Social Monitoring Centre

The Prospects for Development of HIV Prevention Programmes among Injecting Drug Users

With support from
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Authors:
Olga Balakireva, Ph.D. in Sociology, Project Manager
Maryna Varban, Ph.D. in Psychology
Olexander Yaremenko, Ph.D. in Economics
Lidia Andrushchak
Oksana Artukh

Reviewers:
V. O. Sobolev, Doctor of Sociology
Yu. I. Yakovenko, Doctor of Sociology
A. M. Shcherbinska, Doctor of Medicine
E. M. Libanova, Doctor of Economics

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Results of the research on the response to the HIV/AIDS epidemic among injecting drug users are presented in this corporate monograph. Detailed analysis of the characteristics of drug users and factors which put them at risk of contracting HIV was conducted in 20 cities of Ukraine. The total number of IDUs, the level of their coverage with preventive programmes, and the prospects of reaching 60 % coverage of IDUs by HIV/AIDS preventive programmes at the level of separate cities and at the national level were assessed.

Recommended for: decision makers in the field of HIV/AIDS prevention in Ukraine, social policy specialists, co-ordinators and managers of projects of international, public and state organizations that work in this sphere.

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Olena Sakovych, Project Coordinator of the project (UNICEF)

Lidia Andruschak, Project Coordinator (UNAIDS)

Denis Poltavets, Advisor (International Renaissance Foundation)

Technical Advisors of the International Harm Reduction Programme: **A. O. Protopopov, A. V. Yakobchuk, S. I. Kostin and T. V. Vanenkova**

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A. INTRODUCTION

Over 20 years have passed since the first case of AIDS, a new, dangerous and still incurable disease, was registered. Apart from the shocking health impact, AIDS has had major socio-economic and demographic effects. The rapid spread of the Human Immunodeficiency Virus (HIV) makes AIDS one of the most severe threats to human life and dignity.

Examples of effective responses to the epidemic in many countries prove that taking no action against the spread of the disease is a fatal mistake. Opening the IV International Conference on HIV/AIDS (Barcelona 2002), UNAIDS Executive Director Peter Piot said that the HIV/AIDS epidemic is proving to be a much more serious challenge than was expected. Political support is crucial for making an effective response to the epidemic possible. We should do our best today, otherwise the epidemic will cause a global catastrophe.

HIV/AIDS spreads rapidly. It is a global epidemic that affects different groups, countries and continents and threatens social and economic development in all countries. The crisis appears to be much more serious than was predicted ten years ago. The most recent statistics estimate the total number of people (including children) with HIV/AIDS at 40 million world-wide.

According to national and international experts (UNAIDS, WHO), in 2002 the total number of HIV infected Ukrainians was between 370,000 – 530,000, which is at least one % of the adult population. Governmental statistics show only the tip of the iceberg. According to the Ukrainian AIDS Centre (Ministry of Health) 52,659 HIV cases were ‘officially’ registered as of 1 January, 2003 since 1987 (when HIV/AIDS monitoring was started): 52,356 of these were Ukrainian citizens; 4,260 adults and 140 children had full-blown AIDS, and 2,307 adults and 70 children have died; 34,694 HIV infected patients (69%) were registered as injecting drug users (IDUs). It is alarming that most of the HIV infected population are young people between 20 and 39 years of age and among adolescents HIV prevalence is on the rise.

In Ukraine, the response to the AIDS epidemic is seen as a major priority for the Government. In 1991, the Law on AIDS Prevention and

Social Protection (revised in 1998) became the first political document regulating the role of the State in dealing with the HIV/AIDS epidemic and its effects. Today, the response to the HIV/AIDS epidemic is one of the priorities of state policy in the fields of health care and social development. The alarming HIV/AIDS situation globally and in Ukraine in particular, has attracted the attention of the Ukrainian political leadership: within the last two years three Presidential Decrees were issued, regulating the main political, administrative, financial and economic aspects of dealing with the epidemic in Ukraine. This led to the establishment of a multi-sectoral governmental commission on HIV/AIDS and 2002 was declared the 'year for combating HIV/AIDS'.

The importance of preventive activities and the need to expand them is acknowledged in the current, fourth National Programme for HIV/AIDS Prevention for 2001–2003 (approved by Decree of the Cabinet of Ministers No. 790 of 11 July 2001), which is based on a multi-sectoral approach. It is the first document which builds upon UNAIDS strategic planning provisions, the available experience of public response to the epidemic and a realistic assessment of the national capacity.

The National Programme involves a wide range of Ministries, state agencies, governmental committees, non-governmental and governmental organisations as well as people living with HIV/AIDS (PLWA). Throughout the last two years, fruitful co-operation has been established between governmental organisations and international donors, which have contributed to activities run by non-governmental and charity organisations operating in the field of HIV/AIDS. Prevention among injecting drug users is seen as one of the priorities.

Since 1995, injecting drug use remains the cause of most HIV cases. In 1996, the first project on HIV prevention among IDUs was launched in the city of Odesa by the NGO 'Vira, Nadiya, Lubov' (Faith, Hope, Love). Currently, 36 harm reduction projects cover 18 out of the 27 Ukrainian administrative oblasts. These are supported by a wide range of international organisations: the International Harm Reduction Programme, the Open Society Institute, the International Renaissance Foundation, UNICEF, UNAIDS, UNDP, USAID, the International HIV/AIDS Alliance, Medecins Sans Frontieres and the East-West Fund, as well as state agencies. At the national level, the harm reduction strategy

is being implemented as a joint project of the State Centre of Social Services for Youth and UNICEF, entitled 'HIV/AIDS Prevention among Young People Using Injecting Drugs'. According to the National Programme on HIV/AIDS for 2001–2003, executive bodies at all levels are to 'promote existing prevention programmes, in particular provide injecting drug users and other vulnerable groups with sufficient quantities of syringes, needles, disinfectants and condoms' (Clause 35) and 'organise trust points' (including mobile points) providing a wide range of health care, legal and social services and psychological counselling to injecting drug users and other vulnerable groups (Clause 38).

The harm reduction programmes have already had positive results. The studies, aimed at assessing the effectiveness of HIV/AIDS prevention projects among IDUs, prove that sterile syringes and condoms distributed at the Dovira service and needle exchange points (NEPs) have significantly decreased the risks of HIV and STIs and contributed to safer behavioural practices. These projects have resulted in IDUs' increased awareness of HIV/AIDS risks and ways to avoid them. Project staff and volunteers disposed of tens of thousands of used syringes that otherwise might have been used repeatedly or left elsewhere as a source of infection.

HIV/AIDS prevention among IDUs is economically effective. Indeed, the cost of prevention is lower than the cost of care and treatment for those with HIV/AIDS. Apart from their economic effectiveness, the harm reduction projects are socially significant, contributing to positive changes in relations between IDUs and local communities. However the number of IDUs covered by these projects remains insignificant.

According to our study, the average coverage of IDUs by various HIV prevention activities is no higher than 15 % of the total IDU population.

Experts in the field suggest that at least 60% of the IDU population must be covered by HIV/AIDS preventive activities in order to make an impact on the development of the epidemic (the figure was named as a strategic priority at the Strategy Meeting to Better Co-ordinate Regional Support for National Responses to HIV/AIDS in Eastern and Central Europe held in Geneva, 4–5 November 1999).

At the national level, an effective response to the HIV/AIDS epidemic can be ensured by adopting adequate legislation, a properly funded national programme on HIV/AIDS, co-operation between international organisations and local NGOs, funds operating in the field and the involvement of IDUs and their social environment.

To develop an action plan aimed at reaching the target figure of 60% we will need to assess: the scale of injecting drug use and the number of IDUs in the country, the needs in the field, general principles for identifying these needs, and available resources and the resources required.

The UNAIDS Office in Ukraine initiated a study of the situation of HIV/AIDS among IDUs in order to assess the potential for scaling up HIV preventive interventions for this group. The assessment was conducted by the Social Monitoring Centre with support from UNICEF, UNAIDS and regional HIV/AIDS prevention projects. This report presents the general conclusions and analyses of the situation at the level of particular cities. The Annexes contain samples of research tools used in the assessment, data obtained from IDU surveys, the training module on rapid assessment research among IDUs and the protocols on further activities in the selected sites.

Indeed, the consolidation of different organisations and agencies operating in the field of HIV/AIDS prevention in Ukraine has yet to happen. In spite of a number of important regulations and political decisions at the national level, local authorities wait for instructions from 'the top', are not aware of the scale of the epidemic and its possible impact, and do not feel responsible for introducing effective forms and methods of HIV prevention among different groups. Along with a lack of funds and materials, 'the human factor' remains the main barrier for developing an effective response to HIV.

B. RESEARCH METHODOLOGY

The goal of the study was to assess the preparedness of Ukraine for the scaling up of HIV preventive programmes among IDUs in order to reach 60% coverage of the IDU population by such programmes. Case studies were chosen as the optimal research strategy i.e. the assessment was based on the situation in particular cities in Ukraine.

Main project tasks:

- Assess the situation of injecting drug abuse in the selected cities and identify the main factors affecting the spread of injecting drug abuse and the main behavioural risks with regards to HIV.
- Assess the number of IDUs in the cities selected.
- Assess the coverage of IDUs by existing HIV preventive interventions.
- Assess the existing needs of adequately trained staff and financial and institutional resources for HIV preventive interventions targeting IDUs.
- Assess capacities for covering 60% of the IDU population through HIV/AIDS/STI prevention programmes.
- Reach an agreement with the parties involved to set 60% coverage as the goal for scaled up preventive activities among IDUs.
- Estimate the budget required to ensure 60% coverage of the IDU population by HIV prevention programmes.

Criteria for selecting cities for assessment:

- Large industrial cities with high HIV prevalence.
- Oblast and rayon centres with high HIV prevalence.
- Various geographical regions – central, southern, eastern and western regions.
- Ongoing HR projects (implemented by NGOs and GOs: Social Services or other institutions).
- Different levels of HIV prevalence.

The assessment covered 20 Ukrainian cities: Symferopol (Autonomous Republic of Crimea), Yalta (Autonomous Republic of Crimea), Vinnytsya, Novovolynsk (Volyn oblast), Kryvyy Rig (Dnipropetrovsk oblast), Donetsk, Makiyivka (Donetsk oblast), Mariupol (Donetsk oblast), Zaporizhzhya, Lugansk, Alchevsk (Lugansk oblast), Lviv, Chervonograd (Lviv oblast), Mykolayiv, Odesa, Poltava, Pervomayskyy (Kharkiv oblast), Kupyansk (Kharkiv oblast), Khmelnytskyy and Sevastopol. Thus the study covered nine oblast capitals, ten other towns and the city of Sevastopol.

Data collection and analysis involved non-governmental and governmental organisations in the cities. At each site, the study involved practitioners involved in the interventions aimed at reducing HIV associated risks. The study also involved former and current technical advisors to the OSI/IHRD/IRF with considerable knowledge and experience in the field.

Experts from the Social Monitoring Centre provided the overall co-ordination and research back up.

Target groups

IDUs were the main target group of the study. Efforts were taken to ensure the representation of different sub-groups of the IDU population. These were IDUs registered at health care facilities and police stations, clients of NEPs (where NEPs are available) and 'hidden' IDUs i.e. those unregistered and not using NEPs.

In some cases the target group also included:

- Representatives of agencies and organisations involved in preventive activities among IDUs.
- Representatives of the IDU social environment e.g. health care providers, police, social workers, etc.
- Local authorities.

Research methods

The research methodology was based on a strategy combining quantitative and qualitative methods of data collection, the parallel use of different information sources, triangulation and verification of data obtained in the course of the study.

The following research methods were used to collect the data and explore the possibilities of scaling-up preventive programmes:

- ***Surveying IDUs.*** The local research teams surveyed 60–100 IDUs in each oblast. 1,908 IDUs were interviewed in total. The interviews were conducted at the NEPs or within areas covered by NEP services. Additionally, respondents attending NEPs helped the researchers contact and recruit IDUs who were not clients of needle exchange programmes.
- ***Surveying experts who represent the social environment of IDUs.*** In each city 8–12 health care providers, NGO activists, representatives of law enforcement agencies and social services were interviewed, with a total of 192 interviews.
- ***Analysis of the available statistical data on the IDU community.***
- ***Secondary analysis of data obtained from previous behavioural studies conducted in the cities covered by the Project.***
- ***The approximate number of IDUs was estimated by the 'ratio' and 'double coverage' methods.***
- ***An estimate was made of the number of IDUs covered by the harm reduction interventions in the cities selected.***
- ***Round table meetings.*** The possibilities of scaling up existing interventions in order to reach 60% coverage of IDUs was discussed at the oblast level. The discussions involved those representing local authorities, health care facilities, educational institutions, social services, law enforcement agencies and NGOs. The participants signed an 'expression of interest to promote the scaling up of preventive activities targeting IDUs'.
- Additionally some regional partners prepared ***action plans to extend the coverage of local IDU populations*** through various harm reduction activities and ***estimated the budgets*** for such activities at city level.
- ***An estimate was made of the approximate cost of attaining 60% coverage at the national level.***

Additionally, the researchers used data from the following research projects:

1. **'Young People Using Injecting Drugs: knowledge, awareness of HIV-associated risks, behaviours' (2001)** was a joint project between the State Centre for Social Services for Youth and UNICEF Ukraine**.** This project was supported by the Programme Development Fund (UNAIDS) and the Ukrainian Institute for Social Research. Between 10 August and 10 September 2001, 638 respondents aged 14 years and over were interviewed in seven Ukrainian cities: Mykolayiv, Kharkiv, Chervonograd, Chernigiv, Sevastopol, Melitopol and Donetsk. The goal of the study was to determine the level of IDU knowledge on HIV/AIDS and associated risks, and maximise the spread of behavioural practices in the IDU community. The research materials are presented in the book *Young People Using Injecting Drugs: Knowledge, Awareness of HIV-associated Risks, Behaviours*, O. Balakireva, N. Varban, O. Artukh, N. Dmytruk, M. Semenova; Kyiv, 2001.
2. **'HIV/AIDS Prevention among Young People Using Injecting Drugs' (2002),** was a joint project between the State Centre for Social Services for Youth and UNICEF Ukraine. The project was supported by UNAIDS. From September 17–26 2002, 1,997 IDUs aged 14 years and over were interviewed in 14 Ukrainian cities: Sevastopol, Novovolynsk, Makiyivka, Melitopol, Bilyayevka, Kharkiv, Chernigiv, Yalta, Dnipropetrovsk, Nikopol, Kryvyy Rig and Dniprodzerzhynsk. The sample contained 623 clients from the Dovira counselling network in nine cities: Sevastopol, Novovolynsk, Makiyivka, Melitopol, Chervonograd, Mykolayiv, Bilyayevka, Kharkiv and Chernigiv. The research materials are presented in the book *HIV/AIDS Prevention among Young People Using Injecting Drugs*, O. Yaremenko, O. Balakireva, V. Sanovska et al.; Ukrainian Institute for Social Research, State Centre for Social Services for Youth, Kyiv, 2002.
3. **'Harm Reduction Programmes in Ukraine: effectiveness assessment' (2002).** The IDU survey was conducted by the Ukrainian Institute for Social Research with support from the

Renaissance Foundation. The study sought to determine the effectiveness of harm reduction projects aimed at reducing HIV associated risks among IDUs. The study was conducted between October 23–30 2002 and covered 11 cities: Donetsk, Zhytomyr, Kremenchug, Lviv, Sumy, Uzhgorod, Cherkasy, Ivano-Frankivsk, Chernigiv and Chernivtsi. The research materials are presented in the book *Harm Reduction Programmes in Ukraine: An Effectiveness Assessment*, by O. Balakireva, O. Levtsun, O. Artukh, O. Ganukov, M. Varban, O. Yaremenko; Ukrainian Institute for Social Research, Renaissance Foundation, 2002.

The main definitions, terminology and research techniques used in the study were provided in the training module on the rapid assessments developed within this project (for more information, please contact the UNICEF Office in Ukraine or the Social Monitoring Centre) and outlined in the respective sections of this report below.

Project implementers

The Social Monitoring Centre acted as the main implementing agency of this project. The research team included experts from the Ukrainian Institute for Social Research and the State Centre for Social Services for Youth.

The following organisations were involved at the city level:

1. Stalist Public Congress, Vinnytsya.
2. Pikluvannya Charity Fund for Protection from Social Diseases, Donetsk.
3. Research Institute for Youth Issues, Zaporizhzhya.
4. City AIDS Centre, Kryvyy Rig (Dnipropetrovsk oblast).
5. City Centre for Social Services for Youth, Kupyansk (Kharkiv oblast).
6. Anti-AIDS Charity Fund, Lugansk and Alchevsk (Lugansk oblast).
7. Salus and Vsi Razom' (All Together) Charity Funds, Lviv.
8. Zdorovya Naziyi (The Nation's Health) City Charity Fund, Makiyivka (Donetsk oblast).

9. City Centre for Social Services for Youth, Mariupol (Donetsk oblast).
10. Blagodiynist (Charity) Charity Fund, Mykolayiv.
11. City Centre for Social Services for Youth, Novovolynsk, (Volyn oblast).
12. Vira, Nadiya, Lubov (Faith, Hope, Love) Public Movement, Odesa.
13. City Centre for Social Services for Youth, Pervomayskyy, (Kharkiv oblast).
14. Kviten (April) NGO, 'Svitlo Nadiyi' (The Light of Hope), Charity Association for Support to PLWA, Poltava.
15. Novyy Sposib Zhyttya (New Way of Life) Charity Fund, Symferopol (Autonomous Republic of Crimea).
16. Youth Centre for Women's Initiatives (NGO), Sevastopol.
17. City Centre for Social Services for Youth, Khmelnytskyy.
18. City Centre for Social Services for Youth, Chervonograd (Lviv oblast).
19. City Centre for Social Services for Youth, Yalta (Autonomous Republic of Crimea).

All participants at the oblast level were experienced in providing support to IDUs. The organisations at the oblast level participated in the project on a partnership basis and through co-operation agreements between the Social Monitoring Centre and each of the local implementers.

The data analysis consisted of several stages: a training seminar for regional participants, the collection of sociological and statistical data, an analysis of the materials collected, round table meetings in the cities covered by the project and the signing of a protocol confirming the participants' commitment to extend the coverage of IDUs at the local level.

Training for regional participants

Prior to the field stage, a training seminar was organised for the project participants at the local level. The goal of the training was to familiarise participants with the methodologies behind rapid assessment of the drug use situation and the preventive activities that target IDUs at the local level. Field work at the local level was launched after the training.

C. GLOSSARY

HIV – Human Immunodeficiency Virus.

WHO – World Health Organization.

Volunteers – People who provide social services on a voluntary and non-paid basis.

SCYSS – The State Centre for Social Services for Youth was established within the executive branch as a state agency in charge of youth policy. SCYSS is in charge of the overall control and co-ordination of the Centres for Social Services for Youth at the oblast level as well as the Centres in Crimea, Kyiv and Sevastopol.

STI – Sexually transmitted infection (syphilis, gonorrhoea, chlamydia etc.).

Injecting drugs – Drugs used through injection.

NEP – Needle exchange point. Needle exchange points were established within harm reduction projects targeting IDUs. The NEPs provide clients with IEC materials, condoms, sterile needles, counselling, etc.

Dovira Counselling Service – A network of Dovira (Trust) counselling services was established within youth social services as a component of the 'HIV/AIDS Prevention among Injecting Drug Users' project. Their scope of activities is similar to that of the NEPs.

NGO – Non-governmental organisation.

National Programme – The National Programme on HIV/AIDS Prevention for 2001–2003 is based on a multi-sectoral approach. The Programme involves a wide range of Ministries, state agencies, committees, NGOs and international donors as well as people who live with HIV/AIDS.

Harm Reduction Programmes – The strategy of harm reduction was developed to minimise the harmful health and social effects of drug use and deal with the basic problems of IDUs who are not ready to cease drug use.

AIDS – Acquired Immunodeficiency Syndrome. The WHO describes AIDS as an infectious disease affecting the human immune system and making the human body vulnerable to infections and tumours.

IDUs – Injecting drug users.

Primary prevention – Drug prevention targeting non-users. Primary prevention includes information campaigns, health promotion activities, leisure provisions, employment projects etc.

Secondary prevention – Secondary prevention targets risk groups, including IDUs who cannot or are not ready to give up drugs, in order to minimise the negative effects of drug use and the risks of infection. Secondary prevention employs harm reduction strategies.

Tertiary prevention – Treatment and medical and social rehabilitation of IDUs intending to give up drugs.

CYSS – Centres for Social Services for Youth are state agencies responsible for carrying out state youth policy through social work with children and young people.

UNAIDS – Joint United Nations Programme on HIV/AIDS.

UNICEF – United Nations Children's Fund.

1. INJECTING DRUG USE: ASSESSMENT OF THE CURRENT SITUATION

1.1. The scale of drug use and the drugs used

According to state statistics, the number of patients who were registered in medical institutions at the end of 2001 diagnosed with mental and behavioural diseases resulting from the use of narcotic substances (except for alcohol) and psychoactive agents (drug addiction and toxicomania) amounted to 82,300. A further 22,000-25,000 were registered as a preventive measure (*Ukraine in Numbers in 2001: A Brief Reference Book*, State Statistics Committee of Ukraine; Kyiv, Tekhnika Publishing House, 2002, – p. 228). The total number thus amounts to between 105,000 and 110,000 drug users and people inclined to use drugs. The existing state system of disease registration in Ukraine does not distinguish the injecting use of drugs. Therefore there are some problems regarding accurate statistics on injecting drug users. According to expert estimates, the share of injecting drug users among the total number of drug users is some 80-85%, although this parameter varies according to region. Data from the Ministry of Health of Ukraine indicates that on 1 January 2001 there were 75,489 people with drug addiction (see Table 1.1.1). The largest numbers of drug users in Ukraine have been recorded in the eastern and southern regions as well as in the city of Kyiv. During recent years, the use of drugs, including injecting drug use, has increased among youth. In 2001, among schoolchildren alone, 1,110 teenagers had been registered as drug users. Almost the same number of students from technical schools (PTUs) were officially registered as users. According to data from the Ministry of the Interior of Ukraine, by the end of 2002, 77,267 drug users were registered in the Ministry's institutions.

From expert estimates, the real number of drug users is several times higher than official figures. However, there is no unified, scientifically grounded approach for determining the total number of IDUs throughout Ukraine. A more detailed estimate of the total number of IDUs is presented in Section 3 of this Chapter.

Table 1.1.1

Number of officially registered patients with narcomania as of January 01, 2001

(Data provided by the Ministry of Health of Ukraine)

Region	Number of registered patients, 1 January 2001
Autonomous Republic of Crimea	3,891
Vinnytsya oblast	873
Volyn oblast	1,297
Dnipropetrovsk oblast	15,522
Donetsk oblast	9,173
Zhytomyr oblast	1,194
Transcarpathian oblast	234
Zaporizhzhya oblast	4,803
Ivano-Frankivsk oblast	774
Kyiv oblast	1,303
Kirovograd oblast	1,566
Lugansk oblast	2,618
Lviv oblast	811
Mykolayiv oblast	4,160
Odesa oblast	7,822
Poltava oblast	2,159
Rivne oblast	836
Sumy oblast	805
Ternopil oblast	319
Kharkiv oblast	1,659
Kherson oblast	1,928
Khmelnytskyy oblast	1,777
Cherkasy oblast	1,632
Chernivtsi oblast	500
Chernigiv oblast	1,749
Kyiv city	5,710
Sevastopol city	374
Total	**75,489**

According to data collected from regional reports, the most popular drug in Ukraine is known as ‘shyrka’ (‘khanka’, ‘shyrevo’), i.e. homemade opiates. Among injecting drug users, up to 95% use this drug. As it is known, ‘shyrka’ is made at home, without observing hygiene requirements, which is one of the main factors responsible for spreading HIV infection and hepatitis. According to the regional report from Kryvyy Rig, for example, last year there was an increase in the number of fatalities after taking ‘shyrka’, where the people who ‘boiled’ it had also added some calipsol or clopheline. The second most popular injecting drug is called ‘vint’. It is also reasonably accessible in terms of price.

The third most frequently used injecting drugs are ephedrine-based preparations (‘jeff’, ‘mul’ka’, ‘ephedrine’). The least popular is heroin. Until recently, heroin was a drug for the elite in Ukraine due to its high price (USD 50-100 per gram). Now, however, in some regions (Odesa, Zaporizhzhya) different types of heroin have appeared, including large amounts of ‘heroin–3’, which is a product of acetylated opium and contains unpurified heroin with additives, sold at a much lower price of about USD 10 per gram.

According to regional report data from the city of Donetsk, the results of a behavioural study conducted in 1999 stated that there was a practice of use of different drugs such as opiates, ephedrine, morphium, tranquillisers, ahetamines and others by 40% of respondents. The same phenomenon was revealed by a study undertaken in Kharkiv using WHO methodology during 2001 and 2002. Drugs made from ‘Coldact’ and ‘Effect’, anti-flu medications are widely used among teenagers. The same information was confirmed by regional reports from both large cities and small towns in the eastern region (Donetsk, the towns of Kupyansk and Pervomayskyy in the Kharkiv oblast). For Chervonograd, Novovolynsk and Lviv, a characteristic feature is the simultaneous use of homemade opiates and medicines. It was also noted in almost all regional reports that among youth so-called ‘light’ drugs are highly popular: marijuana, ‘durman’, ‘grass’, ‘plan’ etc.

The drugs most widely used in the above-mentioned cities of Ukraine are homemade opiates and ephedrine preparations. It should be noted that the conditions in which they are prepared and packaged, as well as the frequency of use, account for the high level of HIV, hepatitis infection etc. in users.

1.2. Drug users: a general description

The dynamic increase in the numbers of people injecting drugs is does not yet appear to be slowing down. Generally, during recent years, an increasing number of ‘young’ drug users has been noted, with a lowering of the age at which the drugs are first tried.

In the regional report from Donetsk city, it was noted in expert estimates prepared by narcologists that the youngest age at which drug use starts has dropped to seven from eight, and that teenage drug

addiction accounts for 11-13% of the total number of drug addicts. At the same time a trend in Donetsk over the last two years has seen an increase in the number of drug addicts in the 30+ age category as well as in the registration of people who first tried drugs aged 34-36 and 42-44. This was not seen in previous years.

According to data from a survey conducted on IDUs, within this estimate the general ratio of women to men is approximately 1:3 (the average for all twenty cities and towns), although there are differences and peculiarities in different cities. Within the age distribution of IDUs, there are also significant differences between cities. It is worth noting that the share of injecting drug users within the age category of 13-18 is higher than average in cities and towns such as Alchevsk in Lugansk oblast (34%), Lugansk (32%), Pervomayskyy in Kharkiv oblast (33%), and Yalta (31%). This could be attributed to some extent to the specific activities of those organizations which made contact with the target group in order to conduct the survey.

Almost one in five IDUs, or 18% of the respondents in this project, is attending school or a higher educational institution. 30% described themselves as unemployed, while only 14% have a permanent job. People living on random earnings amounted to 31 %.

1.3. Main factors affecting illicit drug use

From the regional report data it is possible to draw some conclusions regarding the main factors which influence the spread of injecting drug use:

- The availability of drugs (including at educational institutions and entertainment venues).
- Well developed and well organized networks of drug dealers.
- The existence of cheap and readily available preparations sold in chemist's which can be used to make drugs.
- Young people's interest in drugs.
- The geographical location of some settlements.
- Living conditions and the diversity of the population in the regions.

- The sometimes casual presentation of information on drugs by some of the Media.
- A low level of awareness of the risks involved in the use of drugs and the consequences of such use among youth and the population as a whole.

The above factors may be aggravated in some regions and settlements due to the following:

- Rapid urbanisation accompanied by a post-Soviet reduction in social control.
- Generally low living standards for most people in the regions.
- The inability of most people to adapt to the current social and economic situation.

In addition, the under-developed system of social and psychological services, and the absence of a culture of seeking professional help to solve personal problems (including family troubles, loneliness, unemployment) makes the temporary escapism provided by drug use an attractive option.

2. BEHAVIOURAL RISKS FACED BY INJECTING DRUG USERS IN TERMS OF CONTRACTING HIV

Purchase of ready-made drugs

According to survey data among NEP clients (see Survey 4, Annex 5), 44% of IDUs use the services of different suppliers, 35% of a regular dealer, and 34% prepare the drugs themselves. Among IDUs, 10% used blood when making or purifying the drug. The survey results also demonstrate that a significant number of IDUs practice risky ways of receiving the prepared drug from the dealer. The most widespread way of receiving narcotic substances on purchase is by 'filling a syringe from a common container' (34%). More than a quarter - or 26% of respondents - fill their syringes from the dealer's syringe; one fifth (20%) received the drug in a filled syringe and note: 'I don't usually know how the syringe was filled'. 16% gets the drug in a filled syringe and the buyer is frequently unaware of the source of the syringe. Comparing this data with the results of other surveys allows us to state that there are no significant changes in the methods of receiving the prepared drug on purchase. The most widespread methods still remain the users filling their own syringes from common containers and directly from the dealer's syringe. Generally, up to 90% of those who buy drugs use unsafe practices when buying drugs, thus risking the purchase of drugs infected with HIV.

Use of clean syringes

A new syringe for every injection is used by one in two IDUs, which is an increase of almost 1.5 times compared to several years ago. This result can be viewed as an achievement of the preventive programmes implemented in Ukraine. New syringes are most often purchased at pharmacies (90% of respondents), or received from volunteers working in special programmes (81%). The least frequent way for IDUs to buy a syringe is from a non-specialised retail outlet (8%), from street sellers (7%), or to apply for help from a relative or family member (4%). The respondents' closest environment – drug dealers, friends and other IDUs – form a 'circle' for distributing new

syringes; their services are used by about a quarter of the respondents. Sexual partners are a possible source of new syringes for 14% of the respondents.

Post-injection syringe cleansing, if any, is in most cases limited to washing with boiled water (32% of all respondents) or tap water (30%). Less popular are boiling the syringe and the needle (12%), washing with alcohol solutions (10%) or disinfecting solutions (8%).

Joint use of syringes

According to the research data, 14% of respondents stated that they had used the syringes of other IDUs. About one third (29%) of the respondents did not deny that within the last month they had used another person's syringe. In some cities, this constitutes a much higher percentage. According to the replies of IDUs, within the last month they had used a syringe for injections from an average of three people, and lent their syringe to an average of three more people.

Sexual behaviour: use of condoms

Research demonstrated that condoms were never used during sexual contact by 19% of IDUs, sometimes used by 53%, and that there were just 28% of IDUs who always use a condom (see Fig. 2.1). The data collected demonstrates that 72% of the IDUs surveyed (as well as their sexual partners) are at risk in terms of getting infected with HIV (see Table 2.1).

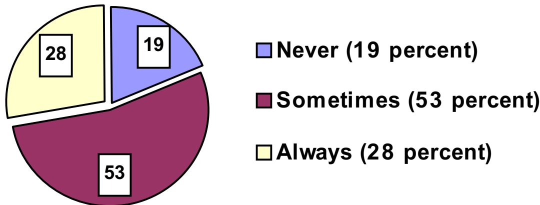

Fig. 2.1. Distribution of responses to the question
"Do you use condoms during sexual intercourse?", %

Among those who had had between three and nine sexual partners within the last 30 days, 13% had never used a condom during sexual contact.

Table 2.1

Distribution of respondents' replies to the question
'Do you use a condom during sexual contact?', *(%)*

	Never	Sometimes	Always
1. Makiyivka	44	52	4
2. Zaporizhzhya	33	51	16
3. Kupyansk	32	52	16
4. Lviv	31	53	16
5. Symferopol	30	50	20
6. Chervonograd	27	61	12
7. Novovolynsk	25	46	29
8. Kryvyy Rig	24	57	19
9. Donetsk	23	58	19
10. Mariupol	21	53	26
11. Mykolayiv	15	47	38
12. Poltava	15	44	41
13. Odesa	12	49	39
14. Khmelnytskyy	11	31	58
15. Yalta	9	44	47
16. Vinnytsya	9	29	62
17. Alchevsk	8	64	27
18. Lugansk	8	66	26
19. Pervomayskyy	7	90	3
20. Sevastopol	7	69	24
Overall total:	**19**	**53**	**28**

Sexual behaviour: casual partners

Fifty percent of IDUs has random or commercial sexual relations. Men tend to pay for sex, while women provide sexual services on a commercial basis, including the supply of a dosage of drugs for the sex worker. According to the data collected by IDUs surveyed as clients of NEPs, 38% of sexually active IDUs had had sexual contact with random and unfamiliar sexual partners within the last month[1]. On average, during a month, IDUs have sexual contact with four random partners[2].

Sexual behaviour: homosexual contacts

3% of male IDUs stated that they have had sexual contact with men[3].

[1] '*Harm Reduction Programmes in Ukraine: effectiveness assessment*', / O. Balakireva, O. Levtsun, O. Artiukh, O. Ganiukov, M. Varban, O. Yaremenko – Kyiv: Ukrainian Institute for Social Research; International Renaissance Foundation, 2002, p. 41.

[2] Op. cit., p. 41.

[3] Op. cit., p. 42–43.

Levels of awareness among IDUs of the prevention of HIV infection

The results of the research show that the overwhelming majority of IDUs are confident of their awareness of HIV/AIDS problems. The level of awareness of HIV/AIDS is somewhat lower in the youngest age categories. A higher awareness is shown by IDUs covered by harm reduction programmes. People who considered their knowledge of HIV/AIDS to be sufficient amounted to about 40% of IDUs. At the same time, the level of awareness of risky forms of behaviour proves the lack of a systematic understanding of this problem. The most common mistake regarding HIV/AIDS transmission is the idea that this infection can be transmitted through 'kissing even if there is no contact with damaged skin or mucous membranes', that it is possible to get infected through contact with another person's saliva, through handshaking and the shared use of a towel, brush or soap.

In terms of understanding the risk of getting personal HIV infection, more than one third of IDUs considered it possible, while 13% considered it unlikely. One fifth of respondents were completely confident of their safety, a quarter of IDUs completely understand the risk of infection. (According to data from monitoring of IDUs behaviour, conducted in 2002 as part of the UNICEF project 'Implementation of a Second-Generation System of Epidemical Supervision'.)

According to collected data, risky injecting drug use behavioural practices in terms of contracting HIV include the following: people buying and filling their syringe from a drug dealer's syringe; buying and filling a syringe without knowing where it comes from; taking a drug from a common container pots; using other IDU's/IDUs' syringes; and not always washing the syringe when sharing it. Also, the rather high level of IDU sexual activity, widespread sexual contact without a condom as well as random and commercial sexual contact, female IDU involvement in commercial sex, and the practices of men having sex with men, all increase the risk of HIV infection among drug users and their sexual partners.

At the same time, due to the impact of harm reduction programmes, positive changes have been recorded in the behaviour of injecting drug users. First of all, the level of awareness of the risks of HIV infection

and methods of protection is increasing. The joint use of syringes occurs less frequently. There has been a reduction in the number of people with whom the syringes are jointly used. People have been gradually quitting the risky practices related to drug purchasing. The impact on sexual behaviour is insignificant, but some IDUs stated that they have been limiting the number of their sexual partners. More details are, however, needed.

Thus, the analysis confirms the urgent need for the continuation and expansion of preventive programmes among IDUs. There is an urgent need to determine the total number of IDUs and the share of those covered by intervention programmes, and an estimate of the knowledge level regarding safe behaviour in terms of HIV infection and of real behavioural practices in this group. Such data will allow us to understand the extent to which the coverage of IDUs by harm reduction programmes needs to be expanded, in order to plan the steps to be taken and resources necessary to increase the percentage of injecting drug users covered by HIV infection prevention programmes.

3. ESTIMATED NUMBERS OF INJECTING DRUG USERS

As real experience shows, there are significant differences between the numbers of officially registered injecting drug users, the perceived number of IDUs, and their real number. Under the current laws of Ukraine on the criminal drugs trade, the manufacture and distribution of illegal drugs is a criminal offence. Taking this into account, injecting drug users remain in the shadows, avoiding registration. Those trapped into official registration are usually injecting drug users who were caught in the act of manufacturing, selling, distributing, or using drugs by law enforcement officers, or users who have undergone treatment in addiction clinics. Official statistics therefore show just the tip of the iceberg. In addition, the reconciliation of data on registered injecting drug users between law enforcement bodies and narcological services has been stopped, which also causes discrepancies in the figures.

Taking into account the fact that official statistics illustrate only a small part of the existing situation with injecting drug use of drugs, experts believe that in order to get the real picture, official figures should be multiplied several times. However, among experts, there is no consensus on the factor needed to multiply official statistical data. It has been suggested that to get a realistic picture of the extent of injecting drug use, official data should be multiplied 10 times. The approach used several years ago – an increase of ten to twelve times in the registered number of IDUs – remains in use by most experts in the regions. Taking this into account, the results of expert surveys from 20 cities of Ukraine on the number of injecting drug users show significant differences. For example, the multiplication factor ratio varies from different experts from 3 to 10. The town of Mariupol stands out in particular as experts believe that official statistics need to be multiplied by a factor of 20 to come to the real number of injecting drug users.

National experts also gave varying estimates. However, by generalising the replies of those who are aware of the problem, **the total number of people who inject drugs can be estimated at 5 to 7 times higher than indicated by official data.**

The analysis conducted has revealed a number of specific problems when estimating the number of IDUs in big cities and conducting a general countrywide estimation:

1. Official statistics (maintained by the State and governmental departments) does not reflect the real number of injecting drug users.
2. The statistical reporting and registration of drug users maintained by narcological dispensaries and by units of the Ministry of Interior covers drug addicts generally, without distinguishing injecting drug users. In some cities, the statistical data available from the public health departments and the Ministry of Interior is inconsistent, because according to current requirements, there is no reconciliation of the registration lists.
3. In some settlements, the number of IDUs registered by doctors and the police depends significantly on police activities and on IDU access to medical services. IDUs have better access to medical services in big cities and oblast centres, but not in small towns. This influences the completeness of IDU medical registration and, therefore, the reliability of the statistical data.
4. On the other hand, registration in Ministry of Interior units may be more complete in small settlements than it is in big cities. This is related to the size of the population and the high level of contact the police have with local residents. Experts also suggest, however, that the opposite is also possible, as drug addicts are not registered by request of a relative.
5. IDUs are a close-knit group, which is difficult to access due to two main factors: firstly, the negative public opinion of the use of drugs and of drug addicts, and, secondly, IDU fears of possible repressive measures on behalf of law enforcement officials.
6. In some cities (Mykolayiv, Vinnytsya, Odesa), attempts were previously made to estimate the number of IDUs using ratios. At the same time, no estimates using several other methods were implemented in Ukraine, as recommended by WHO and UNAIDS. The only exception is the city of Kharkiv (not included in this research), where in 2001–2002 a quick estimate method

was used to study the situation regarding injecting drug use and to calculate an approximate number of IDUs.

7. In various projects and preventive programmes aimed at IDUs, documents are created using different forms and systems. There is no single ‘model’ form for the registration of IDUs who have received a service from a project.
8. Medical statistics on hepatitis and STI levels in IDUs are incomplete and unreliable.
9. Medical statistics of overdose cases, abscesses, and IDU fatalities due to overdose are not maintained.
10. Opportunities for IDUs to get medical aid in small towns and district centres is limited. This results in the low level of IDU applications for medical assistance, which, in turn, impacts the reliability of medical statistics.
11. Not all cities and towns have ‘bazaars’ (communication networks, group meetings) of IDUs, which makes accessing them more complicated.

These problems demonstrate the complications involved in the search for ‘base’ numbers to which it would be possible to apply the ratio method on a well-grounded and reliable basis. Currently, the only information available is the numbers of registered drug addicts, 80 to 85% of which can be considered injecting drug users. (In Table 3.2, the number of IDUs for each city is quoted according to expert estimates and regional reports.)

Methodology for quantitative estimation of IDUs

To determine the percentage of IDUs which have been registered by medical institutions and by units of the Ministry of Interior, and in order to apply the ratio method, IDUs in selected cities/towns were offered questionnaires (see Annex 4; for individual results see Table 3.1). Registration data from the Ministry of Interior, medical registrations, data from epidemiologists and from NGOs working with IDUs were then compared. To estimate the scale of drug use, the ratio method was applied. The goal of this survey was not to build a representative sample,

since the most reliable data on the numbers and the breakdown of IDUs in cities and towns was missing. In this situation the best way of building a sample is the 'snowball method'. This method allowed us to solve the problem of access to the studied population.

One goal of this research was to determine ratios through which it would be possible to determine the real number of injecting drug users in each of the cities and towns listed. To achieve that goal, the questionnaire included questions on the respondents' official registration with public health bodies and the police. According to the results of the survey conducted among the injecting drug users in 20 Ukrainian cities and towns, 47% of the total number of respondents are registered in a narcological dispensary, while 43% are registered with the police. The number of surveyed injecting drug users that are officially registered differs significantly between cities (see Table 3.1). It should, however, be noted that first of all, there was a relatively high proportion of IDUs who found it difficult to answer this question. Secondly, the collected data gives rise to significant criticism. Discussions on the results conducted by project managers and participants in those cities, confirmed that the percentage of IDUs covered remains quite limited. A significant number of IDUs remains equally inaccessible for both units of the Ministry of Interior, NGOs, employees, volunteers at syringe exchange points and the Dovira consultancy outlets. It is therefore impossible to rely only upon the survey results and to use ratios calculated from that data. To obtain a more objective ratio for each individual city, the triangulation method was used, which includes the use of different technologies for the calculation of the estimated numbers of drug users, as well as different sources of information. <u>Òherefore, the method of ratios based on survey results, the 'repeated catch' method, and expert estimates were used during the survey.</u>

The 'repeated catch' method was used in all the above cities, except for Zaporizhzhya and Yalta. (Due to technical reasons, the groups in those cities were unable to maintain the methodology for use of this method.) The average figure for all the cities where this technology was implemented is the following: 56% among those who were 'caught repeatedly' were also put into the first batch. When assessing the results, we should consider the limitations of this technology in specific cases. Firstly, most of the workers were using this technology for the first

time, so some errors in its organization are possible, due to insufficient experience. Secondly, with a small sample amount for ‘catching’ in big cities, the results are for residential districts rather than for the city as a whole. Thirdly, booklets and other materials used in the projects were used as ‘catch markers’. Therefore, we assumed that during repeated surveys, a number of IDUs who did not participate in the first ‘catch’, when presented with familiar materials, must have mistakenly indicated that they had participated in the earlier survey. This means that the obtained ratio should be used with respective ‘tolerance intervals’. However, the use of several techniques still allows us to make some estimates.

Table 3.1

Percentage distribution of IDU replies in individual cities and towns to the questions:
‘Have you been registered at an addiction clinic?’
and **‘Are you registered with the police?’**

	At an addiction clinic			*With the police*		
	Yes	**No**	**Difficult to reply**	**Yes**	**No**	**Difficult to reply**
1. Symferopol	40	58	2	49	50	1
2. Yalta	31	62	7	22	62	16
3. Vinnytsya	39	60	1	56	43	1
4. Novovolynsk	62	34	4	42	45	13
5. Kryvyy Rig	36	45	19	13	55	32
6. Donetsk	43	57	0	38	56	6
7. Makiyivka	16	84	0	30	70	0
8. Mariupol	30	60	10	30	67	3
9. Zaporizhzhya	78	20	2	72	27	1
10.Lugansk	29	47	24	26	20	54
11.Alchevsk	29	49	22	26	22	52
12.Lviv	50	50	0	56	40	4
13.Chervonograd	45	53	2	36	40	24
14.Mykolayiv	47	52	1	47	52	1
15.Odesa	41	58	1	49	47	4
16.Poltava	64	33	3	65	33	2
17.Pervomayskyy	29	69	2	36	64	0
18.Kupyansk	77	19	4	74	18	8
19.Khmelnytskyy	79	20	1	61	36	3
20.Sevastopol	10	86	4	11	67	22
Overall total	**47**	**49**	**5**	**43**	**44**	**13**

Based on the analysis of the replies to the two questions in the questionnaire used in the survey among injecting drug users, two ratios were calculated for each city. Using the ‘repeated catch’ method, one more ratio was calculated for each individual city. Based on these three ratios, we calculated a ***generalised ratio***, which was then used for the statistical estimate and compared with expert estimates.

The analyses of the ***expert estimates*** turned out to be the most difficult, since differences in the estimated number of IDUs in some cities were very significant, sometimes a difference of several factors. A more detailed analysis of expert estimates can be found in the reports for individual cities.

The next step was to reconcile expert estimates of the number of IDUs with the statistical calculations using the generalised ratio. After the calculation of the number of IDUs using statistical ratios and expert estimates for each city were done separately, we obtained interval estimates for the cities. In this case, an average in the interval was used. The resulting estimates of the total number of IDUs in individual cities and the resulting ratios are shown in Table 3.2. The obtained estimates provide some basis for considerations and conclusions on the total number of injecting drug users.

By generalising individual results it is possible to draw the conclusion that in big cities the number of IDUs is lower than in small towns, where the level of public and social control is higher. For example, in big cities (those with a population in excess of 300 thousand, and oblast centres), the average ratio is 3.65. In middle-sized and small towns, this ratio is 5.15. Generally, if we estimate the total number of injecting drug users in urban-type settlements, the analysis conducted shows that a ratio should be used depending on the size of settlements. However, such estimates are only worth using on a generalised level, while on the individual city level it is seen not as only expedient but necessary to make a specific estimate based on the size of the city or individual districts.

If we extrapolate the ratio between the estimated number of IDUs in the selected cities (more than 140,000 users) and the population of those cities (8.35 million people) on to the whole urban population of Ukraine (33.25 million people), then the total number of injecting drug users can be estimated at least 560 thousand. These calculations support the estimates of national experts. The general ratio of increasing the registered number of IDUs to estimate the number of this group that best corresponds to the current reality, is about **5.3** to **5.5** countrywide.

Table 3.2

Number of IDUs in individual cities/towns and the resulting ratio for calculations

City/town	Population, in thousands	Number of IDUs included in registered drug users data	Estimated number of IDUs	Resulting ratio
Symferopol (AR Crimea)	336.9	1,382	4,100	3.0
Yalta (AR Crimea)	83.5	440	1,885	4.3
Vinnytsya	390.5	398	1,770	4.5
Novovolynsk (Volyn oblast)	53	325	700	2.2
Kryvyy Rig (Dnipropetrovsk oblast)	700	8,384	29,000	3.5
Donetsk	1,042	1,915	4,660	2.4
Makiyivka (Donetsk oblast)	419	667	4,500	6.7
Mariupol (Donetsk oblast)	485.4	3,048	20,000	6.6
Zaporizhzhya	840	5,406	14,000	2.6
Lugansk	464.7	700	6,000	8.6
Alchevsk (Lugansk oblast)	117.3	411	2,900	7.1
Lviv	811.2	992	2,000	2.02
Chervonograd (Lviv oblast)	72.7	213	1,800	8.45
Mykolayiv	502	3,080	15,000	4.9
Odesa	1,050	7,000	15,120	2.16
Poltava	310.6	1,510	8,000	5.3
Pervomayskyy (Kharkiv oblast)	32	58	200	3.5
Kupyansk (Kharkiv oblast)	33.4	172	850	4.9
Khmelnytskyy	261.6	1,620	5,000	3.1
Sevastopol	346.8	420	3,350	8.0

Recommendations regarding the further estimation of the total number of IDUs at the level of individual cities/towns

1. It is necessary to assess the situation in the IDU environment and carry out mapping, in order to create a sample, which would reflect the territorial structure of the location of IDUs in the city.

2. For an efficient estimation, it is necessary to widely cover IDUs in the cities, with a separate subsample for IDUs who are not covered by influence programmes.

3. In order to reach latent (inaccessible) groups of IDUs, informers from the IDU community and former IDUs should be used, to deepen the search under the ‘snowball’ method.

4. A unified methodology for data gathering should be used from the development of the survey plan to the preparation of reporting documents as well as unified approaches towards sample creation, centralised data processing and interpretation.

5. Before making the estimate, it is necessary to collect all the statistics available, both state and departmental, regarding the registration of drug users in cities/towns.

6. It would be appropriate to use the results of this survey, and of other surveys among IDUs, for secondary analysis in further surveys, as a basis for the creation of a representative sample which would characterise the IDU population.

7. In view of the nature of the HIV/AIDS epidemic in Ukraine, it would be appropriate to review the state system of drug user registration and to implement a separate code system for IDUs.

Recommendations regarding the further estimation of the total number of IDUs at the national level

1. It is necessary to develop a national sample of cities/towns, which would be a representative sample, based on the specifics of the structure of IDU locations in Ukraine.

2. It is necessary to train special interviewers and observers who are prepared to talk to IDUs.

3. There is an urgent need to create an interdepartmental databank for research done in the IDU environment in the different regions and cities/towns of Ukraine, by different organizations and institutions.

4. In view of the nature of the HIV/AIDS epidemic in Ukraine, it would be appropriate to review the state system of drug user registration and to implement a separate coding system for IDUs.

5. It would also be appropriate to develop unified indices and forms for IDU registration on the level of different projects and programmes, so that it they can be compared and combined in a single national database.

4. SERVICES AND HIV/AIDS PREVENTIVE PROGRAMMES AVAILABLE FOR INJECTING DRUG USERS

Activities of state institutions and organizations in HIV infection prevention among injecting drug users

The practical implementation of measures to prevent an HIV/AIDS epidemic should also be carried out, as stated in the National Programme for 2001–2003, on the oblast level by local programmes and plans. Regional and local plans have been developed on the basis of nationwide programmes, taking into account local situation specifics.

An analysis of the activities of state institutions, including those in the above-mentioned cities, shows that there is a significant number of institutions whose activities are aimed at both the primary prevention of the use of drugs, and the prevention of HIV infection among high-risk groups, including IDUs. This is true for law enforcement bodies, educational establishments and some medical institutions, such as health centres, family planning centres, etc. The preventive work of those organizations focuses mainly on certain aspects of sexual education, as well as on educating people on how HIV is transmitted and how it can be prevented. The effectiveness of measures taken by state institutions is often lower due to the fact that information on HIV/AIDS is distributed among children and young people together with information on alcohol and smoking, resulting in the mass perception of HIV/AIDS being a bad habit rather than a dangerous disease.

Secondary prevention is carried out first of all by medical institutions: addiction clinics, centres of prevention and struggle against AIDS, counselling institutions, etc. Sources of funding for these institutions are the state budget, local administration off-budget funds, as well as proceeds from the self-supported fee-based activities of public health institutions, and medical insurance funds (these last provide only a small part of the funding).

Despite the variety of funding sources, medical institutions, especially those in small towns (which are neither oblast nor district centres), suffer from a lack of funds necessary for medical equipment, medicines, etc. This forces patients to buy the necessary medical items at their own expense, or to pay for the doctor's or nurse's services, etc.

Drug addiction treatment includes first of all detoxification measures, carried out both on an out-patient and in-patient basis. The treatment is free of charge. In oblast and certain district centres, there are numerous private practices and clinics, which provide different kinds of medical assistance, including counselling assistance, although at rather high prices. To determine the exact number of such institutions is a difficult task, since they appear and disappear rapidly.

An analysis of prevention in the cities/towns listed has shown that there is either a lack of in-patient facilities for drug addicts, or that there is no narcological clinic in the city/town at all, as is the case in Novovolynsk,Volyn oblast. The same goes for HIV testing capabilities. Centres of prevention and struggle against AIDS only operate in oblast centres. Tertiary prevention in those cities/towns is hindered by the lack of a network of rehabilitation (resocialization) institutions for drug addicts, and substitution programmes.

In addition, injecting drug users show a low level of trust in state-operated institutions.

Among the state-operated organizations active in systematic secondary prevention in risk groups, including IDUs, and syringe exchanges under harm reduction programmes, are the Centres for Social Services for Youth (CYSS). Starting from 2001, with UNICEF support, these activities were linked under the joint UNICEF and the State Centre for Social Services for Youth (SCYSS) project 'HIV/AIDS Prevention among Young Users of Injecting Drugs'. The core activities of the Dovira consultancy outlet include the provision of appropriate information about HIV/AIDS safe behaviour skills for young people injecting drugs, as well as the training of social workers, volunteers, and target group leaders, under the 'Harm Reduction' and peer education strategies. It also includes the provision of young injecting drug users with individual protective means (syringes, antiseptic cloths, condoms, etc.). This work aims to create a social environment which would maintain a tolerant and unbiased attitude

towards young people who are injecting drug users, the creation of mutual support groups among young injecting drug users, the promotion of young injecting drug users' access to testing and consultation on HIV, as well as to important medical and psychological assistance.

In 2002, the SCYSS, with support from UNICEF, published two methodological reference works: 'Methodological reference for the prevention of HIV infection among young injecting drug users' (for social workers), and 'Main areas of volunteer activities, skills and abilities under the 'Harm Reduction among Injecting Drug Users programme'. The SCYSS and the State Institute of Youth and Family Problems, with UNICEF support, conducted a training session for the managers of the Dovira consultancy outlets entitled 'Monitoring of Implementation of the Project 'HIV/AIDS Prevention among Young Injecting Drug Users''. In 2002, using budgetary funds allocated for the implementation of youth programmes in the CYSS network, 15 Dovira COs in the Autonomous Republic of Crimea (Kerch and Yevpatoriya), Donetsk oblast (Gorlivka, Mariupol, and Slovyansk), Dnipropetrovsk oblast (Kryvyy Rig and Dnipropetrovsk), Kyiv oblast (Brovary), Mykolayiv oblast (Nova Odesa and Ochakiv), Odesa oblast (Balta), Poltava oblast (Poltava), Kharkiv oblast (Balakliya), Khmelnytskyy oblast (Netishyn), and Chernigiv oblast (Pryluky) were created. Those 15 Dovira COs were operated using budgetary funding.

For the activities of the 32 Dovira COs operating under the CYSS in total, the state budget in 2002 provided UAH 168,000 (almost USD 32,000).

Among the 20 cities/towns analysed, 12 have Dovira COs, created by the CYSS to carry out preventive activities among injecting drug users. Nine of those outlets are financed by the joint SCYSS and UNICEF project, and the rest are financed from the state budget through a system of Social Services for Youth centres. It should be noted that in no one city/town does the local budget target the allocation of funds for harm reduction programmes among IDUs. At the same time, funds allocated to support centres for Social Services for Youth are partially used to support CYSS programmes, including the Dovira COs. Limited funding is restricting the development and stabilisation of needle exchange point activities.

At the same time, positive experiences exist where the activities of Dovira COs are supported by local authorities. In Odesa oblast, Balta CYSS signed a co-operation agreement with the District Department of the Ministry of Interior and the District Department of Public Health, the results being an allocation of premises in the narcological unit of the Central District Hospital for the Dovira CO. In the Mykolayiv oblast, the regional CYSS held intersectoral working meetings in May on the opening of Dovira COs in the towns of Ochakiv and Nova Odesa. Draft resolutions which proposed the introduction of a 'harm reduction' strategy into work with IDUs in those towns resulted from the meetings. In Chernigiv oblast, organizational measures have been taken to create a Dovira CO in Pryluky: separate premises have been allocated, the outlet is being set up, and specialists are being selected to work there.

In September/October 2002, a survey was done among IDUs covered by the prevention programmes, which allowed the efficiency of the activities of the Dovira CO to be evaluated, and to assess their prospects.

At the Dovira CO operating under the Sevastopol CYSS, five mutual support groups have been created: two groups for IDUs, one group for people who live with HIV, and two more groups for co-dependent people; Melitopol city CYSS in Zaporizhzhya oblast, Chervonograd city CYSS in Lviv oblast, and Chernigiv oblast CYSS have one mutual support group each for parents of drug users. Under Mykolayiv oblast CYSS, there is a mutual support group for injecting drug users infected with HIV, entitled 'Exit'.

The main advantage of these social services centres in selected cities in the area of HIV prevention among IDUs is the systematic nature of their activities, as well as their co-operation with other state institutions and non-governmental organizations.

The potential of non-governmental organizations in preventing HIV infection among injecting drug users

Non-governmental organizations working locally with injecting drug users ensure a dialogue between target group representatives and the State, motivate target group representatives towards participation in prevention, as well as promoting broad public involvement in the solution

of youth problems. Unlike state institutions and organs, NGOs are more flexible, which is demonstrated by their quick response to changes in society, and less rigid intervention in social processes, as well as in the variety of forms and methods used in working with target groups, and in their unlimited range of functions and activities.

An important result of the work of NGOs in Ukraine is the continuity of their work since 1996, the collection and dissemination of experiences, the improvement of methods, forms, and systems of accounting for different kinds of activities, the involvement of various experts in co-operation, the carrying out of behavioural surveys, and the establishment of trust-based relationships with injecting drug users and their environment.

Taking into account that there are still unchanged strict regulations on NGO funding processes, as well as the limited funding of various programmes by sponsors, we should note another difference between NGOs and state institutions. NGOs always look for funding from different sources.

Since 1998, Harm Reduction projects have been implemented in 14 cities and towns of Ukraine supported by the International Renaissance Foundation, the IMF and the International Alliance on HIV/AIDS. Since 2002, nine more new projects have been supported. Within these projects, there are 39 mobile and 22 stationary syringe exchange points.

According to documentation and reports from the Ukrainian Association of Harm Reduction, which covers 14 harm reduction projects operating since 1997/1998, there is an annual increase in the numbers of IDUs applying to these projects:

Table 4.1

Dynamics in the number of NEP clients

Year	Number of regular clients	Number of new clients (non-regular, one-off applications)
1997	90	450
1998	520	860
1999	2,405	3,900
2000	12,900	17,464
2001	8,785	23,122
2002 (incomplete)	12,810	28,440

Total figures show the high popularity of exchange points in cities/ towns:

Table 4.2

Syringes collected/distributed

Year	Number of distributed syringes	Number of collected syringes
1997	4,100	0
1998	78,274	62,300
1999	542,142	752,482
2000	1,727.737	1,578.156
2001	2,012.235	2,048.080
2002 (incomplete)	2,120.236	(data not consolidated)

According to current project documentation, the direct exchange of syringes amounts to approx. 83%, while 17% covers 'secondary' exchanges, i.e., those done on behalf of other people.

According to the survey of people implementing harm reduction programmes[4] in the cities of Donetsk, Zhytomyr, Ivano-Frankivsk, Kremenchug, Lviv, Sumy, Uzhgorod, Cherkasy, Chernigiv, and Chernivtsi, during ten months of 2002, NEP services were provided to about 7,000 IDUs in total, including approximately 5,000 regular clients (see Table 4.3).

Table 4.3

Number of IDUs covered by the Harm Reduction Programme in 2002 *(according to estimates by those implementing the programme)*

	Year when support started	Total number of IDUs covered	Number of regular clients
Donetsk	1998	710	260
Zhytomyr	1998	1,330	970
Kremenchug	1998	950	880
Lviv	1998	970	900
Sumy	1998	940	670
Uzhgorod	1998	100	40
Cherkasy	1998	680	200
Ivano-Frankivsk	2002	560	350
Chernigiv	2002	340	240
Chernivtsi	2002	430	370
Total:		**7,010**	**4,880**

[4] Harm Reduction Programmes in Ukraine: effectiveness assessment / O. Balakireva, O. Levtsun, O. Artiukh, O. Ganiukov, M. Varban, O. Yaremenko – Kyiv: Ukrainian Institute for Social Studies; International Renaissance Foundation, 2002, P. 18.

Table 4.4

Average indices of IDU coverage through activities under the Harm Reduction Programme in cities/towns where projects started at different times

(according to estimates by those implementing the projects)

	Projects which have been working for:	
	Four years	**One year**
Average number of IDUs covered in 2002	811	433
Average number of regular clients	512	325
Average number of sporadic visits	133	159
Average number of clients for the last month	509	152
Percentage of IDUs covered by the harm reduction programme, including an average of those who receive information and syringes indirectly through exchange point clients	33%	32%

The highest coverage of IDUs was achieved in the cities/towns where the harm reduction programme has been supported since 1998. Services of syringe exchange points, which have been actively operating for four years, are used by a broad number of regular clients (see Table. 4.4). This means that we can state that the IDUs' confidence in the programme and in the exchange point workers is increasing over time, as is the number of those regularly applying for help.

Practically all people who worked on the implementation of the programme stated that the direct clients of the harm reduction programme provide, in turn, information to other IDUs and exchange syringes for them. Therefore, the real impact of the programme is not limited to direct clients of syringe exchange points. According to estimates by those working on the programme in individual cities/towns (see cities/towns listed in Table 4.3), services (information and syringes including single use) from NEPs are received to varying extents by approx. one third of all IDUs living in the listed cities/towns.

The conclusion follows that it would be appropriate:

- To increase the number of NEPs accessible within the territory.
- To allocate budget for the distribution of more leaflets with information on where to apply for various kinds of help.
- To expand the set of accompanying services provided by permanent points (the one-stop-shop model).

Among all NEP clients surveyed, the overwhelming majority (72%) use the services of employees and volunteers working 'on mobile routes' – outreach workers – and only 28% use services from stationary NEPs.

During the implementation of the project, the main goals of the NEP operations were achieved: firstly, IDUs received sterile equipment for injections; secondly, 'access' to the latent group was ensured; and thirdly, IDUs have information on and access to the social and medical services available for use in order to prevent HIV/AIDS and STIs epidemics. At syringe exchange points, IDUs can receive not only sterile syringes and condoms, but also booklets and leaflets on the prevention of HIV, STIs, and other infectious diseases. Contacts with IDUs have been established; in most cases, exchange points managed to win the target group's trust; a circle of regular Dovira clients has been formed, who often their acquaintances as new clients. Since 2000, the target group of harm reduction projects has been increased: projects for women involved in the sex business who use injecting drugs, and prisoners. Co-operation between NGOs and the media is also being strengthened; the local press publishes materials from time to time, and local TV and radio companies broadcast programmes about the implementation of the harm reduction programme.

This data allows us to state that the effects of the harm reduction programme directly depends on the long-term operation of the syringe exchange points. Only if clients use services on a regular basis for at least a year do they develop a definite habit of safer drug use.

Among clients who have been visiting the points for less than six months, about 95% have basic knowledge of HIV/AIDS, while only 48% consider their knowledge to be sufficient. Among clients who have been visiting for at least a year, all of them, without exception, are aware of HIV/AIDS, and 63% of them consider their knowledge sufficient. After getting information on HIV/AIDS, clients of NEPs which have been working for four years take steps to reduce the risk of HIV infection much more often. This is especially relevant for the less frequent injecting use of drugs, as well as the use of sterile syringes and needles. On the other hand, among clients of the points that have been supported only since 2002, practically twice as many do nothing to protect themselves against the chance of getting infected. Clients of NEPs who have been using their services for more than a year are clearly

buying drugs less frequently and in less risky ways. Compared with 'novices' (who have been visiting for less than one year), almost half (40% and 24%, respectively) of them fill their syringes from a common container, which is one of the most dangerous practices.

Among respondents who live in places where the programme has been actively implemented for four years, a new syringe for each injection is used 14% more frequently, while the syringe is used for repeated injections 16% less often, compared to clients of the exchange points that have only been maintained since 2002. Among clients with more than one year of experience of visiting NEPs, a much higher percentage use a new syringe for each injection, and fewer IDUs re-use the syringe. Compared with those using the NEPs for less than one year, they are less likely to ignore the disinfection procedures, tending to wash the syringe with boiled water, an agent containing alcohol, or disinfectant solution.

Analysis of the practice of the joint syringe use has shown that about a quarter of target group members are in permanent danger of getting infected through other people's syringes, with approximately the same level of risk for all clients, irrespective of how long they have been using the syringe exchange point services. Among clients visiting NEPs for more than a year, 75% never use another person's syringe, while this falls to 69% among clients who've been visiting for a shorter period.

This research also shows that the operation of syringe exchange points does not significantly influence the sexual behaviour of their clients, and, in particular, the frequency of condom use. Positive changes are only observed in the practice of commercial sexual contact. In the cities/towns where the harm reduction programme has been implemented since 1998, respondents are twice as likely to use a condom during commercial sexual contact than in those living in cities/towns where the programme has been operating for a shorter period.

In the opinion of social environment representatives who were surveyed, the attitude towards the harm reduction programme on behalf of the local authorities is characterised as 'moderately positive'. A more negative approach is reported regarding law enforcement officials. This includes a 'tensely neutral' attitude towards the programme itself, and a clearly negative attitude towards its clients. In cities/towns where NEPs have been working for quite a long time, their clients describe the attitude

towards themselves by law enforcement officials as more tolerant. According to the survey results, in places where the harm reduction programme has been implemented for four years, the targeting of IDUs by the police for bribes is noted by 34% of Dovira centres, while in the locations where the programme has been actively implemented for only one year, the same was noted by 47% of respondents.

All representatives of the social environment surveyed, without a single exception (medical workers, law enforcement officials, lawyers, family members, social workers, etc.) regard the suggestion of closing the syringe exchange points negatively - the overwhelming majority (90%) believes that the programme should not only be continued, but expanded. They put forward the following arguments:

- The State does not currently carry out any other effective activities for the prevention of drug addiction and HIV/AIDS.
- The number of drug users and people infected with HIV is on the increase, so it is necessary to open new syringe exchange points.
- The operations of NEPs and outreach activities help provide access to representatives of the target group, to IDUs, in order to form a culture of safe drug use and sexual behaviour.
- The increase in the numbers of drug users and people infected with HIV in small towns and villages requires an expansion of harm reduction programmes outside oblast centres and big cities.
- **The general opinion of the social environment representatives can be summarised as follows: the programme results demonstrate its efficiency, so it should not be stopped at this stage.**

By generalising the activities of NGOs implementing the various preventive programmes among IDUs, it is impossible to miss the problems and difficulties that reduce the effectiveness of interventions with injecting drug users, and of preventing HIV/AIDS. Among the key problems, the following can be defined:

- In many cities/towns, there are no NGOs that could work actively with IDUs, or such organizations are at a stage of early development. This, for example, is the situation in Novovolynsk, Alchevsk, Yalta, Pervomayskyy, etc.

- There is no system for monitoring and evaluating the implementation of the respective programmes and their impact on the epidemic situation at the local level.
- In some locations strong competition exists between NGOs, which prevents them from co-operating and sharing experiences. However, there are also examples of fruitful co-operation between NGOs working in the same niche, covering different target groups, and specialising in different kinds of preventive activities. This is the case for NGOS in Odesa, Sevastopol, Symferopol, Mykolayiv, Makiyivka, and others.
- Activities of many NGOs in this area depend on donor funding, which means that their work is carried out in waves ranging from periods of productivity to stagnation.
- Dependence on the requirements of sponsors, who often order the activities to be carried out, e.g limiting activities to certain programmes, technologies, and target groups.
- Dependence of harm reduction strategy activities on state institutions (e.g. for syringe use or premises for a needle exchange point).
- Some NGO activities have not been integrated into the general strategic programmes within the oblast or city/town.

In the opinion of people working on the harm reduction projects and the IDUs themselves as users of these projects, in order to increase the efficiency and effectiveness of work on the prevention of HIV/AIDS among IDUs, it would be expedient to do the following:

- Expand the target group coverage.
- Increase the number of syringe exchange points, and expand the list of services provided by stationary points (‘one-stop-shop model’).
- Open rehabilitation centres for drug addicts.
- Implement substitution therapy.
- Approve the regulations for syringe exchange points.

- Continue working on the creation of a ‘positive’ social environment, including the implementation of principles of respect for and adherence to human rights by state-operated institutions (especially among medical workers and law enforcement officials).
- Maintain closer cooperation between non-governmental organizations, state institutions and organizations, and other authorities.
- Some conclusions regarding the provision of services to IDUs and measures for HIV infection prevention
- Organizations with varying forms of ownership, reporting lines, and orientation are involved in work with groups such as injecting drug users. They include medical treatment institutions, centres for the prevention of and struggle against AIDS, family planning centres, law enforcement bodies, educational institutions, religious and other organizations and structures (see Table 4.5). Each structure or organization has its own role and function in working with groups at risk of HIV infection, and in particular with IDUs. There is an urgent need for the consolidation and co-ordination of efforts towards the creation of an efficient system of preventive activities in each city/town.

When analyzing the social services which IDUs can access, the following positive factors should be noted:

- IDUs are entitled to free and confidential treatment in narcological, infectious, and toxicological hospital departments.
- Throwaway syringes and condoms are available at reasonable prices, and are distributed at syringe exchange points.
- Recently, there has been a more active advertising campaign on the prevention of HIV infection on TV, radio, and in print media.
- Projects aimed at the reduction of harm from injecting drugs use have been recognised at the state level. In particular, the regulations of the Dovira Consultancy Outlets at the CSSY and sources of funding for its operations have been approved.

- IDUs have been singled out as a separate group at risk in state (national and regional) programmes for the prevention of HIV/AIDS, meaning that they are a priority group preventive activities.
- The local availability of skilled scientific and medical staff.
- The existence of a network of centres for the prevention of and struggle against AIDS.
- The existence of a system of both outpatient and in-patient-based narcological assistance.
- An increasing level of tolerance in Ukrainian society for the problems of IDUs and HIV-positive people.
- The existence of a network of people living with HIV.
- The activity in Ukraine of a significant number of international agencies, whose efforts are aimed at fighting the HIV/AIDS epidemic, and working with groups at risk, including IDUs and WSBs (women in the sex business).
- The gradual build-up of experience of working with injecting drug users by both NGOs and CSSYs.
- The creation of the Ukrainian Association of Harm Reduction.
- The accumulation of experience of behavioural research among IDUs and supervisory epidemic monitoring.
- The implementation of second generation surveillance approaches in Ukraine.
- The availability of financial support for HIV/AIDS prevention programmes among at-risk groups (including IDUs) from the international community.

At the same time, it should be noted that there is a significant number of problems hindering preventive work among IDUs:

- Drug users rarely apply for medical assistance in situations dangerous for their health (overdose), since they fear being registered in the Ministry of Interior units. This is why in most cases, injecting drug users try to cope on their own.

- As a group, IDUs rarely consult narcologists, because they fear repressive measures against themselves, or being registered.
- IDUs do not believe in the effectiveness of treatment.
- Treatment programmes to help IDUs are limited to detoxification and are available in large cities only.
- The small number of professional narcologists in Ukraine, and the lack of space in in-patient medical institutions. Specialised narcological departments for women are practically non-existent and there are only a small number available for men. Outside big cities, it is quite difficult for a drug user to obtain medical assistance.
- There is limited access to anonymous treatment.
- An absence of substitutional therapy and of a system of rehabilitation and/or resocialization for drug addicts.
- Insufficient funding of medical assistance for drug addicts by the State.
- Very slow solution to the problem of substitutional therapy implementation.
- The low level of parental awareness of the issues of drug addiction and HIV complicates both the prevention of HIV infection among children and teenagers, and the treatment of children and teenagers who are already drug users. In addition to this the low level of satisfactory family life, and the increasing numbers of social orphans should be noted.
- There are low numbers of NGOs working among IDUs, especially outside oblast centres.

Table 4.5

The role of particular organizations and agencies (at the local level) in supporting groups facing higher risks of contracting HIV (including IDUs)

Organizations and agencies	***Types of activities***											
	Information & education	Forewarning tools	HR experts	Consulting	Medical examination & treatment	Testing	Supervising. epidemic monitoring	Assessment of the situation	Premises	Syringe utilization	Financing	Creation of public opinion
Center of HIV/AIDS prevention	+	+	+	+	+	+	+	+	+	+	+	+
Center of Social Services for Youth	+	+	+	+				+	+		+	+
Addiction clinic	+	+	+	+	+	+		+	+	+	+	
Dermatological and venerological clinics	+	+	+	+	+		+	+	+	+	+	
Infectious diseases clinics	+	+	+	+	+		+	+	+	+		
Local state administration	POLITICAL DECISION MAKING								+		+	+
Media	+											+
Public hygiene and epidemic offices	+		+	+		+	+	+	+	+	+	+
Department/section of public health	+		+	+				+	+	+	+	+
Medical institutions	+		+	+	+	+		+	+	+		
Law enforcement bodies:												
– patrol units	+	+	+	+				+				
– anti-drugs trade department	+		+	+				+				
NGOs	+	+	+	+				+	+			+

5. COVERAGE OF INJECTING DRUG USERS BY PREVENTIVE PROGRAMMES

Considering definitions

The rating of preventive programmes covering injecting drug users is quite a complicated process due to the methodology and the target of the activity.

Arising from the target and tasks, one should define the appropriateness of implying ‘direct’ or ‘immediate’ coverage, which includes both ‘direct’ and ‘indirect ’ coverage.

‘Direct’ or ‘immediate’ coverage involves the number of IDUs who have been involved in preventive programmes and have used various services (medical, psychological, social, legal etc.) directly from project executives, social staff, volunteers and enlisted experts.

Coverage by NEPs equals the number of IDUs who have exchanged syringes, obtained information, and have been seen by experts. It is easy to calculate the quantity of immediate service consumers via visitors registered or individual IDU register files.

‘The direct coverage rate’ means IDUs ‘covered directly’ or the total IDU quantity ratio (which can be rated as a percentage or as a fraction of one).

‘Secondary’ or ‘indirect’ coverage involves the numbers of IDUs reached via other drug users or relatives, or someone from their close social environment, rather than a project executive, a volunteer or an enlisted expert. IDUs may pass on information (booklets, leaflets etc) or separate services (e.g. syringe exchange for another person).

If it is possible to calculate coverage according to the available statistics, records of various agencies and separate project reports, then in order to define the numbers of IDUs covered ‘indirectly’, specific research, estimates and qualitative methodologies should be applied through social opinion polling, express-polls, etc.

‘General coverage’ is the total sum of all target group representatives (IDUs), who directly or indirectly (via other IDUs, relatives, friends, etc.) use various services and/or are involved in preventive programmes.

‘The general coverage rate’ means IDUs who are basically covered or the total IDU quantity ratio (can be rated as a percentage or as a fraction of one).

To calculate the quantity of IDUs who are regular (or active) preventive programme consumers, it is appropriate to use both project records analysis (visitors records, IDUs register files, etc.) and specific research. The estimates of volunteers, social staff, project enlisted experts are essential as well.

‘The definition of a regular preventive programme user should be treated carefully, subject to the project’s characteristics, list of services, service-providing schedule, and stability.

Under projects that stipulate syringe exchange as the main kind of activity, ‘a regular programme user’ is an IDU who attends some NEPs and uses services no less than once a month. The problem of regular IDU coverage by HIV infection preventive programmes requires additional in-depth research and definition.

Due to the ‘short lifetime’ of most projects in Ukraine, most IDU clients have been provided with services for a short period: half of them – for only six months, one third of them – for a year or longer. The data requires more detailed and expanded panel discussions regarding the definition of the terms of coverage. On one hand, the authors believe that the frequency of attending and the total period of service use within some kind of programme (especially NEPs) should be considered as the principal criteria for calculating visitor numbers. And ***a coverage rate should be based on the number of ‘regular’ users only, not casual visitors with a limited number of visits.*** On the other hand, due to the IDU community turnover, an approach of this kind creates problems for executives, as long as the quality indexes of coverage appear as estimated criteria of their activities.

Such a contradiction in the definition of the number of persons covered should be harmonised at the level of programme and project estimation and evaluation (of the results of the national programme and regional plans for HIV/AIDS epidemic counteraction). So, in defining the coverage by informational-educational programmes (in particular, the number of people supplied with booklets, leaflets, etc), one should calculate 'general' coverage to include both 'direct' and 'secondary' distribution via second or third hand distribution.

In cases considering direct services for IDUs or syringe exchanges, calculating the number of direct consumers seems more appropriate. And if the project aims to affect an IDU's lifestyle, and change some behavioural habits, only regular project clients should be included. That particular number treated as productive coverage with respect to preventing HIV infections.

Analysing the rate of HIV/AIDS preventive programme coverage is rather complicated, even at the level of terminology of methodology identification and measuring at the practical level.

We therefore stress the need for two separate index applications:

Index 1 – the general number of IDUs provided with services directly or indirectly should be defined as ***the general rate of coverage.***

Index 2 – the number of IDUs who regularly consume services aimed at HIV infection prevention, should be defined as ***the productive rate of coverage.***

Here are some practical cases. A harm reduction programme project has been developing by the 'Blagodiynist' Charitable Foundation (Mykolayiv) since 1998. The project enjoys a productive and stable reputation. The staff provides regular internal estimates, monitoring and calculating primary calls, the visit frequency, the general dynamics, etc.

After two years (by September-October 2000) analyses indicated that about 40% of IDUs who attend NEPs, come to the centre one–three times per week, and 60% attend one–three times per month.

The results of a 2001 survey of IDUs who attend NEPs in Kremenchug (Poltava region), showed that 40% of IDUs attend the centres regularly, and another 40% had attended centres for less than a

month. Long term attendance of NEPs by IDUs generally depends on how long ago the NEPs started their activities. The survey of IDUs who are clients of the harm reduction projects[5], shows that 51% attending NEPs that have been working since 1998, use services for at least one year. Clients attending NEPs for one –three months total 13%. By comparison: the clients of projects that have been operating since 2002, and have been using their services for less than three months total 78% of amount.

Almost half the clients questioned (44%) attend the centres quite frequently – on average, every other day, while another 31% go once a week. Thus, the vast majority (75%) of clients are active users of harm reduction programmes. The research results show that only 2% of NEP clients are not drug users, and they exchange syringes for other people (relatives, friends, etc.)[6].

The changes in clients' behaviour comes not after single visit, but depends essentially in terms of the project services they consume. This proves the necessity of productive or regular coverage of 60% of the amount of IDUs in order to accomplish the task of preventing HIV infection (see table 5.1)[7] .

Table 5.1

Changes in IDU behaviour, occurring after they had learned about HIV/AIDS (%)

	% total amount	Clients using drugs for:	
		Less than one year	More than one year
Started to use sterile syringes and needles only	47	40	61
Started to take care of their own health	38	35	42
Started to use condoms	32	28	40
Started to mix in different social groups	24	22	29
Started to process instruments for drug injections	23	18	31
Reduced the quantity of sexual partners	23	22	25
Reduced drug use via injections	10	7	14
Made no attempt to avoid infection	18	22	11

[5] Source: '*Harm Reduction Programmes in Ukraine: effectiveness assessment*' /O. Balakireva, O. Levtsun, O. Artukh, O. Ganukov, M. Varban, O. Yaremenko; Ukrainian Institute for Social Research, Renaissance Foundation, 2002., pp. 19–20.

[6] Source: same as above, pp.20.

[7] Source: same as above, pp. 31

This behaviour data also shows that individuals attending NEPS for more than a year, showed a reduction in the practice of shared syringe use and risky sexual behaviour. This progress is much more obvious than among those who have been attending NEPs for less than 12 months.

Express polling of IDUs in NEPs when researching opportunities to expand IDU coverage by preventive programmes defined the amount of secondary syringe exchanges among IDUs. Responding to direct questioning, about 20% of interviewees said they make secondary exchanges for friends or other IDUs, though the results vary substantially from city to city.

Surveys to find out whether those people for whom secondary syringe exchange is made also attend NEPs directly, conclude that almost all of them attend NEPs as well. From the results of this particular study, we cannot state that the secondary syringe exchange has increased the rate of general IDU coverage. It is most likely that they practice ‘in turn’ attendance at NEPs, i.e. in some groups of IDUs there is someone who makes syringe exchanges for the whole group.

So as not to minimise the advantages of secondary exchanges, considering their access to ‘hidden’ groups of IDUs and illustration of the needs of IDUs, as well as including those who do not attend NEPs for various reasons, it is reasonable to assess secondary syringe exchange indexes carefully in order to avoid double counting.

Other available data on IDU coverage

As regards the rate of coverage previously stated by separate projects and cities:

In the spring of 2001, the 1999-2000 project results in different cities, provided the following information regarding IDU coverage: Vinnytsya – 62%, Kryvyy Rig, Dnipropetrovsk region – 4%, Mykolayiv – 15%, Odesa – 41%, Poltava – 10%, Kharkiv – 13%, Cherkasy – 29%, Zhytomyr – 25%, Kremenchug, Poltava region – 35%[8].

Polls of harm reduction programme workers that were developed with the assistance of the International Renaissance Foundation (23 in total), show that 33% of IDUs living in cities where the projects are based, used the NEP services during the first nine months.

If ‘regular’ clients are considered separately, coverage comes to about 23% of the general number of IDUs.

[8] Analysis provided by L.Andrushchak, based on project data.

Ratable IDU coverage by preventive programmes in separate cities

In all twenty cities participating in the study, the number of IDUs who use NEPs or Dovira CCs was defined according to the accounts of locally based centres, project records on outreach activities and expert estimates of project executives (managers and volunteers).

IDUs who were patients of addiction clinics and narcological wards, clients of AIDS prevention centres, and those using medical or other consultancies, (the number of IDUs covered by harm reduction programme only) were excluded from the general number of IDUs. The rate of coverage was defined as the number of people covered or the ratable general number of IDUs within a city ratio.

Table 5.2 shows the data received.

Table 5.2

Rating of IDU coverage by HIV infection prevention programmes in different cities

	Percentage of IDU coverage by HIV infection prevention programmes
Symferopol (Crimea AR)	14
Yalta (Crimea AR)	8–10
Vinnytsya	51
Novovolynsk, Volyn region	64
Kryvyy Rig, Dnipropetrovsk region	15
Donetsk	15
Makiyivka, Donetsk region	2
Mariupol, Donetsk region	2-3
Zaporizhzhya	6
Lugansk	9
Alchevsk , Lugansk region	3
Lviv	44 (5)*
Chervonograd, Lviv region	16 (5)*
Mykolayiv	15
Odesa	27
Poltava	23
Pervomaysk, Kharkiv region	26
Kupyansk, Kharkiv region	21
Khmelnytskyy	32
Sevastopol	26

* The number of IDUs covered by HIV infection prevention programmes Lviv and Chervonograd (Lviv region), varies significantly from source to source, so we show the upper and lower limits of evaluation

The present percentage should be considered as ratable and refers to IDU coverage in 2002. Besides, we do not have sufficient information, which could allow for conclusions concerning the productive level of coverage.

Such estimates require additional analysis and improvements in the registration system of project activities and NEP clients and will be done in the future. A vast amount of experience resulting from internal evaluation of project development has been accumulated in Mykolayiv (by Blagodiynist Charity Fund).

The available data and the system of IDU registration (those who are NEPS clients, allowed us not only to rate coverage (at 15%), but productive coverage as well, i.e. the percentage of part of ‘regular’ clients, which was no less than 3% in 2002.

In order to find out the capacity for expanded IDU coverage, relevant research has been carried out. When summing up, we came to the conclusion that for now the average rate of reaching IDUs by HIV infection prevention programmes in cities totals about 15%. The rate of coverage reaches 50% in certain places (Vinnytsya, Novovolynsk, Volyn region,) and falls to 2–3% in others (Makiyivka, Mariupol, Donetsk region).

The results of the analysis allow us to state that the rate of coverage depends generally on the project activity term, the local authorities attitude to the problem, the stability of project funding, the availability of qualified experts and the accessibility of the target group (which depends on NGO group productivity).

The following points hindered the IDU number evaluations:

- The lack of a unified methodology of client registration and the inefficiency of the recording procedure.
- The inclusion of ‘double’ counts of IDUs who are clients of city mobile routes.
- The inclusion of casual (one-time) visitors in the coverage figures.
- Invalid data on ‘mediate’ exchanges.
- The lack of an approved system of monitoring and evaluating projects for HIV infection prevention among IDUs.

- The lack of a unified approaches to indexes that result from social opinion polling and express-questioning of IDU target group representatives.
- Cases of 'overstated' figures regarding IDUs covered by projects, which is caused by project funding relying on reported statistical data. The allocation is not motivated by future calculations, but arises from the present rate of progress. Project leaders, who think pragmatically and are looking ahead, in are provoked into knowingly overstating the progress made in order to win better funding.
- The instability of projects: a combination of international donor funding, a lack of local municipal budget funding, the turnover of experts and volunteers working in project development, the IDU community turnover in different cities and city districts substantially harm the process of quantitatively defining target group coverage by HIV-infection projects.

6. THE LIKELIHOOD OF REACHING 60% COVERAGE OF INJECTING DRUG USERS BY HIV/AIDS PREVENTIVE PROGRAMMES IN RESPONSE TO THE EPIDEMIC

Summing up the capacity to expand coverage of IDUs by HIV infection prevention measures, it is reasonable to speculate on a complex set of factors: the availability of a political solution, relevant experiences, well qualified staff, a resource base and funding, the presence of competent agencies and individuals able to initiate and co-ordinate processes and events.

Political solutions of local administrative bodies as a first step towards expanding IDU coverage

The support of local administrative bodies, including preventive programmes for IDUs and regional and municipal strategies to counteract the HIV/AIDS epidemic, helps ensure the productivity of prevention activities.

Discussions of the problems of prevention activities among IDUs and opportunities to expand the target group have been discussed at the local level in all cities mentioned in the present report.

Representatives of municipal councils and local administrations, state employees (physicians, educational system employees, law enforcement agencies) and non-government organizations participated in the discussions. The key result of these discussions was the signing of ‘protocols of intention’ for assistance in expanding the coverage of IDUs to reach 60% of the community.

Specific moves to expand present project activities and implement new ones have been discussed in the cities.

These consultations resulted in the arrangement of plans and cost estimates for the development of such activities. Table 6.1 indicates cities, where a mutual understanding has been reached with local authorities.

Table 6.1

Assessment of preparedness for expanding coverage of HIV/ AIDS infection prevention programmes for IDUs at the political level

Cities	*Protocols of intention*	*Plan of actions*	*Cost estimations*
Symferopol (Crimea AR)	-	+	+
Yalta (Crimea AR)	-	-	-
Vinnytsya	-	+	+
Novovolynsk, Volyn region	-	+	+
Kryvyy Rig, Dnipropetrovsk region	+	+	+
Donetsk	+	+	+
Makiyivka, Donetsk region	+	+	+
Mariupol, Donetsk region	+	+	+
Zaporizhzhya	-	-	-
Lugansk	-	-	-
Alchevsk, Lugansk region	-	-	-
Lviv	+	+	+
Chervonograd, Lviv region	+	+	+
Mykolayiv	+	+	+
Odesa	+	+	+
Poltava	+	+	+
Pervomaysk, Kharkiv region	+	+	+
Kupyansk, Kharkiv region	+	+	+
Khmelnytskyy	+	+	+
Sevastopol	+	+	-

The development of action plans and cost estimates for the tangible requirements for implementing expanded programmes requires the relevant collaboration of state agencies and non-government organizations at the municipal level, as a basis for further expanding IDU coverage.

The following locations show the highest rate of readiness for expanding IDU coverage: Vinnytsya, Donetsk, Mykolayiv, Odesa, Lviv, Khmelnytskyy, and Kryvyy Rig, Dnipropetrovsk region, Makiyivka, Donetsk region, Chervonograd, Lviv oblast, Pervomayskyy, Kharkiv oblast.

The potential capacity of state agencies to prevent HIV infection among IDUs

Despite the numerous problems arising from IDU coverage, it should be mentioned that the relevant state organisations and agencies working in this sphere, along with public foundations possess significant potential capacities.

Resources of state organizations and agencies:

- Availability of low but stable funding from the state budget.
- Premises and equipment which can provide help to IDUs.
- Well-qualified staff, various technologies.
- Intellectual potential.
- Support from state and local administrations.
- Capacity to obtain basically reliable statistics, to check them and control the process of gathering and compilation.
- Relatively easy access to the target group (medical establishments, law enforcement agencies, etc.).
- Capacity to provide clients of preventive programmes with help free of charge.

Main resources and advantages of NGOs:

- Concern and strong motivation regarding the further development of activities among IDUs.
- Focus on particular weak points of IDU groups.
- Flexibility, mobility, ability to change form and methodology of activities.
- Strong links with target group community, IDUs often become active NGO members.
- Numerous contacts with international donors, fundraising skills, lobbying of NGO sector and target group interests.
- Qualified experts with practical skills in counselling, training, immediate contact with IDUs.
- Approved and productive methodology.

- Sensitivity to innovations, creative approaches to solving problems, easy acceptance of new forms and methods of activity.
- Capacity to provide help for IDUs in an environment of confidentiality, anonymity and free will.

We therefore have reason to state that Ukraine possesses the potential capacity for expanding IDU coverage by preventive programmes and increasing the quality and level of accessibility of aid and services to target groups if it compounds the efforts of state and public agencies.

Analysis of the National Programme for HIV/AIDS Epidemic Counteraction reveals the political decisions regarding the principal priorities of work for HIV infection prevention among IDUs at the state level.

The government commissioned the Ministry of Health and local administrations to make specific moves towards implementing and expanding relevant programmes among the target group. A recent analysis of these points in some cities demonstrates that local authorities are not fulfilling Clauses 45 and 48 of the National Programme, 2001–2003.

The main obstacles to fulfilling the requirements mentioned above are:

- A low level of understanding of the features, figures and consequences of the HIV/AIDS epidemic by local incumbents.
- A lack of epidemic counteraction programme monitoring and a lack of a methodology for proper current reporting and supervising.
- The inefficiency of regulating records of the 'Dovira' consultation centres, which are controlled by the Centres for Social Services for Youth (CYSS). 'Dovira' centres regulate syringe exchanges and provide other services for IDUs, though official departments limit the foundation and activity of them.
- A lack of sufficient and stable funding.

The substantial expansion of preventive programme coverage of IDUs requires:

- An increase in the number of NEPs, particularly in large cities. Those centres should provide a wider range of services specifically targeted at IDUs such as free HIV-testing, expert

counselling in narcology and psychology, etc., and the active involvement of various medical experts (surgeons, gynaecologists, physicians) in programme development.

- Implementation of substitution therapy.
- Opening of rehabilitation centres for drug addicts.
- Organization of mutual aid groups among active and former drug users (Anonymous Drug Addict associations), relatives of drug addicts etc.
- Foundation of special shelters for drug addicts, where they can find temporary residence and help.
- Arrangement of training courses on the problems of drug addiction, HIV/AIDS infection and STIs for managers, experts and volunteers.
- Creation of productive organizations to co-ordinate activities in the expansion of IDU coverage through HIV infection preventive programmes on and to improve the quality rate. Those organizations should be based on the principles of inter-sectoral collaboration, including representatives of the community and NGOs. A key success factor is the intention and capability of every member to work on a specific task. Such organizations might work as executive bodies at the Co-ordinating Council for HIV/AIDS Epidemic Counteraction, working under the relevant local administrative bodies.
- When making particular calculations regarding the costs of local programme development, all necessary components and quotas (training and payment of experts, purchasing preventive measures, informational and educational events, etc) should be included, funding sources defined, including relevant paragraphs for local budgets and engaging off-budget funds.

Despite insufficient funding, the human factor should be cited as one of the biggest obstacles in developing productive methods to fight the spread of the epidemic.

7. FINANCIAL RESOURCES REQUIRED TO REACH 60 % COVERAGE

Budget calculations for the expansion of IDU coverage to reach 60% of the target group during a short period is based on the general principles[9] of productive HIV infection prevention among IDUs. In particular these are informational and educational activities, providing easy access to medical and social services, active work with IDUs, providing IDUs with injecting equipment and disinfectants, and the opportunity to use substitution therapy[10].

This article provides calculations of the general budget (at the state level) for the implementation of HIV infection prevention programmes among IDUs reaching 60% of the target group. Those macro calculations are important for defining the amount necessary for relevant projects and programme development. The methodology of calculations offered may be applied to regional budget calculations at the regional, district, separate settlement and separate project levels. To make calculations at the level of separate settlements and projects it is reasonable to involve additional characteristics, which feature the local specifics of the demands of the target group. The key factors used in calculating programme cost estimates are stated below.

Factors which may be used while cost estimating preventive HIV/AIDS/STI programmes

Despite the general number of IDUs, calculating programme budgets requires the evaluation and calculation of particular indices:

1) The quantity of syringes distributed per user for a particular period (e.g. per month) on average. Current project records might be used for this purpose. These calculations help determine the amount of syringes needed for a particular period to supply a particular number of IDUs.

[9] *'Principles of HIV Prevention among Drug Users', WHO, the European Bureau, Copenhagen.*

[10] The cost estimates did not include the cost of substitution therapy.

2) The quantity of syringes, distributed per number of injections, e.g. 100 per month during a particular period. In cases where the average number of daily injections is available (arising from IDU polling), the specific proportion of injections including those administered with sterile syringes and increased demands for sterile syringes required for the IDU community can be calculated.

3) The amount and total sum of expenditures for disinfectants during a particular 2–3 month period.

4) The number of individuals covered by particular services, provided by a programme/project during a particular term (primary visiting).

5) The frequency of visits to a programme/project during a particular period.

6) The specific proportion of 'regular' clients of a programme/project during a particular period.

7) The amount of information and educational materials (IEC materials), distributed by a project during a particular period; an approximate index of calculations, e.g. IEM per 1000 IDUs.

8) The specific proportion of clients of 'secondary' syringe exchanges.

9) The average number of IDUs who use the 'secondary ' syringe exchanges.

10) The rate of immediate coverage of IDUs supplied by 'secondary' syringe exchanges.

11) The number of expert consultations provided, in a ratio per 100 (or 1,000) to IDUs.

Other indices, like the number of IDUs offered medical treatment or HIV testing and those who used them, may be included as well.

The methodology of calculating the yearly cost of 60% IDU coverage through programmes for preventing HIV infection

1. **The rate of IDUs.** The number to be covered should not be less than 60% of 560,000 people, i.e. we proceed with the figure of 350,000 IDUs as potential service users.
2. **The number and cost of clean syringes.** According to the results of various studies, the average index for calculations is 20 clean syringes per client per month. i.e. the general number of syringes totals (20 syringes per IDU per month x 12 months x 350,000 IDUs) 84 million syringes, which makes 4.2 million currency units (c.u.: one syringe = 0.05 c.u.), or more than UAH 22.3 million.
3. **The cost of disinfectants.** The budget analyses demonstrate that the cost of disinfectants amounts to 50–80% of the cost of the syringes. Our calculations stipulate a demand of about UAH 15 million (or 2.8 million c.u.).
4. **The cost of informational and educational materials (IEM).** Two kinds of advertising leaflets, one booklet and four kinds of textual leaflets are specified for every potential IDU, at a total cost of more than UAH 550 each (or more than 100 thousand c.u.).
5. **The number of consultative centres and the range of their activities.** We recommend the use of the operative name ‘Centres for reducing HIV-infection risks among IDUs’ or ‘IDU Consultative Centre’ (hereafter CC[11]). ***The principal forms of work with IDUs include – syringe exchanges, distribution of IEC materials, counselling (medical, legal, psychological, social, informational), referrals to other experts/ organisations (collaborating with the centres on an agreement basis), distribution of condoms, providing preventive work and methodological training for IDU leaders.*** It is reasonable to create permanent centres as a base for outreach-work on arranged routes, and if resources allow, mobile centres. Their number and location depend on requirements and local specifics and are therefore variable.

[11] Here we will not use the term ‘NEP’ as common attitudes of the general public and the authorities to ‘NEPs’ are quite negative. It might also create the false impression that needle exchange is the only service provided.

An approach stipulating administrative and territorial divisions and the amount of IDUs in a particular area is appropriate for defining the CC number.

A CC may be set up as a permanent centre, or may have a 'mobile' subdivision – routes or even a permanently working vehicle (i.e. a bus used as a mobile or permanently working CC). Table 7.1 provides data regarding the number of administrative and territorial units. We recommend that permanent CCs be set up in every district of each city/regional centre, and in six regional centres with no borough subdivisions, such as Lutsk, Uzhgorod, Ivano-Frankivsk, Rivne, Ternopil, and Khmelnytskyy, at least one should be established. The arrangement of a CC in every borough is reasonable in big cities with borough subdivisions as well. The large cities (including regional centres) therefore require a total of 124 CCs. It would also be reasonable to plan the opening of a permanent CC centre in every regional district (there are 490 altogether) and in regional cities or towns which are not district centres and have no borough subdivision (there are 13 of these).

According to calculations therefore, a total of 627 permanent CCs could be established. Due to IDU registration statistics and general IDU data evaluation, it is not economically feasible to create permanent CCs. As long as the amount of IDUs in a particular district is not high, the arrangement of mobile CCs, on the basis of an adjoined district centre or city, is a more feasible approach. Calculations have therefore been made for 500 permanent centres. The average number of IDUs %re totals 700, but it is obvious that the loading of every CC will vary from 50 to 1,000 persons. Targeting 60% coverage of IDUs suggests an availability of outreach-routes or mobile centres. Table 7.1 provides the approximate range by region.

Two kinds of CCs are suggested: permanent centres and centres with mobile subdivisions, so the budget will consist of two parts accordingly. We recommend that only 100 CCs will be purely permanent, and that 400 CCs will consist of both permanent and mobile units.

We ought to stress the fact that the data provided arises from average indices and should be treated as approximate. Every city, district, and region requires separate budget calculations and justification.

Table 7.1

Number of administrative and territorial divisions (as of 1.01.2002.)

Region	*Regional districts*	*Cities*	*Boroughs*	*Approximate number of CCs*
Crimean AR	14	16		**29**
Symferopol			3	
Vinnytsya reg.	27	17		**12**
Vinnytsya			3	
Volyn reg.	16	11		**11**
Dnipropetrovsk reg.	22	21		**39**
Dnipropetrovsk			8	
Dniprodzerzhynsk			3	
Kryvyy Rig			7	
Donetsk reg.	18	51		**39**
Donetsk			9	
Gorlivka			3	
Makiyivka			5	
Mariupol			4	
Zhytomyr reg.	23	9		**15**
Zhytomyr			2	
Zakarpatskyy reg.	13	10		**8**
Zaporizhzhya reg.	20	14		**27**
Zaporizhzhya			7	
Ivano-Frankivsk	14	15		**10**
Kyiv reg.	25	25		**15**
Kyiv		1	10	**10**
Kirovograd reg.	21	12		**17**
Kirovograd			2	
Lugansk reg.	18	37		**22**
Lugansk			4	
Lviv reg.	20	43		**16**
Lviv			6	
Mykolayiv reg.	19	9		**23**
Mykolayiv			4	
Odesa reg.	26	19		**34**
Odesa			8	
Poltava reg.	25	15		**23**
Poltava			3	
Kremenchug			2	
Rivne reg.	16	11		**10**
Sumy reg.	18	15		**12**
Sumy			2	
Ternopil reg.	17	17		**10**
Kharkiv reg.	27	17		**29**
Kharkiv			9	
Kherson reg.	18	9		**21**
Kherson			3	
Khmelnytskyy reg.	20	13		**21**
Cherkasy reg.	20	16		**16**
Cherkasy			2	
Chernivtsi reg.	11	11		**8**
Chernivtsi			3	
Chernigiv reg.	22	15		**18**
Chernigiv			2	
Sevastopol		1	4	**5**
Inkerman		1		
TOTAL	**490**	**451**	**118**	**500**

6. Estimate of costs for one CC in-patient per year (personal equipment and IEM expenditures not included)*:

Item	*Cost in UAH*	*Additional charge*	*Total in UAH*
Staff salaries (2 social workers)	UAH 240/month x 2 persons x 12 months = UAH 5,760	UAH 2,142.7	7,902.7
Technician's payment	UAH 165 / month x 1 person x 12 months = UAH 1,980	UAH 736.6	2,716.6
Premises rent ** (with furniture)	UAH 150 / month x 12 months = UAH 1,800	–	1,800.0
Public utilities payment	UAH 40/ month x 12 months = UAH 480	–	480.0
Transport costs ***	UAH 20/ hour x 16 hours/month x 12 months = UAH 3,840	–	3,840.0
Communications (telephone)	UAH 25/ month x 12 months = UAH 300	–	300.0
Collecting and storage of used syringes	2 containers x UAH 50	–	100.0
Recycling of used syringes	UAH 250 / month x 12 months	–	3,000.0
TOTAL	**UAH 19,839.3 or c.u. 3,743**		

* Calculations hereafter are provided from budget funding that stipulates the exemption from VAT at commercial prices.

** The floorspace of centre premises should be no less than 25 m2 and consist of four working zones: (one) for staff work with visitors, (two) for experts' work, (three) for storage of individual protection and IEC materials and (four) for storage of used syringes (prior to disposal).

*** Transport services cover the delivery of individual protection and IEM and the transport of used syringes twice a month.

Reminder: provision per item should be calculated several times, and experts' consultation budgeting should be calculated several times as well, and CCs with a larger workload may employ additional staff.

7. Estimate of costs for work of mobile units (routes*) based out of a permanent CC for one year (individual protection and IEM not included):

Item	*Cost in UAH*	*Additional charge*	*Total in UAH*
Staff salary (one social worker)	UAH 240/month x 1 person x 3 routes x 12 months = UAH 8,640	UAH 3,214.0	11,854.0
Transport services **	UAH 20/hour x 32 hours/month x 12 month = UAH 7,680	–	7,680.0
Distribution, collection and storage of syringes (for three routes)	6 containers x UAH 50 = UAH 300	–	300.0
TOTAL	**UAH 19,834.0 or c.u. 3,740**		

* Average number of routes is three, although the quantity may vary due to area and season.

** Transport services cover one route per week.

8. Estimate of costs for enlisted expert payments in one CC* for a year:

Experts	*Remuneration of labour in UAH*	*Additional charge*	*Total in UAH*
Medical staff	UAH 240 /month x 12 months = UAH 2,880	UAH 1,071.4	3,951.4
Legal expert	UAH 240 / month x 12 months = UAH 2,880	UAH 1,071.4	3,951.4
Psychologist	UAH 240 / month x 12 months = UAH 2,880	UAH 1,071.4	3,951.4
Social workers	UAH 240 / month x 12 months = UAH 2,880	UAH 1,071.4	3,951.4
TOTAL	**UAH 11,520**	**4,285.6**	**UAH 15,805.6 or c.u. 2,980**

* Experts are recommended for counselling services in both permanent and mobile centres.

9. **Quantity and costs of condoms.** According to the data provided by various studies, calculations suggest that each IDU - NEP client - uses an average of four condoms per month. 70–75% of IDUs are sexually active, so the general quantity of condoms needed in one year totals 11.76 million items (four items per user x 12 months x 350,000 IDUs x 0.70). This purchase requires c. u. 2.23 million (one item/ c.u. 0.2 purchased in bulk) or UAH 12.5 million.

10. **Costs of CC staff training and volunteers (including volunteer-IDUs).** At least two training sessions per year should be arranged in every region or at least in those where a number of CCs and mobile routes and staff are present, and thus more training is required. If 500 is the overall number of CCs, permanent blocks require 1,000 employees, and 1,200 employees are needed for the mobile routes of the 400 CCs. The optimum number of staff is 2,200 people. This number suggests 75 training sessions per year: if all staff participate twice a year, a budget should be calculated for 150 training sessions. The cost of one training session for 30 people (travel expanses within one region included) totals c.u. 2.5 thousand, or UAH 13,250, i.e. 150 training sessions require c.u. 375, or about UAH 2 million.

Rating the constituent calculations of HIV infection preventive programmes allows us to plan an approximate general budget for the supply of 60% of IDUs with opportunities to use services (see Table 7.2).

Calculations for the expansion of HIV infection prevention programme coverage to 60% of IDUs amounts to UAH 78,5 million or above c. u. 14,5 per year.

The general budget should include:

- ♦ Average expenditures per IDU total c.u. 41 or UAH 220 a year.
- ♦ Expenditures of one CC for IDU on average totals c.u. 30 thousand, or UAH 157 thousand a year.

The calculations provided were made on the basis of a simplified approach in order to reiterate them for obtaining the most essential cost indices for the activities of HIV-infection preventive programme centres and syringe exchange centres for IDUs.

Table 7.2

Approximate budget for 60% coverage of IDUs by HIV infection preventive programmes in Ukraine

Components	***Number***	***Costs***	
		UAH, *thousand*	***c. u.,*** *thousand*
Permanent centre maintenance costs (UAH 19,839.3, or c.u. 3,743 per one)	500 CCs	9,920	1,870
Mobile routing maintenance costs (UAH 19,834.0 , or c.u. 3,740 per one)	400 CCs	7,940	1,500
Staff training	150 trainings	2,000	374
Syringes	84 million items	22,300	4,200
Disinfectants		15,000	2,800
Condoms	11.76 million items	12,500	2,230
Enlisted expert counselling sessions (UAH 15,805.6 or c.u. 2,980 per CC)	In 500 CC	7,900	1,490
IEM (seven kinds per IDU x 350,000 IDUs)	2.45 million issues	550	100
Epidemiological monitoring of IDU community:			
• Behaviour studies	5000 persons	106	20
• Sentinel surveillance	5000 persons	132.5	25
Monitoring and rating of CC system productivity (five% of total cost)		160	30
TOTAL		**78,508.5**	**14,639**

Sources for funding prevention programmes targeting IDUs

In most countries social programmes and projects receive funds from four main sources: the state budget, local budgets, international funds and the private sector. These funds may be part of long term funding policy, grants, charity donations, humanitarian aid, etc. The Ukrainian state budget for 2003 does not provide for the funding of the National Programme on HIV/AIDS for 2003. Furthermore it is very difficult to calculate the funds allocated for preventive activities targeting risk groups, in particular IDUs. Currently, the State Centre for Youth Social Services is the only

governmental organization running such programmes at the national level. All programmes on the HIV/AIDS epidemic (including those focusing on 'primary' prevention among non-users) are to receive some UAH three million in 2003. This money includes UAH 1,105 million to support a comprehensive HIV/AIDS prevention programme targeting young people and risk groups, including some UAH 300,000 to support the Dovira CC network which provides support to IDUs. (According to the State Centre for Social Services for Youth, the state budget allocated UAH 168,000 to support the network in 2002).

It is even more difficult to figure out the capacities of local budgets. At the same time, many needs can be met (at least partially) through the re-distribution of funds. Thus local budgets can easily cover expenses such as office rents, expert services, IEC materials and information campaigns in the media and communal utilities for HIV/AIDS prevention and harm reduction projects among IDUs.

Yet, the assessment of local situations with regard to the preparedness of local authorities to financially support HIV prevention programmes for IDUs reveals a rather sad picture. In the 20 cities covered by the assessment, local authorities admitted the importance of financial support to the NGOs operating in the field of HIV prevention and for training project staff. However, the local budget does not provide for such expenses. At the same time, local budgets do and will provide indirect financial support for activities such as specific information and educational campaigns in the media and the involvement of health care and social work professionals into HIV/AIDS prevention activities (for activities within the scope of the professional responsibilities of local authorities, hence funded by local budgets). It was virtually impossible to estimate the public funds to be allocated for preventive activities among IDUs in 2003.

The protocols and action plans prepared at local levels contained more detailed estimates of the funds required from non-budget sources. These included UAH 50,000 in Kryvyy Rig and 10,000 in Pervomaysk to purchase sterile syringes, disinfectants, condoms and IEC materials in 2003. The action plan in Mykolayiv oblast provided for a comprehensive programme to extend IDU coverage, which would require (annually) over USD$100,000 for supply materials, $28,000 to

support the mobile counselling service, $15,000 to support the rehabilitation centre and $30,000 for various training activities.

Low living standards and an underdeveloped charity system make donations unlikely. Thus support from the international community, in particular the World Bank, the Global Fund and other international funds and organizations represented in Ukraine remains a significant component in scaling up and multiplying HIV preventive interventions targeting IDUs.

Within the next few years Ukraine is expected to gain considerable funds for support to and expansion of HIV prevention programmes targeting IDUs, including ones based on the harm reduction approach. The World Bank is to provide $9 million (that is $8 million from the Bank and one million from the Government of Ukraine). $3.5 million is expected from the Global Fund for AIDS, Tuberculosis and Malaria (GFATM). Additionally some $400,000 will be provided by the OSI International Harm Reduction Programme (the same as the 2002 grant). UNDP is planning to provide $123,000 over the period 2003–2005.

Most of this money is to be invested in actually scaling up and multiplying interventions with sufficient funds for large amounts of supplies. A significant part should be invested in further capacity building and staff training, and in monitoring and evaluating current projects and new trials aimed at developing innovative methods for rapidly increasing coverage.

We invite UNAIDS, UNICEF, UNDP, other relevant UN agencies, the Ukrainian Government and other stakeholders in Ukraine to design a clear action plan to achieve these goals. Thus, input from the Government into HIV prevention programmes targeting IDUs will not exceed 10% of the total funding.

Still the acute issues are allocations from the budget at the national and local levels, the involvement of 'non-budget' funds in order to support and scale up the harm reduction programmes targeting IDUs and the establishment of a friendly environment for such programmes.

8. CONCLUSIONS AND RECOMMENDATIONS

In Ukraine, a policy has been developed and political decisions have been made to ensure the access of groups facing higher HIV risks to preventive health care services and protective equipment and to launch the regular monitoring of HIV prevalence in these groups.

There are several successful projects that have proved the effectiveness and necessity of following up the harm reduction strategy. The current preventive activities based in the Centres for Youth Social Services demonstrate the commitment of governmental organisations and local governments to support the IDU population. So far, considerable experiences in co-operation between governmental organisations and NGOs have been accumulated.

The assessment demonstrated considerable differences across a number of oblasts and cities with regard to the situation of drug use, awareness of the problems related to drug use and the scale and experience of HIV prevention among IDUs. It is important to note that the awareness and commitment of governmental officials and those representing the health sector, social services and law enforcement agencies remain quite low and depend largely on the experiences of harm reduction already gained in a particular city/oblast.

We estimate the number of IDUs to be around 560,000 in urban areas only. The existing HIV/AIDS prevention programmes targeting IDUs cover around 15% of the target population (this figure might be 50% in some areas while only 2–3% in other).

The estimated cost of 60% coverage of the IDU population with preventive interventions is $78,500,000 at the national level.

The average cost of equipment and materials (at the minimum prices established by the Government) provided annually by each NEP (syringe exchange, IEC materials and counselling) is about $30,000 or UAH 157,000. This figure would, of course, depend on the number of clients and the need for staff training.

In Ukraine, there is a potential for the significant expansion of HIV prevention programme coverage of IDUs and an increase in the quality of preventive services for IDUs.

An important finding is that many issues including the scaling up of prevention programmes targeting problems can be managed at the local level using existing capacities of the health sector, youth social services, volunteers, local budgets and other financial resources.

One factor in scaling up and multiplying interventions is the high level of awareness and knowledge of the authorities, governmental officials and local MPs of the epidemic and its potential consequences.

The first step requires the political will of policy makers and local governments. It is necessary to establish adequately empowered working group initiatives at oblast, district and city levels.

Even the available financial resources are enough to increase the effectiveness of interventions seeking to reduce HIV/AIDS risks among IDUs at the local level. This will require a re-distribution of funds, and some re-organisation of the agencies and organisations involved in the response to the epidemic in order to increase their efficiency.

Of course there are problems that can be managed at the national level only

Thus the National Programme provides for action plans at the national, regional, oblast and local levels. However, in some cities such action plans have not yet been approved, while in others nothing is being done to implement these plans. Thus it is crucial to establish a system of control and supervision over the implementation of local action plans. Local authorities must be obliged to implement the local programmes to respond to the HIV/AIDS epidemic.

It is necessary to develop and introduce an effective mechanism of co-ordination between governmental organisations and NGOs at the national level in order to avoid duplication and ensure more effective and mutually complementary interventions.

There is a need to develop a national programme for assessing particular programmes in order to monitor their effects upon the epidemiological situation in general.

It is necessary to prepare standard training modules for the staff of HIV/AIDS prevention programmes/projects targeting IDUs. Such training will focus on particular programme components, effectiveness criteria, setting realistic and clear targets, measuring the project impact and project evaluation. It is also important to develop training modules and launch a series of training sessions for decision makers in order to disseminate the best experiences, innovative approaches and techniques that appear to be effective for HIV/AIDS prevention among drug users (this module can be either separate or included within a broader training programme in response to the HIV/AIDS epidemic).

Existing regulations in the field of HIV/AIDS prevention among IDUs should be reviewed and documents prepared that would ensure effective preventive activities targeting the IDU population.

According to project staff, scholars and practitioners in the field, there is a need to establish a single national system for the registration of preventive intervention, studies and evaluation projects in the field of HIV/AIDS prevention as well as unified indicators to measure the effectiveness of interventions targeting the IDU population. A database for the best practices, experience, results, existing methods and techniques for research and evaluation should be established

Thus, scaling up HIV/AIDS preventive interventions targeting IDUs and expanding the coverage requires:

- Better co-ordination between all organizations and agencies involved.
- An adequate legal basis for the preventive strategy targeting IDUs, a review of NEP/Dovira network regulations and adequate budgeting.
- The HIV preventive component targeting IDUs to be included in the overall anti-AIDS strategy at the national level.

- Support from the Government and respective state agencies to the NGOs providing support to IDUs.
- An expansion of the NEP network.
- A wider range of free services (medical, social, legal, psychological, etc.) provided to the IDU community.
- A more active and well co-ordinated information and educational campaign targeting different groups of professionals and the general population, based on a properly developed action plan and run by a specially designated national agency.
- More active participation from educational institutions.
- Widespread support from and involvement of the media.
- More active participation of health care facilities.
- Continuing the policy aimed at changing the attitudes of the general public toward IDUs.
- The establishment of rehabilitation centres for IDUs.
- The introduction of substitute therapy.
- A higher level of knowledge and awareness of the problem among decision makers at the national and local levels.
- Unified approaches to the registration of preventive programmes targeting IDUs and single criteria and indicators of project effectiveness.
- The introduction of a system of monitoring and evaluating preventive programmes targeting IDUs.
- Extension and expansion of research in the field, in particular behavioural monitoring of IDUs, studying 'hidden' risk groups and channels and methods of impact upon the target group.

We recommend that local authorities, state agencies and non-governmental organisations in the field:

1. Involve 'non-budget' funds at all levels in order to support HIV/AIDS prevention programmes targeting IDUs.

2. Increase the role of NGOs already operating in the field of HIV/ AIDS prevention.

3. Expand the existing NEP network and promote the establishment of state and non-governmental services providing syringe exchange for IDUs and thus involve more IDUs in harm reduction interventions. The number of NEPs should reflect the local numbers of IDUs. We would recommend the introduction of one stationary NEP in each district where the number of IDUs is over 200–250. Stationary NEPs might serve as a basis for mobile services covering neighbouring areas with IDU populations. In cases where the number of IDUs is insignificant, a stationary NEP would not be economically effective. Areas with low numbers of IDUs might be covered by one stationary NEP providing mobile services for each administrative district. Such a scheme seems to be more effective economically in a situation where available resources are limited.

4. Inform the target groups (IDUs, their parents and social environment) regularly through media and social advertising of the services available to IDUs at NEPs.

5. Ensure the highest possible coverage of schoolchildren and students by educational projects/campaigns in order to reach 'hidden' groups of IDUs.

6. Involve the media to help change public attitudes to IDUs through:

    - Providing information relevant to the needs of IDUs, parents, young people, etc.
    - The involvement of experts in the field: health care workers, sociologists, psychologists, teachers, lawyers, etc.
    - Publishing materials impacting on the attitudes of target groups and the general population towards illicit drug use.
    - Involve popular oblast and city newspapers to familiarise the public with the harm reduction strategy and inform IDUs and their social environment of the organizations operating in the field and the services available to them.

7. Extend the range of experts involved in outreach work (social workers, IDU volunteers, health care providers, psychologists, etc.).
8. Introduce more widely the peer education approach, which will require selecting local leaders among IDU communities. The training of these local leaders will employ effective new or existing training modules.
9. Promote in every possible way self-support groups for IDUs, their parents, etc.
10. Support existing and promote the establishment of new rehabilitation centres for IDUs.
11. Ensure target group access to various free health care services, including those providing HIV testing, drug treatment and psychological rehabilitation.
12. Extend the range of services provided to IDUs, including social aid (such as temporary accommodation, provision of food and clothes, job opportunities and legal counselling, etc.).

This assessment, provided at the level of certain cities, identified a number of key issues crucial for the successful planning and implementation of an agenda to expand coverage of IDUs by preventive interventions:

1. Co-ordinating agencies are to be established at the oblast and city levels in order to ensure well co-ordinated, logistic and systematic activities provided by different governmental and non-governmental organisations in the field of HIV/AIDS prevention. These agencies will provide the monitoring and evaluation of particular projects/programmes and monitor their impact upon the target groups. Such evaluations will be based on an effectiveness criteria specifically developed for each particular project.
2. It is necessary to conduct careful analysis of the situation with injecting drug use at the levels of oblasts and cities, even administrative districts where needed. Such a study would determine the numbers of IDUs in particular areas, assess existing

interventions and analyse the available resources and current needs. The data obtained will form the basis for both short-term and long-term action plans.

3. The oblast and city programmes are to be based on existing interconnected projects run by both governmental and non-governmental organisations. Such programmes are to take into consideration the local scale of drug use and available local resources.
4. The techniques and methods of HIV/AIDS prevention among IDUs are to be based upon existing initiatives and best practices at the local, oblast and national levels.
5. Preventive strategies targeting IDUs should involve those representing the target group at the planning stage. This would empower local IDU communities and contribute to the protection of the human rights of this group.
6. It is necessary to develop an effective and transparent mechanism for fundraising at the city and oblast level.
7. All responsible state agencies at the city level are to contribute to funding local preventive projects.
8. The experience and financial resources of the local private sector can and should be used in preventive activities (providing supply materials, assisting project monitoring, advertising condoms, syringes, disinfectants and IEC materials, etc.)
9. It is vital to promote inexpensive sustainable organizations which provide preventive services to IDUs. Good examples are Dovira CCs at the SCYSS or the NEPs of non-governmental organizations employing the harm reduction approach.
10. The number of anonymous testing points providing HIV tests should be increased.

In conclusion we would like to note that this assessment was the first attempt to analyse the capacities for extending the coverage of preventive programmes for IDUs. Follow-up studies are needed, first of all, at the oblast and city levels.

Evidence suggests that HIV prevention among IDUs in Ukraine is at a transitional point, reaching a qualitatively new phase. This new phase will be characterised by the close co-operation and integration of non-governmental and governmental sectors and attempts to identify the most effective forms and techniques of HIV/AIDS prevention among IDUs, which would require the re-consideration and analysis of experiences already gained and new criteria and methods for the project's economic effectiveness.

Studying the situation with illicit drug use remains crucial at this new stage. We hope that the data of this study will be used as a basis for further studies and will help analyse future trends of drug use in Ukraine.

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Situation Analysis of Injecting Drug Use and The Prospects of Expanding the Coverage of HIV/AIDS Preventive Programmes Among Injecting Drug Users in Selected Cities

Several reports were prepared to get an overview of the situation in each of the 20 cities covered by the assessment and to analyse the likelihood of reaching 60% coverage of IDUs by HIV/AIDS preventive interventions. These reports are available for your reference upon request (please contact Olga Balakireva at the Social Monitoring Centre or Olena Sakovych at UNICEF/Ukraine). The Ukrainian version contains detailed information on the cities covered by the assessment. The English and Russian publications are more concise and focus on the preparedness of local authorities to continue implementing preventive activities targeting IDU communities at the municipal level and describe important decisions and actions that have been taken in the field so far.

The situation analysis was based on the results of the following surveys:

1. 60% Coverage of the IDU Population by HIV Preventive Programmes: feasibility study (2002).

1,908 IDUs and 189 experts were interviewed in 20 Ukrainian cities within the framework of the above-named project.

2. Young People Using Intravenous Drugs: knowledge, awareness of HIV-associated risks, behaviours (2001).

This project was supported by the Programme Development Fund (UNAIDS) and the Ukrainian Institute of Social Research. From 10 August to 10 September 2001, 638 respondents aged 14 and older were interviewed in seven Ukrainian cities: Mykolayiv, Kharkiv, Chervonograd, Chernigiv, Sevastopol, Melitopol and Donetsk. Results of the research were published in the book *'Young People Using Intravenous Drugs: knowledge, awareness of HIV-associated risks, behaviours*'/ O. Balakireva, M. Varban, O. Artukh, N. Dmytruk, M, Semenova; Kyiv, 2001.

3. HIV/AIDS Prevention among Young People Using Intravenous Drugs (2002).

This was a joint project, conducted by the State Centre of Social Services for Youth and UNICEF/Ukraine. The project was also supported by UNAIDS. From 17 to 26 September 2002, 1,997 IDUs aged 14 and older were interviewed in 14 Ukrainian cities: Sevastopol, Novovolynsk, Makiyivka, Melitopol, Bilyayivka, Kharkiv, Chernigiv, Yalta, Dnipropetrovsk, Nikopol, Kryvyy Rig and Dniprodzerzhynsk.

The sample included 623 clients of the Dovira counselling network in nine cities: Sevastopol, Novovolynsk, Makiyivka, Melitopol, Chervonograd, Mykolayiv, Bilyayivka, Kharkiv and Chernigiv. For more information, please see: '*HIV/AIDS Prevention among Young People Using Intravenous Drugs: monitoring and evaluation',* Î. Î. Yaremenko, Î. M. Balakireva, V.A. Sanovska et al; Êyiv, State Institute of Family and Youth Issues, State Centre of Social Services for Youth, 2002.

4. Harm Reduction Programmes in Ukraine: effectiveness assessment (2002)

The survey on injecting drug use was conducted by the Ukrainian Institute of Social Research with the support of the Renaissance Foundation. The research sought to determine the overall effectiveness of harm reduction projects aimed at reducing HIV-associated risks among IDUs. This research was conducted October 23-30 2002 and covered 11 cities: Donetsk, Zhytomyr, Kremenchug, Lviv, Sumy, Uzhgorod, Cherkasy, Ivano-Frankivsk, Chernigiv and Chernivtsi. The study results were published in the book: '*Harm Reduction Programmes in Ukraine: effectiveness assessment',* O. Balakireva, O. Levtsun, O. Artukh, O. Ganukov, M. Varban, O. Yaremenko; Ukrainian Institute of Social Research, International Renaissance Foundation, 2002.

1. SYMFEROPOL (AUTONOMOUS REPUBLIC OF CRIMEA)

Symferopol is the administrative centre of the Autonomous Republic of Crimea (a region well known for its seaside resorts). The total population is 336,900 people.

The prospects of attaining 60% coverage of the IDU population by HIV/AIDS preventive programmes:

Experts believe that expansion of the coverage up to 60% in Symferopol requires:

- Development of an effective system of consultations on safe practices related to injecting drug use.
- Changing the attitude of medical staff, law enforcement bodies and other state agencies towards harm reduction programmes.
- Increasing public awareness of harm reduction programmes using the media and awareness campaigns:
- Setting up mobile needle exchange points.
- Lobbying the interests of NGOs implementing harm reduction programmes to municipal bodies in order to stimulate contractual requests from the Government for this type of work.

This will allow local prevention programmes to scale up to the national level, thus expanding the coverage of preventive programmes among IDUs.

Drug addicts who were interviewed believe that the establishment of new Dovira counselling points will help to expand the coverage. 4% of them wanted to have these points set up in every neighbourhood, 15% specified Chekhova Street, and 14% Kyrylova Street.

The New Way of Life charity foundation conducted the survey in Symferopol. State authorities and NGOs expressed their concern regarding the problem of HIV/AIDS among IDUs and confirmed their willingness to support preventive programmes.

At present there are no obstacles to successful project development and implementation. The charity foundation has developed an action plan for expanding the coverage of preventive measures among IDUs which includes:

- Setting up operational mobile and permanent needle exchange points.
- Purchasing needles, condoms and disinfectants.
- Selecting and recruiting volunteers from IDU communities to work at needle exchange points.
- Conducting two training seminars for representatives of medical and preventive establishments (MPE), district police departments and patrol services (PS) on how to give advice on HIV/AIDS and safe drug use.
- Disseminating IEC materials among medical and preventive establishments, district police departments and patrol service units.
- Conducting trainings on how to set up IDU self-support groups.
- Selecting and training ten consultants from target IDU groups.

2. YALTA (AUTONOMOUS REPUBLIC OF CRIMEA)

Yalta is situated in the southern part of Ukraine in the Autonomous Republic of Crimea. Its Black Sea coast location gives it a favourable climate and it has a total population of 83,500 people. Yalta is an international resort subject to seasonal variations in the level of employment depending on the inflow of tourists (summer is a peak season, while winter is characterised by very little economic activity and a high level of unemployment). The climate is favourable for growing hemp and poppies, which yield good crops, making drugs easily available.

The prospects of attaining 60% coverage of the IDU population by HIV/AIDS preventive programmes:

A lack of funding from the state budget and other resources for preventive programmes is the major concern.

Experts believe that expansion of the coverage in Yalta up to 60% requires:

- Qualified staff as well as recruitment and training of new staff.
- Regular funding.
- Establishment of permanent needle exchange points.
- A change in attitude of state authorities towards permanent Counselling Centres (CCs).
- An increase in public tolerance of IDU problems.
- State support of NGOs.
- Selection and training of volunteers among IDUs.
- Allocating funds for purchasing protective devices (needles, condoms, disinfectants, etc.).

According to data collected, 75% of IDUs think that it is necessary to establish permanent needle exchange points. 13 respondents (27%) believe that they should be located in the suburbs, 12% said they would use their services regardless of the location and 10% believe that these points should be set up in every neighbourhood.

Apparently there is only a limited number of NGOs dealing with IDU problems in Yalta. The only organization that works with IDUs is the Dovira CC (at the city SCSSY).

Municipal authorities are not inclined to support programmes aimed at HIV prevention among IDUs. Attempts to gain the support of local authorities in Yalta through discussions and by trying to sign an agreement on the intention to expand coverage of preventive activities among IDUs have failed. There is neither the infrastructure for the development of these type of projects nor sufficient community players due to the limited number of NGOs and other organizations working in this field.

3. VINNYTSYA

Vinnytsya is the administrative centre of the Vinnytsya region. It has a total population of 390,500 people. Major railways and highways intersect the region. The region is adjacent to the Odesa, Kirovograd, Kyiv, Zhytomyr, Khmelnytskyy, and Chernivtsi regions as well as Moldova. Agriculture is the leading industry. Due to the unstable economic situation in the region, many people do not have permanent jobs, and the crime rate is growing, especially among young people. These negative tendencies reflect on the most vulnerable groups such as IDUs and female sex workers (FSWs).

The prospects of attaining 60% coverage of the IDU population by HIV/AIDS preventive programmes:

Interviews with experts within the framework of the survey revealed that there are only a few state institutions willing to work with IDUs. These include SCSSYs at the local and regional levels, the regional narcological clinic, municipal clinics, (which offer anonymous HIV testing), the Regional Department of the Ministry of Interior, and Departments of Education and Health Care.

Among major obstacles to 60% coverage of IDUs by preventive programmes experts listed the following:

- A limited number of municipal programmes on prevention of drug addiction and HIV/AIDS as well as lack of financing from the budget.

- A lack of experts in the field needed to deal with the problem.
- A lack of rehabilitation centres for IDUs both in the city and in the region.
- No support services for IDUs or means of alternative therapy at municipal clinics.
- The inability of organizations working in the field to coordinate action and share information with each another.

Experts believe that expansion of the coverage up to 60% in Vinnytsya requires:

- The establishment of a coordination centre on AIDS prevention.
- The establishment of a rehabilitation centre and access for drug addicts to alternative means of therapy.
- Increased media coverage of the problem of drug abuse, AIDS and STIs, as well as conducting awareness campaigns.
- The co-ordination of action among interested organizations and raising the level of awareness of drug addiction in general. This in turn requires reforms of the system providing narcological help and education, and introduction of compulsory courses on prevention of drug addiction, AIDS, STIs, early sexual relations, etc.

Taking into account the experience of the Vinnytsya region, experts believe that in order to increase the effectiveness of preventive programmes, district centres where most IDUs live should be covered by network projects. Therefore, approximately 70% of the funds allocated to epidemic prevention among drug addicts should be given to district centres, and 30% to the administrative centre of the region.

A round table discussion was organized in Vinnytsya to which representatives of state authorities, law enforcement bodies and NGOs were invited. They confirmed their support for preventive activities among IDUs. The mayors of Ladyzhyn, Gaisyn and Zhmerynka signed decrees allocating funds for the implementation of harm reduction projects. However, Vinnytsya City Administration does not plan to fund the project due to a lack of budget funds.

In general, programmes on HIV/AIDS prevention are developing successfully. Experts believe that the spread of HIV infection in the city and adjoining districts has been halted. Further programme development requires sustainable funding. For this purpose local and regional action plans and budgets have been developed.

Action Plan for Scaling up Coverage of HIV/AIDS preventive measures among IDUs up to 60 percent in 2003

Measures	Time of execution
I. Establishment of needle exchange points in anticipation of 900 regular clients.	during the year
II. Educational outreach:	
a) to IDUs aimed at teaching them safe practices:	during the year
1) Publication and distribution of the PLUS-MINUS bulletin for IDUs.	
2) Publication and distribution of booklets about transmission of HIV infection.	
3) Conducting training within the framework of the 'Popular Public Leader' programme (15% of IDUs will be trained).	
4) Consultation services for IDUs (by experts in narcology and infections, gynaecologists, psychologists, etc) before and after testing.	
5) Setting up a telephone hotline at Stalist NGO.	
b) to representatives of the municipal administration and state authorities aimed at making them more tolerant towards IDUs:	
1) Conducting a training seminar for representatives of the municipal administration and medical staff in order to motivate them to provide more accessible medical services for IDUs (partial funding from the local budget is expected) – one training seminar.	March
2) Conducting a training seminar for the staff of SCSSY, the media, police, and employment assistance services, in order to motivate them to provide better social services and employment assistance to IDUs and make them more tolerant towards IDUs and their problems - one training seminar.	June
3) Conducting a training seminar aimed at developing partnerships with religious organizations and NGOs working on HIV/AIDS prevention among IDUs - one training seminar.	July
4) Vinnytsya Medical University will provide scientific support for the project and will conduct a training seminar for the physicians on HIV/AIDS pre- and post-test counselling.	September
III. Providing IDUs with HIV/AIDS pre- and post- counselling (epidemiological monitoring will be done jointly with the regional public hygiene and epidemiological departments)	March-September
1) Providing ID.Us with the opportunity to have HIV/AIDS and Hepatitis B testing.	during the year
IV. Joint development of a project on alternative means of therapy with narcological services.	during the year

The total amount of funds required to reach 60% coverage of the IDU population by HIV/AIDS preventive measures in Vinnytsya in 2003 is approximately UAH 130,536.

The City Council did not sign a protocol of intentions regarding collaboration on the prevention of drug addiction and HIV/AIDS with the Vinnytsya Stalist Public Congress. Representatives of the City Council do not think that this problem deserves urgent attention. Economic issues such as the supply of gas, development of free markets and others are higher priorities for them. Stalist has developed the project 'Supporting HIV preventive programmes among IDUs in Vinnytsya' and presented it to the City Council for approval.

4. NOVOVOLYNSK, VOLYN REGION

The city is the centre of the Novovolynsk district in the Volyn region. The Zhovtneve settlement is an administrative district of the town. The total population is 53,000 people.

The prospects of attaining 60% coverage of the IDU population by HIV/AIDS preventive programmes:

Experts believe that expansion of the coverage up to 60% in Novovolynsk requires:

- The establishment of a drug addiction clinic in the city, since there are no beds in regular hospitals for in-patients suffering from drug addiction.
- Providing the Dovira CC with necessary supplies such as two ml syringes, aspirin, condoms, and other supplies.
- The establishment of a rehabilitation centre for IDUs.

Most IDUs are satisfied with the services, location and schedule of the NEPs. However, 32% of the respondents would like to receive additional services such as consultations on how to prevent relapses, 19% - on HIV/AIDS prevention, 15% - on psychological rehabilitation and safe drug use, and 7% - on legislation and drug addiction treatment (survey No.1).

Local authorities along with NGOs actively support HIV/AIDS preventive programmes among IDUs, and this has had a positive impact on the level of coverage of preventive measures among IDUs in the city (64% have direct coverage).

An action plan to scale up IDU coverage by preventive measures in Novovolynsk has been developed. The total amount of funds required for implemention is approximately UAH 80,000.

5. KRYVYY RIG, DNIPROPETROVSK REGION

The total population is 700,000 people. The city is one of the leading industrial centres of Ukraine. Coal mining, machine building and chemical industries are the most dominant. There are 15 higher educational establishments, 15 colleges, and 14 vocational schools in the city. The poor epidemiological situation has had a negative impact on the health of inhabitants. The level of unemployment is high although there have been some improvements in the recent past.

Prospects of 60% coverage of the IDU population by HIV/AIDS Preventive Programmes:

Experts believe that expansion of the coverage up to 60% in Kryvyy Rig requires:

- Expanding the network of counselling centres taking into account the real capacity of the SCSSY.
- Involving a wider range of organizations in prevention work among IDUs.
- Encouraging the media to disseminate information.
- Activating outreach-work, and recruiting outreach staff.
- Building the capacity of narcological services that provide anonymous health care services for drug users.
- Establishment of a rehabilitation centre for drug addicts (20 beds) inside the narcological clinic.
- Changing the attitude of state authorities, law enforcement bodies and the community towards IDUs.
- Development of a methadone programme in the city.

According to the survey, 9% of respondents would like to have additional CCs opened in the 17th block, 8% in the 173rd block and 7% in the 'Shankhay' area, at drug dealing locations, and in every district.

There are a number of problems connected with the development of HIV/AIDS preventive programmes among IDUs. First of all, the state authorities are reluctant to address the issue and do not want to recognise the scope of the problem. Secondly, there is a limited number of organizations working in this field.

A round table discussion was held in Kryvyy Rig. During the meeting a protocol of intentions was signed. A detailed schedule of preventive activities and measures among IDUs was also developed.

Action Plan for Scaling up the Coverage of Preventive Programmes among IDUs in Kryvyy Rig

1. Discuss the issue of coordination of activities of various organizations providing services to IDUs at the workgroup meeting of the Coordination Council.

2. Assign specific tasks to municipal services working in the field.

3. Recruit staff for expansion of coverage.

4. Invite experts from leading Ukrainian training centres to conduct staff training sessions. A list of topics will have to be developed for this purpose.

5. Expansion of the network of needle exchange points:
   - Open three more CCs in the 17th, 173rd and 'Shankhay blocks within the framework of the prevention programme for IDUs (to be carried out by the SCSSY);
   - Open a CC for IDUs at the Health Care Centre.

6. Make premises and equipment for CCs operational.

7. Open three additional anonymous AIDS testing and counselling points at clinics in the Ingulets, Pioner and Damansky areas.

The following experts are needed for this purpose:

- Three consultants;

- Three psychologists;
- Three nurses;
- Three drug addiction experts (part-time).

8. Purchase syringes and condoms. A yearly supply should include:
   - Syringes (UAH 5,000);
   - Condoms (UAH 5,000).

9. Develop and disseminate IEMs for IDUs on different topics (UAH 5000).

10. Conduct a training seminar for the police and the media as well as addiction experts (one training session for each of the seven districts – plus additional training session for the media and one training seminar for experts in narcology - nine training sessions in total). Psychologists from AIDS centres and harm reduction programme staff will also be involved. The programme will also be developed in the Armenian community. Training expenses amount to UAH 2,000 (8 x UAH 250 = UAH 2,000).

11. Retain existing staff from the SCSSY or recruit new staff members (at present the SCSSY is laying off some of its staff).

6. DONETSK

Donetsk is the administrative centre of the Donetsk region with a total population of 1.42 million. Coal mining, metallurgy, machine building, chemical and light industries are well developed in the region. Production has decreased in the city over the last several years. The social situation has also deteriorated and the population has decreased. In 2000–2001, there was an increase in output (16.4%) in all industrial sectors, which comprises 80% of the total volume of production.

The prospects of attaining 60% coverage of the IDU population by HIV/AIDS preventive programmes:

The network of organizations working with IDUs is underdeveloped. These organizations suffer staff and funding shortages and as a consequence their preventive programmes fail to cover all IDUs.

There are no professional psychologists, social workers or doctors at The Cliff of Rescue or The City of Light rehabilitation centres. Clerics and former addicts make up the staff. Both rehabilitation centres require renovation.

The Donetsk Regional Association of People Living with HIV is located at the Donetsk Regional AIDS Centre. The staff and volunteers have taken part in an international training course.

Some experts who were interviewed believe that the programme's ultimate goal should be trying to get drug addicts off drugs. The following problems are preventing the expansion of coverage:

- Representatives of the media, health care services and police do not have sufficient information on the programmes being developed, needle exchange points, etc.
- The target group also lacks information about the programmes being developed, needle exchange points etc.
- IDUs monitored by narcology experts are not covered by the programme, and most of them continue to use drugs (30% are in remission). Besides, needle exchange points are located in the municipal narcological mobile clinic.
- IDUs lack information on the location of many services and health care institutions.
- Field needle exchange points work irregularly and fail to service IDUs properly.
- IDUs do not receive enough information materials on behavioural risks.
- Preventive programmes are not funded exclusively from the budget.
- There are no self-support groups for IDUs.
- There are no state centres for rehabilitation of drug addicts.
- There are no Drug Addicts Anonymous associations.
- The issue of working with co-addicts is not given proper attention; there are no associations or self-support groups for co-addicts.
- There are no programmes for needle exchange among convicts.

- There are no legal regulations on alternative therapy and needle exchanges in prisons.
- There are no pilot projects using alternative therapy.
- There are no shelters for homeless IDUs or those who have no relatives or other means of support.
- There are no programmes for social rehabilitation.
- There is no professional training or employment assistance for those who give up drug abuse.
- AIDS and STI testing is not always available due to a lack of funding (for purchasing diagnostic test-systems).

Experts believe that the expansion of coverage up to 60% in Donetsk requires:

- Analysis of obstacles to the development of preventive work among IDUs:
- Studying mature IDU behaviour to understand this segment better;
- Observing those being monitored by narcology experts to understand what prevents IDUs from having access to needle exchange programmes;
- Determining obstacles to IDU access to social and health care services.
- Increasing the number of services for IDUs.
- Setting up needle exchange points in other, non-state institutions.

It is important to co-ordinate the activities of governmental and non-governmental organizations. There is a need to make available the experience of preventive measures and disseminate it among the cities and districts of the region by:

- Training health care and social services staff in order to upgrade their skills and make medical and social services more accessible.
- Considering the establishment of a medical-rehabilitation centre for drug addicts, including minors.

- Considering the implementation of preventive programmes in Donetsk (aimed at providing social services for drug addicts – employment, housing, etc.).
- Securing free permanent access to HIV testing.
- Using the media to disseminate information on disease prevention.
- Providing IDUs and those closest to them with information on how to avoid risky behaviour.
- Initiating the establishment of informal associations of co-addicts.
- Providing assistance in setting up IDU self-support groups.
- Setting up Drug Addicts Anonymous associations (providing premises, equipment, funds and technical support).

Estimated Breakdown of Additional Funds Needed for Preventive Work among IDUs in Donetsk

1. Identifying the obstacles hindering effective interventions targeting IDUs:

- Conducting a survey on mature IDU behaviour patterns aimed at better understanding of the segment;
- Conducting a survey to understand what prevents IDUs being monitored by narcology experts from having access to needle exchange programmes (UAH 1,000);
- Defining the obstacles preventing IDU access to social and health care services (UAH 1,000);
- Setting up needle exchange points in non-state institutions (nine permanent counselling points in all districts of the city: rent of premises, furniture, salaries UAH 26,800 õ 9 = UAH 241,200).

2. Quarterly sessions of the coordination committee compromised of governmental and non-governmental organizations working with drug addicts (UAH 5,000 per year).

3. Training seminars for social and health care services staff to secure IDU access to relevant services (seminars and training sessions, UAH 15,000 per year).

4.Establishment of a Donetsk medical-rehabilitation centre for IDUs including minors (UAH 300,000-400,000 for the first year, thereafter UAH 150,000 per year).

5.Implementation of preventive programmes (housing and employment assistance for IDUs - UAH 300,000 per year).

6.Training of media representatives who cover health care and disease prevention issues (UAH 10,000 per year).

7.Training of IDUs and those closest to them in how to avoid risky behaviour and providing assistance to their families (UAH 20,000 per year).

8.Setting up and running IDU self-support groups and Drug Addicts Anonymous associations (rent of premises, equipment, funding and technical support), (UAH 300,000-400,000 per year).

9.Providing HIV/AIDS and STI testing services to IDUs (UAH 100,000 per year).

Thus the total amount of funds required is minimum UAH 1 million per year.

7. MAKIYIVKA, DONETSK REGION

Makiyivka is one of the biggest cities in the Donetsk region. The total population is 419,000 people according to the latest census, but it is estimated that it has dropped to 390,000 since then. Makiyivka is comprised of spread out mining settlements, and has an extremely low standard of living. Salaries are low, unemployment is very high, and there is no infrastructure for the cultural development of young people.

The prospects of attaining 60% coverage of the IDU population by HIV/AIDS preventive programmes:

Experts believe that expansion of the coverage up to 60% in Makiyivka requires:

- The allocation of substantial funding for preventive programmes in the region and in the city.
- Actively recruiting volunteers who have access to the target group to do outreach work.

- Motivating popular leaders to participate in mass youth events promoting healthy lifestyles and advocating for HIV/AIDS prevention.

The survey shows that most IDUs interviewed lacked information about needle exchange points. 65% of respondents stated that they would like to see new needle exchange points opened. 32% indicated that they wanted NEPs to be located in the central part of the city, 12% next to chemist's, 9% in every neighbourhood and at drug dealing points, and 5% in clinics (survey No.1).

The Nation's Health NGO conducted the survey in Makiyivka. With a level of only 2% coverage it is clear that the number of preventive programmes being implemented in the city is not sufficient.

A round table meeting was held in Makiyivka. A protocol of intentions along with an action plan and the budget was approved during the event.

8. MARIUPOL, DONETSK REGION

Mariupol is the 'rayon' centre of the Donetsk region, with a total population of 485,400 people. There are numerous metallurgical and chemical plants operating in the city, which has had a negative impact on the ecological situation in the area.

The prospects of attaining 60% coverage of the IDU population by HIV/AIDS preventive programmes: The current situation in Donetsk calls for the continuation of work on the development and adoption of political decisions regarding preventive measures among IDUs. According to preliminary calculations, 1 million UAH is needed to finance the above-mentioned preventive activities.

9. ZAPORIZHZHYA

Zaporizhzhya is the administrative centre of the eponymous region in southern Ukraine and has a total population of 840,000. Metallurgical, chemical, and mining industries are the most dominant, but economic decline has had a dramatic effect on the level of employment and cultural infrastructure for youth.

The prospects of attaining 60% coverage of the IDU population by HIV/AIDS preventive programmes:

Political decisions need to be taken on preventive measures among IDUs in Zaporizhzhya in order to achieve greater coverage. The estimated cost of running these activities is approximately UAH 81,000.

10+11. LUGANSK AND ALCHEVSK, LUGANSK REGION

Lugansk is the administrative centre of the Lugansk region with a total population if 464,700 people. There is a large number of mining enterprises in the region but the decline of the industry has contributed to an increase in unemployment.

Alchevsk is a city with a total population of 117,000, administered by Lugansk. The mining industry is the most dominant, but the decline of this industry has had a negative impact on employment levels.

The ‘Anti-AIDS’ public organization, which conducted the survey in Lugansk and Alchevsk, had to curtail its activities within the framework of the ‘Analysis of Perspectives for covering 60% of IDUs by preventive programmes’ project. The main reason for this was the failure to reach mutual understanding with the state authorities in Lugansk. The regional SCSSY has recently expressed its willingness to work with IDUs. Obviously, the region and some cities urgently need to assess the situation of injecting drug use, and co-ordinate efforts in the development of joint activities. Unlike other cities, which have made some progress in the preparation of preventive interventions, everything will have to be done from scratch in Lugansk and Alchevsk.

12. LVIV

Lviv is the administrative centre of the Lviv region, with a total population of 811,200. Lviv is the biggest city in Western Ukraine and the city consists of 20 administrative units. The leading industries are mining, oil refinement, machine building, textile manufacturing and other light industries. More than 50% of Ukraine’s architectural monuments are located in Lviv. The central part of the city is a historical and architectural reserve and is on the UNESCO world cultural heritage list.

Within the last ten years the region has suffered a sharp economic decline followed by deterioration of the social sphere (unemployment, migration, and impoverishment) which has led to the development of negative phenomena such as the spread of HIV/AIDS and other infections.

The prospects of attaining 60% coverage of the IDU population by HIV/AIDS preventive programmes:

Experts believe that expansion of the coverage up to 60% in Lviv requires:

- The political support of local authorities.
- Media involvement in building tolerance towards IDUs.
- Public support.
- Co-ordination of activities among organizations working with IDUs (regarding the issue of monopoly in some activities).
- Avoiding duplication of activities.
- Concentrating resources.
- Bringing together the efforts of health care, law enforcement, educational and other institutions and bodies.
- Establishment of a co-ordination council for governmental and non-governmental activities.
- Securing confidentiality when working with IDUs.
- Attracting representatives from the target group to work on the project.
- Getting some active organizations or decision-makers to lead others in this work.
- Developing an integrated approach to solving the problem.
- Reaching latent groups.
- Upgrading professional skills of the staff, working with IDUs.
- Securing access of the target group to services.

- Opening counselling centres in every district of the city.
- Establishment of counselling centres in the Sykhiv district.
- Setting up additional needle exchange points.
- Improving the opening hours of needle exchange points.

The head of the Dorogha Centre summarised the problem by saying that: “It is impossible to reach 60% coverage due to insufficient funding, inactivity and the reluctance of the Municipal Council to address the issue”.

Despite the fact that many NGOs and state authorities expressed their willingness to support preventive programmes during a round table discussion, it is hard to say that work in this field has been successful. There is competition between local NGOs who sometimes have conflicting interests, and this creates difficulties for further expansion of the coverage.

The Salyus Charity Foundation has developed a plan of action and an estimated budget for expanding the coverage of preventive programmes among IDUs.

A protocol of intentions with the government was approved during a round table discussion on the topic: “What needs to be done to expand the coverage of preventive programmes among IDUs in Lviv”. All participants agreed that a rehabilitating centre with 10-20 beds is urgently needed. The advantages and disadvantages of methadone therapy, low-threshold assistance and coverage of the whole city by preventive programmes were also discussed during the meeting. The issue of mobile and permanent needle exchange points, problems connected with recycling and the safety of medical personnel working with IDUs were also brought up during the discussion. Taras Gurey, Head of the Department for Adolescents at the Lviv Municipal Council, focused on the need for training of department staff (28 peoplep) on primary prevention and the publication of primary and secondary prevention guidebooks. The Ministry of Health should be responsible for co-ordinating these activities.

Action Plan for Scaling up the Coverage of Preventive Programmes among IDUs in Lviv

Since IDUs need complex assistance (medical, psychological, material and narcological: legalization of soft drugs, alternative therapy) in order to reach 60% coverage, a number of activities need to be implemented, which require adequate funding:

- Purchasing syringes for the city (UAH 20,000).
- Opening needle exchange points in every district of Lviv, (three permanent points, seven mobile points), (rent of premises + medicines + syringes + information materials + consultations + salaries three lawyers, three narcology experts, three psychologists + volunteers (seasonal public transportation passes). Permanent needle exchange points should operate 24 hours a day.
- Recruiting 10 social workers to provide services at needle exchange points + training expenses.
- Training sessions for target groups (UAH 250 per training session).
- Purchasing equipment and one van for special teams to patrol districts in Lviv and in the region, (the costs will include salaries for narcology expert (one), psychologist (one), social workers (two), volunteers (two) + fuel expenses.
- Training sessions for regional media (UAH 1,500).
- Training sessions for the law enforcement officials (five training sessions: one training session for each of the five districts). Staff: narcology expert (one), psychologist (one) and representative of an NGO working with IDUs (one). (Total UAH 2,500).
- Conducting seminars for volunteers at the Dovira telephone hotline 058 on how to provide telephone advice on drug addiction (lecturers' fees -three persons, three training sessions - UAH 1,500).
- Allocating funds for the Lviv State Regional Narcological Clinic to rent premises for a rehabilitation centre for alcoholics, drug addicts and HIV-infected drug addicts.

- Stationery (UAH 200 per month).
- Copying and disseminating methodological materials.
- Recruiting social workers for harm reduction programmes (10 people).
- Monitoring of the effectiveness of narcological services provided by state and private organizations.
- Assisting self-support groups (UAH 20,000 per month).
- Office equipment:
  - Equipment for the relaxation room;
  - Audio and video equipment (two video recorders, two TV sets, onw video camera, two photographic cameras, tapes;
  - Printing devices and computer hardware (computer with a laser printer, fax, copying machine).

The estimated amount of funds needed to prepare specialists and outreach workers and implement HIV/AIDS preventive programmes in the city of Lviv is UAH 300,000 – 400,000 per year.

13. CHERVONOGRAD, LVIV REGION

Chervonograd is the biggest city in the northern part of the Lviv region with a total population of 72,700 people. Intensive construction of the city started in the late 1950's. Chervonograd is a city of miners and the decline of the industry has led to an increase in unemployment and in the number of physically disabled (from industrial injuries). Many inhabitants work abroad because the city is located close to the border.

The prospects of attaining 60% coverage of the IDU population by HIV/AIDS preventive programmes:

A round table meeting (8 October 2002) was organized to discuss issues related to expanding the coverage. Mr. M. Maschak, Head of the Coordinating Committee on Social Issues took part in the meeting. Participants discussed the implementation of the comprehensive

programme 'Prevention of Negative Phenomena in Children and Youth Environments', and 'HIV/AIDS Prevention among Intravenous Drug Users', the Decree of the Ukrainian State Centre of Social Services for Youth No.150 of 7 December 2000 and the Decree of the Cabinet of Ministers No.790 of 11 July 2001 'On the HIV/AIDS Prevention Programme for 2001-2003.'

Insufficient funding and a lack of technical resources are the major problems. Scaling up preventive activities among IDUs requires office premises (with a separate entrance) and equipment for producing IEC materials. To ensure the sustainability of the Dovira counselling points an additional UAH 15,000 is required to purchase sterile syringes, disinfectants, condoms, etc. It is also necessary to attract qualified health care staff to provide medical services to IDUs (surgeon, gynaecologist, narcologist, etc.).

Training workshops on harm reduction strategies need to be conducted to increase the level of professionalism of the practitioners involved in preventive programmes among IDUs.

An IDU support project was implemented by the local SCSSY, which has had a positive impact on building relations with local executives. At present there are no barriers to further expansion of the coverage of preventive activities among local IDUs. An action plan has been developed to scale up preventive activities in the city.

Action Plan for Scaling up the Coverage of Preventive Programmes among IDUs in Chervonograd

1. Hold a training workshop for law enforcement officers within the first six months of 2003.

2. Activities to be implemented throughout 2003:
   - Setting up self-support groups for IDUs and their parents;
   - Conducting training workshops on 'Safe Drug Use among IDUs';
   - Individual work with IDUs and their parents;
   - Distribution of IEC materials.

3. Adequate financial resources are required to establish and support counselling points for HIV-infected IDUs. Staff required: two doctors, two nurses, one psychologist.

4. Providing support to existing mobile needle exchange points currently funded and run by the 'Vsi Razom' (All Together) organization. Establishment of five new mobile NEPs (four in Chervonograd and one in Sosnivka).
5. Providing support to the permanent NEP in the Detox Department in Chervonograd Health Centre.
6. Lobbying for the establishment of a rehabilitation centre for IDUs in the region.
7. In order to establish a narcological department at the Chervonograd City Health Centre additional resources must be allocated to increase the number of beds in the existing facility from 20 to 30, purchase necessary medicine and hire new staff.
8. New methods and techniques of supporting IDUs are to be developed and introduced. These might include group psychotherapy and work therapy (a workshop or a similar facility for patients in treatment).
9. An HIV testing laboratory should be set up in Chervonograd or Sokal (12 km. away from Chervonograd).

Based on the situation analysis, the estimated cost of implementing preventive programmes including staff training, salaries, office rental, and IEC materials will be UAH 180,000 – 200,000.

14. MYKOLAYIV

Mykolayiv is the administrative capital of the Mykolayiv region and is located on the Bug estuary, which flows into the Black Sea. It has a total population of 502,000. Shipbuilding, processing, machine building, textile, food and chemical industries are well developed. There are 9 higher educational institutions in the city. Mykolayiv is an important cultural, religious and intellectual centre as well as one of the biggest shipbuilding centres in the former USSR. Due to military industrial activity (Mykolayiv used to produce aircraft carriers) the city was a closed zone for a long time. However, the shipbuilding industry has been experiencing a decline since Ukraine became a sovereign State and unemployment, especially among qualified young people, is one of the most acute problems.

The prospects of attaining 60% coverage of the IDU population by HIV/AIDS preventive programmes:

The survey shows that the majority of local IDUs are satisfied with the location of NEPs, their working hours and the services they provide. 10% of IDUs were not completely satisfied with the services and cited communication problems with NEP staff and a lack of syringes/ needles available for exchange as their main concerns.

All respondents were asked: "Do you or your friends need counselling points for IDUs?" 91% replied affirmatively. Regarding the location of NEPs, 53% of the respondents said they would like to have them set up in each district of the city, 12% in the Yalta district, 11% in hospitals, seven % in the Shiroko Balka area, and six % in the suburbs.

Experts believe that expansion of coverage up to 60% in Mykolayiv requires:

- Establishment of a co-ordination agency for all organizations working with IDUs.
- Government support for harm reduction programmes among IDUs.
- New financial resources to fund additional services for IDUs.
- Training specialists and practitioners from different sectors to raise the level of awareness of preventive activities among IDUs and build a positive attitude towards the issue.
- Media involvement in promoting tolerance towards IDUs and advocating for activities that are being implemented.

Considerable experience in working with IDUs has been accumulated in Mykolayiv, and governmental and non-governmental organizations have been co-operating together quite successfully. A number of seminars and training workshops have been conducted for civil servants and those representing other projects across the country. There is still a need, however, for organizational, administrative, financial, material and human resources in order to provide high quality services to local IDUs. All these issues are reflected in the draft resolution approved at the round table on 'Scaling up Preventive Actions among Intravenous Drug Users within the Framework of Co-operation between Governmental and Non-Governmental Organizations' (October 2002). This resolution called for the following actions:

- Establishment of an ‘initiative group’ to ensure co-ordination between health care facilities, law enforcement bodies, family and youth organizations, information and social services and NGOs.
- A series of training workshops on harm reduction involving experts and practitioners in various fields.
- Expanding the network of IDU counselling points.
- Providing additional financial support to sustain HIV/AIDS prevention projects among IDUs.
- Increasing the number of services provided by counselling facilities to IDUs.
- Establishment of a rehabilitation centre for young drug addicts.
- Creating additional employment opportunities for IDUs.
- Establishment of an IDU-friendly clinic.
- Providing additional social services to local IDUs such as catering, shelters, clothing, laundry services, etc.

All these activities require adequate financial resources. The minimum estimated cost for an effective and comprehensive programme of HIV prevention among IDUs is UAH 1.5 million.

15. ODESA

Odesa is the administrative capital of the Odesa region and has a total population of 1,050.000 people. The city is one of the main industrial centres of Ukraine. Odesa is the biggest port in Ukraine. The city has a well developed leisure complex as well as transportion, financial and social infrastructures. Odesa is located at the crossroads of important international routes from Europe to Asia and from Northern and Central Europe to the Middle East. The international transportation corridor No.9 passes through the city of Odesa linking Finland, Russia, Lithuania, Belarus, Ukraine, Moldova, Romania, Bulgaria and Greece.

The economic decline in the '90's led to an increase in the number of unemployed and homeless people, as well as drug users. There are significant seasonal migrations related to the structure of local labour markets and resort activities.

The prospects of attaining 60% coverage of the IDU population by HIV/AIDS preventive programmes:

The expansion of IDU preventive programmes requires the co-ordination of activities between governmental and non-governmental organizations and agencies such as AIDS Centres, drug addiction clinics, law enforcement bodies and Centres of Social Services for Youth. The overall co-ordination should be supervised by an Advisory Board on HIV/AIDS Prevention or by a council of organizations working in the field.

The local AIDS Centre is incapable of providing support other than counselling. It lacks the funds even for basic medicine and first aid kits. Indeed, the Centre should receive adequate resources to provide free treatment to people living with HIV.

Local IDUs are reluctant to seek help from narcological health care facilities after numerous breaches of confidentiality. Furthermore, they consider treatment to be ineffective.

Social Services for Youth have considerable capacity for implementing educational activities for adolescents. Law enforcement bodies also have great capacity for out preventive activities since they have a large number of officers working with juvenile delinquents and keep abreast of the local situation with illegal drugs. However, there may be some complications as far as implementation of preventive activities by law enforcement bodies since according to Ukrainian legislation the very fact of *possessing* an illegal drug is a crime.

Many IDUs are suspicious of preventive programmes, fearing police attention.

If adequate funding is provided, the NGOs '*Vira, Nadiya, Lubov'* (Faith, Hope, Love) and *Doroga Do Domy* (The Way Home) can reach 60% coverage of local IDUs by preventive programmes. These NGOs already have considerable experience in implementing preventive programmes and have well-trained staff. 60% coverage can be reached if state authorities join their efforts with NGOs working in the field.

All forms of preventive activities among IDUs are being implemented in Odesa. There is a programme aimed at providing services to people living with HIV/AIDS at home but there are no hospices for people living with HIV/AIDS. Furthermore, there are no funds for providing people living with HIV/AIDS with drugs at home. Organizations providing free rehabilitation services to drug users are virtually non-existent.

Experts believe that expansion of coverage in Odesa requires:

- Establishment of at least 1 permanent Dovira counselling point in each district.
- Coverage of all city districts by mobile Dovira services with the assistance of outreach teams, which requires funding from the local budget for harm reduction programmes.
- Attracting health care providers and lawyers along with social workers and volunteers to work at counselling points.
- Establishment of a hospice for people living with HIV/AIDS.
- The issue of establishing rehabilitation centres that would provide free services to IDUs should be discussed both at both local and national levels.
- Law enforcement bodies need to improve the mechanism of tracking drug trafficking channels.
- Methods and forms of providing support to IDUs through governmental organizations need to be reviewed and improved. Treatment and rehabilitation services should be provided to drug addicts free of charge.
- Effective HIV/AIDS prevention requires an inter-sectoral approach.
- An increase in the number of counselling points in each local district (25%), in Bugayivka (13%), Kotovskogo (11%), Privoz (10%) areas and in areas of intense drug trafficking (eight %).
- Experts from the FHL NGO have developed a detailed action plan striving to reach 60% coverage of the local IDU population.

The Faith, Hope, Love NGO has been working in the field for a long time. Taking into account the number of IDUs covered by its services, it has been quite successful. Its action plan for 2003 includes priorities such as expansion of the network of permanent Dovira counselling points and establishing mobile points (an outreach team should consist of six practitioners).

The estimated cost of expanding preventive interventions among IDUs is UAH 1.5 million.

16. POLTAVA

The total population is 310,600 people, 54% of which are women. The city is located on the Vorskla River in eastern Ukraine, and this influences the local economy, transportation system, international and interregional relations. Machine building, metal processing, food and textile industries as well as the manufacturing of construction materials are major economic sectors.

The prospects of attaining 60% coverage of the IDU population by HIV/AIDS preventive programmes:

The assessment shows that establishment of permanent NEPs that would distribute condoms and IEC materials at sites with the highest concentration of IDUs (these are areas around Podil, Polyclinic No.4, Chapayeva, Polovki, and Brailky Streets and an area known as 'Motel') would allow to 60% coverage of IDUs by preventive programmes. These points also need to provide counselling services by medical workers, psychologists, social workers and volunteers on issues related to HIV.

Experts believe that expansion of the coverage up to 60% in Poltava requires:

- The establishment of counselling points on Chapayeva Street (19%) and at Polyclinic No.4, as well as in each micro-district of the city (10%) and at local markets (eight %).
- Increasing the number of anonymous services offering treatment to drug addicts (46%).

- Adjusting NEP working hours to make them more convenient for the users (39%).

An action plan for the expansion of preventive programme coverage among local IDUs has been developed. The annual budget for these activities is approximately UAH 800,000 – 900,000.

17. PERVOMAYSK, KHARKIV REGION

Pervomaysk is a city located in the southern part of the Kharkiv region, which is governed by Kharkiv. It has a total population of 32,000.

The Khimprom plant is the main enterprise in the city, but it is not operating at full capacity. The ‘official’ unemployment rate is 9.9%, but the real figure is assumed to be much higher. The city derives its income from taxes paid by small local enterprises and from local markets.

The prospects of attaining 60% coverage of the IDU population by HIV/AIDS preventive programmes:

There are no NGOs implementing preventive interventions among IDUs. Some religious organizations have the capacity to conduct preventive programmes:

- The Orthodox Church.
- Other religious groups (there have been several cases of drug addicts quitting drugs after becoming involved in the activities of such groups).

Experts believe that expansion of the coverage up to 60% in Pervomaysk requires:

- The creation of favourable conditions for attracting more clients to the Dovira counselling points.
- Development of an action plan to set up self-support groups for IDUs and their parents.
- Establishing connections with NGOs working with IDUs in Kharkiv.
- Training volunteers (ex-drug addicts as well as active IDUs) to run field (street) preventive activities and awareness campaigns.

- Establishment of a local rehabilitation centre (this issue should be discussed and resolved at local, regional and oblast levels).
- Increasing the number of counselling points taking into account survey findings. 79% of the respondents said that they and their friends needed counselling services. 29% wanted to have counselling points set up in each administrative district, 18% wished to increase the number of points at local clinics and 3% wanted to have them set up in the suburbs.

The regional report shows that local authorities have expressed their interest and willingness to cooperate in order to tackle the problem of the spread of HIV/AIDS.

Project co-ordinators have developed and received approval for an action plan, which, in their opinion, would effectively address the spread of HIV/AIDS in the city. The estimated budget of large scale preventive activities covering 60% of local IDUs is UAH 45,000 – 50,000.

18. KUPYANSK TOWN, KHARKIV REGION

This is the capital of the Kupyansk district in the Kharkiv region and has a total population of 33,400 people.

The prospects of attaining 60% coverage of the IDU population by HIV/AIDS preventive programmes:

The survey shows the local authorities willingness to address the problem of the spread of HIV/AIDS. An action plan has been developed and approved to improve the HIV/AIDS situation in the city.

The proposed plan of action actually goes beyond the scope of preventive measures among IDUs and makes provisions for expanding the coverage of preventive activities to include all young people. The estimated budget for scaling up HIV preventive programmes among IDUs is UAH 20,000.

19. KHMELNYTSKYY

The city is the administrative capital of the Khmelnytskyy region and has a total population of 261,600 people.

The prospects of attaining 60% coverage of the IDU population by HIV/AIDS preventive programmes:

The regional report shows local authorities' willingness to improve the situation with HIV/AIDS.

HIV/AIDS Prevention among IDUs in Khmelnytskyy: costs breakdown (UAH)

1	Staff salaries	30, 000
2	Supplies: syringes, condoms, disinfectants,	42, 000
3	Equipment: syringe containers, PC, printer, fax, telephone, copying machine; car maintenance	25, 000
4	Operating costs: stationery, premises maintenance, communication costs (phone, internet)	7, 000
5	Other expenses: printing materials, business trips, syringe disposal	10, 000
	TOTAL	**114, 000**

Note: the budget is calculated for a period of one year.

20. SEVASTOPOL

The city is located in southern Ukraine in the Autonomous Republic of Crimea, on the Black Sea coast, in an area with a favourable climate. It has a total population of 346,800 people. Sevastopol is an international resort subject to seasonal variations in the level of employment depending on the inflow of tourists (summer is a peak season, while winter is characterised by very little economic activity and a high level of unemployment). At the moment the unemployment rate is quite high. According to official statistics there are 2,806 unemployed in the city, however the real figure is assumed to be much higher.

The prospects of attaining 60% coverage of the IDU population by HIV/AIDS preventive programmes:

According to the survey, the majority of IDUs interviewed were satisfied with the working hours of NEPs and the services that they provide. Those who were not satisfied (5%) cited concerns such as, a) problems in communication with NEP staff and b) inconvenient working hours: NEPs are open only two hours a day and not every day. Over 30% of interviewees said that they would like psychological rehabilitation services, legal counselling, and advice on how to get off drugs or use them in a safer way.

Of those who answered the question "Do you or your friends need counselling points for IDUs?', 83% replied affirmatively. As far as the location, 11% said they would like them set up on Gopryschenko Street, 7% on a local student campus, 5% on Prospect Peremogy and the rest, in each administrative district of the city as well the Kamyshova Buhta area.

Experts believe that expansion of the coverage up to 60% in Sevastopol requires:

- Co-ordination of the activities of various organizations working with IDUs and an exchange of information and experience on how to scale up interventions.
- New appropriately equipped centres providing treatment to drug dependent patients.
- An increase in budget allocations for preventive programmes.
- A review and improvement of current legislation on illegal drugs.

A round table meeting was conducted in Sevastopol in order to explore the capacity for reaching 60% coverage of the local IDU population by preventive programmes. Participants signed the 'Protocol of Intentions to Scale up HIV/AIDS Preventive Activities among IDUs.' Local authorities, the media and NGOs have demonstrated their willingness to support HIV preventive programmes among IDUs in Sevastopol. At the same time, all participants emphasised the problem of insufficient funds for conducting effective preventive programmes among IDUs. Nonetheless, they have expressed their readiness to

promote the development and implementation of preventive programmes aimed at raising public awareness on HIV/AIDS and risky behaviours, the expansion of HIV preventive programmes among IDUs, including harm reduction programmes and to encourage the development of regional and local plans of action on HIV/AIDS prevention, etc.

The estimated budget required to scale up preventive activities among IDUs in Sevastopol is UAH 450,000.

Annex B

DYNAMICS IN THE NUMBER OF IDUS IN UKRAINE

Number of officially registered drug users in Ukrainian oblasts (1996 – 2002)*

(Source: Ukrainian National Narcological Association)

	1996	1997	1998	1999	2000	2001	2002
Autonomous Republic of Crimea	2,462	2,718	3,151	2,520	2,681	2,952	3,246
Vinnytsya	436	527	619	716	809	970	1,069
Volyn	852	1,009	1,156	1,293	1,478	1,588	1,732
Dnipropetrovsk	12,849	11,765	12,737	13,352	14,225	15,147	14,855
Donetsk	7,100	7,551	8,167	7,490	7,622	7,756	7,988
Zhytomyr	641	675	767	968	1,213	1,385	1,560
Transcarpathia	132	182	181	183	191	186	178
Zaporizhzhya	3,780	3,584	3,807	3,799	4,153	4,576	4,459
Ivano-Frankivsk	460	480	575	698	785	824	899
Kyiv	936	886	968	1,168	1,290	1,401	1,527
Kirovograd	720	870	1,008	1,164	1,540	1,860	2,213
Lugansk	1,596	1,853	2,110	1,701	1,819	2,021	2,318
Lviv	663	757	762	793	886	915	956
Mykolayiv	3,350	3,529	4,005	4,229	3,931	3,627	2,959
Odesa	5,211	5,535	6,479	6,744	7,396	7,701	8,056
Poltava	1,212	1,538	1,649	1,920	2,081	2,497	2,700
Rivne	472	554	604	674	825	1,009	1,129
Sumy	472	541	631	664	751	858	881
Ternopil	229	254	285	306	317	315	350
Kharkiv	1,378	1,417	1,524	1,471	1,488	1,552	1,537
Kherson	1,124	1,147	1,389	1,490	1,689	1,807	1,949
Khmelnytskyy	1,069	1,229	1,438	1,562	1,843	1,951	2,185
Cherkasy	1,280	1,398	1,514	1,534	1,622	1,697	1,801
Chernivtsi	257	300	367	399	463	529	637
Chernigiv	1,077	1,212	1,386	1,536	1,669	1,853	1,986
Kyiv	2,023	2,707	3,533	4,251	5,202	6,213	7,101
Sevastopol	303	337	354	225	243	251	301
Total	***51,484***	***54,555***	***61,166***	***62,850***	***68,212***	***73,441***	***76,572***

*Analytical review 'AIDS in Ukraine' / International HIV/AIDS Alliance. – 2003. – [1]1(3). – p. 25.

Number of officially registered drug users in Ukrainian oblasts (1996 – 2002) per 100 000 population*

(Source: Ukrainian National Narcological Association)

	1996	1997	1998	1999	2000	2001	2002
Autonomous Republic of Crimea	113.1	126	128	119.64	128.32	142.45	160.37
Vinnytsya	23.4	28	33.7	39.35	44.86	54.27	60.60
Volyn	79.4	94.2	108.5	121.85	139.97	151.04	163.83
Dnipropetrovsk	334.6	310.5	338.4	357.62	384.34	413.11	417.13
Donetsk	137.1	148	161.9	150.18	154.53	159.16	165.54
Zhytomyr	43.5	46.1	52.9	67.33	85.13	98.04	112.29
Transcarpathia	10.3	14	14.1	14.29	14.95	14.58	14.19
Zaporizhzhya	153.6	175	187.1	188.44	207.96	231.57	231.42
Ivano-Frankivsk	31.6	33	39.6	48.13	54.27	57.09	63.93
Kyiv	49.5	47.6	52.1	63.34	70.69	77.62	83.85
Kirovograd	59.3	73.4	85	99.28	133.08	162.94	196.59
Lugansk	57.4	68.3	78.1	63.75	68.97	77.68	91.25
Lviv	24.2	28	28	29.28	32.86	34.1	36.69
Mykolayiv	249.8	265	303.4	323.42	303.2	282.38	234.30
Odesa	202.9	217.2	256.1	268.66	296.79	311.37	328.06
Poltava	69.9	89	96.8	113.69	124.36	150.8	166.54
Rivne	39.7	47.3	50.9	56.88	69.77	85.58	96.38
Sumy	33.9	39.4	46.2	49.21	56.36	65.32	67.94
Ternopil	19.6	22.3	24.5	26.4	27.5	27.48	30.74
Kharkiv	44.9	47.6	50.7	49.4	50.45	53.14	53.08
Kherson	89	92.1	111.7	120.74	138.06	149.34	166.20
Khmelnytskyy	71.1	82.3	97.2	106.37	126.67	135.34	153.16
Cherkasy	85.3	94.4	102.4	105.1	112.13	118.59	128.80
Chernivtsi	27.2	32	38.7	42.53	49.51	56.76	69.31
Chernigiv	80	91.3	105.4	118.17	130.16	146.53	160.67
Kyiv	77.6	104.2	135.9	163.75	199.97	238.35	276.63
Sevastopol	74.4	84.5	89.2	57.41	62.37	64.57	79.81
Total	***100.8***	***108.2***	***121.7***	***128.08***	***137.92***	***149.77***	***158.73***

*Analytical review AIDS in Ukraine / International HIV/AIDS Alliance. – 2003. – ¹1(3). – p. 26.

NOTES

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