>
<td>22</td>
</tr>
<tr>
<td>Among all</td>
<td>47</td>
<td>49</td>
<td>4</td>
<td>43</td>
<td>44</td>
<td>13</td>
</tr>
</tbody>
</table>


Table 6

The Number of Injecting Drug Users in Individual Cities and the Final Coefficient of Calculations (2003)

<table>
<thead>
<tr>
<th>City</th>
<th>Number of residents, 1000 persons</th>
<th>IDUs according to the registered number of drug users</th>
<th>IDU number estimation</th>
<th>Final coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Simferopol</td>
<td>336.9</td>
<td>1,382</td>
<td>4,100</td>
<td>3.0</td>
</tr>
<tr>
<td>Yalta</td>
<td>83.5</td>
<td>440</td>
<td>1,885</td>
<td>4.3</td>
</tr>
<tr>
<td>Vinnytsia</td>
<td>390.5</td>
<td>398</td>
<td>1,770</td>
<td>4.5</td>
</tr>
<tr>
<td>Novovolynsk</td>
<td>53.0</td>
<td>325</td>
<td>700</td>
<td>2.2</td>
</tr>
<tr>
<td>Kryvyi Rih</td>
<td>700.0</td>
<td>8,384</td>
<td>29,000</td>
<td>3.5</td>
</tr>
<tr>
<td>Donetsk</td>
<td>1,042.0</td>
<td>1,915</td>
<td>4,660</td>
<td>2.4</td>
</tr>
<tr>
<td>Makiyivka</td>
<td>419.0</td>
<td>667</td>
<td>4,500</td>
<td>6.7</td>
</tr>
<tr>
<td>Mariupol</td>
<td>485.4</td>
<td>3,048</td>
<td>20,000</td>
<td>6.6</td>
</tr>
<tr>
<td>Zaporizhya</td>
<td>840.0</td>
<td>5,406</td>
<td>14,000</td>
<td>2.6</td>
</tr>
<tr>
<td>Luhansk</td>
<td>464.7</td>
<td>700</td>
<td>6,000</td>
<td>8.6</td>
</tr>
<tr>
<td>Alchevsk</td>
<td>117.3</td>
<td>411</td>
<td>2,900</td>
<td>7.1</td>
</tr>
<tr>
<td>Lviv</td>
<td>811.2</td>
<td>992</td>
<td>2,000</td>
<td>2.02</td>
</tr>
<tr>
<td>Chervonograd</td>
<td>72.7</td>
<td>213</td>
<td>1,800</td>
<td>8.45</td>
</tr>
</tbody>
</table>
Table 6 (continue)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mykolayiv</td>
<td>502.0</td>
<td>3,080</td>
<td>15,000</td>
<td>4.9</td>
<td></td>
</tr>
<tr>
<td>Odessa</td>
<td>1,050.0</td>
<td>7,000</td>
<td>15,120</td>
<td>2.16</td>
<td></td>
</tr>
<tr>
<td>Poltava</td>
<td>310.6</td>
<td>1,510</td>
<td>8,000</td>
<td>5.3</td>
<td></td>
</tr>
<tr>
<td>Pervomaisk</td>
<td>32.0</td>
<td>58</td>
<td>200</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>Kupiansk</td>
<td>33.4</td>
<td>172</td>
<td>850</td>
<td>4.9</td>
<td></td>
</tr>
<tr>
<td>Khmelnitskyi</td>
<td>261.6</td>
<td>1,620</td>
<td>5,000</td>
<td>3.1</td>
<td></td>
</tr>
<tr>
<td>Sevastopol</td>
<td>346.8</td>
<td>420</td>
<td>3,350</td>
<td>8.0</td>
<td></td>
</tr>
</tbody>
</table>


Figure 4. Drug-related crimes
Data from the Department on Combating Illicit Drug Circulation at the Ministry of Internal Affairs of Ukraine, 2004 (unpublished)

Figure 5. HIV Prevalence in Regions of Ukraine
(According to Ukrainian AIDS Centre data, 2004.)
Figure 6. Number of Officially Registered HIV-Infected Citizens of Ukraine, Including IDU, in 1994 – 2003
(According to Ukrainian AIDS Centre data, 2004)

Figure 7. Distribution of HIV + IDUs in Regions of Ukraine
(According to Ukrainian AIDS Centre data, 2004)
### Table 7

Results of ‘Sentinel’ Surveys among FSW who use or do not use Injecting Drugs

<table>
<thead>
<tr>
<th>Cities</th>
<th>% of HIV-positive results</th>
<th>FSW – IDU</th>
<th>FSW who do not use injecting drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donetsk</td>
<td></td>
<td>35.6</td>
<td>20.7</td>
</tr>
<tr>
<td>Lutsk</td>
<td></td>
<td>33.3</td>
<td>2.1</td>
</tr>
<tr>
<td>Mykolayiv</td>
<td></td>
<td>83.3</td>
<td>18.3</td>
</tr>
<tr>
<td>Odessa</td>
<td></td>
<td>33.3</td>
<td>8.7</td>
</tr>
<tr>
<td>Poltava</td>
<td></td>
<td>34.3</td>
<td>7.7</td>
</tr>
<tr>
<td>Simferopol</td>
<td></td>
<td>31.6</td>
<td>0.0</td>
</tr>
<tr>
<td>Kharkiv</td>
<td></td>
<td>38.9</td>
<td>5.6</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>38.6</td>
<td>8.3</td>
</tr>
</tbody>
</table>


![Figure 8. Percentage of IDUs Among HIV-Positive Citizens of Ukraine (Regional distribution)

(According to data from the Ukrainian AIDS Centre, 2004).](image)
Figure 9. Number of Tests among IDUs in Ukraine According to Seroepidemiological Monitoring (code 102)  
(According to Ukrainian AIDS Centre data, 2004).

Figure 10. Number of HIV testing in different population groups
Figure 11. Number of HIV positive tests among different groups of population in Ukraine (1994-2000) (According to Ukrainian AIDS Centre data, 2004.).

Figure 12. Means of HIV Infection of Persons who Served as a Source of Infection for their Sexual Partners in the city of Odessa

According to data of joint research of Ukrainian AIDS Centre and UNAIDS (unpublished).
Figure 13. Means of HIV Infection of Persons who Served as a Source of Infection for their Sexual Partners in the city of Odessa
Source: Ukrainian AIDS Centre (unpublished)

Table 8

Supply of Hospital Beds for Drug Users (by the end of 2003)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Administrative territory</th>
<th>Indicator per 100,000</th>
<th>Rank</th>
<th>Administrative territory</th>
<th>Indicator per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dnipropetrovsk oblast</td>
<td>26.5</td>
<td>15</td>
<td>Lviv oblast</td>
<td>12.5</td>
</tr>
<tr>
<td>2</td>
<td>Odessa oblast</td>
<td>24.8</td>
<td>16</td>
<td>Rivne oblast</td>
<td>12.4</td>
</tr>
<tr>
<td>3</td>
<td>Kyiv oblast</td>
<td>21.9</td>
<td>17</td>
<td>Zakarpaty oblast</td>
<td>12.4</td>
</tr>
<tr>
<td>4</td>
<td>Kirovohrad oblast</td>
<td>21.7</td>
<td>18</td>
<td>Donetsk oblast</td>
<td>10.2</td>
</tr>
<tr>
<td>5</td>
<td>Poltava oblast</td>
<td>20.6</td>
<td>19</td>
<td>Vinnytsia oblast</td>
<td>9.2</td>
</tr>
<tr>
<td>6</td>
<td>Mykolayiv oblast</td>
<td>18.4</td>
<td>20</td>
<td>City of Kyiv</td>
<td>8.5</td>
</tr>
<tr>
<td>7</td>
<td>Zaporizhya oblast</td>
<td>17.6</td>
<td>21</td>
<td>Cherkasy oblast</td>
<td>8.0</td>
</tr>
<tr>
<td>8</td>
<td>AR Crimea</td>
<td>17.2</td>
<td>22</td>
<td>Ivano-Frankivsk oblast</td>
<td>7.9</td>
</tr>
<tr>
<td>9</td>
<td>Luhansky oblast</td>
<td>17.0</td>
<td>23</td>
<td>Ternopil oblast</td>
<td>7.5</td>
</tr>
<tr>
<td>10</td>
<td>Zhytomyr oblast</td>
<td>16.7</td>
<td>24</td>
<td>Volyn oblast</td>
<td>7.1</td>
</tr>
<tr>
<td>11</td>
<td>City of Sevastopol</td>
<td>15.9</td>
<td>25</td>
<td>Chernivtsi oblast</td>
<td>6.6</td>
</tr>
<tr>
<td>12</td>
<td>Kharkiv oblast</td>
<td>15.0</td>
<td>26</td>
<td>Kherson oblast</td>
<td>5.6</td>
</tr>
<tr>
<td>13</td>
<td>Sumy oblast</td>
<td>14.5</td>
<td>27</td>
<td>Chernihiv oblast</td>
<td>4.9</td>
</tr>
<tr>
<td>14</td>
<td>Khmelnytskyi oblast</td>
<td>14.2</td>
<td></td>
<td>UKRAINE</td>
<td>14.6</td>
</tr>
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Source: All-Ukrainian Drug addiction Association (unpublished)
**Table 9**

Publications in 2002 of Social Advertisement Materials by CSSY Concerning HIV/AIDS and Drug Abuse Prevention in the Youth Environment

<table>
<thead>
<tr>
<th>Oblast</th>
<th>Title of publication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crimea</td>
<td>Leaflet 'Prevention of Drug Abuse' \nLeaflets for IDU</td>
</tr>
<tr>
<td>Vinnytsia oblast</td>
<td>Protect your child from the abyss of drug abuse</td>
</tr>
<tr>
<td>Dnipropetrovsk oblast</td>
<td>Leaflet 'Prevention of Drug Abuse' \nLeaflets and booklets for IDU</td>
</tr>
<tr>
<td>Donetsk oblast</td>
<td>Booklet 'Simply about Something Important' (HIV/AIDS prevention)</td>
</tr>
<tr>
<td>Zhytomyr oblast</td>
<td>Leaflets, notes: 'Prevention of Drug Abuse'</td>
</tr>
<tr>
<td>Zakarpaty oblast</td>
<td>Booklet 'To Help You' (for IDUs)</td>
</tr>
<tr>
<td>Zaporizhya oblast</td>
<td>Leaflet 'Drug Use As It Is' \nBookmark 'Choose Your Future Without Drugs' \nBookmark 'Choose Life' \nReference book 'AIDS Has Not a Single Chance' \nNotes 'For those who use drugs' \nLeaflet 'Say No! to Negative Phenomena' \nBooklet 'Save Yourself From the Abyss of Drug Abuse'</td>
</tr>
<tr>
<td>Kyiv oblast</td>
<td>Booklet 'For Parents, about Drugs' \nBooklet 'Drugs is a Road which Leads to the Abyss. What is your Choice?'</td>
</tr>
<tr>
<td>Kirovochrad oblast</td>
<td>Booklet 'What You Should Know About AIDS' \nBooklet 'Signs of Drug Abuse' \nBooklet 'Say No! to Drugs' \nBooklet 'Drug Abuse is a Deadly Danger' \nBooklet 'Recommendations for Families of Drug Dependent Persons'</td>
</tr>
<tr>
<td>Luhansk oblast</td>
<td>Booklet 'Protect Yourself from AIDS' \nBooklet 'Prevention of Negative Phenomena in the Youth Environment'</td>
</tr>
<tr>
<td>Lviv oblast</td>
<td>Booklet 'KP for IDU'</td>
</tr>
<tr>
<td>Mykolayiv Oblast</td>
<td>Brochure 'HIV/AIDS and the Law'</td>
</tr>
<tr>
<td>Odessa oblast</td>
<td>Booklet 'Injecting drug users'</td>
</tr>
<tr>
<td>Poltava oblast</td>
<td>Booklet 'AIDS and the Family'</td>
</tr>
<tr>
<td>Sumy oblast</td>
<td>Note 'Say No! to Drugs' \nBooklet 'Be Careful - AIDS!' \nBooklet 'AIDS is not Asleep'</td>
</tr>
<tr>
<td>Ternopil oblast</td>
<td>Poster 'AIDS is Death' \nPoster 'Say No! to Drugs'</td>
</tr>
<tr>
<td>Kharkiv oblast</td>
<td>Poster 'Say No! to Drugs' \nPoster 'Say No! to Drugs'. Choose a Healthy Future.' \nMethodological recommendations: Dovira Counseling Units for IDU.</td>
</tr>
<tr>
<td>Kherson oblast</td>
<td>Booklet 'Conversations with children about drugs and alcohol'. \nBooklet 'How to communicate with your child to keep him away from drug use.'</td>
</tr>
<tr>
<td>Khmelnytskyi oblast</td>
<td>Booklet 'Do You Know What AIDS Is?' \nBooklet 'The Illusion of Satisfaction - Nothing More.'</td>
</tr>
<tr>
<td>Region</td>
<td>Services/provided</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Chernihiv oblast</td>
<td>Brochure 'What Everyone Needs to Know About AIDS'</td>
</tr>
<tr>
<td></td>
<td>Booklet 'Say No! to Drugs'</td>
</tr>
<tr>
<td></td>
<td>Poster 'Any substance that changes your consciousness is a drug'.</td>
</tr>
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<td></td>
<td>Wall calendar for 2003 'Drug Abuse Prevention'.</td>
</tr>
<tr>
<td>Sevastopol</td>
<td>Booklet 'Important information for Harm Reduction Programme Participants'</td>
</tr>
<tr>
<td></td>
<td>Booklet 'How to Protect Your Immune System'.</td>
</tr>
<tr>
<td></td>
<td>Booklet 'Safety. Disinfection'.</td>
</tr>
<tr>
<td></td>
<td>Booklet 'Over-dosage'</td>
</tr>
<tr>
<td></td>
<td>Booklet 'Life with HIV'.</td>
</tr>
</tbody>
</table>


**Table 10**

Organizations and Institutions which Provide Social Rehabilitation Services for Drug-Dependent Individuals in Ukraine

<table>
<thead>
<tr>
<th>Crimea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Foundation 'New Way of Life'</td>
</tr>
<tr>
<td>Christian rehabilitation centre 'Freedom'</td>
</tr>
<tr>
<td>Christian NGO 'Blagovist'</td>
</tr>
<tr>
<td>Specialized facility 'Crimean Republic Centre for Drug Use Prevention and Re-Socialization of Drug Dependent Youth Your Victory'</td>
</tr>
<tr>
<td>Crimean Hun-Fu Association</td>
</tr>
<tr>
<td>Vinnytsia oblast</td>
</tr>
<tr>
<td>'Kovcheg' Rehabilitation Centre</td>
</tr>
<tr>
<td>'Stupeni/Stairs' Rehabilitation Centre</td>
</tr>
<tr>
<td>Volyn oblast</td>
</tr>
<tr>
<td>'Pereobrazhennya' Rehabilitation Centre</td>
</tr>
<tr>
<td>'Kovcheg' Rehabilitation Centre</td>
</tr>
<tr>
<td>Dnipropetrovsk oblast</td>
</tr>
<tr>
<td>'Blagodat' Rehabilitation Centre</td>
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<tr>
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<td>Oblast centre of medical and social rehabilitation of minors</td>
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<td>Donetsk city youth NGO 'Visson'</td>
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<td>Charity Foundation to assist drug dependent persons, mental disorder and STI patients, HIV-infected individuals</td>
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<td>'Lepta' Charity Foundation</td>
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<td>'The Rock of Salvation' Rehabilitation Centre within 'Milost' Charity Foundation (Christian Church of Gospel 'A Word of Life')</td>
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<td>Rehabilitation centre of the 'City-Shelter' Church</td>
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<td>Rehabilitation Christian Centre 'Peacekeeper'</td>
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<td>Rehabilitation centre 'Freedom'</td>
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<td>Rehabilitation centre 'Morning Star'</td>
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<td>Rehabilitation centre 'New Life'</td>
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Source: Data from the Department of Youth Policy at the Ministry of Family, Children and Youth Affairs (available at the time of preparation of the review)

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IN THE CONTEXT OF THE HIV/AIDS EPIDEMIC

Технічний редактор В.Гломозда

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