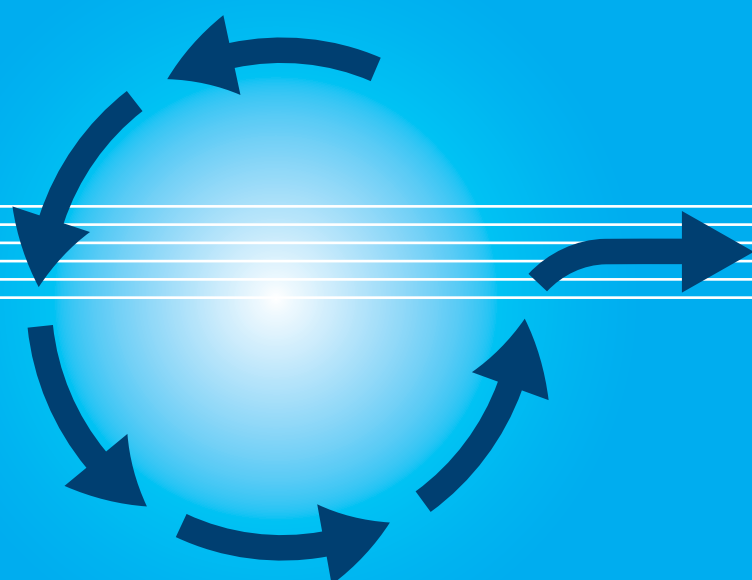


RISK AND PROTECTIVE FACTORS IN THE INITIATION OF INJECTING DRUG USE



Report of a Respondent Driven Sampling Study
and Strategy Paper on Preventing
the Initiation of Injecting Drug Use among
Vulnerable Adolescents and Young People

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**in collaboration with
DV8 Research, Training and Development &
IVO Addiction Research Institute, Rotterdam, the Netherlands**

Risk and Protective Factors in the Initiation of Injecting Drug Use

**Analytical Report and Strategy Paper
Preventing the Initiation of Injecting Drug Use among Vulnerable
Adolescents and Young People**

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Part II. Strategy Paper 'Preventing the Initiation of Injecting Drug Use among Vulnerable Adolescents and Young People'

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LIST OF ABBREVIATIONS

UNICEF	United Nations Children's Fund
UNAIDS	Joint United Nations Programme on HIV/AIDS
IDU	Injecting drug user
NIDU	Non-injecting drug user
NU	Non-User: a person who does not use any drugs
HIV	Human immunodeficiency virus
AIDS	Acquired immune deficiency syndrome
ESPAD	European School Survey Project on Alcohol and Other Drugs, International Research Project
RDS	Respondent Driven Sampling
NEP	Needle exchange point
WHO	World Health Organization
NGO	Non-governmental organization
SPSS	Statistic program for data analyses
ATS	Amphetamine-type stimulants
ST	Substitution therapy
SST	Substitution support therapy
HBSC	Health Behaviour in School-Age Children Study, International Research Project
STI	Sexually transmitted infection
ARV	Antiretroviral therapy

PART I

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INTRODUCTION

The current situation in Ukraine is characterised by a rapid increase in drug use throughout the population, including teenagers and young people. For the last several years, the number of injecting drug users (IDUs) in Ukraine has increased dramatically¹. The average age of people suffering from diseases connected with injecting drug use is lower now than it used to be. It is particularly alarming that the majority of them are young people many of who are under 18 years of age². According to the data from the Ministry of Health of Ukraine <<http://www.moz.gov.ua>> as of January 1, 2006, the number of registered drug addicts in the country has exceeded 84,325 (179.03 per 100,000 people). This represents 61.3 females and 117.73 males per 100,000 people. In addition, 32,663 (69.35 per 100,000 people) were included in the "narcological prevention register". In total, up until January 1, 2006, 116,988 people (248.4 per 100,000 people) with drug problems were included in the narcological register. The number of these registered addicts has increased from 22,466 in 1990 (43.2 per 100,000 people) to 84,325 in 2005. Data available up to January 1, 2006 show that the highest number of drug addicts was registered in Dnipropetrovsk region – 13,446 (387.1 per 100,000 people), followed by the Odesa region with 7,550 (314.0 per 100,000 people), then the Donetsk region with 10,163 (218.1 per 100,000 people) and Kyiv city with 9,097 (346.5 per 100,000 people). Generally, according to the Ministry of Health data, drug use is substantially higher in southern and eastern parts of Ukraine and lower in western regions. <<http://www.medstat.com.ua>>

According to data from the Ministry of Internal Affairs of Ukraine by February 1, 2006, there were 152,000 persons, including those who have used drugs for non-medical (illegal) reasons (both drug-dependent and non-dependent persons), who had been registered by police for drug-related offences. <<http://www.mvs.gov.ua>>

In 2002 "The Prospects for Development of HIV Prevention Programmes among Injecting Drug Users" study was implemented in Ukraine, supported by The United Nations Children's Fund (UNICEF) and The Joint United Nations Programme on HIV/AIDS (UNAIDS). The research methodology was based on the method of ratios, the "capture-recapture" method, and expert estimates. The assessment covered 20 Ukrainian cities. By extrapolating the ratio between the estimated number of IDUs in these cities and their population (8.35 million people) on to the whole urban population of Ukraine (33.25 million people), the total number of injecting drug users has been estimated as at least 560,000 [12].

At the same time, injecting drug use remains one of the main ways of HIV transmission in Ukraine: in 2005, according to the Ukrainian AIDS Centre, 45.5 per cent of HIV-positive people had become infected by injecting drugs [1]. However, the existing system of HIV testing and HIV case registration underestimates the actual number of HIV-positive IDUs, and the IDU population keeps growing in number [2].

The results of the sentinel surveillance that has been run among the risk-groups in different cities show that the amount of HIV-infected persons registered officially does not reflect the real situation in the country. According to the data from epidemiological research, the spread of HIV infection among the IDUs from 8 regions of the country differs but is still high: starting from 10 per cent in the Sumy region to 59 per cent in the city of Simferopol. This confirms that IDUs remain the main group determining the spread of the HIV/AIDS epidemic in Ukraine [3]. According to the sentinel surveillance data, the percentage of HIV infection among IDUs in Odesa remains high, but on the level of previous years – 58.3 per cent. The proportion of IDUs in Donetsk who are HIV positive

¹ In 1992 the index of morbidity on disorders of psyche and conduct as a result of the use of narcotic substances was equal to 9.4 cases per 100,000, and the prevalence was 51 cases per 100,000. In 2003 it was 18.0 and 178.8 cases respectively, a growth of 2–3 times. (Statistical Annual Book for Ukraine: 2002–2003 years. – K.: State committee of statistics of Ukraine, 2004. – C. 174).

² In 2004 there were 124,805 registered IDUs including 4850 non-adults (unpublished findings of the Department for Control of the Dissemination of Illicit Drugs at the Ministry of Inner Affairs of Ukraine).

has hardly changed during the last 5 years and remains comparatively high at 41.6 per cent. But the results do not show a stabilisation of the epidemic process, because the highest amount of new cases of HIV infection among 15–19 year-old IDUs (55.6 per cent) was registered in Donetsk in 2004. This indicates a rapid spread of the epidemic in this region among teenage IDUs. The indicator of HIV infection among the IDUs is stable and high in the Volyn region (32.8 per cent), and in Poltava there is a decrease in the proportion of IDUs who are HIV-positive. Along with that, a considerable percentage of 'novice' accidents among the 15–19 year-old age group is found in this region (36 per cent) that contradicts the relative indicator in Odesa (26.1 per cent), where the spread of HIV infection is much higher in general.

Considering the rapid spread of both the HIV/AIDS and drug injecting epidemics in Ukraine, especially among young people, there is an urgent need for a better understanding of the whole range of aspects of the initiation of injecting drug use and to develop effective programmes of IDU prevention for young people. At present the prevention approaches either tend to emphasize targeted interventions aimed at established drug injectors or turn into public information campaigns aiming to inform the general public in the 'broadcast' fashion.

There is great potential for interventions that are aimed at closing the gaps between recognized risk groups and what is defined as "the general population". Such programmes are aimed at a specific section of the population which does not necessarily belong to a traditional risk group, and are based on a thorough understanding of this sub-population. An IDU prevention campaign is an example of such a strategy, reaching out to vulnerable youth that can be conditionally defined as "groups at high risk of drug use initiation, in particular injecting drug use". The authors are not aware of prevention campaigns against the initiation into injecting drug use in the post Soviet countries.

Information and educational campaigns aiming to prevent drug use are generally directed at a broad youth audience, not appealing to those young people most at risk of drug use initiation, nor those experimenting with substance use. General educational programmes influence confirmation of anti-drug attitudes among convinced abstainers, but they are not effective in preventing the initiation of drug use, and of injecting drugs in particular, neither do they delay nor prevent experimentation with drugs.

The absence of IDU initiation prevention campaigns is to a large extent associated with the important, and presently unmet, need for a better understanding of the factors and processes that influence a young person's decision whether to start injecting drugs or not. At present there are very little data on the determinants of initiation into injecting drug use, and there are no data whatsoever from the post Soviet countries, where injecting drug use is increasing rapidly.

Currently, none of the institutions providing services to drug-dependent youth performs any registration of young people at risk of the initiation of injecting drug use, especially the close friends of IDUs and acquaintances who use drugs, but not by injection (non-injection drug users or NIDUs). There is no information on the social structure of this group nor on the reasons for and mechanisms of their initiation.

According to a number of behavioural studies, young people at the age of 24 and younger constitute from 42 to 58 per cent of the drug injecting population [4, p. 53, 67; 12]. Drug injecting is normally initiated in a close social environment of friends and/or sex partners³. A quarter of the IDUs interviewed reported initiating other people, i.e. giving the first injection to a non-injector⁴.

During 2004 – 2005 research was carried out in the context of the project "Preventing Initiation of Injecting Drug Use among Vulnerable Adolescents and Young People" which was implemented by the Ukrainian Institute for Social Research jointly with DV8 Research, Training and Development, Rotterdam, the Netherlands and Addiction Research Institute (IVO) Rotterdam, the Netherlands, with

³ According to the data obtained by the Ukrainian Institute for Social Research in the city of Kharkiv in autumn 2002. The study employed the snowball sampling method to reach 450 IDU respondents (250 "street" IDUs and 200 of those in treatment for drug addiction).

⁴ The same.

support from the UNICEF Office in Ukraine and the Joint United Nations Programme on HIV/AIDS (UNAIDS). The aim of the research was to discover the subjective motives and external factors influencing injecting drug use initiation and, based on the results, to develop a strategy for preventing vulnerable youth groups and adolescents from initiation into injecting drug use.

As far as the authors know, this is one of the first studies undertaken in Ukraine concerning the socio-cultural conditions of youth involvement into injecting drug use. Otherwise, there are examples of similar studies in other parts of the world. The standard pattern of initiation into injecting drug use was the following: the start was unplanned, but there was a person who provoked interest. The majority mentioned the importance of another person's presence, who 'helped' them to start, and more than half of them later initiated others (0.6 persons, on average). After five years of experience, 237 young IDUs had initiated at least 420 other persons into injecting drug use. Those who repeatedly involved others were more likely to be unemployed and have drug dealing experience [5, p. 10].

G. Root, a Russian psychologist with a long experience of supporting young people who abuse drugs, identified the following factors as keeping young people away from drugs: a relationship with parents which is based on mutual respect and 'democratic control'; the possibility of active participation in school and family activities; positive influence from at least one other adult; and a sense of humour [6, p. 215].

The following are incentives for the initiation of drug use: ataractic (i.e. drugs are seen as an instrument to reach psychological comfort and relaxation); submissive (an attempt to get approval from the group); hedonistic (seeking physical pleasure); hyperactive (an attempt to increase tonicity and self-esteem); pseudo-cultural (to demonstrate a certain quality, e.g. adult behaviour); and explorative (the willingness to try new sensations). The motivation for systematic drug use can be the attempt to avoid physical pain and emotional stress, i.e. drugs are used for 'self-treatment' [7, p. 133–134].

In contemporary psychology there are several approaches explaining the mechanism of motivation. The most popular are the following: behavioural (the individual's behaviour is largely dependent on signals from the outside world, whereas the person's inward life is seen as less significant) and humanistic (people have freedom of choice and make decisions based on their needs, interests, attitudes, emotions, and views). People are free to take (or to not take) into consideration the signals from their environment and may or may not use these in the construction of their behaviours [8, p. 4].

In most cases, the most common motivations for the use of illegal drugs by young people are the following: his/her own group's desire to try a drug, an attempt to demonstrate his/her independence, to demonstrate one's 'coolness' (growth, independence, high financial status) – an important factor, desire for a change of lifestyle, the search for something new, problems in relationships with parents, just because, strong feelings towards a friend who already uses drugs.

At the same time, the most frequent reasons for non-use are: *"I just do not like it"*, *"it is no fun anymore"*, it does not provoke any pleasure, the disapproval of drug use by friends, other interests incompatible with drugs, physical rejection of some drugs (e.g. heroin), fear of pain associated with injections and injecting equipment, images of the craving for the next fix, the sight of blood, or the experience of overdose.

The spread of drug use among teenagers and young people became one of the problems which were the subject of research by sociologists from the first years of Ukraine's independence. But the studies were local and quite amateurish, although there are some interesting results from interviews on the spread of drug use⁵ conducted with adolescents who were on vacation in 1997 at "Artek", the international centre for children. Among all those interviewed, 34 per cent had been in a situation where someone used drugs (any drugs, not specifically injecting) in their presence, and 7 per cent

⁵ The international centre for children "Artek" current archive. The research was implemented by the University of Internal Affairs (Kharkiv, Chief of Project I.P. Rudenko) with support from the Centre for Strategic Research of Childhood Problems (Chief – I.V. Rogovyj). In total 656 adolescents of 14 and more years from different regions of Ukraine (51 per cent) and of Russia (47 per cent) were interviewed. The research method was a group handout self-administered questionnaire.

reported being present whilst drugs were being injected. Twenty seven per cent of the respondents reported being offered drugs, and 20 per cent tried drugs (in most cases it was smoking cannabis substances or taking pills). The research findings allow one to draw the conclusion that keeping company with users, having users as acquaintances, being offered drugs to try by friends, personal acquaintance with drug dealers – all these increase the probability of acquiring the ‘taste’ for drugs. In the opinion of the adolescents interviewed, the relative ratings of the factors influencing young people to try drugs are the following: the influence of the company one keeps (85 per cent), the desire to get high (57 per cent), idleness (45 per cent), the desire to look grown-up (43 per cent), to forget bad things (43 per cent), curiosity about forbidden things (41 per cent), a lack of knowledge about the consequences (21 per cent), the inability to control oneself (20 per cent), coercion (16 per cent), the lack of adult control (13 per cent), as a consequence of alcohol use (6 per cent).

The interviews of 15–16 year-old adolescents in the context of the European School Survey Project on Alcohol and Other Drugs (ESPAD) [9] allows one to monitor the tendency for the proportion of adolescents who have tried drugs to increase and the age at which they first tried to decrease. From 1995 to 2003 an increase in the proportion of 15–16 year-old adolescents who had already tried drugs was observed: among boys it rose from 20 per cent to 29 per cent, and among girls from 9 per cent to 12 per cent. The largest growth took place in the period between 1995 and 1999. Drug use among Ukrainian adolescents is more common in big cities than in villages and rural areas. The survey of 2003 showed that 0.8 per cent of students aged between 15 and 16 from secondary education institutions had tried injecting drugs. In 1995, 1999, and 2003 the main source of the first drug for adolescents was their social environment: the company of friends, an older brother or sister. Both boys and girls named curiosity as the main motive for trying drugs. This indicator hardly changes: 10 per cent in 1999 and nine per cent in 2003. The ESPAD results point to the high availability of drugs to a wide range of teenagers and young people. These results caution against the illusion that drug use amongst children and adolescents can be stopped by denouncing and banning drugs.

The Health Behaviour in School-Age Children Study (HBSC) was implemented in Ukraine in 2002 with the support of the World Health Organisation. Similar studies were conducted in 35 countries in Europe and Northern America in the same year. The Ukrainian sample included 4,500 respondents of 11, 13, and 15 years of age. According to the HBSC results the numbers of 15-year-olds who had ever used cannabis were 15.4 per cent for girls and 33.1 per cent for boys. The quantity of those who had used it within the previous 12 months was 8.0 per cent for girls and 20.8 per cent for boys. Approximately 6 per cent of youngsters have used cannabis regularly [10, p. 84–88].

According to national experts, it is insufficiency of information about drug use among children and teenagers, as well as the lack of true rejection skills (during the first try in particular), that determine the formation and development of the drug subculture in Ukraine.

Some aspects of the introduction into habits of injecting drug use were studied by various social organisations in the context of the implementation of harm-reduction programmes. Based on the IDUs’ answers, the researchers⁶ into IDUs reported the following major factors as influencing their desire to move to injecting drug use: the desire for a bigger thrill (38 per cent), pressure from the immediate environment (all my friends and acquaintances in my surrounding inject drugs – 29 per cent), those drugs which are available are not designed for non-injecting use (13 per cent), attractiveness of the process of injecting drug use as a particular ‘ceremonial’ (12 per cent) [11, p. 20–21].

This report presents the results of a quantitative and qualitative study of initiation into injecting drug use among young drug injectors (under 24 years old) and their non-injecting peers. The survey covered four Ukrainian cities: Kyiv, Odesa, Pavlohrad (Dnipropetrovsk region) and Poltava. There were 1,610 respondents under 24 years of age interviewed, including 808 IDUs and 802 of their

non-injecting friends, 476 of whom used non-injecting drugs and 326 who did not use any illegal drugs at all. For more details on the social and demographic features of the sample, see Section 1.

After the completion of the quantitative stage of the research in all the cities covered by the project, group discussions were held with the interviewers and the recruiters of the initial respondents. The experience gained allowed the preparation of certain methodological recommendations regarding the use of the RDS Methodology in studying the situation among hard-to-reach groups of the population (Heckathorn DD (2002) "Respondent-Driven Sampling II: Deriving Valid Population Estimates from Chain-Referral Samples of Hidden Populations." *Social Problems*, 2002.) [see: www.respondentdrivensampling.org]. The results obtained formed the basis for the development of a strategy for the prevention of the initiation of injecting drug use, as well as specific action plans for all the cities in which the project was implemented.

For the development of the strategy, the following opportunities were used: 'round tables' with the participation of experts engaged in this area, and group discussions with young IDUs and their non-injecting friends in the cities covered by the project.

The preliminary results of the project were presented at a 'round table' with the participation of international project consultants and representatives of international organisations who are working in the HIV/AIDS area, and regional implementers; the results obtained were also discussed within a wide circle of international and national experts.

The uniqueness of this project resides in the application of the RDS (Respondent Driven Sampling) method of forming the samples, in which the sampling is directed and realised by the respondent. This technique was first used in Ukraine and involves the use of coupons both for inviting the participants to the interview and for tracing the chain of recruitment, and leaflets giving information about the research. They were given to the interview participants, recruiters, interviewers, and those who were interested in the project. The methodological foundations of the research are described in more detail in the "Research Methodology" section.

Thanks to this methodology, the research team succeeded in revealing quite a representative hidden group of youth IDUs and their friends/acquaintances who do not use injecting drugs. This result cannot be attained when undertaking the research by other methods. Using this methodology has also ensured that the data obtained is statistically representative. Another important aspect is that using the RDS Analysis Tool (with a mathematical system for weighting the sample to compensate for cases which have not been drawn randomly) gives the opportunity to determine the structural characteristics of a target group (IDUs who are at most 23 years old at the time of the interview) and to learn the peculiarities of all IDUs at this age, based on the results obtained.

The research methods and techniques employed in this study could be used to study other latent groups of young people in other cities, in particular such groups as females involved in commercial sex, men who have sex with men, young people with HIV-positive friends or sexual partners, as well as IDUs and non-injecting drug users. It is worth noting that the RDS method can be used not only as a research method (e.g. while implementing this project), but also as a way of uncovering hard-to-reach groups with the purpose of carrying out informational educational programmes, including those on HIV prevention, on the 'peer-to-peer' basis.

For the first time in Ukraine, an efficient method was elaborated, and interviews were held with young beginner-IDUs and persons from their social surrounding (friends/acquaintances) who are not IDUs. The questionnaires developed included questions about the conditions under which the first injection took place, the motives that influenced the decision to make the first injection, and the factors which were/are barriers to the initiation of injecting drug use.

Since not much is known about the initiation into injecting drug use in Ukraine, the current study is of an explorative nature. Many possible factors that can influence the initiation into drug injecting have been explored and not all of these proved to be meaningful. The report presents the results relevant to the development of strategies aimed at lowering the incidence of injecting drug

use. A more sophisticated analysis of the present dataset and some themes brought up by the report (such as the obvious gender issues) is needed to increase our comprehension of the social and psychological factors affecting the initiation of injecting drug use. This will allow, in particular, the refinement of certain interventions such as the pilot “mode of administration” (MOA) and the Ukrainian adaptation of the “Break the Cycle” methodology.

The Analytical Report opens with a brief review of the main findings which are then presented in greater detail in the following sections. The “Research Methodology” section briefly presents the basic methodological approaches, research implementation techniques and particularities of the sampling realisation. For more details, see the technical report on the project implementation and the methodological recommendations on studying injecting drug initiation among teenagers and young people, which were made within the framework of the project (see: www.uisr.org.ua or on request to uisr@ukrnet.net). Section 1 is of a descriptive nature and is intended to describe the main characteristics of the different groups of respondents.

The other sections and subsections all have the same structure, presenting the results of the questioning of IDUs and their friends, a discussion of these results, and conclusions. The conclusions are mainly oriented towards the definition of aspects which are important for a “Strategy for preventing the initiation of injecting drug use among vulnerable adolescents and young people”.

The Analytical Report will be useful for those who take part in harm-reduction programmes among IDUs, in prevention activities among children and young people, in child and youth health protection projects, and in HIV/AIDS prevention programmes, as well as for professionals (medical workers, teachers, social workers, psychologists, officials of law enforcement agencies, lawyers), volunteers from the national and civil organisations working in these fields, and those who make decisions concerning the prevention of drug use and drug habits, as well as the counteraction of the epidemic of HIV/AIDS in Ukraine.

SUMMARY

Social portrait of the respondents

1,610 respondents were interviewed: 808 of them IDUs and 802 of their NIDU-friends (476 of them were NIDUs, and 326 of them were NUs)⁷.

The average age of the IDUs interviewed is 20 years, and of the NIDUs and the NUs, 19 years. The minimum age of the respondents in all the subgroups varies between 12 and 13 years. The majority of the respondents of all three categories have completed secondary education. Considering the age of the respondents, most of them have never been married. Female respondents acquire experience of married life (mostly as common law partners) earlier than males do.

The young NIDUs officially register marriages more frequently than do their IDU peers. Half of NIDU and NU respondents have an average financial status, therefore generally earn enough to live on, but the purchase of durable goods creates some difficulties for them (52 per cent and 51 per cent respectively). About one third (36 per cent) of IDUs also have an average financial status. The young people interviewed frequently mentioned that help from parents was one of their main sources of financial support. Concerning the place of residence, the respondents live with their parents or relatives.

Non-injecting drug use

Non-injecting drug use much increases the risk of involvement in injecting drug use. 80 per cent of the IDUs had used non-injection drugs prior to their first injection. The majority of IDU respondents (87 per cent) use non-injecting drugs as well.

Fifty nine per cent of the non-IDU friends reported non-injecting drug use; more than half of them use weekly or more frequently (once every 2 to 3 days or daily).

The highest level of non-injecting drug use among the friends of IDUs appeared to be in Kyiv, and the lowest was in Odesa.

Among those who currently use non-injection drugs, 10 per cent are sure that at some point they will make an attempt to inject, and 34 per cent do not dismiss the possibility some time in the future.

The nature of non-injecting drug use is very similar for the NIDUs and the IDUs prior to injecting. Cannabis and its derivatives take first place in the rank of most widely used drugs, medical analgesics in tablet form (e.g. tramadol) are in second place, and combinations of alcohol and drugs or/and psychotropic substances are in third place.

The first injection

The first injection usually occurs indoors, in a circle of friends, acquaintances, or sex partners with previous drug injecting experience. The average age at which the first injection takes place is 18. First injections are usually assisted by a (more) experienced injecting drug user (83 per cent). Thirteen per cent injected themselves without the assistance of others. The drug for the first injection is normally given free of charge by close friends. Poppy straw extract is the most popular drug to use on the occasion of the first injection. The use of any other substances, especially alcohol and non-injecting drugs, distinctly increases the risk of the initiation of injecting drug use. The spouse/sex partner's initiative and a drop of alcohol seem to be important factors in the female initiation of injecting drug use. The first drug injection is associated with a high risk of HIV and other dangerous infections. Drinking alcohol and non-injecting drug use contribute to the initiation of injecting drug use and also provoke risky injecting practices.

⁷ The following abbreviation for the specific groups of respondents will be used throughout: IDU – injecting drug user; non-IDUs – their friends who are not injecting drug users. The non-IDU group is divided into two subgroups: the NIDUs – non-injecting drug users and the NUs – non-users.

The second injection, planning the first and second injection

The first injecting drug use is not only the result of a young person's personal choice. It is easily explained by influence and pressure from the social environment. This is suggested by the spontaneity of the first injection on the one hand and the group preparation and use of drugs on the other hand. Forty per cent of IDUs plan their first injection, 57 per cent plan the second one. The likelihood of planning for the first injection is higher among those who have already had, but did not take, the opportunity to try injecting drugs. The greatest number of unplanned first injections is observed among the youngest IDUs. Men are more likely to make a deliberate decision to try an injecting drug. Females tend to use drugs spontaneously under the influence of the social environment (in particular, a sex partner) and/or alcohol.

In three out of every four cases, the transition from the first injection to the second takes no longer than a month. Females are somehow quicker to transit to the second injection than males are. However, for many females it is still a spontaneous event rather than a planned one.

Initiating others into injecting drug use

Among the IDUs who gave injections to 'freshmen', the average number of people they have involved is 3.6 persons each; among the all IDUs interviewed this indicator averages out at 0.7 persons. Among the IDUs 21 per cent reported that they had given the first injection to others.

Seventy per cent of all the NIDUs interviewed mentioned that they had been offered the opportunity to try injecting drugs. Among the all NUs interviewed this figure was 42 per cent. Half of IDUs (51 per cent) repeatedly received invitations to try an injection drug before they had their first injection. Half of the NIDUs had also had two or more invitations. Almost one quarter of NUs who are friends of IDUs had already had more than one invitation to try an injection drug.

Eighty per cent of the NUs and 56 per cent of the NIDUs specified that they never had any desire or intention to try to inject. But at the same time 2 per cent of both NIDUs and NUs, mainly males, answered that they would like to try injecting. Forty three per cent of the NIDUs and 18 per cent of the NUs mentioned that they had thought about an injection once, twice or even more often.

A third of the NIDUs who had a desire to attempt to inject, and a fifth of NUs that had the same idea, had discussed the possibility of making the attempt jointly with another person.

Person who initiates injection

The person who initiates injection (suggests doing it to NIDUs or gives the first injection to IDUs), is usually a friend, or a close acquaintance in the case of NIDUs and NUs, as well as for IDUs. Seventy nine per cent of the NIDUs and 69 per cent of the NUs who were introduced to drugs said this. Similarly to the NIDUs, 64 per cent of the IDUs specified that their first injection was made by their friends or close acquaintances. A considerable role in the initiation is played by casual acquaintances (29 per cent of the NIDUs and 18 per cent of the NUs said this) and sexual partners (12 and 14 per cent, respectively).

Desire to inject

More than a half of the NIDUs and the NUs (54 per cent and 64 per cent, respectively) are sure that they will never inject. A considerable number people acquainted with IDUs who took part in the questioning (34 per cent of the NIDUs and 29 per cent of the NUs) answered that now they were not going to inject but they did not know how it would be in future, they were not at all sure. However 10 per cent of the NIDUs and 5 per cent of the NUs are convinced they will try injecting.

The barrier factors to the initiation of injecting drug use

The main barrier factor to the first injection for the NIDUs is the example of IDUs they know (21 per cent of NUs and 24 per cent of NIDUs mentioned this as a key factor), and the changes in their life after the initiation. The second important protective factor for the NUs and the NIDUs was the fear of drug dependence. Concern for health and the fear of HIV/AIDS are also an important reason not to initiate injecting drug use. Health factors (including the risk of HIV infection) are especially important for females. Practical barriers (inaccessibility of the drug, lack of money, lack of knowledge of how to inject, etc.) are insignificant motives for refusing the first injection.

Motivation for the first injection

The most widely spread reason to start injecting drug use is, of course, curiosity (76 per cent NUs, 90 per cent NIDUs and 90 per cent IDUs). Many young people began injecting drug use because they did not know what to do in their leisure time (56 per cent NUs, 60 per cent NIDUs and 42 per cent IDUs). One of the major factors determining involvement in injecting drug use is the influence of friends, including the stories told by IDUs about the intense pleasure experienced during injecting drug use. Twice as many females as males started injecting drug use in order to calm down their feeling of anguish. On the other hand males made their first injection thinking that drugs were better than alcohol. Males were strongly influenced by their friends; and they also marked the answer "it's cool" more frequently on the questionnaire than did women. Inasmuch as a majority of male IDUs had already had previous experience of non-injecting drug use, they reported more frequently the wish to compare the sensations of injecting and non-injecting drug use.

Youth relationships with parents

Young people who do not use injecting drugs have better relationships with their parents. The probability that children will use injecting drugs is higher in those families where parents drink heavily. No relationship was found between the parents' use of drugs and youth involvement in injecting drug use. The parents of the IDUs are rather aggressive in their attitude towards those friends of their children's who inject drugs. In general, the parents of all respondents had negative attitudes to such youth.

Very often the parents of IDUs did know that their children used drugs, however about one in four IDU interviewees was confident that his/her parents knew nothing about his/her injecting drug use. Nearly the same percentage of interviewees said that their parents were aware of their injecting drug use. Mothers seemed to be more likely than fathers to know about their children's injecting drug use. Most of the respondents whose parents presumably do know about their children's drugs use reported "bad" relations with parents. Conversely, those who reported that their parents do not know about their drug use were more likely to have "good relations" and "mutual understanding" with their parents.

Friends and leisure

The IDUs make up the largest percentage of the respondents whose friends use alcohol and who take drugs both injectingly and non-injectingly. Compared to the IDUs, the NIDU-respondents have longer and more frequent periods of leisure time. Communication between the NUs and the IDUs is at a lower cultural level than between NUs only. The majority of IDUs and NUs think that they are two absolutely different groups with regard to the way in which they spend their free time. The most popular music trend among young IDUs and NIDUs is club music, whereas the NUs listen more often to pop-music. No essential differences have been noticed between the IDU, the NIDU, and the NU respondents concerning identification with a particular youth subculture.

The majority of the NIDUs (76 per cent) and half NUs (47 per cent) had been in the company of people where the injection of drugs took place.

THE AVAILABILITY OF DRUGS IN THE CITIES covered by the PROJECT

The availability of illegal substances in the cities covered by the project can be characterised as high: 39 per cent of NUs, 61 per cent of NIDUs and 65 per cent of IDUs think that drugs are easy to buy in their city. Illegal substances are most easily available in Pavlohrad and Kyiv, and least available in Odesa and Poltava. Older respondents were more likely to report that they could get drugs without difficulty. Young people who study in higher educational establishments said that getting/buying drugs does not cause any considerable problems.

Public Awareness of HIV/AIDS

The majority of respondents (90 per cent of the IDUs, 95 per cent of the NIDUs, 86 per cent of the NUs) have a low level of awareness about HIV transmission and the methods of protection. Only half of them said that their level of awareness was sufficient. On the one hand, the data obtained show a high level of knowledge about HIV transmission through sexual contacts and through the sharing of syringes and needles by those using intravenous drugs. On the other hand, the idea that HIV can be transmitted through gnat/mosquitoes bites, by sharing crockery, during conversation or by coughing remain popular.

TV, printed materials, peers, and educational institutions are the primary source of information on drugs, safe sex, and HIV/AIDS.

Forty per cent of the IDUs, 24 per cent of the NIDUs and 20 per cent of the NUs have had HIV tests. In Odesa 53 per cent of IDUs had been tested but in other sites it was 34–37 per cent.

Life after initiation

The majority of interviewees reported mostly negative changes associated with drug injecting, which were fully understood by the IDUs themselves: relationships with parents, relatives and friends, health problems, bad appearance. Some IDU interviewees said that they became more energetic and live a brighter life, but these were normally those with a shorter drug injecting history.

The non-IDU friends also reported negative changes in their injecting friends' lives and were less likely to report positive ones.

Law violation and relations with law enforcement bodies

Over half of the IDU respondents (57 per cent) had been detained at least once in their lives (arrested or served a sentence), while among the NIDUs this number was 25 per cent and among NUs only 5 per cent. Injecting drug use seems to increase considerably the risk of problems with law enforcement bodies. Most often IDUs attract the attention of police because of the use or possession of drugs. Non-IDU friends are likely to have problems with the police due to their contacts with IDUs; thus many non-IDUs reported detention during police raids or were charged with hooliganism or suspicious behaviour.

Participation of respondents in prevention programmes for IDUs

Generally, the young people surveyed knew very little about any prevention programmes targeting IDUs in their cities. The best informed in this area are the IDUs (36 per cent) at whom these programmes are aimed. The NIDUs appeared to be somewhat less well informed (25 per cent), and the NU respondents were most unlikely to know about any prevention programmes in the cities where they lived (14 per cent). Harm reduction interventions were best known to the interviewees. Among the respondents who were aware of the prevention programmes, the highest percentages were amongst the residents of Poltava and Kyiv, as well as the IDUs with the longest injecting history. Only 14 per cent of the IDUs surveyed were clients of any prevention programme for IDUs.

RESEARCH METHODOLOGY

The principal task of the study was geared to the practical needs of developing a strategy that will create barriers to the initiation of new IDUs. The research goal therefore consists of two components: to determine individual motives and external factors contributing to the initiation of injecting drug use, and to develop a strategy to prevent the initiation of injecting drug use among vulnerable young people.

The problem of drug use initiation has been monitored by experts such as sociologists, psychologists, and teachers. In the context of the project implementation, the works of both native and foreign authors working in related fields were studied. Some works are devoted to discussions about the terminology and determination of experimental use, occasional use, predisposition towards drug use, preparedness to use drugs, etc. Much attention is paid to the influence of the social environment. The contribution of many macro-level factors which reinforce young people's impressionability is recognized, namely: social and economic disorder, poverty, unemployment, change of social norms and values, failure of the health protection system, change in drug circulation channels, human trade, marginalization and discrimination, migration processes, social conflicts, etc. We were more interested in the micro-level factors that can be influenced or regulated, aiming to discover ways of preventing the initiation of drug use and above all of injecting drug use.

In determining the need for an effective upgrade of the activities aimed at preventing the spread of drug use among young people and at fighting against youth involvement in injecting drug use in particular it is essential, in the researchers' opinion, to pay attention to young people who are in direct contact with IDUs and who are therefore seen to be the group most at risk of initiation into injecting drug use. Thus, in this research by 'vulnerable groups' we mean those adolescents and young people who have IDUs among their friends and acquaintances. This group cannot be described with the help of the available statistical data and is hard to identify using standard procedures. There are no quantitative evaluations of this group. The most appropriate channel for reaching this group is young IDUs. Taking this into consideration, it was decided to select a group of IDUs up to 23 years old (which is the practical reflection of the fact that the IDUs have a short history of drug use⁸). Through this group, it was planned to reach groups of vulnerable adolescents and youth.

Thus, the approach which was taken as the basis for the development of a strategy for preventing the initiation of drug use among vulnerable groups was used to focus the research on two objectives. The first is to monitor the role of IDUs in the involvement of non-IDUs in injecting drug use. The second is to identify non-IDUs whose decision whether or not to inject drugs is hanging in the balance and to develop an intervention strategy to reduce their predisposition to move to injecting drugs.

To this end, the following study tasks were defined:

- conduct in-depth interviews with young people who have a relatively short drug injecting history to elicit the reasons behind their involvement in injecting drug use and to collect data needed to inform the development of a quantitative questionnaire;
- conduct a quantitative study of IDUs and their non-injecting friends in four cities;
- prepare methodological recommendations on the assessment of risks associated with the initiation of injecting drug use in vulnerable adolescents and youth;
- analyse the factors that determine the first injection;
- assess the intervention strategy through discussions with experts in the field previously uninvolved in the project.

Geographical coverage: justification

The following criteria were used to select the cities:

⁸ On the stage of the methodology development, the following criterion for choosing the respondents was taken – “a drug use history of no more than 3 years”. But it became evident that the age limit is quite enough, and the majority of IDUs up to 23 years old have a short drug use history.

- high prevalence of illegal drug use, in particular among young people under 24 years of age;
- presence of non-governmental organisations (NGOs) providing support to the local IDU community;
- presence of needle exchange points (NEP), both stationary and mobile;
- political support for programmes and projects for IDUs and the interest of the local authorities in the improvement of activities for the prevention of the HIV epidemic.

After running the analysis, making the necessary consultations, and searching for potential partners, four cities were selected for the implementation of the project. These were the cities of Kyiv, Odesa, Poltava, and Pavlohrad (Dnipropetrovsk region). It is important to consider that the available statistical data do not accurately reflect the number of IDUs both in Ukraine as a whole and in cities in particular, because of the registration system and because of society's intolerant and discriminative attitude towards IDUs.

In 2002 the first attempt at estimating the number of the injecting drug users on the national level was made by the "Social Monitoring Centre", supported by the UNICEF Representative Office in Ukraine and by UNAIDS/Ukraine with the active participation of representatives of the regional projects in 20 cities (Balakireva et al. 2002). The research implementation methodology was based on the strategy of a combination of quantitative and qualitative methodologies for obtaining the information, the simultaneous use of different information sources, and the triangulation and verification of the results during the research. The methods and technologies employed allowed one to calculate the number of IDUs in 20 cities, including Odesa and Poltava, and to extrapolate the data for the urban population of the country. The number of IDUs was estimated as being not less than 560,000 persons [12].

The main characteristics of the selected cities are given in Table 1.

Table 1. Characteristics of the selected cities

	Kyiv	Odesa	Pavlohrad	Poltava
Administrative status	Capital	Region centre	City under regional submission	Region centre
Population	2, 566,916	1,010,298	119,672	310,755
IDUs officially registered as clients of narco-logical institutions (as of 01.04.2004)*	8,844	5,900	510	1,016
Number of IDUs per 100,000 people	343.1	573.3	43.8	330
Evaluative data of the quantity of IDUs	18–37,000	15–16,000**	10,000	8,000
Total percentage of young people among the IDUs	43 per cent	The data for Odesa region: 36 per cent	No data (for Dnipropetrovsk region: 47 per cent)	The data for Poltava region: 20 per cent

* At the time of selecting cities for study.

** O.M. Balakireva, M.Y. Varban, O.O. Yaremenko, L.I. Andrushchak, O.R. Artyukh "The Prospects for Development of HIV Prevention Programmes among IDUs", "Social Monitoring Centre", Kyiv, 2003, p.40.

*** Based on results of "The evaluation of the quantity of the heightened risk of HIV infection groups in Ukraine" research, by "International Alliance on HIV/AIDS", 2005.

**** "The monitoring of the IDUs' behaviour", "International Alliance on HIV/AIDS", 2004.

The participating cities differ in their population, administrative status, socio-economic and cultural details. Two of them are big: Kyiv and Odesa; the other two are much smaller: Poltava and Pavlohrad. The selected cities are located in central and southern Ukraine, but they represent four different zones in the socio-economic and cultural sense. These zones can be characterised as follows:

Kyiv being the capital and a large city, is a progressive and multicultural centre characterised by high levels of industrialisation, innovative technologies, computerisation and migration flows. Its citizens live an intense and fast-paced lifestyle, and are very open but nevertheless socially isolated from each other.

Odesa is a port city with the corresponding beachfront environments and aesthetics, which above all is associated with sun, sea, leisure, relaxation and an optimistic mood. At the same time it is a big industrial and cultural centre, with a high level of migration. This city has a peculiar subculture characterised by the Odesa humour, high self-esteem, and innovative potential.

Pavlohrad (Dnipropetrovsk region) is an industrial and mining area with a disturbed environmental equilibrium, characterised by stress, lack of recreational facilities, 'cultural backwardness', ignorance, a high level of alcohol consumption in adults, and pronounced estrangement between parents and children ('collapse of upbringing', emotional deprivation).

Poltava is a tiny, quiet city. It is named the cultural capital of Ukraine, because well-known and outstanding men of science and culture were born there, such as: Kotlyarevs'ky, Hohol, Skovoroda, Myasoedov, Kondratyuk, and others. The industrial aspect is not predominant in the region ranking behind the agrarian sector and light industry. The pace of life is slow and free from stress.

Qualitative stage of research

The research problem mentioned above has not been much investigated, and attempts at local studies in various countries have not yielded a methodology that can be used as a basis for investigation. Therefore, a need to conduct a separate 'study within a study' arose. In practice, two independent studies were conducted. The first one is a qualitative study which allowed us to answer a number of methodological questions and to prepare the basic quantitative stage.

The aim of the qualitative stage was to get detailed information about the initiation of young people into injecting drug use and, on the basis of this data, to develop tools for a quantitative survey.

The respondents were selected according to the following criteria: aged under 23 and with a substance abuse history of not more than three years. All respondents were active IDUs, i.e. they had been injecting for at least three months before being interviewed and were not undergoing a course of treatment at the time of the interview.

In each of the four cities, the researchers conducted ten in-depth interviews with IDUs meeting the criteria above (40 interviews in total).

The recruitment was carried out by Chief medical officers at the local narcological clinics in each of the four cities. The recruitment used ethnographical maps specifically developed for each city.

A special tool-kit was developed to assist the study: a guide for interviewers on the in-depth interviewing of IDUs and a scenario of such an interview.

The scenario of the interview included the following theme blocks: the demographic data, the characteristics of the social environment, the first injecting drug use, the second injection, the involvement of others into injecting drug use, the most recent time of injecting drug use, the scheme of drug use, the changes in life after the initiation of injecting drug use, friends and leisure time, the family environment, knowledge about and participation in prevention programmes, knowledge about HIV/AIDS, characteristics of the IDUs group in the city, planning the qualitative stage of the research, and also a block to be filled in by the interviewer – an evaluation of the reliability of the information, an evaluation of how easy or difficult the respondents found the questions, and general comments.

Recording of the interview: the interviewer took extensive notes during the interview and immediately after. These notes were transcribed into electronic format (Excel) which made it possible to record the answers to every question.

Analysis of the interview: qualitative analysis of the interview notes allowed an overview of the first injection and a determination of the most typical situations; answers to the key questions were analysed with the goal of drawing up a standard questionnaire for IDUs and their NIDU friends for the quantitative stage of the research.

Quantitative stage of research

Target groups

1. Young IDUs up to 23 years old with a relatively short drug injecting history (*objective: 200 persons in each of four cities, 800 IDUs in total; number recruited: 808 persons*);
2. Their non-injecting friends and acquaintances (non-IDUs) (*objective: 200 persons in each of four cities, 800 non-IDUs in total; number recruited: 802 persons*).

An additional criterion was a control quota for female respondents of approximately 25–30 per cent.

Inclusion/exclusion criteria:

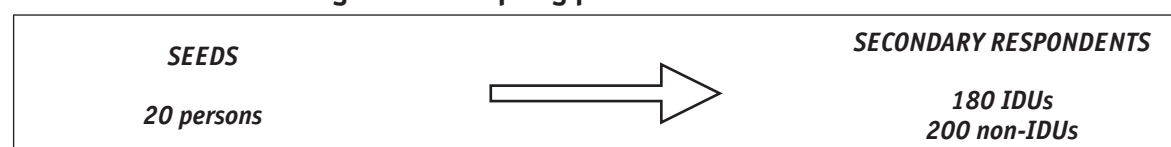
1. **Injecting drug users (IDUs):** aged up to 23 years (i.e. the respondents had to be under 24 years of age at the time of interview); active users of injecting drugs (i.e. at least one occasion of injecting drug use during the last three months); not in treatment for drug addiction and not involved in rehabilitation programmes at the time of interview.
2. **Friends of IDUs** who do not themselves use injecting drugs (non-IDUs): aged up to 23 years (i.e. the respondents had to be under 24 years of age at the time of interview); it was supposed that the friends could use non-injecting drugs or not be drug users at all, though this criterion was not controlled during the recruitment.

Recruitment

The independent sampling of IDUs and, through them, of non-IDUs was done in each city in which the research was implemented. This study employed a respondent driven sample (RDS), i.e. a sample drawn and implemented by the respondents themselves⁹.

According to the RDS methodology, the sample consisted of two categories: the seeds and secondary respondents (Diagram 1). For each successful recruitment of a new respondent (both IDU and non-IDU) who passed the interview and fitted all the study-related requirements, the seed respondents were given a financial reward.

Diagram 1. Sampling process in the four cities



The seeds were IDUs recruited by the organisations providing support to the local IDUs and thus having access to the target population locally. These organisations could be: NGOs (including regional offices of the PLWHA National Network, etc.); NEPs both stationary and mobile; health protection establishments; narcological dispensaries; local AIDS centres; departments for infectious diseases within general hospitals; centres for social services for youth, etc.

The respondents who took part in the qualitative stage of the study could be involved as a seeds in the quantitative stage of the study.

The secondary respondents were those recruited by IDU respondents themselves. This means that every IDU respondent who filled out the questionnaire was a potential recruiter. All the respondents (both IDUs and NIDUs) who were recruited by IDU respondents are considered to be secondary respondents.

Recruitment of seed respondents

The recruitment of the primary respondents (20 persons) was carried out by the local NGOs according to the criteria presented above. The primary respondents were supposed to represent dif-

⁹ Prof. Douglas Heckathorn developed the RDS method in the early 1990s to address the issues and constraints unavoidable in other sampling methods and to expand coverage. Respondents are selected through their social ties, which form the basis for the RDS referral chain.

ferent social groups and thus differ in financial status, social status, educational level, place (district/area) of residence, resident status (either natives of the city or migrants from other places), and females must make up to 25 per cent of the sample. While conducting the recruiting, considerable attention was to be given to the primary respondents' willingness to co-operate, i.e. to recruit potential secondary respondents. It is generally one of the determinants of the efficiency of the RDS method. The seed respondents could participate in the qualitative study.

The recruitment analysis of the primary respondents shows¹⁰ that the recruiters (NGO staff) were trying to recruit people who they already knew well: *"It was a principle of mutual sympathy: those people have known me a long time, they treated me well as a professional psychologist and as an individual..."*. The recruiters of primary respondents said that they were focused on the opportunity of reaching a young group of IDUs through the primary respondents. The NEP staff was trying to recruit among their regular clients, i.e. people they already knew very well. The outreach workers said that they were trying to select those who, in their opinion, had influence and enjoyed respect in the local IDU community, *"guys who could tell others what to do..."* and *"...those who could launch a chain..."*. Some interviewers said that they were trying to pick those *"not high on drugs at the time"*.

No serious problems emerged in the recruitment process in Kyiv. Neither were there any cases recorded of potential primary respondents refusing to be interviewed. However, there were situations when the primary respondents had agreed to recruit secondary respondents, but did not bring their friends to participate in the interview. *"This is normal for addicts"*, one volunteer said.

Some respondents in Odesa City had doubts that the survey would be anonymous and expressed concerns that their personal data would be disclosed to the police: *"They often asked about the interview process. They wondered if their data were going to be disclosed to any third party."* However they all agreed to participate in the study when assured that the study was anonymous and they would not be asked to provide personal details.

However, the recruitment of primary respondents in the city of Pavlohrad appeared to be more problematic. It is a relatively small city and many respondents feared that their data would be somehow disclosed to the local community. Cases were recorded of potential respondents refusing to participate for fear of being 'registered' at a local clinic for addicts. Some IDUs were scared that their parents would get to know: *"In the majority of cases, parents or relatives did not even suspect that young people used drugs"*.

In Poltava some potential primary respondents refused to participate in the interview, also because of the fear that the information would be disclosed (especially among students of vocational schools and colleges/university). There were cases when the IDU was desperate to use drugs and thus would not be interviewed right away, yet promised to come back to be interviewed in a few hours or the next day. As a rule, primary respondents did not refuse to invite their friends to participate in the interview when promised a financial reward.

Recruitment of secondary respondents

1. Each primary respondent was given the opportunity to bring his/her friends (3 IDUs and 1 NIDU) to a similar interview. These potential respondents had to meet the inclusion criteria given above. Thus the primary respondents were acting as recruiters in the later stages of the quantitative phase.
2. Those who agreed to recruit friends underwent the briefing for recruiters and obtained 'participant's coupons' (3 IDU and 1 NIDU coupons).
3. Every respondent (IDU and NIDU) brought for interview by a primary respondent was regarded as 'secondary respondent'.

¹⁰ The information presented is based on the results of focus group discussions with interviewers and recruiters of the seeds. Such discussions were held in all the project cities. In what follows, the quotations from the texts of focus groups are in italics.

4. The secondary respondents were also invited to recruit their friends for interview. The IDU respondents brought for an interview by secondary respondents were regarded as secondary respondents as well. These respondents were also invited to recruit more participants. If they agreed, the interviewer conducted the training for the recruiters and handed out the participant's coupons (3 coupons for IDUs and 1 for an NIDU).
5. For each successful recruitment of a new respondent (both IDU and non-IDU), who passed the interview and fitted all the study-related requirements, the primary respondents were given a cash incentive.
6. The NIDU-respondents do not participate in the recruitment.

Diagram 2 presents the theoretical recruitment scheme. Diagram 3 presents examples of real chains of the RDS recruitment methodology realised in Odesa city. In Annex 1 some tables and diagrams are included which illustrate the results of recruitment of IDUs and their non-IDU friends using RDS in different sites of the study.

Diagram 2. Recruitment scheme

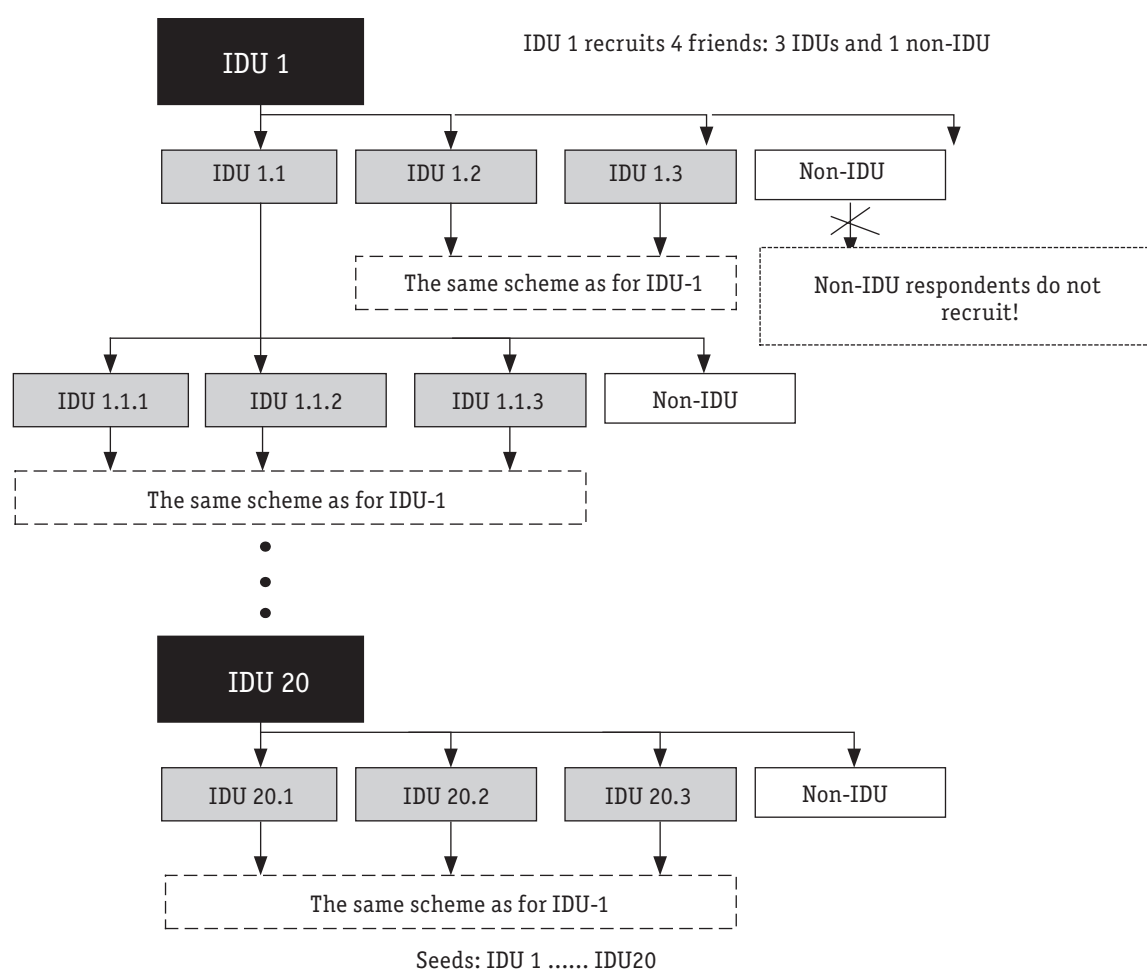
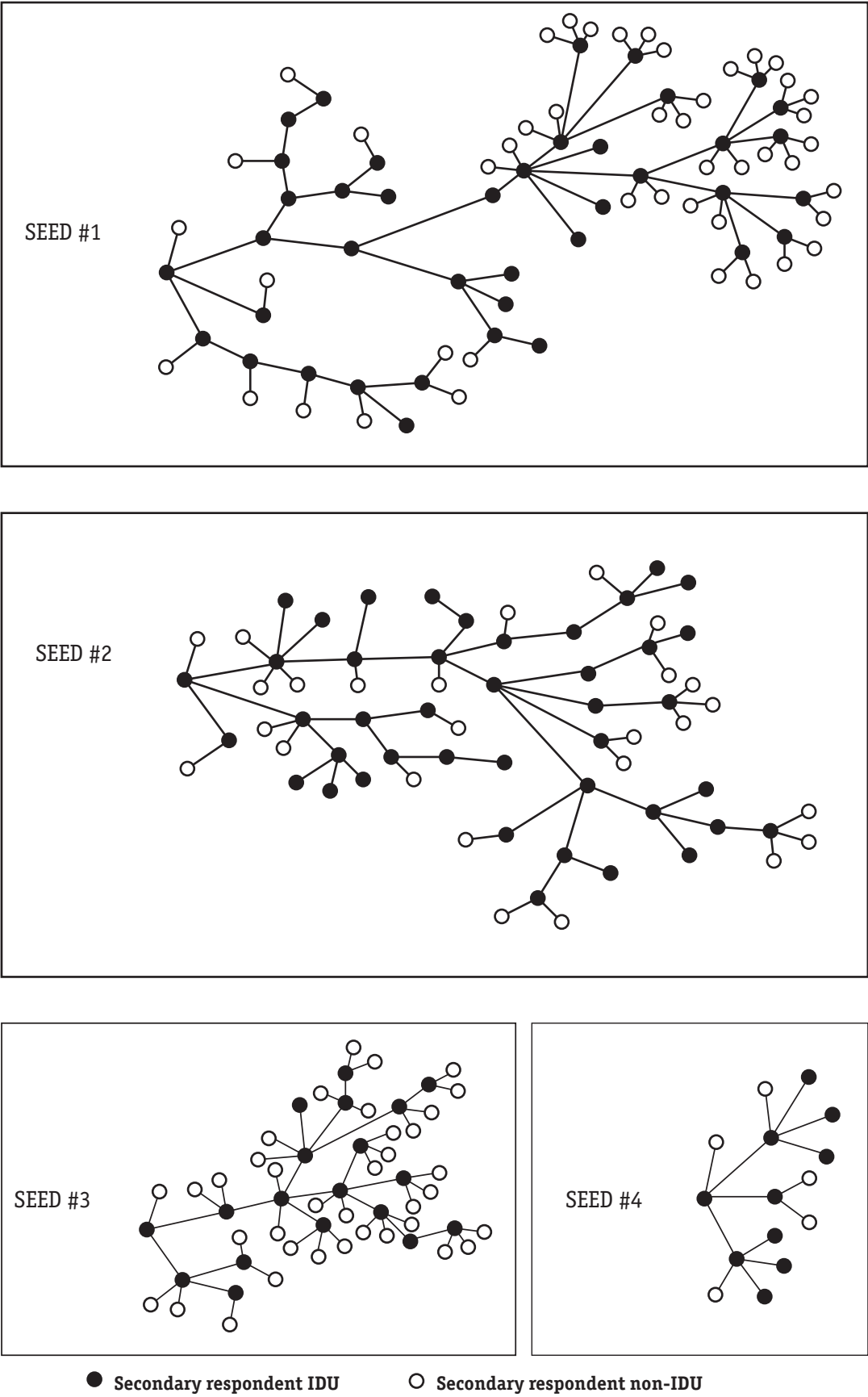


Diagram 3. Example of the recruitment chains in Odesa city



The recruitment analysis of secondary respondents¹¹ testified to a high level of agreement.

Kyiv interviewers reported that most respondents were comfortable with the role of recruiter, although they were rather worried about whether they could recruit as many as three IDUs, as *“the survey was conducted during the poppy season when many users left the city to harvest poppy straw. Only a few IDUs were left in the city; those who were in a state of remission.”* In the end it turned out that the Kyiv recruiters and interviewers did not have any problems enrolling the projected number of participants.

Asked how they persuaded young IDUs to recruit their friends into the study, the interviewers in Odesa explained: *“Persuade? They did not need to be persuaded. From the very first day, they were coming and coming, we had to work hard to interview them all. In fact, there are many studies of this kind in the city...: Americans, Dutchmen.... So people know that they can get a reward from such studies. They are ready to participate; they see it as a job... Some were coming here and their friends were hanging out on the street waiting for more friends to come...”*

Most respondents were quite interested to learn more about the study, the researchers, donors, and the future use of the data. Some respondents were wondering where they could read about the findings. Moreover, the respondents were interested whether similar studies will be conducted in the future and, if so, what the reward would be.

The financial reward seemed to be the main incentive for the recruiters to take part in the interview and to conduct recruiting. Students from educational establishments were more likely to refuse to invite their friends to take part in the interview. This is related to the fact that their friends and acquaintances very often do not know that they are drug users, and they do not communicate with other drug users (besides the person who was his/her recruiter).

The RDS Coupon System.

The study was called neutrally “Youth Survey Project” to implement the technology of sampling that was carried out by the respondents themselves (with the purpose of creating a tolerant attitude towards the study and not antagonizing potential respondents). The informative outlets, the **system of coupons¹²**, and the **electronic card index** were also in use.

The system of coupons allowed one to standardize the numbering of respondents and to monitor the ‘recruiter-recruited’ connections, to ensure the identification of secondary respondents, to give standard information about the study, and to guarantee the anonymity of all potential respondents. The analysis of the use of the system of coupons indicated the necessity of specific instructions for the interviewers and for the respondents who agree to take on the role of recruiter. But the coupons justify themselves, in general, as a necessary element of the RDS technology.

Before the survey began, many interviewers¹³ expressed the concern that respondents would lose coupons. Later, the interviewers in Odesa said: *“They were keeping it as their dearest treasure...”*; *“They were even selling coupons to one another”*; *“It was money for them. They were keeping coupons in wallets with money”*. Some interviewers reported cases where the respondents were trying to steal coupons during the interview. Some respondents in Poltava feared that they would lose coupons and thus would not get the money: *“... this is my life: today I am here, tomorrow – somewhere else... You better keep it for me”*.

¹¹ This information is presented based on the results of focus group discussions with interviewers and recruiters of the primary respondents. Such discussions were held in all the cities covered by the project.

¹² The Participant's Coupon was an invitation to take part in the survey. The survey employed two kinds of coupons: IDU coupons and non-IDU coupons. The coupons for IDU respondents and the coupons for non-IDU respondents differed in colour and design. Considering that the respondents were young people, the majority of whom were likely to be hiding their use of drugs from parents (relatives/other people), the coupons were marked “Youth Survey Project”. The coupon also included information about place and time of the interview (the address and phone number).

¹³ This information is given based on the results of the focus group discussions with the interviewers and the recruiters of primary respondents in every city where the project was implemented.

In Kyiv there were the cases where respondents were coming to the interview without a coupon. In such cases, the interviewers tried to trace the chain between the potential interviewee and his/her recruiter using what they called a 'genealogical tree' where they recorded recruiters and recruits (i.e. the respondents' and recruiters' numbers as well as their names or nicknames, if possible). In the cases where the referral chain was impossible to trace interviews were not conducted, however there were very few cases like this.

In Odesa no cases where respondents failed to show a coupon were recorded. All the respondents were well informed that a coupon was the key condition for participation in this survey. Those who forgot to bring a coupon left, and returned with it. When IDUs got their coupons, *"they were simply running to bring their friends and hanging outdoors waiting for their money... These friends, in turn, want to get the coupons as fast as possible and to bring own friends"*.

In Pavlohrad all the respondents presented coupons. Some left coupons at home, but they were asked to go and to come back with coupons. Quite often recruiters came with recruits *"just to make sure that the person got there."* However the interviewers said that they *"worried much whether the respondents would bring their coupons with them as these are unreliable people, you know..."*

In Poltava many potential respondents came without coupons. To avoid this, at the beginning of the survey, the researchers even provided respondents with coupon copies and maintained separate records and drew charts to trace the referral chains. The respondents said that they lost coupons through 'carelessness'. In this case, as a rule the respondent came together with his/her recruiter who confirmed that he/she had recruited them. The interviewers suggested making coupons smaller, so that they could be kept in a passport or wallet, and to produce coupons from 'laminated paper' (cardboard) so that they cannot be folded, as some respondents seemed to use coupons as packaging for drugs. Some presented coupons polluted with blood, chewing gum, etc.

The electronic card index of respondents was developed specially for this study with the aim of keeping records of those interviewed. The electronic register (database of the respondents) had the following main functions: to record the recruitment links which is important for using the RDS Analysis Tool; to avoid interviewing the same person twice; to control the sampling process and the hierarchy of respondents.

This was an anonymous study, therefore it was important to avoid the duplication of respondents, to trace the referral chain, and to keep track of coupons. To meet these needs, an anonymous aggregate identifier was entered into the database for each respondent – based on the respondent's initials, complete date of birth, place of birth, and gender – as well as the respondent's coupon number and the recruiter's coupon number. These data were used as the criteria for identification.

The interview location – individual interviews were held in the premises of the collaborating agencies, such as the offices of NGOs, needle exchange points, and centres of social services for youth.

Interview tools – two types of coupons (for the IDUs and for their non injecting friends, NUs and NIDUs); methodological recommendations concerning the project implementation for the organisers; instructions for the interviewers and for the recruiters of the primary and secondary respondents (each set of instructions is given in a separate document); interviewer's card; the electronic database of respondents and instructions on how to work with it, and two questionnaires. The "Main Questionnaire" for the IDU respondents and the "Questionnaire for Friends" (which differed both in title and design – had a picture of teenagers) for the non-IDUs.

Theme sections of the questionnaires:

Main (IDU) questionnaire	Questionnaire for friends (non-IDUs)
Section A. Demographic data and screening questions	
Section B. First occasion of injecting drug use	Section B. Experience of using non-injecting drugs
Section C. Second occasion of injecting drug use	Section C. Attitude towards injecting drugs
Section D. Initiation of others	–
Section E. Current use pattern and changes in the respondent's life situation	–
Section F. Knowledge and sources of information about injecting drugs, safe sex, and HIV/AIDS	
Section G. Health	
Section H. Friends and free time	
Section K. Your family	
Section L. Prevention programmes	

The databases by the results of surveys

On the basis of the findings from the questionnaire of IDUs and their NIDU friends, two separate databases were created (for IDUs and for NIDUs) as well as one integrated database for all the respondents (in the SPSS program).

The databases contain the description and the values of variables in English and in Ukrainian. They also contain all answers given to the questions, as well as the respondents' and recruiters' coupon numbers, which gives the possibility of analyzing them with the help of the RDS Analysis Tool.

The data analysis

To analyse the data, the standard SPSS programme was used (linear distribution, grouping, cross-tabulations, correlative and regressive analysis). In addition, to analyse the key variables (from the point of view of the research goals), the weighting given by the RDS Analysis Tool for every separate variable was used. For the tables giving the results of calculations in the SPSS program, the weighting coefficients offered by the RDS Analysis Tool, and the results after weighting, see Annex 2.

During the analysis, we took the gender, age, and dwelling place of respondents into account.

❖ CONCLUSIONS

In Ukraine, this was the first case of the development of a tool for interviewing young beginner-IDUs and their friends who do not use injecting drugs.

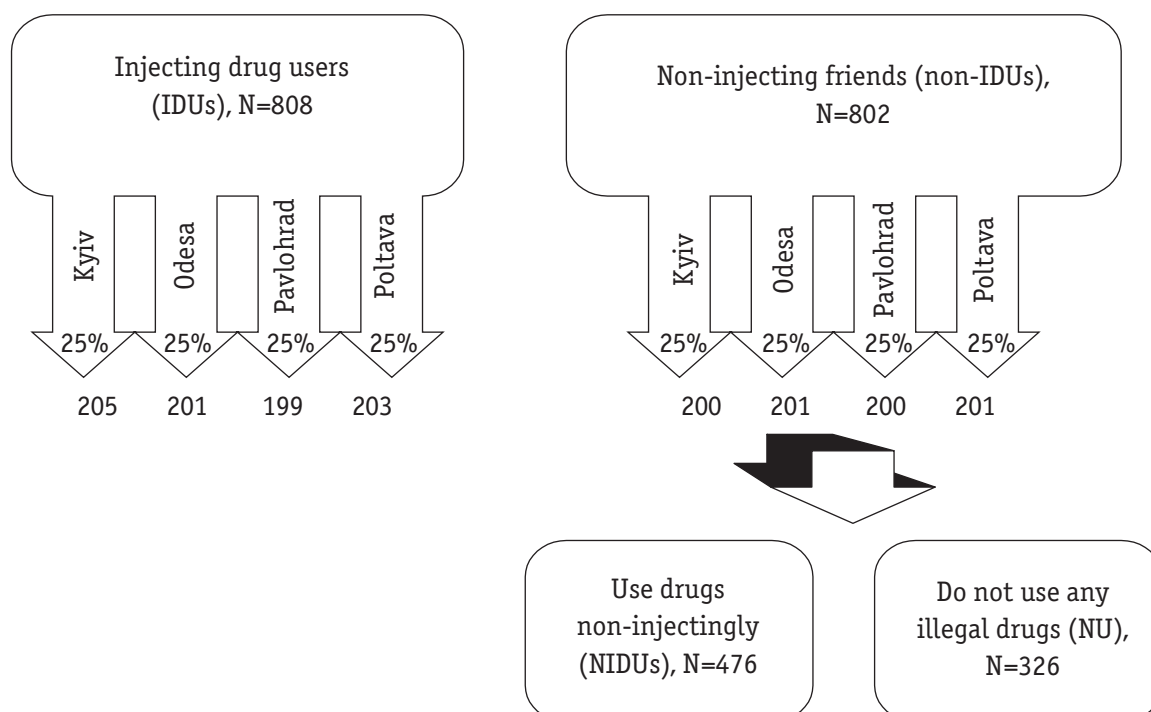
Our results suggest that RDS provides an effective method for recruiting a large sample of IDUs and their friends. At the very beginning of the study, most regional implementers were quite sceptical about recruiting carried out by the RDS method. NGO representatives believed that it was impossible to interview so great a number of young IDUs and their non-injecting friends during the suggested period. However, the results obtained exceeded even the most optimistic expectations – 1,610 persons in 5 weeks. The interviewers reported that after the required objective was achieved, more and more new IDUs and their friends came to be interviewed.

The RDS method enabled the researchers to reach a hidden group of young IDU representatives.

Section 1. Social portrait of respondents

The target groups of the research consist of young injecting drug users (IDUs) aged 23 or under and their associates in the same age range who did not use injecting drugs (non-IDUs). Thus, 808 IDUs and 802 non-IDUs were interviewed in four cities of Ukraine: Kyiv, Odesa, Pavlohrad, and Poltava. According to the recruiting results it is turned out that the target group of non-IDU friends consists of two subgroups of youth: those who do not use illegal drugs at all (N=326) and those who have experience in non-injecting drug use (N=476) (see: Figure 1.1).

Figure 1.1. Structure of the sampling of the research by city in the survey



It is important to provide the basic characteristics of those interviewed in order to interpret the results obtained and to use them while developing strategies for the prevention of the initiation of injecting drug use. This section gives a descriptive analysis of the social portrait of respondents and allows one to outline the features common to all these groups of young people and to describe the main features of each group.

Among the IDUs' friends who do not use injecting drugs, the proportion of those who are NIDUs appeared to differ greatly between cities: in Kyiv they were the majority (155 persons), in Pavlohrad there were 143, in Poltava 104, and in Odesa they were a minority (74 persons).

As with NIDUs, the subgroup of those who do not use drugs (NU) is unevenly represented in the different cities: 127 respondents in Odesa, 97 in Poltava, 57 in Pavlohrad, and 45 in Kyiv.

Age and gender distribution of respondents

The age and gender distribution of the IDU, NIDU and NU respondents are presented in Table 1.1.

The females interviewed accounted for 22.5 per cent of IDUs. The youngest one among the IDUs was 12 years old (no lower age boundary was established for the respondents during the recruiting process), the oldest respondents were 23 years old, which was determined by the sampling criteria. Among the interviewed IDUs, adolescents (under 18 years old) made up 11 percent and were mainly teenagers of 16–17 years old. The average age of the IDU respondents is 20.6 years.

Females made up 31 per cent of NIDUs. The average age of the males interviewed is 19.9 years old and that of the females is 20.5 years. The youngest NIDU respondent is 13 years old.

Females make 44 per cent of all the NUs interviewed. The average age of the NU respondents is 19.5 years.

Table 1.1. Characteristics of the three groups of respondents by gender and age, per cent

	IDU	NIDU	NU
Gender			
Male	78	69	56
Female	22	31	44
Age			
12–15 years	2	5	5
16–17 years	8	16	16
18–19 years	17	18	27
20–21 years	27	31	25
22–23 years	46	30	27

Education level

The important feature is the education level of the respondents. According to Ukrainian legislation, basic secondary education is compulsory and free of charge for all Ukrainian citizens. The group of young people participating in this research would get the basic secondary education between the ages of 14 and 16 years. Thus it is expedient to analyse the education level of young people over 16 years¹⁴.

The majority of 16–17 year-old IDU respondents had received basic or complete secondary education. Among them, 25 per cent (N=16) of respondents did not finish 9 classes. They are mainly children from families where parents drink heavily, or children who are on the street. At the age of 18–19 years, the majority of those interviewed (63 per cent) had completed their secondary education, more than a third of respondents had incomplete secondary education (most of them are studying in vocational schools). The same tendency is observed among the 20–21 and 22–23 year-old respondents. One in ten (11 per cent) of IDUs interviewed aged 22–23 years old has higher education (Table 1.2).

One in five (26 per cent) of the 22–23 year-old NIDUs interviewed had completed their higher education (higher educational establishment of III–IV levels of accreditation). The majority of 18–19 year-old NIDUs (69 per cent) had completed secondary education. In the age group of 20–21 year-old respondents, 71 per cent had finished secondary school and 12 per cent of them had completed higher education (Table 1.2).

The majority of the NU respondents who are 16 or more years old had obtained the basic secondary education and were continuing their studies (Table 1.2)

Thus, among the young people interviewed, the level of education is higher among those who do not use injecting drugs. The educational level was identified as the complete secondary (secondary vocational) education (11 forms, etc.) by the majority of the respondents. In general, this percentage is almost the same among the IDUs, NIDUs, and NUs (respectively, 58, 57, and 52 per cent). About a quarter of all the respondents in each subgroup reported having basic (incomplete) education (full 9 forms): 21 per cent of the IDUs, 24 per cent of the NIDUs and 30 per cent of the NUs.

Table 1.2. Education level of the three groups of respondents by age and gender, per cent

	<i>12–15 years</i>	<i>16–17 years</i>	<i>18–19 years</i>	<i>20–21 years</i>	<i>22–23 years</i>	<i>Male</i>	<i>Female</i>
IDUs N=759	13	64	133	204	345	596	163
Primary education (less than 9 forms)	77	25	5	6	5	7	11
Secondary basic (incomplete) (9 full forms)	23	45	27	19	18	22	24
Secondary complete (or secondary vocational) (11 forms)	–	30	63	68	66	63	57
Basic and complete higher education*	–	–	5	7	11	8	8
NIDUs N=476	26	77	84	148	141	327	149
Primary education (less than 9 forms)	58	10	5	1	4	6	9
Secondary basic (incomplete) (9 full forms)	42	60	24	16	9	22	27
Secondary complete (or secondary vocational) (11 forms)	–	30	69	71	61	59	53
Basic and complete higher education*	–	–	2	12	26	13	11
NUs N=326	16	52	87	82	89	181	145
Primary education (less than 9 forms)	63	11	7	4	3	7	10
Secondary basic (incomplete) (9 full forms)	37	60	38	22	12	27	34
Secondary complete (or secondary vocational) (11 forms)	–	29	54	60	67	58	46
Basic and complete higher education*	–	–	1	14	17	8	10

* *Technical school, college of I–II levels of accreditation or bachelor's degree at higher educational establishment of III–IV levels of accreditation, higher educational institution of III–IV levels of accreditation.*

Own family status of the respondents

The majority of the IDU, NIDU, and NU respondents have never been married which is a consequence of the young age of those interviewed. Young males, unlike young females under 24 years of age, rarely got married (including common law partnerships), which reflects the general Ukrainian tendency. Women acquire experience of marriage and divorce at a younger age. According to the Civil Law of Ukraine, men may marry at 18 and women at 17 years of age. Unlike males, females get experience of family life at a younger age, mainly in common law relationships. Young people who do not use injecting drugs are more likely to register a formal marriage than IDUs of the same age (Table 1.3).

Table 1.3. Family status of the three groups of respondents by age and gender, per cent

	<i>IDU – male (N=628)</i>					<i>IDU – female (N=145)</i>				
	<i>12–15 years</i>	<i>16–17 years</i>	<i>18–19 years</i>	<i>20–21 years</i>	<i>22–23 years</i>	<i>12–15 years</i>	<i>16–17 years</i>	<i>18–19 years</i>	<i>20–21 years</i>	<i>22–23 years</i>
N=803	14	49	109	157	299	4	20	26	56	69
Single (never married)	100	96	94	84	69	100	80	69	55	51
Married (live together)	–	2	1	2	7	–	–	–	5	4
Separated, divorced, or widowed	–	2	1	3	11	–	–	4	11	16
Common law	–	–	4	11	13	–	20	27	29	29
	<i>NIDU – male (N=327)</i>					<i>NIDU – female (N=149)</i>				
	<i>12–15 years</i>	<i>16–17 years</i>	<i>18–19 years</i>	<i>20–21 years</i>	<i>22–23 years</i>	<i>12–15 years</i>	<i>16–17 years</i>	<i>18–19 years</i>	<i>20–21 years</i>	<i>22–23 years</i>
N=476	15	49	58	99	106	11	28	26	49	35
Single (never married)	100	100	95	84	76	100	93	84	74	60
Married (live together)	–	–	–	5	11	–	4	8	8	3
Separated, divorced, or widowed	–	–	–	1	5	–	–	4	6	14
Common law	–	–	5	10	8	–	3	4	12	23
	<i>NU – male (N=181)</i>					<i>NU – female (N=145)</i>				
	<i>12–15 years</i>	<i>16–17 years</i>	<i>18–19 years</i>	<i>20–21 years</i>	<i>22–23 years</i>	<i>12–15 years</i>	<i>16–17 years</i>	<i>18–19 years</i>	<i>20–21 years</i>	<i>22–23 years</i>
N=326	9	20	44	49	59	7	32	43	33	30
Single (never married)	100	100	93	76	71	100	94	88	64	43
Married (live together)	–	–	–	8	10	–	–	2	6	30
Separated, divorced, or widowed	–	–	–	8	–	–	–	2	18	10
Common law	–	–	7	8	19	–	6	7	12	17

Employment of the respondents

An important characteristic of the IDU respondents is that 56 per cent of them are either studying or working (18 per cent are full time and 7 per cent are part time students), while 44 per cent neither work nor study (see Table 1.4). Among the NIDUs interviewed, 85 per cent work or study: 54 per cent are studying (41 per cent in full-time education, 4 per cent attend evening classes, and 9 per cent are part-time) and 44 per cent are working (31 per cent registered officially and 13 per cent work without an official contract).

Table 1.4. Occupation of the three groups of respondents, by age and gender, per cent

	<i>Male</i>	<i>Female</i>	<i>12–17 years</i>	<i>18–23 years</i>	<i>All</i>
IDU	N=634	N=174	N=86	N=722	N=808
Study or work	58	49	63	55	56
Neither work nor study	42	51	37	45	44
NIDU	N=327	N=149	N=103	N=373	N=476
Study or work	87	80	82	86	85
Neither work nor study	13	20	18	14	15
NU	N=181	N=145	N=67	N=259	N=326
Study or work	86	75	85	80	81
Neither work nor study	14	25	15	20	19

Among the IDUs' friends who were interviewed and who are not using drugs at all, more than half are studying: 48 per cent on a full time basis, 2 per cent at night school, and 7 per cent on a part time basis. Thirty four per cent of the respondents worked, 18 per cent of them being legally registered at the place of employment, and 16 per cent not. Juveniles are mainly engaged in studying: 77 per cent of 12–17 year-old NUs were studying at the time of the survey, and 15 per cent were engaged neither in work nor in study. Among 18–23 year-old young adults, 53 per cent of those interviewed are studying including 14 per cent of those who combine study and work. Twenty seven per cent of respondents work and one fifth (20 per cent) neither work nor study. Thus, 41 per cent of 18-23 year-olds are working, the majority of them in unskilled labour. Young women are two times less likely to combine study and work (14 per cent of girls vs. 28 per cent of boys) and four times more often than boys are engaged neither in study nor in work. In general, 81 per cent of this group of respondents have an occupation, and 19 per cent neither study nor work.

There were 35 per cent of IDU respondents and 40 per cent of non-IDUs that were working during the period the survey was made. As a rule, the respondents are employed as unqualified workers. Most respondents said they were engaged as common labourers and builders or shop assistants. The majority of the respondents who are studying are in full time education.

Sources of financial support and level of wellbeing

The main sources of financial support for IDUs are their parents and relatives. For those who work, they are salary and occasional jobs. A quarter of IDUs also reported that they sold personal things; the adolescents resort to mendicancy (12 per cent of IDUs aged between 12 and 17 years old reported this as well), the girls and young women to providing commercial sex (26 per cent of the female IDUs). In addition, up to 40 per cent of young IDUs sometimes ask for money from friends and acquaintances. One third of IDU respondents get involved in robberies.

One third of the adolescents and one fifth of the adults receive scholarships. Almost half of the respondents borrow money from their friends and acquaintances: 43 per cent of the 12–17 year-olds and 18 per cent of the young adult NIDUs ask their friends and acquaintances for money from time to time. Fifteen per cent of the adolescent NIDUs and 6 per cent of those 18–23 years old reported selling their personal things. Twelve per cent of the adolescents resort to mendicancy. Thirteen per cent of the 12–17 year-old NIDUs and 7 per cent of the young adults had been involved in robberies. More than 10 per cent of the girls and young women and 3 per cent of the adolescent boys mentioned providing commercial sex as one of the sources of financial support.

Financial support from parents seemed to be the main source of income for the majority of the NUs regardless of sex and age: 85 per cent of the 12–17 year-olds and 76 per cent of the elder group indicated it as the main source. In addition, 58 per cent of 12–17 year-olds and 47 per cent of 18–23 year-old respondents said that they rely on financial support from relatives. In general, young adults were more likely to list their own earnings among the main sources of income compared to juveniles: 55 and 31 per cent of them respectively reported doing occasional jobs and 38 and 3 per cent respectively said they had a regular job. About a quarter of respondents of both age groups said they had a scholarship (22 and 25 per cent respectively).

In general, younger people were more likely to include financial support from their parents among their main financial resources. The percentage of those who rely on financial support from relatives is almost the same among all the groups of respondents (45 per cent of IDUs, 46 per cent of NIDUs, and 49 per cent of NUs). Drug users (both injecting and non-injecting) were more likely to report occasional jobs (71–72 per cent of drug users and 51 per cent of the NUs indicated occasional jobs) and an official (regular) salary (36 per cent of IDUs, 44 per cent of NIDUs, and 31 per cent of NUs). Undoubtedly the differences between the three groups can be explained in part by their different ages. But the NUs were less likely to report theft, sale of personal effects, providing commercial sex, borrowing or asking friends and relatives for money. Thus, drug users in comparison with NUs enjoy a wider range of financial sources and more often resort to thefts, selling of personal effects, borrowing and asking friends and relatives for money. In fact, the IDU respondents use mainly these financial sources.

Half of all NIDU and NU respondents have an average financial situation: that is, their income generally covers the basic needs such as food, housing and energy. But they have problems with buying durable or luxury goods, such as new furniture, a refrigerator, or TV set, etc. (52 per cent vs. 51 per cent). Comparing these findings to data from the representative youth survey, we see that those friends of the IDUs who are younger than 23 years old viewed their financial status in the same way as people of the corresponding age did in the youth survey [13, pp. 94–96]. There are about one third of such respondents among the IDUs (36 per cent). Fifty eight per cent of the young IDUs considered their financial status to be very low or below average (41 per cent in Pavlohrad, 59 per cent in Kyiv, 69 per cent in Poltava, 72 per cent in Odesa) and only 6 per cent thought of themselves as being well-to-do. Forty per cent of the young NIDUs evaluated their financial status as very low or below average. One third of the NUs interviewed considered his/her financial situation to be below average and 10 per cent thought of it as low; 9 per cent of NU respondents found it above average: well-to-do. The worst financial situation is reported by NUs who are residents of Odesa or Kyiv.

Living conditions

A majority of IDU respondents (63 per cent of both adults and non-adults) said they live with their parents, and more of them male than female. It is also worth noting that almost one in five of non-adult IDU respondents (19 per cent) lived on the street and that only one per cent of adult IDU respondents did so. The living conditions determine the situation where more than a half of the young IDUs (56 per cent of the adolescents and 58 per cent of those 18–23 years old) are not sure if they can stay in their place of residence during the coming year.

The majority of NIDU respondents (79 per cent of the adolescents and 57 per cent of those 18–23 years old) reported living in their parents' apartment, and males more so than females. Twelve per cent of the young NIDUs over 18 have their own apartment, 11 per cent rent an apartment and 10 per cent live in their spouse's apartment. The majority (75–79 per cent) of the young NIDUs of all age groups are "absolutely" sure or "more or less" sure that they will remain in their present place of residence for the next year, but every fourth or fifth respondent is not sure of it.

34 The majority of NU respondents (79 per cent of the juvenile respondents and 57 per cent of the 18–23 year-olds) live with their parents/relatives. Among the young adults, 12 per cent have their

own home, 11 per cent rent apartments, 10 per cent live in the apartment of their wife/husband or sexual partner and 7 per cent live in hostels. The majority (75–79 per cent) of young NUs of all age groups are absolutely sure and 7–10 per cent are fairly sure that they will remain in their present place of residence for the next year, and 15 per cent are not sure of it.

The majority of respondents live with their parents or relatives, which is related to the young age of the respondents and reflects the general situation in the country with regard to the length of time for which children continue to live with their parents. The question about continuing to live at the place they are living now is not seen as a problem for the IDUs' friends – up to 85 per cent are sure they will stay at the same place. But among the IDUs, more than a half are not sure if they will stay at the present place for the next six months.

It is worth mentioning separately that 24 IDUs (17 minors and 7 adults), 1 NIDU, and 1 NU stated that they had been living on the street for the last six months (in porches, attics, parks, cars, etc). As our survey was carried out in autumn, we can make the assumption that those youngsters who took part in it could well be living as tramps on the street from April to October, especially in the southern regions of Ukraine. As the number of these adolescents and youths is too small, we are unable to carry out a separate analysis. This group needs a separate examination in the context of types of risk behaviour and with the goal of elaborating adequate working strategies and approaches towards it.

The majority of the respondents across all categories (IDUs, NIDUs, NUs) are natives of their cities irrespective of sex. The percentage of migrants accounts for about a quarter of all respondents in each city. One of our hypotheses was that young migrants might be more vulnerable to injecting drug initiation, but the data obtained allow us neither to confirm nor to disprove this hypothesis. There is no statistically significant difference between the behaviour patterns of those young IDUs and their friends who are natives of their city of residence and those who are migrants. This is also true as regards their intentions to inject.

We carried out the following analysis for the three groups of respondents mentioned above (the IDUs, the NIDUs, and the NUs). In cases where we found it useful (this depended on the strategic importance level), we carried out our analysis with regard to age groups, sex, and city of residence.

Section 2. Non-injecting drug use

This section presents the data on non-injecting drug use by the respondents: by the IDUs prior to the first injection and now, as well as by the NIDU-friends of IDUs. The purpose of the analysis is to find out how non-injecting drug use is connected with injecting drug use.

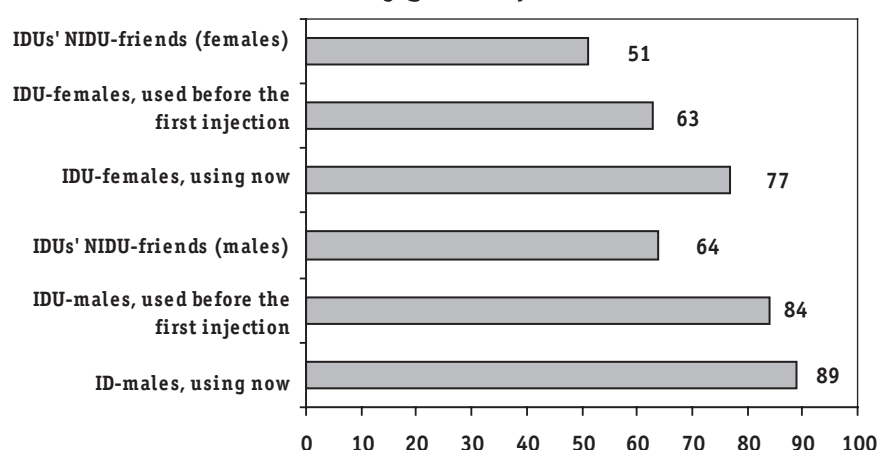
❖ RESULTS

Prevalence of non-injecting drug use and its peculiarities

The majority of young IDUs (80 per cent) are likely to have previous experience of non-injecting drug use: 84 per cent of male IDUs and 63 per cent of female IDUs had some experience of non-injecting drug use prior to their first injection. Thus, for 16 per cent of men and 37 per cent of women (among young IDUs under 23 years old) their first drug experience was a needle. It should be mentioned that 87 per cent of the IDUs reported having used non-injecting drugs for the previous six months (89 per cent of males and 77 per cent of females). The analysis of the data shows that 13 per cent of the IDUs started non-injecting drug use subsequent to their initiation into injecting drug use. Three per cent of IDUs with experience of using non-injecting psychotropic substances prior to their first injection had not used non-injecting drugs in the previous six months.

Fifty nine per cent of the non-IDUs interviewed during the study (64 per cent of the males and 51 per cent of the females) reported the use of non-injecting psychotropic substances (Figure 2.1).

Figure 2.1. Level of non-injecting drug use¹⁵ among IDUs and their non-IDU friends by gender, per cent



The overview of the substances used and still being used in a non-injecting way by the IDUs and the NIDUs is presented in Table 2.1. Cannabis is the most popular non-injecting drug: 86 per cent of the IDUs interviewed reported that they used cannabis prior to the first injection; and the same percentage of NIDUs reported using cannabis for the last six months; 71 per cent of the IDUs reported they used it for the last six months as well. The IDU respondents were more likely to use medical analgesics (41 per cent vs. 32 per cent of the non-IDUs). Thirty three per cent of the IDUs used alcohol and non-injecting drugs prior to the first injection. At present, this combination is practised by 32 per cent of the NIDUs. During the last six months, 25 per cent of the IDUs used sleeping pills and barbiturates, and 27 per cent of the IDUs had used sleeping pills and barbiturates before their first injection. 22 per cent of NIDUs had used sleeping pills and barbiturates at some point in time. Twenty two per cent of IDUs had used amphetamine-type stimulants before their first injection, as

¹⁵ IDUs were asked the following question: "Had you had experience of non-injecting drug use before your first injection?".

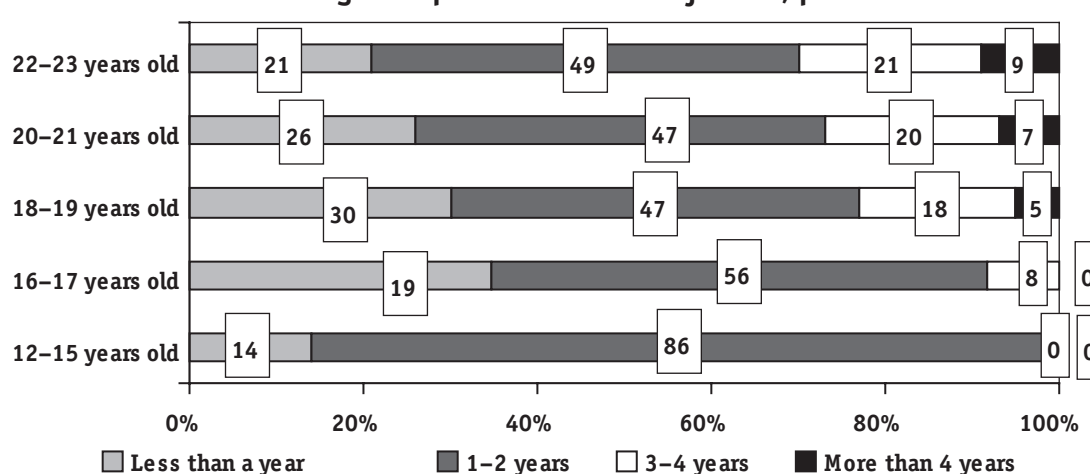
had almost the same number of NIDUs (21 per cent). During the last six months, these drugs were used by half of this number, i.e. by 11 per cent of IDUs.

Table 2.1. Drugs used non-injectingly by IDUs (ever and past six months) and by NIDUs, per cent

<i>IDUs</i>		<i>Drugs and psychotropic substances</i>	<i>NIDUs</i>
Before the first injection	In the last six months		
86	71	Cannabis-based substances	86
41	37	Medical analgesics as tablets	32
33	29	Alcohol + illegal drugs or psychotropic substances	32
27	25	Sleeping pills and barbiturates	22
22	11	Amphetamine-type stimulants (ATS) ¹⁶	21
13	13	Tranquillisers (benzodiazepines)	10
12	3	Inhalants	12
12	5	Home-made opiates/poppy straw	9
11	10	Combination of various drugs	7
5	5	Heroin	5
1	3	Anaesthetic drugs (ketamin)	5
1	3	Medical analgesics in ampoules	2
–	4	LSD	10
–	4	Methadone	–
–	3	Cocaine	5

The duration of the non-injection drug use varied depending on the age of the respondents (Figure 2.2). But it is necessary to note that most of the IDUs had used non-injecting drugs for two years before the first injection. Only 7 per cent of the IDUs had used non-injection psychotropic substances for more than four years before their first injection.

Figure 2.2. Years of experience with non-injecting drug use among IDUs prior to the first injection, per cent



The least number of IDUs who used non-injecting drugs prior to the first injection as well as the number of those who used non-injecting drugs for the last six months appeared to be in Odesa (64 per cent and 67 per cent, respectively). It means that in Odesa for 36 per cent of young IDUs their

¹⁶ ATS (Amphetamine-type stimulants) include: methamphetamine (pervitin), amphetamine, phenamine, ecstasy and methcatinone. Methamphetamine and methcatinone can be home made from ephedrine-based medications such as “Effect” and “Coldact”, but also bought on the “black market”.

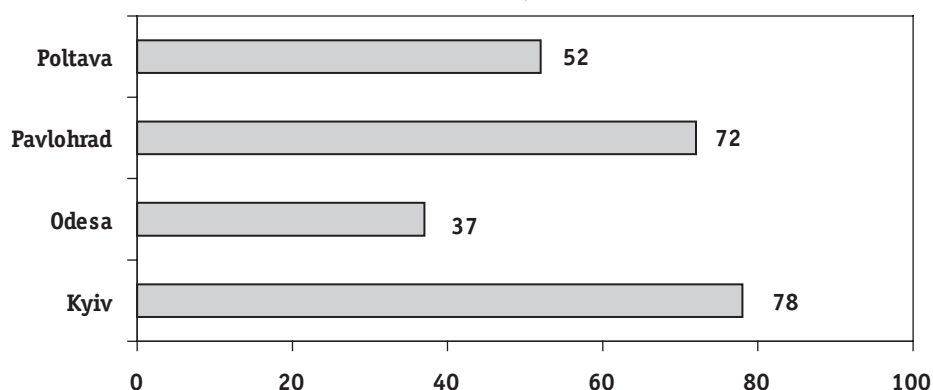
first drug experience was a needle. In all the other cities, nearly all the IDU-respondents used both injecting and non-injecting psychotropic substances (87 per cent and 94 per cent, respectively) (Table 2.2). IDU males vs. females practise injecting and non-injecting psychotropic substances more often (89 per cent and 77 per cent, respectively).

Table 2.2. The share of the IDUs who have used non-injecting drugs prior to the first injection and during the last 6 months by city, per cent

	<i>City</i>				<i>Among all N=808</i>
	Kyiv N=205	Odesa N=201	Pavlohrad N=199	Poltava N=203	
Practised non-injecting drug use prior to the first injection	73	64	81	89	80
Practised non-injecting drug use during the last 6 months	92	67	94	93	87

According to the survey data, the highest levels of the experience with non-injecting drug use among IDUs' friends are in Kyiv (78 per cent) and Pavlohrad (72 per cent). In the cities of Poltava and Odesa, this level reached 52 per cent and 37 per cent, respectively (Figure 2.3).

Figure 2.3. The share of the NIDUs (IDUs' friends who have ever practised non-injecting drug use), per cent



The structure of non-injection drug use differs between juvenile NIDUs and adult NIDUs. The juveniles use analgesic pills more often (40 per cent of the juveniles compared to 30 per cent of the adults), solvents three times as often (24 per cent compared to 8 per cent of the adults), and tranquilizers twice as often (16 per cent compared to 8 per cent of the adults) (see Table 2.3). Amphetamine-type stimulants (ATS) are more popular among adult NIDUs (24 per cent compared to 9 per cent of the juveniles) as well as poppy straw (11 per cent of NIDU adults compared to 7 per cent of the juveniles). The majority of NIDU adults uses alcohol with different drugs, heroin, and cocaine.

The differences in the structure of non-injection drug use in the different cities included in the research were also indicated (see Table 2.3). In Kyiv the preference was for cannabis-based substances (98 per cent), ATS (46 per cent), a combination of alcohol with various drugs (39 per cent), sleeping pills and barbiturates (27 per cent), and LSD (18 per cent). In Odesa besides the use of cannabis-based substances (62 per cent), volatile solvents (18 per cent) are mostly used. It is typical of NIDUs in Pavlohrad to use analgesic pills (46 per cent) (besides cannabis-based substances), a combination of alcohol with various drugs (36 per cent), and sleeping pills and barbiturates (27 per cent). In Poltava the preferred drugs are cannabis-based substances (93 per cent), a combination of alcohol with various drugs (28 per cent), and analgesic pills (22 per cent). But there are almost no poppy straw extract and cocaine.

The average non-injecting drug use history of all the NIDUs interviewed was 2.7 years (for males it was 2.8 years, for females 2.6 years; for juveniles 1.7 years and for adults 2.9 years).

In the city of Kyiv, the greater proportion of NIDUs had used non-injecting drugs for less than four years (27 per cent). In the city of Poltava, the group of drug users with a two-year history is the

biggest (36 per cent). In the city of Pavlohrad, the largest group consists of individuals who had used non-injecting drugs for one to two years, and the next largest consists of those who had been using drugs less than a year (30 per cent and 25 per cent, respectively). In the city of Odesa, the largest group was the young NIDUs with less than a year's history of drug use (36 per cent) (Table 2.4).

Table 2.3. "Which of the listed drugs do you use non-injectingly?", per cent of NIDUs by age (in lifetime)

<i>Groups of drugs and psychotropic substances</i>	<i>Age groups, years old</i>		<i>City</i>			
	<i>12–17 (N=103)</i>	<i>18–23 (N=373)</i>	<i>Kyiv (N=205)</i>	<i>Odesa (N=201)</i>	<i>Pavlohrad (N=199)</i>	<i>Poltava (N=203)</i>
Cannabis-based substances	80	89	98	62	82	93
Medical analgesics in tablets	40	30	34	15	46	22
Combination of alcohol with various drugs and/or psychotropic substances	25	33	39	12	36	28
Sleeping pills and barbiturates	24	22	27	15	27	15
Volatile solvents (inhalants)	24	8	6	18	15	13
Tranquillisers (benzodiazepines)	16	8	14	3	13	5
ATS	9	24	46	5	11	7
LSD	10	10	18	5	7	4
Poppy straw extract	4	11	10	3	19	0
Heroin	2	6	4	6	9	5
Cocaine	2	6	10	7	2	0

Table 2.4. "How long have you used non-injecting drugs?", per cent of NIDUs by city

<i>History of non-injecting drug use</i>	<i>Kyiv N=154</i>	<i>Odesa N=73</i>	<i>Pavlohrad N=142</i>	<i>Poltava N=102</i>
Less than a year	10	36	25	12
1–2 years	42	42	47	53
3–4 years	27	14	15	23
More than 4 years	21	8	13	12

One third of male and female NIDU respondents use non-injecting drugs once a week. Seventeen per cent of the males and 11 per cent of the females use drugs once in 2–3 days, 14 per cent of the males and 6 per cent of the females once a day or more frequently. Thus, 62 per cent of the males and 47 per cent of the females reported weekly or more frequent (once in 2–3 days and every day) use. Twenty five per cent of females and 15 per cent of males use non-injecting drugs once in 2–3 months, and one in six use drugs several times a year or more seldom. Among the juveniles, 63 per cent of boys and 55 per cent of girls use drugs every week or more often (Table 2.5).

The majority of NIDUs (90 per cent) did not consider themselves to be "systematic drug users"¹⁷. Thirty five per cent of the NIDUs considering themselves to be non-regular NIDUs take non-injecting drugs once a week. Twelve per cent of the NIDUs considering themselves as non-regular users take non-injecting drugs once in 2–3 days. One in five NIDU respondent taking drugs once a month do not consider themselves to be a regular user.

¹⁷ Respondents were not provided with an explanation of the term "regular user" during the interview. While interpreting the results, a problem concerning the semantic meaning of this term emerged. According to consultations with the interviewers, the term did not provoke any misunderstanding among the IDUs, allowing us to suggest that the respondents understood the question as "regular" or "nonregular". However this term is not an equivalent to "addicted/not addicted". Note: in future the meaning of the term should be defined more accurately, the decision whether to use it or not should be taken, and the question should be phrased accordingly.

More than half (56 per cent) of the respondents considering themselves to be regular users take drugs once a day or more frequently. One third of those interviewed who recognise themselves as regular IDUs use drugs once in 2–3 days. 8 per cent of the young people considering themselves as regular NIDUs take drugs once a week. 4 per cent take drugs once a month (Table 2.6).

Table 2.5. “How often do you use non-injecting drugs?”, per cent of NIDUs by gender and by age

	Gender				Age			
	Males N=324		Females N=147		12–17 years N=101		18–23 years N=373	
Once a day or more often	14	62	6	47	13	63	11	55
Once in 2–3 days	17		11		12		16	
Once a week	31		30		38		28	
Once a month	15		25		20		17	
Once in 2–3 months	9		10		4		11	
Several times a year	4		3		2		4	
More seldom	11		15		12		12	

Table 2.6. Correlation between the answers given to the question “Do you belong to the category of regular NIDUs?” and the frequency of non-injecting drug use, per cent

	<i>“Do you belong to the category of regular NIDUs?”</i>	
	<i>Yes N=83</i>	<i>No N=393</i>
The frequency of non-injecting drug use		
Once a day or more often	56	2
Once in 2–3 days	31	12
Once a week	8	35
Once a month	4	21
Once in 2–3 months	0	11
Several times a year	0	4
Very seldom	1	15

Twenty one per cent of males and 10 per cent of females recognize themselves as regular NIDUs. Among IDUs’ friends who are NIDUs 15 per cent of those aged between 12 and 17 recognize themselves as regular NIDUs, and among adults 18 per cent do.

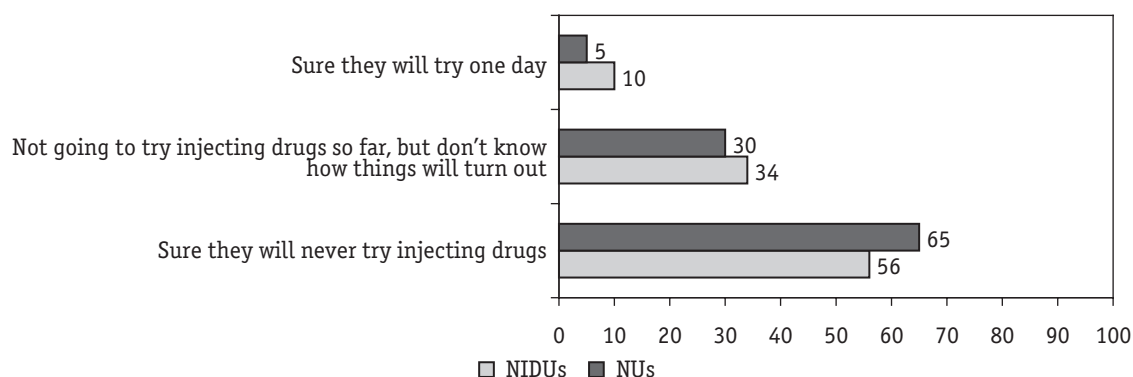
Influence of non-injecting drug use on the probability of the initiation of injecting drug use

The IDUs’ NIDU friends were invited to answer the question: “What is the probability of you trying injecting drugs?” This allowed one to divide them into three groups:

- 1) Respondents that are sure they will never try an injecting drug,
- 2) Respondents reporting no intention to try an injecting drug “so far”,
- 3) Respondents that are sure they will try an injecting drug some day.

More than a half of the IDUs’ friends are sure they will not be taking drugs intravenously: 56 per cent of those who already had experience of using drugs non-intravenously and 65 per cent of those who do not take drugs at all. One third reported no intention to try injecting drugs in the future, although they did not know how the things would turn out (34 per cent of the NIDUs and 30 per cent of the NUs). The total share of the IDUs’ friends who are sure that they will try injecting drugs is 10 per cent of the NIDUs and 5 per cent of the NUs (Figure 2.4).

Figure 2.4. The self-appraisal of the probability of the initiation of injecting drug use among NIDUs and NUs, per cent



Female NIDUs reported the certainty of initiating injecting drug use more frequently than males (Table 2.7). Juvenile NIDUs reported the intention to try injecting drugs one day twice as frequently.

As has been already mentioned, the majority of NIDUs interviewed reported no intention to try injecting psychotropic substances. However, the highest attention should be paid to the 5 per cent of NU respondents who are sure that they will try injecting drugs: the majority of these are males and young people 18–23 years old (Table 2.7).

Table 2.7. Self-appraisal of the probability of the initiation of injecting drug use as perceived by IDUs' non-injecting friends by gender and age, per cent

	<i>NIDUs (N=465)</i>				<i>(NUs (N=318))</i>			
	<i>Gender</i>		<i>Age</i>		<i>Gender</i>		<i>Age</i>	
	<i>Males N=322</i>	<i>Females N=143</i>	<i>12–17 years N=102</i>	<i>18–23 years N=363</i>	<i>Males N=177</i>	<i>Females N=141</i>	<i>12–17 years N=67</i>	<i>18–23 years N=251</i>
Sure they will never try injecting drugs	58	50	40	60	62	69	66	65
Not going to try injecting drugs so far	33	38	44	32	31	28	31	29
Sure they will try it one day	9	12	16	8	7	3	3	6

The correlation factor between the variable “used any non-injection drugs during lifetime” and the variable “want to try injection drugs” is equal to -0.224^{**} (Pearson Correlation, Sig.= 0.000). The correlation factor between the variable “used any non-injection drugs during lifetime” and the variable “sure to try injection drugs one day” is equal to -0.106^{**} (Pearson Correlation, Sig.= 0.003). This means that the experience of non-injection drug use stimulates the desire to try the injection drugs and the assurance that it will happen one day.

❖ DISCUSSION

The first place among non-injecting drugs used by the respondents is occupied by cannabis. This is not surprising given the widespread availability of this plant in Ukraine and availability of cannabis products on the ‘black market’ and within the peer group. Cannabis is seen as a “light drug” or “not a drug at all” by young people, which explains its popularity. Moreover, one needn’t always have a dangerous interaction with a ‘dealer’ (drugs seller) to get it, it is enough just to know where, as was mentioned by respondents during face-to-face communication in Poltava.

Young people who use non-injecting medical analgesics in tablet form and prefer them to other non-injecting drugs are more likely to switch to injecting opiates. This can be explained by the fact

that tramadol and poppy straw (“shoot”) belong to the same pharmacological group and affect the organism and the mind in a similar way. Therefore, they lead to similar consequences and behaviour models. According to this hypothesis, there is quite a high probability that those NIDUs who prefer cannabis and use it almost exclusively are less likely to switch to injecting opiates, because they are drugs with quite a different effect and influence on the users’ state of mind. This is confirmed by observing IDU-participants of the exchange programme in Poltava who said many times that cannabis is not for them.

Cannabis, “cocktails”, amphetamines, methamphetamines, as well as poppy straw that is used more intensively among the adults, are considered to be more “adult” drugs. Amphetamines, methamphetamines, and poppy straw have an injecting equivalent. That is why there is a probability that adult users will move to injecting drugs use more quickly.

Inhalants, medical analgesics in tablet form and tranquillisers are considered to be more ‘juvenile’ drugs. The switch to the adult category is connected with the attraction which drugs with a stronger effect hold for young NIDUs.

According to our results and in the opinion of the experts, young people who begin using drugs do not have a preference for certain type of drugs. They begin with any substance, and the patterns of their behaviour are formed in the course of time.

In Ukraine, the distribution of the opium-type prescription-free analgesics (tramadol, tramalgin, tramal) has become a serious problem. The availability of these and other medications that are amphetamine-based stimulants (“effect”, “coldact”) through drugstores, together with the illegal sale of drugs and psychotropic substances through the hospitals stimulate the prevalence of drug addiction.¹⁸ The use of such drugs lowers the threshold at which the switch from non-injection drugs to injection drugs is made.

It is typical of the Ukrainian drug users to use several different types of drugs at once. The IDUs use non-injecting drugs in the following cases:

- at the beginning, heroin can be used by sniffing or drinking liquids;
- a new drug is taken once or twice out of curiosity (less probable nowadays);
- impossibility of getting a common drug;
- to minimise the negative effects of the basic drug use – the opiate drug users use stimulants in the abstinence period, and the users of stimulants use tranquillisers or opiates in order to quit a “bout”;
- to modify the state of drug intoxication (though very often it is done injectingly);
- taking drugs optionally in company and at discos and night clubs;
- as a substitute substance while trying to decrease or to quit basic drug use.

The low percentage of young people that consider themselves to be regular non-injecting drug users compared with the frequency of use can be connected with both the quite vague wording of the question and the different comprehensions of the notion of a ‘regular user’. It is quite possible that young IDUs perceived this question as asking whether they consider themselves to be addicts or not. In addition, as seen from the results of the qualitative stage and the focus groups with interviewers, the majority of young NIDUs usually tried to hide their drug dependent status. Moreover, a certain part of NIDUs had only been using non-injecting drugs for a comparatively short period, during which the ‘regularity’ and the need to use drugs regularly had not been completely formed.

Twenty one per cent of males and 10 per cent of females among the young NIDU-respondents (up to 23 inclusive) consider themselves as regular non-injecting drug users. The answers concerning the frequency of use allow one to consider those taking drugs at least weekly as regular users.

¹⁸ According to materials of the press-conference of the Head of the Department of Fight against Illicit Turnover of Drugs of the Ministry of Internal Affairs of Ukraine, M. Andreev on 19.04.2006 (http://www.kmu.gov.ua/control/publish/article?art_id=34426488).

According to the interview results, this account for 57 per cent of the NIDUs. The very fact that 10 per cent of present NIDUs are sure they will try injecting drugs one day proves they clearly assume that they will switch to injecting drug use in the future.

It may be suggested that the probability of switching to injecting drug use is lower for the NIDUs with more than four years of experience, because they had already “made up their mind as to the type of a drug and the way it is taken”. Meanwhile the young NIDUs with a short history of non-injecting drug use may still continue to experiment. At the initial levels of drug use, an individual goes through the teenage multi-drug stage – when he/she is looking for ‘his/her’ drug. At this period one usually tries all available illegal substances. Afterwards a teenager chooses one of them and starts to use it more or less regularly.

❖ CONCLUSIONS

In most cases, non-injecting drug use precedes the first injection: four out of five IDU respondents reported non-injecting drug use prior to the first injection. Fifty nine per cent of the non-IDU friends reported non-injecting drug use. However Odesa city differs from the others: here 36 per cent of young IDUs of both sexes started drug use with injection drugs.

It is important to stress that in all the cities in the study, for 37 per cent of women among young IDUs (under 23 years old) the first drug experience was by needle.

Among NIDU 10% said they intend to try injecting one day and 34% said they do not intend to do it but do not reject the possibility at some point in the future. The correlation analysis of the data obtained allows one to draw the conclusion that non-injecting drug use increases the risk of the involvement into injecting drug use.

The structure of non-injecting drug use is very similar for NIDUs and IDUs prior to injecting. Cannabis and its products take the first place in the popularity list, the second place is occupied by medical analgesics in tablet form, and the third place goes to a combination of alcohol and drugs or/and psychotropic substances.

Non-injecting drugs with their injecting equivalents (i.e. amphetamines, poppy straw) are more popular among adults.

Inhalants and tranquillisers are the most popular among juveniles, probably because the majority of juveniles do not have access to more ‘adult’ drugs and lack the opportunities (money) to purchase them.

By comparing the patterns of non-injecting drug use among adults and juveniles, the correlation between age and use progression (from ‘lighter’ drugs to ‘stronger’ ones) can be seen. This fact substantiates the hypothesis that there is a high risk of switching from non-injecting to injecting drug use. Sixty four per cent of the male friends of IDUs and 51 per cent of female friends of IDUs use non-injecting psychotropic substances. Thus, male IDUs’ friends have a higher risk of becoming involved in the use of non-injecting drugs and then injecting ones.

The proportion of NIDUs who have used non-injecting drugs for a long time (four years or more) is twice as high as that of IDUs (concerning the history of non-injecting drug use prior to the first injection). Consequently the probability that young NIDUs with four years of experience will switch to injecting drug use is low.

The majority of IDU respondents take non-injecting drugs as well. The group of young people (87 per cent of the IDUs) who practise both injecting and non-injecting drug use can be seen as a

target group for programmes aimed at getting people to give up the injecting use of psychotropic substances and switching to non-injecting use.

The highest level of non-injecting drug use among the IDUs' friends appeared to be in Kyiv – 78 per cent. Pavlohrad (72 per cent) takes second place. Half (52 per cent) of the IDUs' friends in Odesa and 37 per cent in Poltava are NIDUs.

In the cities of Kyiv and Poltava, the majority of research participants were NIDUs who had a longer history of drug use (primarily two to four years and more). In Odesa and Pavlohrad, they were mostly NIDUs with a one to two-year history.

The most common frequency of non-injecting drug use among the NIDUs interviewed is once a week. Thirty eight per cent of the 12–17 year-olds, and 28 per cent of the 18–23 year-olds maintain this frequency. The second most common frequency of non-injecting drug use is monthly (20 per cent of the 12–17 year-olds and 17 per cent of 18–23 year-old respondents). This frequency is characteristic of *recreational* drug use (leisure with drugs) at parties, on holiday occasions, at club promotions, etc. In the process of elaborating and implementing specific activity plans in cities, more detailed research of the peculiarities of monthly and weekly non-injecting drug use is required. It is worth finding out which locations (special clubs, leisure places, party places, etc.) the non-injecting drug use is connected with. This will help to identify opportunities for conducting prevention campaigns using the 'peer-to-peer'¹⁹ method.

The data obtained should serve as a basis for a national strategy for the prevention of switching from non-injecting drugs to injecting ones. It also should be the foundation for the development of a separate direction in the harm-reduction sphere with the purpose of reducing the harm from the use of non-injecting (clubbing, psychedelic) drugs in Ukraine. Similar work is already being conducted in Serbia, Croatia, Czech Republic, Slovenia, and other European countries. A detailed analysis is needed of the experience of countries which have legalised 'light' drugs and which carry out special programmes for the treatment of IDUs by substitution therapy methods.

Taking into consideration the extremely high level of non-injecting drug use among the friends of IDUs (especially in Kyiv and Pavlohrad), there is an urgent need to provide prevention programmes aimed at reducing the harm from drug use in the widest sense and, in particular, at the prevention of initiation into injecting drug use. Indeed, non-injecting drug users associating with the IDUs are the highest-risk group for initiation.

The results obtained also show that there is a need to study in greater depth the patterns and the typology of drug use practices among young people, and juveniles in particular, as well as their motives and valuational tendencies for drug use.

¹⁹ For instance there are prevention campaigns in Croatia, Serbia, and Slovenia aimed at youth who go clubbing which enlist the participation of DJs who appeal to the audience during their performance with prevention announcements or distribute prevention literature. This type of work was also approved at the "Kazantip" electronic music festival which took place at Myrne village near Evpatoriya. The audience of the annual "Kazantip" festival numbered nearly 15,000 people – young electronic music lovers from different countries of the world – who are the target-group of the campaign against the especially risky use of drugs.

Section 3. Initiation into injecting drug use

The initiation of injecting drug use is an important factor which determines the IDU group's expansion and increases the risk of spreading HIV infection and other blood-transmitted viruses. However, there is a little information about the initiation into injecting drug use. This section is about how the first and second injections happen. We analyse here the way in which the young IDUs encourage others to inject. Proper attention is given to the risks associated with injecting drug use.

3.1. The first injection

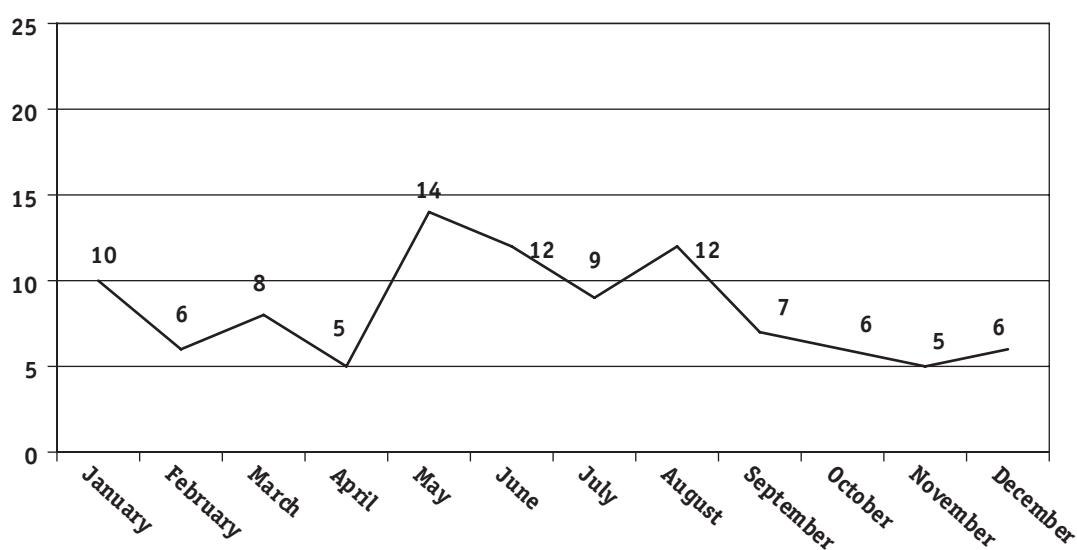
In this section, the following circumstances of young people's involvement in injecting drug use are analysed: the month and year of initiation, the age at which the first injection takes place, the drugs first injected, characteristics of the persons who initiated the respondents, the way the drug was purchased, the processing of it, and the behaviour risks associated with the first injection. We also examine the following factors: the place of the first injection, the people present (including "the freshmen" – people who do not use injecting drugs), the influence of other drugs and substances at the time of the first injection and the previous history of non-injecting drug use.

❖ RESULTS

The average age for the first injection is 17.7 years (with a standard deviation of 2.23 years). Thus the average age is 18 years. This indicator shows no big difference between females and males. The average age for the first injection appeared to be lowest in Odesa (16.5 years) and highest among the residents of the capital (18.4 years).

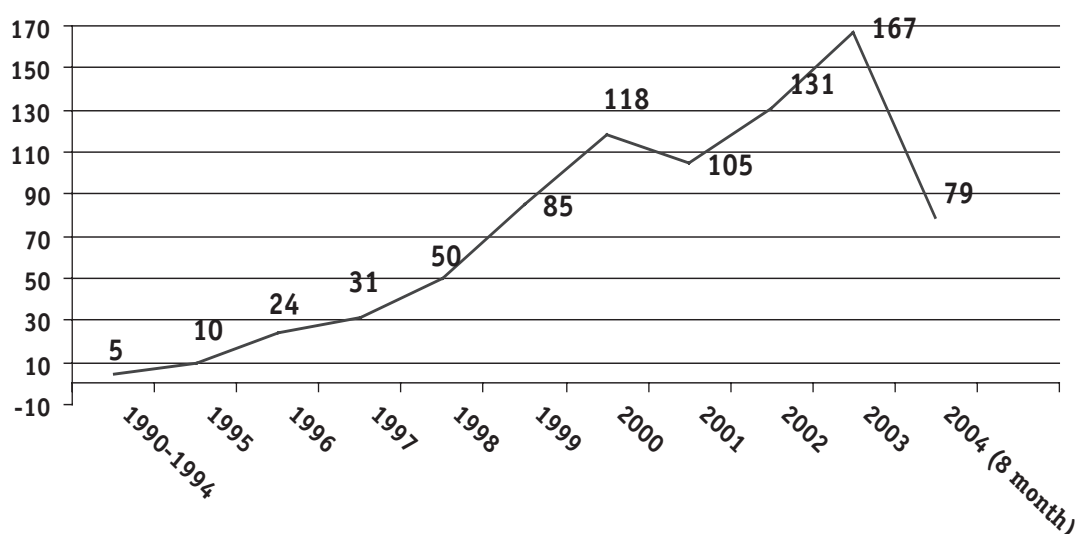
The data obtained show particular seasonal changes: the majority of IDU respondents started to use injecting drugs on average between May and August (9–14 per cent), as well as in January – 10 per cent (Figure 3.1.1). According to the estimations of the experts, the number of first injections in Ukraine is closely correlated to the amount of drugs available on the Ukrainian market.

Figure 3.1.1. Percentage of IDUs interviewed against months in which the first injection was made



The analysis of the answers concerning the year in which drug use started (Figure 3.1.2) indicates a permanent increase of the group of young injecting drug users over the last decade.

Figure 3.1.2. Number of IDUs interviewed against the year in which the first injection was made

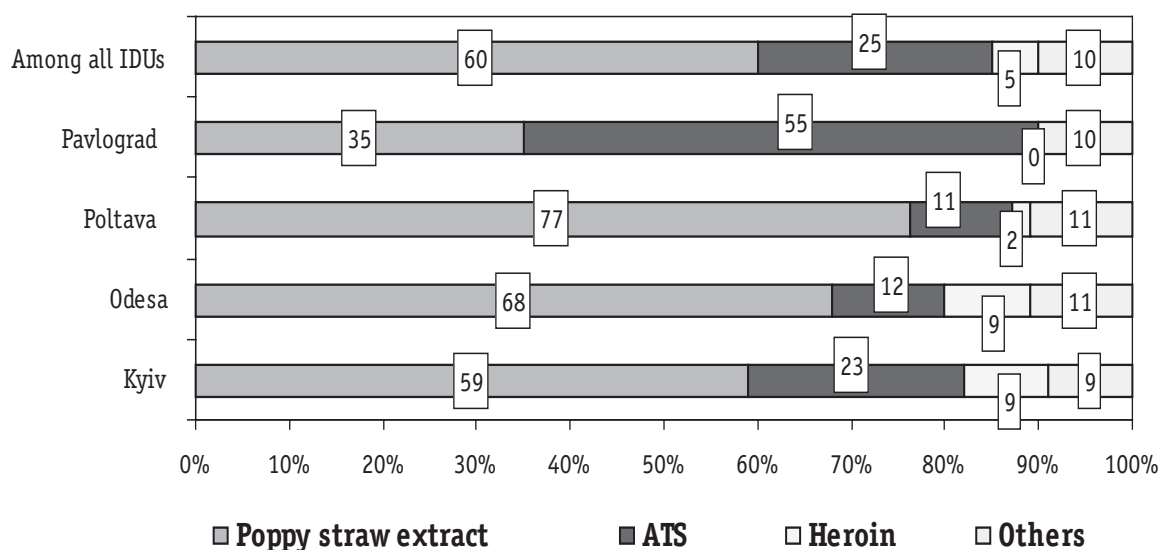


The substances that were first injected

The most widespread substances used by the young people during the first injection is poppy straw extract: 60 per cent of IDUs interviewed started injecting drug use with a poppy straw extract, and 25 per cent with amphetamines (ATS²⁰) and heroin (5 per cent).

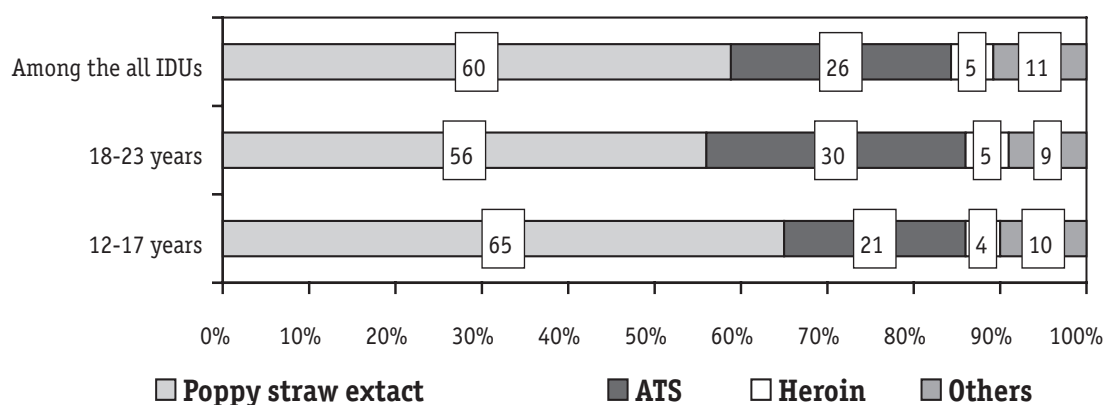
At the same time, certain regional differences are observed. In Poltava more than three quarters of the respondents (77 per cent) first injected a poppy straw extract, while only one-third of the respondents (35 per cent) in Pavlohrad reported this to be their first injected drug. Amphetamines are most popular among the IDU residents of Pavlohrad and Kyiv: in these cities, the percentage of those who reported amphetamine as their first injected drug makes up 55 and 23 per cent, respectively. The demand for heroin among beginners is lower: only 9 per cent of IDUs used it in Kyiv and Odesa, 1 per cent in Poltava, and none in Pavlohrad (Figure 3.1.3), showing that Ukraine is no exception to the observation that new drug trends generally enter countries through capital and seaport cities.

Figure 3.1.3. The drug substances that were first injected by city in which IDUs live, per cent



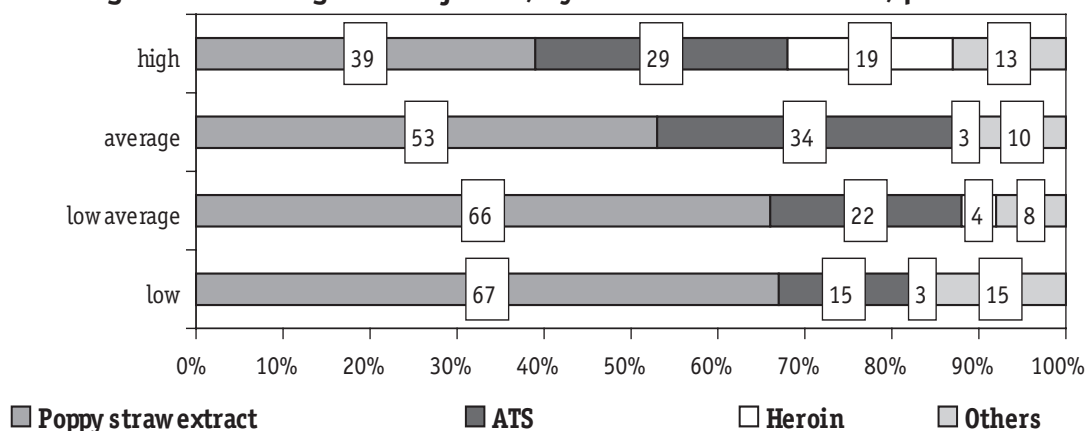
A poppy straw extract was used more frequently during the first injection by those respondents who began at the age of 12–17 years old than by those of 18–23 years old (65 per cent and 56 per cent, respectively). One fifth of people interviewed (21 per cent) who were under 18 at the time of his/her first injection took amphetamines intravenously. Among respondents who were of adult age when the first injection was made, one third used amphetamines for their first injection (30 per cent) (Figure 3.1.4)

Figure 3.1.4. Substances used for the first injection, by the IDUs' age at the time of the first hit, per cent



The selection of a drug for the first injection is somehow connected with the IDU's financial status. The IDUs with low and below average income levels used a poppy straw extract for their first injection (66 and 67 per cent) more often, though 39 per cent of the IDUs with high-income level used it as well. 15 per cent of the IDUs belonging to the lowest income group and 34 and 29 per cent of the IDUs from the average and high-income level groups respectively used amphetamines. The percentage of the respondents who used heroin during the first injection was as follows: among the IDUs with low-income level, 3 per cent; low average, 4 per cent; average, 3 per cent; and high, 19 per cent (Figure 3.1.5).

Figure 3.1.5. Drugs first injected, by the IDU's income level, per cent



Social setting of the first injection

In order to analyse the initiation into injecting drug use, it is important to understand in what social environment the first injection takes place. According to the data obtained, the first injection rarely occurs when a person is alone. Usually young people decide to inject for the first time in the company of close friends, as was mentioned by 80 per cent of the respondents: *"We were in a crowd, relaxing and having fun. There was some alcohol, girls: everything was fine"* (Poltava, male, 21). 20 per cent of the IDU respondents said that they first injected a drug in the company of people they hardly knew and only 5 per cent had their first injection alone (Table 3.1.1).

Table 3.1.1. “Who was there with you during your first injection?”, per cent (respondents can choose several options)

Friends or close acquaintances	80
Occasional acquaintance	20
Sexual partner	17
Strangers	7
Alone	5

Relationship to the Initiator

At the same time, it is worth noting the differences in the young male’s and female’s social surroundings during the first injection and the persons that gave them the first injection (see Table 3.1.2. and Figure 3.1.6).

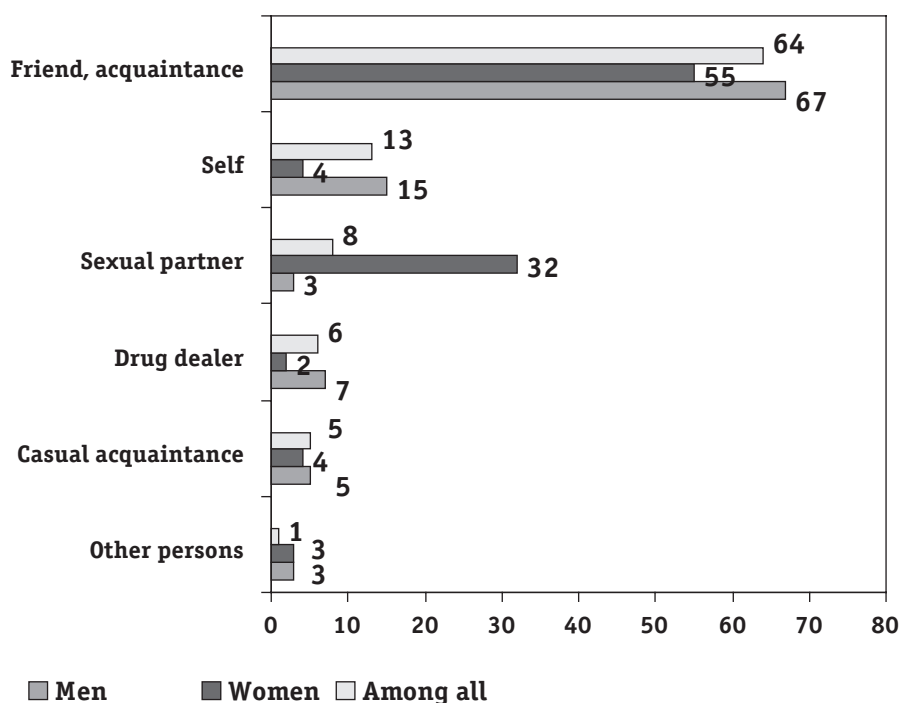
A close IDU friend is most likely to act as the potential initiator for both the NIDUs and NUs (he/she proposes to try injecting drugs or gives the first hit). The majority of the IDUs were initiated by a close friend as well. Seventy nine per cent of the NIDUs and 69 per cent of the NUs were offered the opportunity to try an injecting drug by a close friend. Sixty four per cent of the IDUs interviewed said that a close friend had offered their first injection. Acquaintances also play an important role in offering the injectable drugs to non-injectors (29 per cent of the NIDUs and 18 per cent of the NUs), as do sexual partners (12 and 14 per cent, respectively) (Table 3.1.2).

Table 3.1.2. Initiators and Potential Initiators, per cent of IDUs and of the NIDUs and NUs, who have been offered injecting drug (NIDUs and NUs can choose more than one answer)

	<i>“Who injected you the first time you used injecting drugs?”</i>	<i>“Who exactly offered you an injecting drug to try?”</i>	
	<i>IDU N=808</i>	<i>NIDU N=330</i>	<i>NU N=134</i>
Friend/close acquaintance	64	79	69
Drug dealer	6	18	6
Sexual partner, husband/wife	9	12	14
Acquaintance	5	29	18
Stranger	1	8	10
Brother/sister	2	2	2
Myself	13	–	–

Men predominated among those who first tried an injecting drug alone and thus injected it themselves: *“I saw my friend do it, however it was me who bought the drug and injected it.”* (Poltava, male, 22 years). Men were also more likely to report the first hit being given by ‘strangers’ or dealers. Meanwhile, females more often (32 per cent) had their first injection in the company of their sexual partner or husband, while only 3 per cent of the men reported the same.

Figure 3.1.6. “Who gave you the first injection?”, per cent by gender



The average age of a ‘beginner’, as mentioned above, was 17.7, and the average age of a person who made the first injection was 22.8. A person who has had previous experience of drug injecting (83 per cent) usually makes the first injection. The percentage of those who have never used drugs or used only non-injecting drugs is only 4 per cent (see Table 3.1.3).

Table 3.1.3. “Did the person who gave you the first injection use drugs?”, per cent of the IDUs who were injected by another person.

No, did not use any drugs	4
Yes, used only non-injecting drugs	5
Yes, used injecting drugs	28
Yes, used both non-injecting and injecting drugs	55
Don’t know anything about it	8

During the first hit, almost a half of the IDUs interviewed (45 per cent) were in their friends’ or acquaintance’s apartment or a private house, and only 17 per cent were in their own flat: *“We were in the friend’s flat, in the kitchen. We have known each other since childhood, spent time together”* (Poltava, male, 21).

Half (54 per cent) of the IDU respondents got the drug for their first injection free of charge, most often from his/her friend(s), relatives, sexual partners, and sometimes from a drug dealer; one in three (27 per cent) bought drugs together with friends, and one in six (16 per cent) paid for the first injected drug him/herself: *“There was a holiday that day – the Kyiv Day, I had some money with me. My friends and I decided to buy the drug together, I gave them some money”* (Kyiv, male, 18).

Only a few respondents (3 per cent) prepared their first injection themselves. The younger the respondent at the time of their first injection, the less likely he/she was to buy the drug him/herself. In particular, none of the 12–15 year-old teenagers bought it him/herself, only 6 per cent of the 16–17 year-old teenagers bought it themselves, and the percentage reaches 19 per cent among 22–23 year-olds (Table 3.1.4). Additionally, men were more likely to buy or prepare a drug than women (21 per cent vs. 8 per cent).

Table 3.1.4. “How did you get the drug you first injected?” by age, per cent

<i>The channels of getting or purchasing a drug for the first injection</i>	<i>Age of respondents, years</i>					<i>All</i>
	<i>12–15</i>	<i>16–17</i>	<i>18–19</i>	<i>20–21</i>	<i>22–23</i>	
Prepared (cooked) myself	6	6	3	1	3	3
Bought myself	0	6	14	17	19	16
Purchased together with friends (clubbed together)	23	30	33	27	25	27
Given it by friends, acquaintances, or sexual partner	71	58	50	55	53	54

Behavioural risks associated with the first injection

The analysis of data gives grounds to assume that the practice of the first drug injection (which is most likely to be a home-made substance) is associated with high risk, in particular the risk of HIV. This is an alarming finding considering the rapid spread of the epidemic among the IDU population: 42 per cent of IDUs belong to the HIV risk group.

Firstly, injecting drug use is likely to take place in a group: 80 per cent of IDU respondents said that other people used the same drug at their first injecting occasion. The majority of IDUs (75 per cent) purchased their first injected drug as a liquid in a syringe, and only 21 per cent said that each person in the group had his/her own syringe. In all other cases, users took the drug from one shared syringe, i.e. sometimes or all the time shared the needle: *“We injected the drug using one needle for all the group”* (Poltava, male, 21 years).

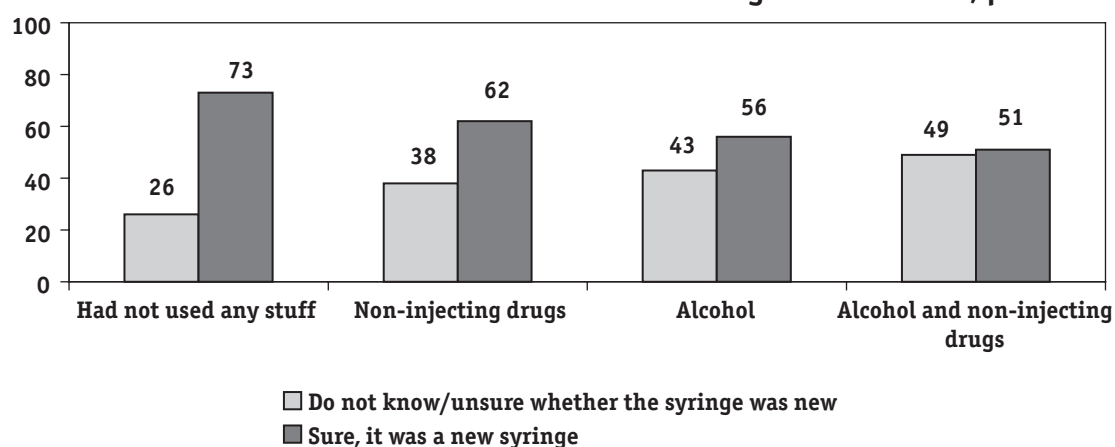
Secondly, only 66 per cent of the IDU respondents used new sterile syringes for the first injection, and one in three IDUs interviewed did not know or were unsure whether these syringes had been used by someone else or not. There were a few people who reported injecting with a needle which had already been used, but they could not tell in the majority of cases (two out of three) whether the needle had been disinfected and one in four was sure that the needle had not been disinfected at all.

The spreading of risky injecting practices is influenced by the respondents’ age. Thus, only 23 per cent of the adolescents interviewed were sure that they had used a sterile disposable syringe for the first injection (compare with 66 per cent of the 22–23 year-olds).

The longer the history of non-injecting drug use the ‘novices’ had, the more aware they were of sterile injecting equipment. Among those with a two-year history of non-injecting use, 32 per cent were unsure or did not know whether the syringe was sterile or used. But this percentage dropped to 21 per cent among the respondents with a drug-use history of more than four years.

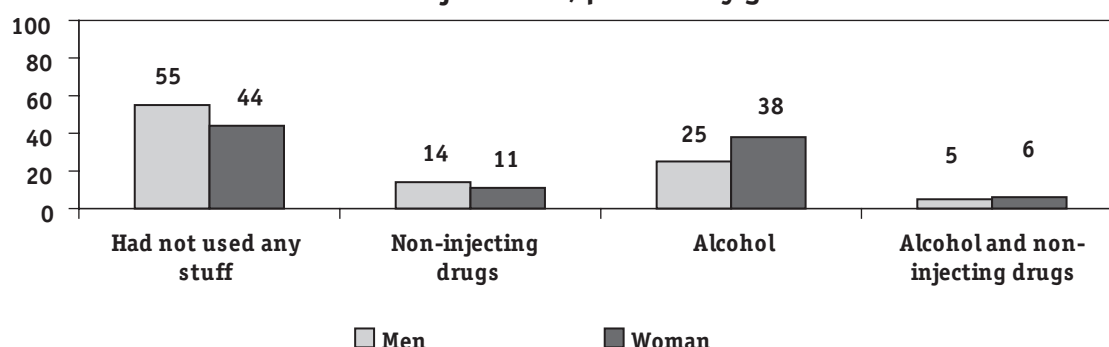
There is another factor that affects essentially the motivation and the ‘character’ of the first injection from the perspective of possible risks – the usage of other substances. According to the data obtained, half of the IDU respondents, i.e. 55 per cent of males and 44 per cent of females, did not use any other substances during the first drug injection: *“At the time of my first injection I was under the influence of alcohol and marijuana”* (Poltava, female, 19 years). There is a distinct difference in sterile needle usage indicators during the first injection between those who were intoxicated with alcohol or other drugs and those who reported no other intoxication at the time of the first injection. In particular, 73 per cent of IDUs who did not use any other substances on the first occasion of injecting drug use reported having the first injection with a new sterile needle, compared to about 51 per cent of those who reported drinking alcohol or using non-injecting drugs at the same time (Figure 3.1.7)

Figure 3.1.7. “Did you use a sterile needle for the first injection?” by the factor whether the IDU was under the influence of other drugs or substances, per cent



It should be mentioned that alcohol seems to be a much more powerful factor for females: almost 40 per cent of the female IDUs interviewed drank alcohol before their first injection (against 25 per cent of males) (Figure 3.1.8). Moreover 71 per cent of male IDUs reported no sharing of syringes/needles for the first injection while only 49 per cent of the females said that they did not share.

Figure 3.1.8. “Were you under the influence of other drugs or substances during the first injection?”, per cent by gender



❖ DISCUSSION

The majority of young people interviewed began injecting drugs either in the summer months or in January. This is determined by the fact that summer is the poppy harvest season, as well as by the fact that young people have much more free time in summer. The correlation between the free time available and the probability of injecting drug use is proved by the higher numbers of those who reported the first injection in January and May, i.e. at the time of Christmas and Easter holidays. This may indicate the need for regular prevention activities in these particular periods.

Poppy straw, amphetamines, and heroin are the substances most likely to be used for the first occasion. The regional differences concerning drugs used for the first time are probably the reflection of their popularity and availability across the cities. The wide popularity of poppy straw is obviously due to its fairly low price. Heroin is, on the contrary, seen as an elite, more expensive, and therefore less available drug: it is more often used when the first injection takes place in a large city.

One of the main reasons possibly was the respondents' financial possibilities. While rather cheap poppy straw was affordable to virtually all IDUs regardless of their financial situation, amphetamines and (especially) heroin were used mostly among IDUs with fairly high incomes. In general, the higher the respondent estimated his/her financial situation, the more diverse and more expensive were the drugs reported to be used for the first injection.

The early initiation of injecting drug use may be associated with 'adolescent problems', in particular the problems associated with emotional development. Adolescence is an important and contradictory period when young people enter independent life and change or develop new values and attitudes. It is a well-known fact that youth behaviour is characterised by imitation and inclination to co-operative behaviour (i.e. doing something because other people do it). It may be a period of unreasonable protest and high susceptibility to behavioural models and values. The youth 'maximalism' and the lack of experience may be the determinants of the initiation of injecting drug use. The 17–18 years age boundary for Ukrainian youth is characterised by graduation from school (if the socialisation process is completed successfully) and by the new stage of their life, when they get full social rights and society begins to recognise a young person as legally adult. There is no school control anymore, and family control reduces considerably. Some of the young people change their place of residence, moving to another city for study or to find work, etc. Those young people who do not have the option of continuing their studies look for a job. The new circumstances of life present challenges and questions, but young people are not always prepared to solve them. Parents and adults are seen as an "unnecessary load", "not in touch with modern life" and are not able to understand the problems of their grown-up children. In such a situation, it is easier to find mutual understanding with friends and persons of the same age, in company where communication is easy-going and interesting. The first injection takes place in the company of friends, of acquaintances, of sexual partners, and sometimes even of strangers, (95 per cent).

The data obtained allow us to hypothesize that "on-the-spot" intoxication with alcohol and/or other substances may bring down the barriers to injecting drug use. Thus, 45 per cent of males and 56 per cent of females reported being under the influence of other psychotropic substances (alcohol and/or non-injecting drugs). Non-injecting drug use may provoke an interest in other substances and may increase the inclination to experimentation. Possibly, drinking alcohol and using other substances may be seen as 'crossing the border' to readiness to try an injecting drug. Maybe, non-injecting drug use considerably decreases self-control, and young people agree to have the first injection. A fact of great importance is that drinking alcohol and using non-injecting drugs contribute to the readiness to try an injecting drug, but also may lead to risky drug injecting practices.

The initiator is normally someone the 'beginner' knows pretty well: a friend or a spouse/sexual partner, usually older and with some experience of drug use, i.e. older and more experienced IDUs involve younger friends/partners into injecting drug use.

The fact that more than half of young people obtain drugs free of charge testifies to the availability of drugs and to the strong social ties between the initiator and the initiated. The fact that more than a quarter bought it together with friends points again to the influence of companions and testifies to a degree of planning of the first injection among some young people.

The data obtained illustrate some important gender differences that give grounds to assume females are especially vulnerable to all risks associated with the first injection. On the one hand, their motivation to try an injecting drug is more dependent on and affected by personal relations with a spouse/sexual partner and that person's behavioural models. On the other hand, females were more likely to report a first injection made under the effect of alcohol, and to share syringes/drug-cooking utensils, which increases the risk of HIV.

The 'positive' correlation between the previous experience of non-injecting drug use and safe injecting practices may be explained by the assumption that the respondents with a longer history of drug use (even if it is non-injecting drugs) were more aware of the risks associated with injections and thus were more likely to use sterile injecting equipment on the first occasion. So younger NIDUs are less experienced and more at risk for that reason. Safer drug injecting practices can be promoted by effective educational and prevention programmes run by the local NGOs targeting the IDU communities.

❖ CONCLUSIONS

The data obtained allow a summary of the characteristic concerning the first injection to be made. The average age at which the first injection occurs is 18 years. Poppy straw is the most used drug on the occasion of the first injection (60 per cent), which is obtainable due to its low price. Twenty five per cent initiated with amphetamines and 5 per cent with heroin.

The first injection usually occurs indoors (82 per cent), in a circle of friends, acquaintances, spouse/sexual partners (95 per cent vs. 5 per cent who do it alone) who have previous drug injecting experience (83 per cent). The drug for the first injection is normally obtained free of charge from close friends (54 per cent). **Thus, new IDUs become involved through experienced IDUs. Only 13 per cent made the first injection by themselves.**

The use of any other substances, especially alcohol and non-injecting drugs, distinctly increases the risk of initiation of injecting drug use, in particular among young women. This gives grounds to assert that the injecting drug career does not exactly 'start' with the first injection. The first step is the familiarisation with legal substances that gradually develop a young person's readiness to adopt behavioural models leading to the initiation of the use of illegal drugs. This is to be taken into consideration in the development of drug prevention programmes targeting young people. The use of alcohol is not important in itself. What is important is the social and cultural environment in which alcohol is used. Drinking alcohol in a group of drug users may play the decisive role in the involvement into drug injecting. In addition, the fact that the majority of IDU respondents spend their free time seeing friends and drinking with them proves that illegal drugs easily combine with alcohol rather than replace it.

The spouse/sexual partner's initiative and alcohol intoxication seem to be important factors in women's initiation of injecting drug use. At the same time, it is alcohol that makes women accept the partner's offer by breaking down a certain social and psychological barrier.

The first drug injection is associated with high risks of HIV and other blood-borne infections. An essential argument for this statement is the extent to which injectors share drug-preparing utensils. Sharing syringes/needles is less common: 66 per cent of the IDU respondents reported the first injection was made with a new sterile syringe. Men seem to be more reluctant to share drug-cooking utensils/syringes with other users in the group.

Drinking alcohol and non-injecting drug use seem positively related to the initiation of injecting drug use and also provoke risky injecting practices. (To make more general statements, we should have a control group.) The percentage of IDUs who reported using a new sterile syringe on the first occasion was 73 per cent of those who were not intoxicated by other substances at the time of the first injection and only 56 per cent of the IDU respondents who reported drinking alcohol prior to the first injection.

Previous experience of non-injecting drug use can affect the practice of the first injection. The respondents with a longer history of non-injecting drug use were less likely to share syringes on the first occasion of drug injecting. Younger IDUs with a lower educational level were most susceptible to the risks associated with the first injection. In particular these respondents were more likely to inject with syringes/needles which had already been used.

The characteristics of the first injection which were obtained testify to the need for the introduction of harm-reduction programmes (targeting the aspects connected with both alcohol and drug use) among the non-injecting drug users and the development and implementation of target programmes for young IDUs (especially for those under 25 years old) in order to reduce the risk of them involving teenagers and young people in injecting drug use.

3.2. Second injection. Planning the first and the second injections

In this section the conditions under which the second injection was made are analysed, namely: the time period separating the first and second injections, a comparative analysis of the planning levels of the first and second injections depending on age and gender, and the use of other drugs.

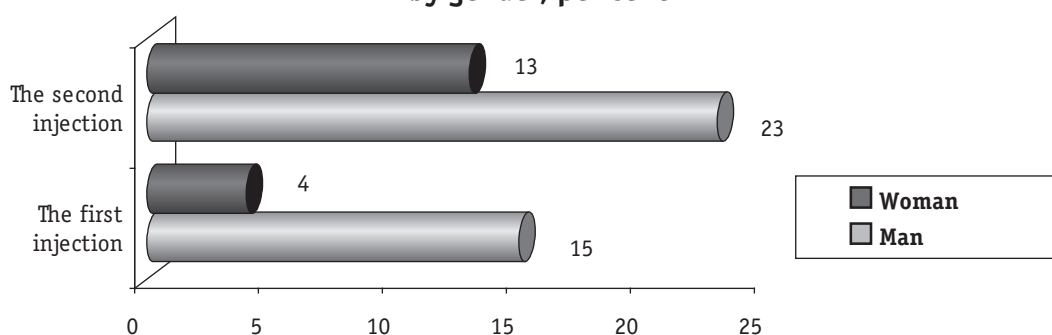
❖ RESULTS

The second occasion of injecting drug use occurs usually within a short period of time after the first injection. Seventy four per cent of interviewees had the second injection within the following month: 7 per cent within a few hours, 42 per cent had it within several days, and 25 per cent within weeks of the first injection. *“Two weeks had passed since I had my first hit. We wanted to cheer up, so we collected some money and made injections”* (Odesa, male, 23 years old). Ten per cent had the second injection a month or more after the first. Only 2 per cent of all the IDUs interviewed said that they had their second injection a year or more later.

The data obtained clearly demonstrate that the time period between the first two injections is shorter for women. Specifically the percentage of those who had their second injection within a period of less than one month is 70 per cent among males and 82 per cent among females. Furthermore, the period of time separating the first and second injections decreases as the respondents age decreases. Being young is associated with higher risks.

Both the first and second injections are likely to occur in the company of others. Close friends, acquaintances, or spouses/sex partners usually initiate the second injection. At the same time, the ratio between shared and lone use is changing somewhat. Self-injection of the drug is more likely during the second injection than during the first one: *“The next time and other times I was looking for the drug myself and used it alone, so that no one knew”* (Poltava, male, 20 years old). Twenty one per cent of IDU respondents reported that the second injection was self-administered compared to 13 per cent of those who administered the first injection themselves. IDU men were more likely to make the second injection themselves. (Figure 3.2.1).

Figure 3.2.1. Percentage of IDUs who injected by themselves, by gender, per cent

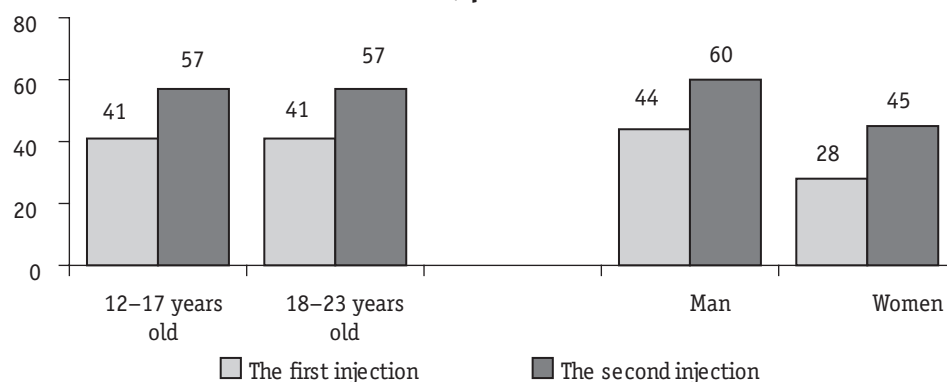


The first drug injecting was mostly a spontaneous decision; the second injection more often was planned. *“All the time I was thinking about a way to try it one more time, that is why I myself was the initiator of the second injection”* (Poltava, male, 18 years old). Forty per cent of the IDUs said that their first injection was a planned event while the second injection was planned by 57 per cent of the interviewees.

The respondents' level of preparedness to inject drugs has the following peculiarities. First of all, the age differentiation is an important factor for the first injection while the second one was a planned event for the majority of the respondents regardless of their age. The first injection was a planned event for 29 per cent of the 12–15 year-old respondents, but for 43 per cent of those 20 years old or over. *“It happened by accident. We were having fun, but we lacked something. We wanted to have brighter feelings. So something*

new was proposed and I agreed” (Poltava, male, 21 years old). For the second injection, the proportions of those who planned it were 59 per cent and 61 per cent, respectively (Figure 3.2.2).

Figure 3.2.2. Planning the first and second injections, by the age and gender of IDUs, per cent



Secondly, men are more likely to make their first injection deliberately. For the majority of the women, the first injection was a spontaneous event. The evidence of that is the fact that, among all IDU respondents, 44 per cent of males and 28 per cent of females planned their first injection, but the second one was planned by 60 per cent of males and 45 per cent of females, respectively (Figure 3.2.2).

Thirdly, the level of unplanned injecting drug use increases when other psychotropic substances are used, alcohol above all. Forty five per cent of beginners who did not use other psychotropic substances planned their first injection, whereas only 28 per cent of those who used alcohol did so (Figure 3.2.3). It also matters whether a person has had acquaintance with injection drugs. In particular, among IDUs who had already had the opportunity to try injecting but did not use it, 43 per cent planned their first injection. The corresponding index among those who were not in such a position is 37 per cent (Figure 3.2.4).

Figure 3.2.3. Planning of the first injection depends on the use of other psychedelic substances at the time of injection, per cent

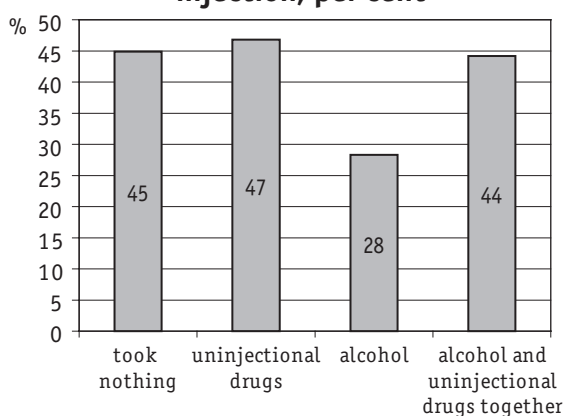
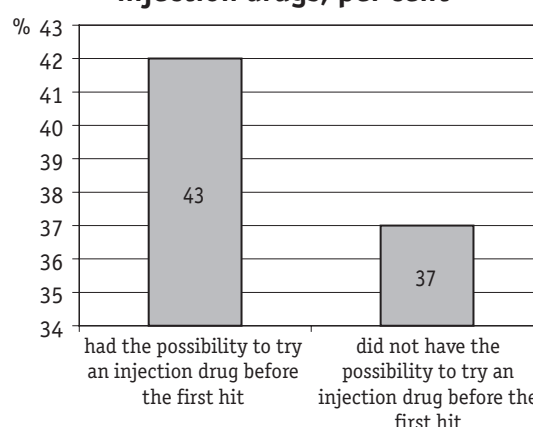


Figure 3.2.4. The level of planning for the first injection depends on the previous opportunities to try injection drugs, per cent



DISCUSSION

The data obtained make it possible to assume that the first injection is usually a spontaneous event. The second is more planned, but it is still influenced in most cases by certain uncontrolled circumstances. The first and second injections are least planned by women, youngsters, and IDU novices. As the transition to the second injection occurs more quickly among women and younger IDUs, it gives grounds for suggesting the existence of certain factors, in particular those of a social and psychological nature, which promote a faster transition to regular/systematic injecting in women and younger users. First of all, while the first injection was something spontaneous for the majority

of teenagers, the percentage of those who planned the second one appeared to be highest within this age group. Secondly, men seem to tend to plan their first injection more often, while it is a fairly spontaneous event for the majority of women, and likely to happen under the influence of alcohol.

The probability of the spontaneous start of injecting drug use is especially high in cases of alcohol intoxication. The level of planned first injections is higher if a person has had an opportunity to try injecting drugs before. Those IDUs who had been given the opportunity to try drugs made their first injection more deliberately and less spontaneously than IDUs who had not had such an opportunity. This is explained by the fact that this category of respondents is characterised by a higher level of knowledge and interest concerning opportunities of injecting drug use. At the same time, this means that a long-term contact with IDUs weakens barriers against injecting drug use and increases the willingness to try drugs. Although the first hit is the personal choice of a young person, this decision is subjected to various social environmental influences. This is suggested by the spontaneous nature of the first injection on the one hand, and the group preparation and use of drugs on the other hand. In addition, the collected data demonstrate that those who had had opportunities to try an injecting drug before the first injection but had turned it down for some reason, were much more likely to plan their first hit. It is possible that regular/systematic contacts with a drug-injecting environment give rise to the motivation to try drugs. As the frequency of contacts with IDUs increases, the probability of becoming involved in drug use is surely increased too, because this communication weakens personal and social barriers to initiation and increases the preparedness to use drugs.

❖ CONCLUSIONS

The first drug injection is more often a spontaneous event, while the second injection is more often planned. Men are more likely to make a deliberate decision to try an injecting drug. Women tend to use drugs spontaneously under the influence of their social environment (in particular, of a spouse/sexual partner) and/or alcohol.

The first injection seems to be an unplanned event for the majority of juvenile IDUs. From a Public Health perspective, this is a rather alarming finding. Young 'beginners' usually know little about HIV/AIDS and thus are faced with a higher HIV risk as they are most likely to share a syringe.

The transition from the first injection to the second one usually takes very little time, usually no longer than a month. Thus, the first injection drastically increases the risk of the second injection within the very near future. Women are somehow quicker to transit to the second injection than men. However, it is still a spontaneous event for many women, rather than a planned one.

Thus, we assume that one of the most important target groups for youth prevention programmes may be women, and in particular young women and girls who have friends among male IDUs and who drink alcohol more or less regularly. In view of the popularity of light alcohol drinks among young people in Ukraine, the psychological features of youth, and the need to contact the other sex, we see the need to find effective prevention methods and to form habits of a conscious, controlled use of alcohol (as well as light alcohol), to form a sexual culture in all senses of the word, including communication skills, ability to see health risks and to avoid them, etc.

A separate task is to implement special programmes with young IDUs with the aim of breaking the initiation chains among IDUs' friends and acquaintances.

3.3. Reproduction of injecting drug use

In this section, the data from the research concerning the scale of the initiation into injecting drug use, including the total number of people who were first injected by the IDUs interviewed and how many of them use injecting drugs now, were analysed. We have evaluated the average amount of people involved per IDU and studied the question of the probability of involving young currently NIDUs into injecting drug use.

❖ RESULTS

IDUs involving other people

As has already been mentioned, injecting drug use starts in a group in which more experienced IDUs involve novices. According to the data obtained, one in five interviewees (21 per cent) answered that he/she has initiated a novice at least once in her/his injecting history. Friends, close acquaintances, and sexual partners normally form the majority of the newly involved. *“Yes, I injected new guys many times. There were also girlfriends I was acquainted with in the street. I consider them to be very weak, I mean those who didn’t realise the situation, just as it had happened to me before. But this time it was me who offered to inject them.”* (Poltava, male, 21 years). Fifty three per cent of IDU respondents never injected novices, and another 16 per cent had never given injections to anyone at all. *“Frankly speaking, I haven’t involved anybody into drug use as it’s a lousy thing”* (Kyiv, male, 22 years) (Table 3.3.1).

Ten per cent injected other people not knowing if it was their first time or not.

Table 3.3.1. Injecting drug use involvement scale

Have you ever happened to give an injection to a novice?		per cent		How many of them use drugs now?	per cent
Yes, I have (including the number of cases)		21		Don’t know	6
– once	7			One person	38
– twice	6			Two persons	24
– three or more times	8			Three and more	27
I have never done it		79			

In most cases, people injected first by IDUs are still using drugs *“Yes, they inject, even more than I do”* (Kyiv, male, 18 years). *“I am not sure, but sometimes I see him in the places where drugs are sold”* (Poltava, male, 20 years).

For making further calculations, we used only data from those who stated having injected other people – 21 per cent of IDUs (167 of those interviewed) injected other people. (The problem is that we do not have a time reference (data from the previous year), so we cannot estimate growth.) The total number of people who have been initiated into drug injecting by these 167 IDUs is 605 people. Thus, the average number of initiations per initiator is 3.6, but the average number of initiations per IDU interviewed is 0.7 (the population is growing slowly). Among male initiators, the average number of initiations is 3.83 persons, and among female initiators it is 2.61.

Twenty two per cent of male IDUs gave novices their first injection. Among females, this indicator accounts for 16 per cent. This difference is of no statistical importance taking into consideration the small quantity of females in the sample, though theoretically this difference is rather interesting. Not unexpectedly, the respondents with a history of drug injecting in excess of five years were responsible for the largest numbers of first injections, but even IDUs with an injecting history of up to one year initiated three novices on average.

The size of the social surrounding (a lower or higher number of friends) does not influence the number of those involved into injecting drug use.

In most cases, IDUs injected their friends or acquaintances. The second most frequent answer was *“someone I did not know well”*. Moreover, over a quarter of respondents injected their sexual partners (Table 3.3.2).

IDU women were much less likely to inject strangers, which may characterise them as a more reserved group tending less to initiate people they did not know well.

According to the qualitative data, the relations between initiators and those initiated may be very different: *“One girl cursed me, the other one defended me from her. I am not aware about the*

others – some have died, other are in jail.” (Kyiv, female, 21 years); “Rather good, moreover, they still ask me to inject.” (Kyiv, male, 20 years); “We split up in half a year. I decided to quit drugs, she didn’t” (Odesa, male, 22 years).

Table 3.3.2. “Who of these people did you inject for the first time?”, per cent of all initiators (interviewees can choose several answers).

	Male	Female	Among all
Friend, close acquaintance	75	85	76
Not close acquaintance	36	22	34
Sexual partner or husband/wife	29	33	30
Stranger	13	4	12
Brother/sister/other relatives	2	4	2

Intention to inject

Eighty per cent of NUs and 56 per cent of NIDUs have never even considered injecting drug use before the interview. Only 2 per cent of both the NIDUs and NUs, being mainly men, expressed a “current and active” intent to inject. But 43 per cent of NIDUs and 18 per cent of the NUs mentioned that they have considered taking an injection a couple of times or quite often (Table 3.3.3).

Among the NIDUs, the highest percentage of those who would like to try an injecting drug is composed of the 16–17 year-old respondents and, in the NU group, by those who were predominantly 20–21 years old. The overall distribution of the answers to this question is given in Table 3.3.3.

Table 3.3.3. “Did you ever want to try an injecting drug?”, per cent of NIDUs and NUs

	NIDUs	NUs
No, never	56	80
Yes, a couple of times	37	17
Yes, quite often	5	1
Yes, I really would like to try an injecting drug	2	2

Discussion about the intention to try injecting drugs along with other people

Two thirds (67 per cent) of NIDUs who were willing to try injecting drugs, (that is 30 per cent of all NIDUs interviewed) and half (51 per cent) of NUs, who willing to try an injecting drug, (that is 10 per cent of all NUs interviewed) discussed it with another person. Women have a greater tendency to discuss such things. With regard to the age criterion, there is a difference between the NIDU and NU groups: the majority of NIDU ‘intenders’ who tend to discuss such issues were 12–17 years old, and those aged 18 years and over in the NU group tend to discuss such a desire.

The NIDU ‘intenders’ normally discuss it with someone who has already used drugs both injectingly and non-injectingly (53 per cent of the NIDUs who discussed it at all) or someone who uses non-injecting drugs only (31 per cent). A somewhat different situation is observed among the NUs (whose social ties are different to some extent): 33 per cent discussed the issue with an IDU and 27 per cent with other non-users. Fifteen per cent of NUs discussed it with NIDUs and 18 per cent with someone who used both injecting and non-injecting drugs.

One third of NIDUs and one fifth of NUs willing to try an injecting drug discussed the possibility of trying together with another person. These were mainly males.

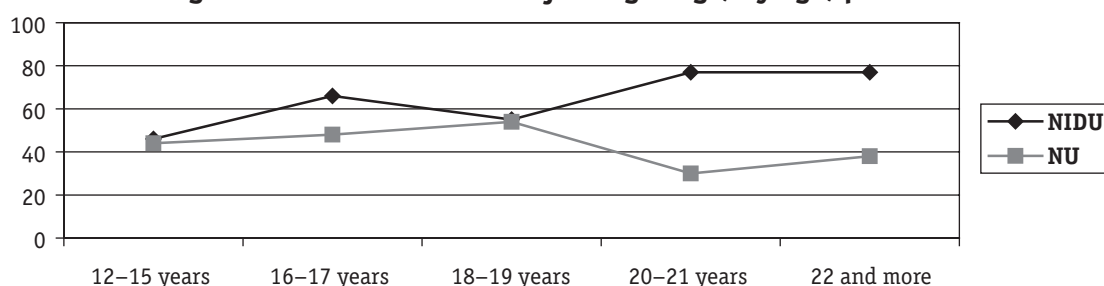
Opportunities for injecting: offers of injecting drugs

While being interviewed, the respondents were asked the following question: “Have you ever been offered an injecting drug?” Seventy per cent of all NIDUs interviewed and 42 per cent of the NUs gave an affirmative answer to this question.

Male NIDUs were invited more often to try an injecting drug compared to female NIDUs. In contrast, the female NUs were more likely to be invited to inject. The majority of affirmative answers to this question was obtained in Kyiv from both NIDUs and NUs.

There is the difference according to the age of respondents. Among the NIDUs, the highest percentage of affirmative answers is observed among the respondents aged 20 or over (77 per cent), the lowest percentage among those aged 12–15 years (46 per cent). Among NUs, the respondents aged 18–19 frequently mentioned being offered injecting drugs (54 per cent); and those 20–21 years old mentioned it quite seldom (30.5 per cent). (Figure 3.3.1).

Figure 3.3.1. Ever offered injecting drugs, by age, per cent

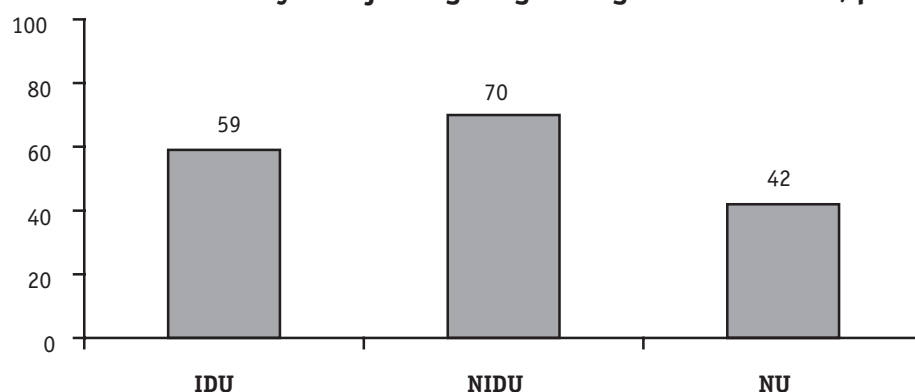


The IDUs were asked a somewhat similar question: “Did you have opportunities to inject drugs before your first hit?” Fifty nine per cent of the IDU respondents gave a positive answer (Figure 3.3.2).

From interview:

“I had a lot of possibilities, but I was afraid of an overdose.” (Kyiv, male, 20 years old)

Figure 3.3.2. Opportunities to inject drugs before the first hit among IDUs and the level of offers to try an injecting drug among NIDUs and NUs, per cent



Respondents (both NIDUs and NUs), who have ever been offered injectable drugs, think over the opportunity to try injecting drug and stated the desire to try it more frequently (Table 3.3.4).

Table 3.3.4. Intention to inject by exposure to injecting

Have you ever wanted to try an injecting drug?	Have you ever been offered injecting drugs?			
	NIDU, N=476		NU, N=326	
	Yes	No	Yes	No
	N=331	N=145	N=138	N=188
No, never	47	77	70	88
Yes, a couple of times	43	21	27	10
Yes, quite often	7	2	2	
Yes, I really would like to try an injecting drug	3	–	1	2

Half of the NIDUs (51 per cent) willing to try injecting drugs admitted that they had been offered the opportunity to do so. NIDUs also get such proposals – half of the respondents already had two or more proposals.

Self-appraisal of the probability of injecting drug use

Considering personal attitudes towards the probability of injecting drug use, we have obtained the following results (Table 3.3.5): more than half of NIDUs and NUs (54 per cent and 64 per cent respectively) were sure that they would never try an injecting drug. A considerable number of the IDUs' non-injecting associates were unsure of their potential injecting drug use in the future (34 per cent of the NIDUs and 29 per cent of the NUs). And 10 per cent of the NIDUs and 5 per cent of the NUs believed that they would inject drugs in the future.

Table 3.3.5. "How sure are you that you will (not) try injecting drugs?", per cent

	NIDUs	NUs
Sure I will never try it	54	64
So far I don't but who knows	34	29
Sure I will try it someday	10	5
No answer	2	2

❖ DISCUSSION

It is difficult to estimate the genuine propagation rate of initiation into injecting drug use. In this survey, 21 per cent of IDUs under the age of 23 had initiated novices (3–4 persons on average), and 10 per cent had injected others, not being sure these were their first injections. The propagation rate found in this sample of 808 IDUs is 0.7. However, as the respondents are likely to realise the public condemnation of drug injecting, the questions about initiating others are likely to elicit some level of socially acceptable answering. Therefore, the rate put forward should be treated as a conservative estimate.

As the survey shows, two thirds (76 per cent) of injecting drug users and almost half (47 per cent) of non-users have been present at gatherings where drugs were being injected. According to the data obtained, both NIDUs and NUs have been in such company several times. As a rule, they have been there together with close friends and acquaintances.

The IDU environment is open to the friends of IDUs, probably due to multi-drug use which is typical of IDUs in Ukraine. This circumstance removes barriers preventing the trying out of injecting drugs and provokes some of the friends of IDUs to try it. These results give grounds for affirming the necessity of implementing intervention programmes directed at these groups of young people.

NIDUs have the possibility of trying injecting drugs earlier than their peers who have no previous experience of drug use. The majority of NIDUs interviewed got into company where drugs were taken by injection, and were able to observe this process at the age of 12–17. Among those who do not use drugs this did not happen till the age of 18–19 years. Taking this into account, a concern appears that a great percentage of NIDUs who said that they would like to sample an injection drug were exactly at the age of 16–17 years. This is the age at which most young people conclude their general education, change their surroundings, and find new friends.

The possibility of injecting together is frequently discussed among friends. For NIDUs, these are more frequently friends who already have experience of taking a drug by injection. Young people who do not generally use drugs nevertheless answered that they thought from time to time about the possibility of trying an injecting drug and have a wide enough circle of interlocutors. This testifies to the openness and even a certain popularity of the theme of injection use across a wide range of young people.

It has been suggested to the majority (70 per cent) of IDUs' friends who do not use injecting drugs that they might try it, but only to 42 per cent of the NUs. If we take into account that 59 per cent of the IDUs had had such suggestions made to them before the first injection, it is possible to assume that a part of the current circle of friends of IDUs who are not yet engaged in injecting drug use are at high risk of not saying "no" to the next proposal to "hit the vein". Information gathered shows that the proposals of injecting drug use double the number of NIDUs and triple the number of NUs who said they had thoughts about or a desire to try injecting drugs.

Attention must also be paid to the role sexual partners play in suggesting trying injection drugs. Such proposals, for young persons who are only just beginning to acquire experience of a sex life and who value their first relationship, can acquire a special weight and be more convincing than other proposals. It is quite possible that specific and more profound research of these aspects is needed with the aim of finding ways to work with IDUs in order to decrease the risk of the initiation of their sexual partners.

A separate task is the development of forms and methods of work with young NIDUs to make them aware of the risks of injecting drugs and to teach them how to do so safely, if that is what they decide to do. One of the target groups should be those NIDUs and NUs whose sexual partners are IDUs.

The fact that 18 per cent of NIDUs and 6 per cent of NUs had received proposals from dealers to use drugs also testifies to quite a high level of integration of NIDUs into the social network of IDUs. From the point of view of prophylactic action, dealers can be examined as a channel of access to the young people who are at risk of becoming engaged in injecting drug use. Dealers are hardly likely to be well disposed to a collaboration the purpose of which is to decrease the initiation of new users, but they might allow the diffusion of information about the safe use of drugs. Through this channel, it is also possible to spread information about different organisations and projects, i.e. to extend the circle of contacts with IDUs, NIDUs, and NUs.

❖ CONCLUSIONS

The average number of those newly involved in injecting drug use is 3.6 persons injected per IDU among those who gave the first injection to novices or 0.7 persons among all IDUs interviewed. Among IDUs, 21 per cent reported that they had given the first injection to others. Male IDUs and respondents with a longer history of injecting drug use have initiated more people than the others.

Only 2 per cent within each group of NIDUs and NUs mentioned that they would like to try an injecting drug. NIDUs begin to think about the possibility of drug injecting normally at the age of 16 to 17, while the majority of NUs begin to consider the possibility of trying at the age of 20 to 21. The passive participation in the process of drug injecting (spending time in the company of IDUs, watching the process) increases the probability that the person will try an injecting drug.

Seventy per cent of all respondents said that they had been offered the opportunity to try injecting drugs. Among the NUs interviewed, 42 per cent also reported having been offered an injecting drug. This shows that it is necessary to introduce prevention activities with IDUs and to popularize the idea among them of not using injecting drugs in the company of non-IDUs.

The proposals to inject drugs received by NIDU and NU respondents, and those who had initiated the IDUs in the study, usually came from a friend or a close acquaintance. That was confirmed by 79 per cent of the IDUs, 69 per cent of the NIDUs, and 69 per cent of the NUs who were offered the opportunity to try injecting drugs. Sixty four per cent of the IDUs say that friends or acquaintances gave them their first injection. Separately we should mention that for 12 per cent of the NIDUs and 14 per cent of the NUs the suggestion of trying injecting drugs was made by their sexual partners. Only 6 per cent of NUs and 18 per cent of NIDUs were offered an injection by a dealer.

More than half of NIDUs and NUs (54 per cent vs. 64 per cent) were sure that they will never inject drugs. Ten per cent of NIDUs and 5 per cent of NUs were sure that they will try injecting drugs. Of the friends recruited by the IDUs, 34 per cent of the NIDUs and 29 per cent of the NUs are still undecided about whether to follow their friend's example.

Among the NIDUs interviewed who have friends who are IDUs, a high percentage are sure that they will not inject drugs. On the other hand, however, the results of the questioning also show the need for further prophylactic work with this group of young people since they are at high risk of being seduced into injecting drug use.

The social circles of IDUs are no longer such closed groups as they used to be. Young people willing to associate with such company have no problems being accepted. On the one hand, this can promote the introduction of a greater number of prevention programmes into the IDUs' surroundings and contribute to involving IDUs themselves in the work in such programmes. But, on the other hand, it gives IDUs and drug dealers a new field for the recruitment of novices among NIDUs and NUs.

Section 4. The factors contributing to injecting drug use

In this section like in all the others, the analysis distinguishes between the three groups of respondents: young people who are injecting drug users (IDUs), those of their friends who are non-injecting drug users (NIDUs) and friends who have never used any drugs (NUs). Even though the measurement tools were slightly different for the IDUs and for their NIDU-friends, the questions were formulated so that the data can be compared across the three groups.

The development of the questionnaire and the analysis of data obtained were based on the main theories of deviant behaviour [14, p. 165–168]. In view of the wide spread of barrier factors such as those connected with the natural fear which many individuals have of harming their own health, the analysis involved the main theories connected with the modern conception of health [15; 16].

This section analyses different protective factors, motives for making the first injection, the availability of drugs, social environment (family and friends), and knowledge about the connections between injecting drug use and the risk of HIV.

4.1. Barriers to the initiation of injecting drug use

Using the quantitative stage of researches we were able to measure the level of prevalence of the factors that were (for IDUs) or are (for non-IDUs) deferring the first injection (or which had deferred the moment for IDUs). In addition, the participants were asked to select one basic factor, which allowed the researchers to establish a rating of given factors. The list of factors included those related to health, social consequences, and practical aspects. In addition, the respondents were given the opportunity to formulate their own answers.

❖ RESULTS

Three quarters of the NU respondents (77 per cent) and 72 per cent of the NIDU respondents answered that they have not started injecting drugs because they are afraid of getting HIV/AIDS. Along with this, among their IDU friends and in their close circle, this restraining factor has played a significantly smaller role: almost half of the IDUs interviewed said that they did not have their first injection sooner because of the fear of HIV/AIDS. The majority of the NIDU and NU respondents (70 per cent and 75 per cent respectively) regarded a concern about their life as a barrier to start injecting drug use, compared to 49 per cent of IDUs

More than half of current IDUs realised that there was a possibility of getting hooked. This fear was named as a restraining factor by 69 per cent of the NIDUs, and 68 per cent of the NUs. The fear of a possible overdose was named as a barrier factor by 36 per cent of the NUs, 46 per cent of the NIDUs, and 39 per cent of the IDUs. Among the NIDU respondents, compared with the NUs, the bigger percentage stated that they did not start drug injections because they had seen the changes in lives of their IDU friends/acquaintances (75 per cent and 63 per cent, respectively).

Fifty six per cent of NUs and 36 per cent of the NIDUs mentioned the negative attitude of the social environment towards injecting drug users as the greatest disincentive for the initiation of injecting drug use. Twenty four per cent of the current IDUs said it had been a barrier prior to their initiation into drug use. Actually, a personal negative attitude towards IDUs is a barrier for 45 per cent of the NUs and 21 per cent of the NIDUs. Almost a quarter of the IDUs did not start drug injections earlier, because they personally had a negative attitude towards those who did.

The fear of a vein shot is regarded as a barrier factor to the first injection by more than one third of the (IDU, NIDU, NU) respondents.

Fear of the police stops 31 per cent of NUs and 21 per cent of NIDUs from starting to inject. This barrier was also mentioned by almost a quarter of the current IDUs.

One of the quite widely spread protective factors is the lack of knowledge of how to make a proper injection or to calibrate the dose (39 per cent of the IDUs, 32 per cent of the NIDUs, 26 per cent of the NUs). The unavailability of injecting drugs is considered to be a barrier for one in five NUs and one in ten NIDUs. As for the lack of money to buy drugs, no significant difference was noticed between the respondents of all the three groups. Young NUs and NIDUs said that they do not start injecting drugs because they do not have anyone to give them the injection (14 per cent and 7 per cent, respectively). For one in five IDU respondents, this had been a barrier as well, although they eventually overcame it (see Table 4.1.1).

Table 4.1.1. Barriers to the initiation of injecting drug use (respondents can choose more than one answer)

	<i>IDUs</i> <i>N=808</i>	<i>NIDUs</i> <i>N=476</i>	<i>NUs</i> <i>N=326</i>
<i>Concerns of (immediate and long-term) health consequences</i>			
Fear of HIV-infection/AIDS	48	72	77
Fear of damaging the health	49	70	75
Fear of “getting hooked”, becoming dependent	58	69	68
Fear of overdose	39	46	36
Fear of a vein shot	38	35	36
<i>Concerns about social consequences</i>			
I see the changes that occurred in the lives of my friends/ acquaintances, after they started injecting drugs	—*	75	63
I communicate (communicated) with friends/ acquaintances who have very negative attitude to the social image of drug injection	32	36	56
I have (had) a bad attitude to the social image of injecting drug users	24	21	45
I am (was) afraid of police	24	21	31
<i>Practical barriers</i>			
I don’t (didn’t) know how to make an injection correctly, the dose	39	32	26
I couldn’t (can’t) get injecting drugs	23	10	20
I didn’t (don’t) have money for drugs	14	16	16
I didn’t (don’t) have anyone to give me an injection	20	7	14

* For IDUs this variant was not included for ethical reasons.

The most important issue that prevents non-injecting respondents from starting to inject is the changes that the respondents see in the lives of their IDU friends and acquaintances (according to 24 per cent of non-injectors). For one in five of NU respondents, the experience of their IDU friends is the major barrier (Figure 4.1.2). Their own negative attitude towards IDUs is the most frequently named main barrier for 8 per cent of the NUs, compared to 2 per cent of the NIDUs.

Together, the factors which relate to negative consequences for the health constitute the biggest barrier to injecting. One in five IDU respondents regard the fear of drug addiction to be the reason why he/she did not start injecting drugs earlier. This barrier is also the second biggest one for the NIDUs and the NUs (20 per cent and 12 per cent, respectively).

Concern about health is also a very important barrier (8 per cent IDUs, 12 per cent NIDUs, 11 per cent NUs). The realisation that injecting drugs significantly increases the risk of getting HIV/AIDS was given as one of the main restraining factors by 8 per cent of IDUs, 9 per cent of NIDUs, and 11 per cent of NUs. Among the IDUs, 8 per cent said the fear of a vein shot was the major restraining factor. Among the NIDUs and the NUs, only 2 per cent of respondents chose this option. The fear of an overdose restrained 5 per cent of the current IDUs. The amount of NIDUs and NUs who mentioned this factor is significantly small (1 per cent).

The practical questions have no substantial value as barriers. Only 10 per cent of IDUs were prevented from injecting sooner because drugs were not available. The amount of NIDUs and NUs interviewed for whom this was a major reason is smaller (2 per cent and 1 per cent, respectively) (Table 4.1.2).

No substantial difference was found between male and female respondents with regard to the principle barriers to making the first injection. At the same time, NIDU women cited the fear of a vein shot as a barrier almost twice as often as men (males – 28 per cent, females – 50 per cent). Young women from the NU group are more afraid of an overdose (males – 29 per cent, females – 45 per cent). For the female NIDUs, a greater barrier is the fear of the police: 27 per cent of females interviewed and 19 per cent of the males chose this answer.

Table 4.1.2. “Which of these reasons was the most important for you?”²¹
(respondents can choose one that best applied)

	<i>IDUs</i> <i>N=808</i>	<i>NIDUs</i> <i>N=476</i>	<i>NUs</i> <i>N=326</i>
<i>Concern for (immediate and long-term) health consequences</i>			
Fear of “getting hooked”, becoming dependent	20	20	12
Fear of damaging health	8	12	11
Fear of HIV/AIDS	5	9	11
Fear of a vein shot	8	2	2
Fear of an overdose	5	1	1
<i>Concern about social consequences</i>			
I see the changes which occurred in the lives of my friends/ acquaintances after they started drug injecting	–*	24	21
I have (had) a bad attitude towards injecting drug users	4	2	8
<i>Practical barriers</i>			
I couldn’t (can’t) get injecting drugs	9	2	1

* For IDUs this variant was not included for ethical reasons.

Teenagers aged between 12 and 17 years who do not use drugs in general, more frequently cited the changes in the lives of their IDU friends/acquaintances after these started injecting drugs than did the older NUs (70 per cent and 61 per cent respectively). But young people of 18 to 23 more often cited the fear of AIDS (70 per cent among juveniles and 79 per cent among 18–23 year-olds).

Let us take a look at the combined role of every group of barrier factors for the different groups of respondents.

The group “Fear of health consequences” included the risks of HIV/AIDS, damage to health, drug addiction, and a possible overdose, as well as the fear of a vein shot. (The factor “I see changes that occurred in the lives of my friends/acquaintances, after they started injecting drugs” was not included because it was aimed only at NIDUs and was not offered to the IDUs.)

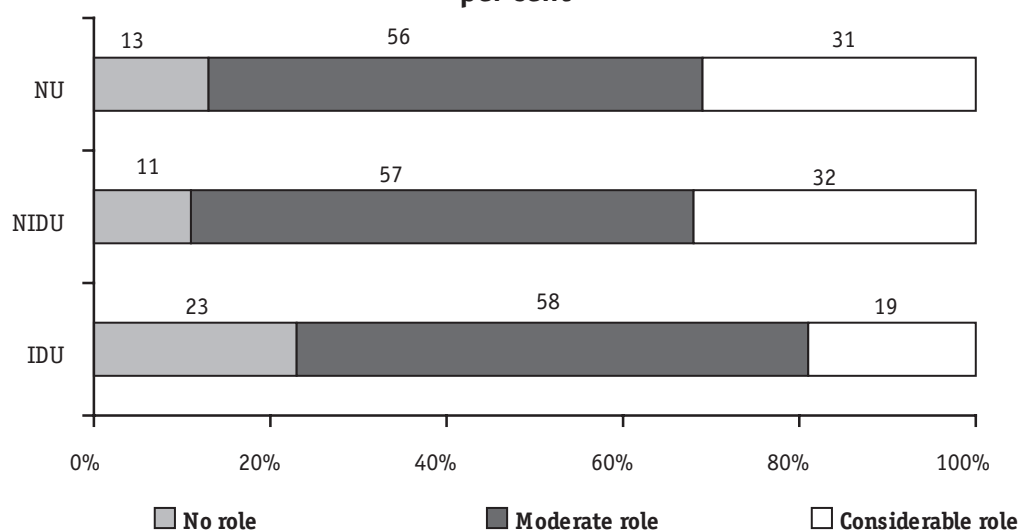
²¹ Answers taken into consideration were those that were selected by at least 5 per cent of the group.

The group “Fear of social consequences” included the negative attitude of friends/acquaintances towards injecting drug use, personal negative attitudes towards IDUs, and fear of the police.

Let us call the role ‘considerable’ if a respondent has given a positive answer to all the alternatives included in the group, the role ‘moderate’ if a respondent has chosen at least one factor from the group, and the role ‘is missing’ in the case where a respondent has not chosen any alternative included in the group.

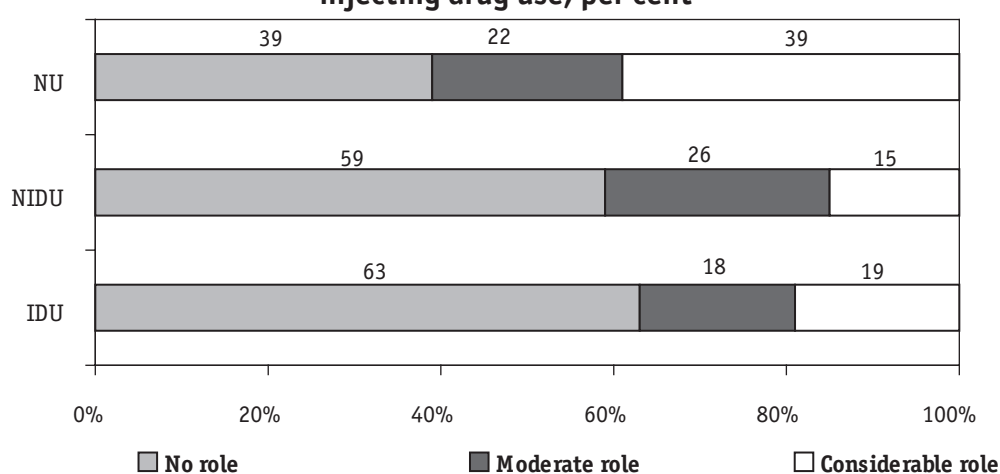
Health factors play the most important barrier role for one third of NIDU and NU respondents and have been important for a fifth of IDUs. It is necessary to draw attention to the fact that this factor had no influence on 23 per cent of the IDUs, 11 per cent of the NIDUs and 13 per cent of the NUs (Figure 4.1.1).

Figure 4.1.1. Health concerns as a barrier to the initiation of injecting drug use, per cent



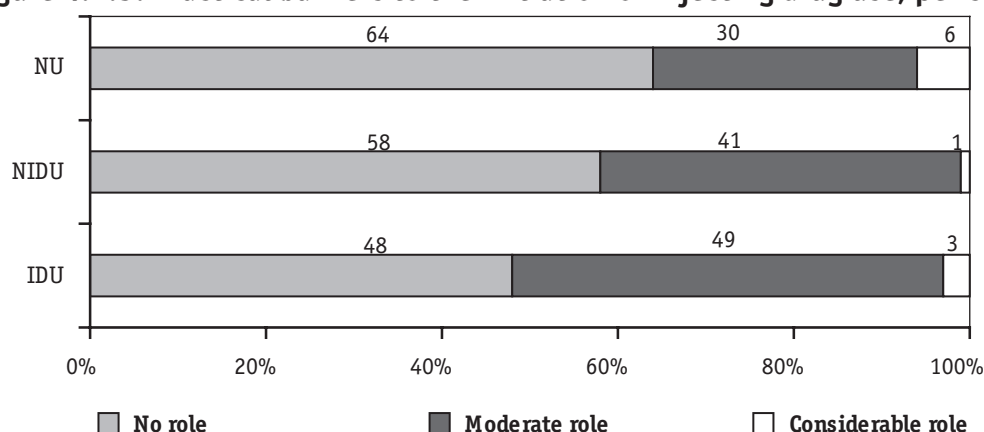
For the majority of the IDUs and NIDUs, the influence of concerns about social consequences was not noticed (respectively, 63 per cent and 59 per cent). The biggest impact of stigmatization as a restraining factor appears to be among the NUs (39 per cent). It is interesting that this factor had had a full impact for a fifth of IDUs, before they started using injecting drugs (Figure 4.1.2).

Figure 4.1.2. Concerns over social consequences as a barrier to the initiation of injecting drug use, per cent



The influence of the practical factors can be characterised overall as slight: for almost half of the current IDUs, the practical factors were not a barrier to the first injection. The absence of the above-stated factor is noted in most cases among the NIDUs and NUs (58 per cent and 64 per cent, respectively). This factor has a major influence on the NUs (6 per cent) at most and little influence on the injecting drug users (1 per cent). (Figure 4.1.3).

Figure 4.1.3. Practical barriers to the initiation of injecting drug use, per cent



❖ DISCUSSION

Young people who socialize with IDUs may be more aware of the possible negative consequences of injecting drug use (difficulties with parents and relatives, trouble at school, at work, possible health problems, etc.), as they may witness these among their drug injecting friends. Such sub-cultural knowledge can change the social image of drug injecting and habitual drug use in general towards a more negative one, and act as an important prevention factor. They see real examples instead of solemnly listening to the warnings of adults like “You should not do it!” (the psychological peculiarity of this age consists in the strongest influence being that of friends). We may presume that this works crucially for their understanding of “if they try – they might not stop but get stuck in it”. Thus, the abstract fear of getting hooked, which is a fairly strong barrier factor itself, tends to grow when young people see the real problems of their friends, the examples of lost possibilities, and health problems.

The majority of people who make their first injection are certain, as a rule, that it is their first and last time, and that they are stronger than those who have become dependent on drugs: *“I thought, I would inject once and no more. I guessed about the consequences a bit, but I thought I wouldn’t inject anymore”* (a detailed interview, Pavlohrad, male, 21 years old, with a two-year history of injecting). Our data suggests the opposite – more than half of the IDUs questioned (58 per cent) were aware of the danger of developing drug dependence – even before their first try. However, this did not stop them, they relied on “it won’t happen to me” instead: *“My friends tried to talk me out of it, but I said I had my own head, I would not get hooked, I was smart”* (a group discussion with the IDUs, Kyiv, female, 30 years old, with a 15-year history of injecting). It is worth noting that it is just this barrier which has been basic for the IDUs and the second one (as basic) for the NIDUs and the NUs. So, the spreading of honest information and the explanation of the mechanisms of addiction should be one of the specific directions for working among the NIDU and NU friends of IDUs.

One of the strongest barrier factors is the health care factor. The young people who do not use any injecting drugs named this factor more often than their IDU friends, who may have taken their first injection with insufficient comprehension of the potential harm associated with injecting drug use. Thus, this barrier factor has prevented the NIDUs and the NUs from injecting drugs use so far.

The majority of young people know perfectly well that injecting drug use increases the risk of HIV infection, but it is a real barrier for only ten per cent of them. Many NIDUs and NUs, compared to IDUs, mentioned the fear of HIV/AIDS as a restraining factor more frequently, i.e. they are better informed.

The negative attitude of friends towards injecting drug use is a barrier factor which is more clearly marked in the NU group. This can be explained by the fact that there are practically no IDUs in their closest social circle. Therefore the phenomenon of the stigmatization and the development of a negative attitude towards IDUs are more common and can grow into a characteristic feature of the whole society.

When starting to use drugs, a person might need a small dose of the drug to achieve the desired effect. As the frequency of drug use increases, the risk of becoming drug-dependent and the probability of an overdose increase as well. Most of the respondents who named the fear of an overdose were NIDUs. It can be connected with the fact that this group of respondents is most likely to have witnessed overdose cases, perhaps including lethal ones.

Almost the same small amount of respondents in all three groups gave the fear of vein injecting as one of the prevention factors. Since it had not stopped the current IDUs in the end, we can assume that it will not be a real barrier for those who are currently not injecting.

The fear of the police can be classified as a realisation of the possibility of conflicts with law enforcement bodies as a result of using illegal substances. Concerning theories of social control, this is a fear of being punished – *“I would definitely try if there were no consequences to suffer from”* [14, p. 165–168].

Compared to the other protective factors, the so-called subjective internal barriers to the initiation of injecting drug use are of small importance to young people. However, on the other hand, the situation is quite impressive: theoretically, a third of NIDUs and a quarter of NUs would initiate injecting drug use if they only knew how to inject it properly and what doses to use. A fifth of NIDUs are held back by the inaccessibility of injecting drugs. One in six of NIDU and NU respondents is held back by the lack of money to purchase the drugs, and one in seven of those who does not use drugs at all would probably try them if he/she had somebody at hand who knew how to make an injection.

❖ CONCLUSIONS

The main barrier to the first injection for NIDUs is the example of their IDU friends/acquaintances and seeing the changes in their lives after starting to inject drugs. Of secondary importance is the fear of addiction.

Concern for health and the fear of HIV/AIDS are also among the important reasons for never starting injecting drug use. The health factor (including also HIV risks) is generally the most significant barrier to the first injection.

Practical barriers (such as the impossibility of getting a drug, the lack of money or of information about how to inject properly) are not insignificant in preventing young friends of IDUs from trying out injecting drug use.

Work needs to be done on informing young people about the harmful effects of injecting drug use and the characteristic vein diseases (abscesses) from which IDUs suffer.

While introducing prophylactic measures among young people, much stress should be laid on the interrelation between the spread of HIV infection and the drug epidemic in Ukraine (injecting drug use is currently the leading cause of HIV transmission), as well as on the information about the progression of the disease and the number of fatal cases.

Since external barriers are a prevention factor for some of the interviewees, some work should be done with IDUs to prevent the initiation of others into injecting drug use: they should not suggest drugs, encourage injecting, nor explain how to inject oneself (including information about the technique and the dose).

4.2. Motivation for the first injection

Effective prevention programmes targeting IDUs will require an understanding of the reasons that cause this phenomenon. What induces young people to go down the dangerous path of injecting drugs in spite of the fear of HIV/AIDS or a potential overdose, and in spite of the changes observed in the life of IDU friends and the other barrier factors analysed in the preceding chapter? This chapter analyses the reasons that have influenced the choice of an IDU to make the first injection, and the reasons for the appearance of the desire to inject among young people not currently injecting.

❖ RESULTS

The majority of IDU respondents (89 per cent) pointed out that they made their first injection in order to find out how it felt: *“For the interest in a novelty”* (Odesa, male, 22)²². Most non-injectors tend to think that their friends first tried injecting drugs to feel for themselves what the drug is like. According to the results of the survey, the other widespread reason to start injecting drug use is the desire to get high (74 per cent of IDUs, 82 per cent of NIDUs, 64 per cent of NUs).

More than half of the NUs (56 per cent) and the NIDUs (60 per cent) supposed that their friends tried injecting just because they were bored; *“had nothing to do”* was given as a reason for the first injection by 42 per cent of the current IDUs: *“Boredom, nothing to do, nothing to get busy with. Suppose I don’t drink, bars are of no interest. Even having the money one has nowhere to go to”*. (Pavlohrad, male, 22), *“Lots of money and nowhere to spend it. Someone suggested it and that’s all. They take money from parents, they have the possibility”* (Kyiv, male, 20). The proportion of young IDUs (37 per cent) who first tried an injecting drug wanting to compare its effect to those of non-injecting drugs is equal to that of those who did it because they thought it to be cool: *“Not to fall behind the grown-ups – the main reason”* (Poltava, male, 23). These answers were the most frequent among the NIDUs respondents.

Injecting drugs was a means of spending time with friends for one third of the IDUs. Forty three per cent of the NIDUs and 37 per cent of the NUs gave it as the main reason for their friends to use an injecting drug for the first time: *“We made up our minds with a group of mates to try injecting a drug. Some of us have tried it before so they knew where to get drugs. It was our way of spending our free time”* (Poltava, male, 18), *“Gregarious instinct, mainly. They do it to not stand out from the crowd”* (Poltava, female, 19). NIDUs more often gave the desire to join a group and psychological problems as possible reasons for the first injection.

One fifth of those interviewed in all three groups sees the reason for the first injection in the mistrust of official information about drugs. In addition, the young NIDU friends of IDUs claimed five times more often than the IDUs that their friends were compelled to make the injection: *“Somebody is making good money out of it. Their purpose is involving new users, because it’s wages for them”* (Kyiv, female, 23). A minority of respondents (IDUs, NIDUs, NUs) gave a wish to lose weight as a probable reason influencing the decision to start injecting drug use (Table 4.2.1).

Table 4.2.1. “Which of these could be a motive for you to try an injecting drug?”²³, percentage among the IDUs, NIDUs and NUs. Continues...

	IDUs	NIDUs	NUs
<i>Drug (effect) related motives</i>			
Curiosity about the sensations while using injecting drugs	89	90	76
Want to get high	74	82	64
Have nothing to do	42	60	56
To compare the pleasure caused by non-injecting drugs and injecting ones	37	60	33
Thought using drugs was better than alcohol use	18	32	20
Do not have non-injecting drugs, so decided to try injecting ones	13	31	13

²² In the qualitative research, the question was: “What do you think is the reason for young people to use injecting drugs?”

²³ For the NIDU and NU respondents, the question was: “What reasons might influence your friends/acquaintances to try an injecting drug?”.

Table 4.2.1. “Which of these could be a motive for you to try an injecting drug?”²⁴, percentage among the IDUs, NIDUs and NUs. Continued

	<i>IDUs</i>	<i>NIDUs</i>	<i>NUs</i>
<i>Social motivations</i>			
It is cool	37	57	45
A way to spend time with friends	30	43	37
Do not trust the official information on drugs	20	22	21
To enter a group, to become “one of them”	18	34	30
Were compelled to/helped to use	4	20	21
<i>Personal motivations</i>			
To relieve “psychological pain”	15	32	26
Not happy with him/herself	15	27	21
To stimulate sexual activity	10	19	15
Bereaved by loss of relatives	5	21	18
To stimulate creative activity	5	13	11
To relieve “physical pain”	4	16	15
To lose weight	3	4	3

Role of pre-initiation (non-injecting) drug use

The IDU respondents who had used non-injecting drugs before their first injection, compared to those who had not had experience of drugs, mentioned more often that they started injecting because they thought it was cool (60 and 28 per cent respectively): *“That’s a kind of fashion. Everyone strives for this fashion, trying to fit, but they have thrown themselves into a pit”* (Odesa, male, 22). For the young people who had used non-injecting drugs more often, the reasons leading to the first injection were the following: to compare the pleasure given by non-injecting drugs with that of the injecting ones (46 per cent and 6 per cent), because of a lack of non-injecting drugs (16 per cent compared to 6 per cent of those who had no previous experience of using non-injecting drugs before their first injection). The young IDUs who had used non-injecting drugs before trying the injecting ones pointed out twice as often that they tried their first injection because they thought that using drugs is better than using alcohol (Table 4.2.2).

Table 4.2.2. “What was the motive for your first use?”

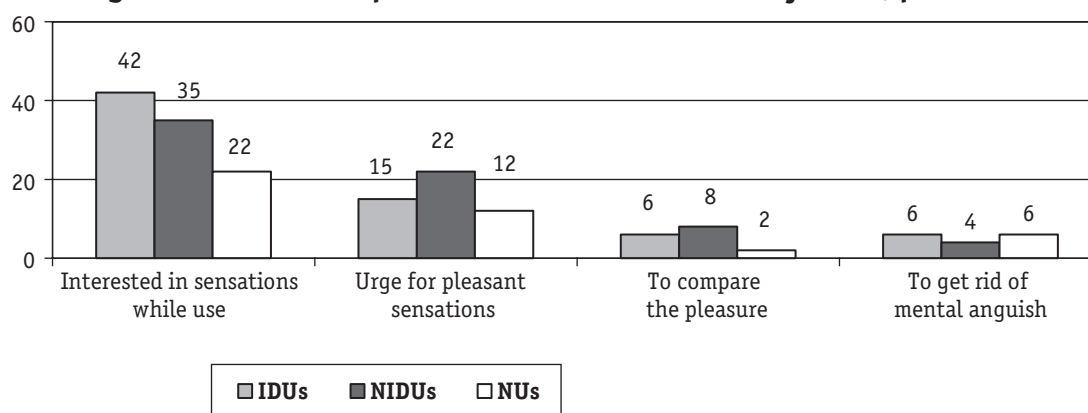
	<i>IDUs having used non-injecting drugs before the first injection N=622</i>	<i>IDUs not having regularly used non-injecting drugs before the first injection N=186</i>
Thought it was cool	40	28
To compare the effect from injecting drugs and the effect from non-injecting drugs	46	6
I thought drugs were better than alcohol	20	10
There were no non-injecting drugs at the time	16	6

The most important reason that had influenced the decision of the current IDUs (or might have an influence on NIDUs) to make the first injection was the wish to know the sensations it gave (42 per cent of the IDUs, 35 per cent of the NIDUs, 22 per cent of the NUs). The second most important reason was the wish to get some pleasure – 15 per cent of the IDUs respondents, 22 per cent of the NIDUs interviewed, and 12 per cent of those who never used any illegal drugs chose this answer. The wish to compare the effects of injecting drug use and non-injecting drug use was the reason given most often by the NIDUs – 8 per cent compared to 6 per cent of the IDUs and 2 per cent of the NUs. The same percentage of IDUs and NUs interviewed (6 per cent) believe that the principal motivation was relieving psychological pain: *“Low self-esteem, inability of self-expression, they think that these improve self-es-*

²⁴ For the NIDU and NU respondents, the question was: “What reasons might influence your friends/acquaintances to try an injecting drug?”.

teem in a way. At first it seemed to me too that many problems are solved and one becomes cool" (Odesa, male, 23). This opinion is shared by 4 per cent of the young NIDUs (Figure 4.2.1).

Figure 4.2.1. Most important motives for the first injection, per cent²⁵



Gender differences

The interest in finding out the sensations caused by injecting drug use was a reason for the first injection for 91 per cent of males and 82 per cent of females. Seventy four per cent of the IDU males and 71 per cent of the IDU females tried injecting drug wanting to get high.

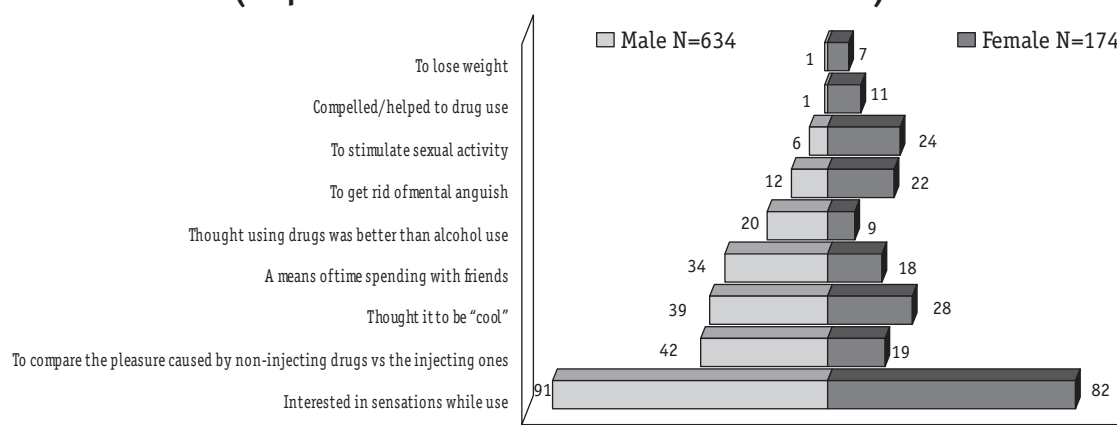
Males made their first injection to compare the effect of injecting drug use with that of non-injecting drug use twice as often as females. Injecting drug use was described as a way of spending free time with friends by 42 per cent of males but only by 19 per cent of females. Males thought more often than females that the use of drugs was cool (39 per cent and 28 per cent respectively) and better than using alcohol (20 per cent and 9 per cent).

Almost a quarter of women tried injecting drugs to stimulate sexual activity, whilst only 6 per cent of men mentioned this reason. Women more often admitted that they tried to use an injecting drug to relieve mental pain (22 per cent of females and 12 per cent of males):

"My father had cancer, I was giving him injections. I felt very lonely and helpless. I had a boyfriend who was using drugs" (Kyiv, female, 23).

As a motive for drug injection, 7 per cent of females cited a desire to lose weight, whereas only 1 per cent of males gave this as a reason (Figure 4.2.2).

Figure 4.2.2. Motivations for the first injections, per cent of the IDUs (respondents can choose more than one answer)²⁶



²⁵ For the NIDUs and NUs respondents, the question was asked as: "What reasons might influence your friends/acquaintances to try an injecting drug?" Here are the answers that were chosen by not less than 5 per cent in each of the respondent groups.

²⁶ Motives are shown in this analysis, when the difference between men's and women's answers was not less than 10 per cent.

As was previously stated (see Table 3.3.3), 44 per cent of the IDUs and only 20 per cent of the NUs had a desire to try an injecting drug at least once in their lifetime.

Among the NIDU and the NU respondents who had ever wanted to try an injecting drug, a great part explained it as being an interest in the sensations (93 per cent and 69 per cent respectively) and the wish to feel pleasure (74 per cent of the NIDUs and 43 per cent of the NUs).

The wish to try drugs by injection occurred to 40 per cent of the NIDUs and 35 per cent of the NUs when they 'had nothing to do'. A quarter of NIDU and NU respondents wanted to try injecting drugs to get rid of psychological pain. Fifty two per cent of the non-injecting drug users and 28 per cent of the NUs wanted to try something 'forbidden'. NIDUs said twice as often as NUs that "one must try everything in life" as a reason.

The IDU respondents explained their desire to try injecting drugs by the absence of non-injecting drugs (34 per cent of the NIDUs and 5 per cent of the NU named this as a motivation), and by the wish to compare the effects caused by injecting drugs with those of non-injecting drugs (63 per cent of the NIDUs and 8 per cent of the NUs). Among the NIDUs, unlike the NUs, the urge to inject drugs was due to the fact that many of their friends were using injecting drugs (47 per cent of the NIDUs and 26 per cent of the NUs) (Table 4.2.3).

Table 4.2.3. "Which of these could be a motivation for you to try an injecting drug?", per cent of those who wanted to try

	<i>NIDUs N=211</i>	<i>NUs N=65</i>
Curiosity	93	69
Wanted to get high	74	43
To compare the effect from non-injecting drugs and the injecting ones	63	8
Want to try something "forbidden"	52	28
One must try everything in life	50	26
I have many friends using drugs, so I think, why not try myself?	47	26
Have nothing to do	40	35
To diversify the time spent with friends	37	20
To get rid of mental anguish	26	25
Lack of non-injecting drugs, so why not use injecting ones	34	5
Thought it to be "cool"	20	9
Because of bereavement due to loss of relatives	16	14
Do not trust official information about drugs	16	12
To make an impression	15	17
Being dissatisfied with her/himself	15	9
To stimulate sexual activity	14	6
To stimulate creative activity	12	8
Using drugs is preferable to alcohol misuse	10	5
To get rid of physical pain	10	14
To lose weight	3	2

❖ DISCUSSION

We can conventionally distinguish a group of reasons leading to non-injecting drug use. More than one third of the current IDUs have made a drug injection just out of curiosity to compare the effects of injecting and non-injecting drugs. However, males gave this reason more often because they more often had previous experience of non-injecting drug, compared to women. It should be

noted that that young people who are non-injecting drug users explained the IDUs' decision by the above-stated reason twice as often as did the IDUs themselves. This can probably be connected with the fact that NIDUs have developed this desire independently. One third of NIDUs said that their acquaintances started injecting because of a lack of non-injecting drugs, but this answer was picked up only by 13 per cent of the interviewed respondents overall.

Very often the IDU respondents stated that they had made their first injection in order to "get high". This shows an inability to organise leisure, and no skills nor desires to derive pleasure from other activities. The idleness and disorganisation of young people's free time is a real problem, highlighted by the respondents choosing the answer "*had nothing to get busy with*". In general, such a situation is an objective reflection of the processes that take place in society. According to theories of social tension, during the period when the old norms are no longer up-to-date and the new ones are not yet established, society is drifting in a state where the stimulating work of morality is weakened and thus society eventually loses its influence on a person. This social disorganisation is revealed later on in the phenomenon of anomie – a term borrowed from theological vocabulary that can be literally interpreted as "the absence of a norm".

As clearly shown by the research, the main factor inducing injecting drug use is of course the influence of the surroundings, in which a young person is communicating (theories of subculture). A third of the IDUs named injecting drug use being a way of spending time with their friends as a prominent reason for the first injection. Perhaps, if they were surrounded by the other people who do not use any injecting drugs, these young people would never start using themselves. The wish to enter a group can be related to the above reasons. That is, young people began injecting drugs just to become a part of a social circle that was obviously important and appealing to them at that time.

According to Richard Cloward and Lloyd Ohlin's (Differential Opportunity) escape subculture theory, disappointment with the internal world, an inferiority complex, the absence of the possibility or the will to realise oneself and find one's place in the society pushes a proportion of young people into the search for an optional variant (this is the strain theory of R Merton). This optional variant is often the creation of a private illusionary world, where one can live according to one's own rules. They try to find their pleasure in drugs and may eventually do so for a limited time. Later on they begin to realise that they have another, much bigger problem instead of the previous one and often cannot stop. However, only a minority of the IDUs named psychological problems as the reason for starting to inject drugs. At that time, the non-IDUs talked more about more "profound" psychological problems. Five times more often, the friends of IDUs rather than the IDUs themselves explained the reason for starting the injecting drug use with them being compelled/helped to drugs. Such a dramatic difference between the answers is most likely caused by the attempt of people close to them to justify the IDU's behaviour and to lay the blame partly on other people.

❖ CONCLUSIONS

The most widely spread reason to start injecting drug use is curiosity about the sensations they produce. Many young people turn to injecting drug use because they do not know how to organise their leisure time. In order to curtail the desire of youth to start injecting drug use, alternative ways of spending time with friends and reducing stress should be emphasised. The earlier experience of non-injecting drug use is an important factor associated with engaging in injecting drug use.

Curiosity about the sensations produced by injecting drugs and a desire to get high were the main reasons for which both men and women begin injecting. Maybe information about these sensations should be publicised together with the description of the effects of each and every drug on the human body, emphasizing the speed at which drug dependence develops and the consequences of injecting drug use.

One of the prominent factors inducing injecting drug use is the influence of friends, including stories told by IDUs about the pleasant sensations during injecting drug use. When introducing prevention measures among IDUs, talk about drugs with those who do not use them should be avoided. As for the delights of injecting drug use, both NIDUs and NUs have apparently already heard all about it from IDUs.

Women more often than men started injecting drug use because of a wish to become slim or to stimulate sexual activity. Women happened to be more often coerced into drug use by others. Women respondents were twice as likely as men to begin injecting drug use in order to escape from mental anguish. Meanwhile, men had their first injection thinking that the use of drugs is better than alcohol abuse. Men were strongly influenced by their friends; they also marked the answer “cool” more often. Inasmuch as the majority of the IDU men had already had previous experience of non-injecting drug use, they much more often reported the wish to compare the sensations during injecting and non-injecting drug uses.

4.3. Parents’ awareness and attitude towards injecting drug use

The family environment plays an important role in the formation of the personality. In this section, the young IDUs’ and their non-injecting friends’ relationships with their parents are analysed. The question whether the respondents’ parents use drugs or misuse alcohol is also studied. In addition, IDUs’ ideas of whether their parents are aware of their injecting drug use are presented. We also analyse the opinions of different respondent groups on their parents’ attitude towards their friends who are drug users.

❖ RESULTS

Respondents’ relationship with parents

NUs seem to have better relations with their parents than their drug using friends. Eighty four per cent of the NU respondents reportedly had good relations with mother\stepmother, while 69 per cent of the non-injecting drug users (NIDUs) and only 41 per cent of the injecting drug users (IDUs) did so. Respectively, 73 per cent, 53 per cent, and 28 per cent of the respondents have good relations with father\stepfather. The IDUs talked about bad relations with mother\stepmother five times more often than did the NUs (25 per cent and 5 per cent). In this case, there was no great difference between respondents of various age groups. When speaking about the relationship between parents and children of different age groups, one third of all respondents said that their relationship can be characterised as “good but with some misunderstandings”. It is important to point out that about 20 per cent of 20–21 year-old respondents spoke of superficial relations between parents and children, whilst only 12 per cent of 12–15 year-old teenagers feel the same way about their families.

In addition, the IDU respondents reported twice as often as the NU respondents that they had no father/stepfather at all (13 per cent vs. 25 per cent). *“My mother died last year and father died from cancer in 1998”* (Kyiv, female, 22 years). This gives grounds to suppose that the presence/absence of genetic parents (father or mother) in the family can influence the initiation of youth into injecting drug use (Table 4.3.1).

In addition, the IDU respondents reported more often that their (step) parent(s) drank heavily. *“He drinks vodka; what else can I say”* (Pavlohrad, male, 21 years).

The data on drug use among parents of IDU and non-IDU respondents give no grounds to assume any correlation between the parents’ drug use and the risk of young people’s involvement into injecting drug use (Table 4.3.2). However, only IDU respondents stated that their parents were using drugs.

Table 4.3.1. “What are the relations between you and your parents?”, per cent

	IDUs N=800		NIDUs N=465		NUs N=322	
What are the relations between you and your father\stepfather?, per cent						
I don't have a father\stepfather	25		22		13	
Very good relations, we understand each other totally	7	28	13	53	28	73
Rather good, there are misunderstandings sometimes	21		40		45	
Neither good nor bad (rather superficial)	25		17		9	
Rather bad than good. We seldom understand each other	14	22	5	8	4	5
Very bad relations. We don't understand each other at all	8		3		1	
What are the relations between you and your mother\stepmother?, per cent						
I don't have a mother\stepmother	8		7		4	
Very good relations, we understand each other totally	11	41	22	69	35	84
Rather good, there are misunderstandings sometimes	30		47		49	
Neither good nor bad (rather superficial)	26		15		7	
Rather bad than good. We seldom understand each other	17	25	6	9	4	5
Very bad relations. We don't understand each other at all	8		3		1	

Table 4.3.2. Respondents' parents level of drug use or alcohol misuse

<i>per cent of those who reported that father/stepfather ... (among those who live together with father/stepfather)</i>		
<i>IDUs</i>		<i>Non-IDUs</i>
N=374		N=432
27	Drinks alcohol heavily	16
1	Uses non-injecting drugs	–
1	Uses injecting drugs	–
<i>per cent of those who reported that mother/stepmother ... (among those who live together with mother /stepmother)</i>		
N=478		N=525
6	Drinks alcohol heavily	3
0,2	Uses non-injecting drugs	–
0,2	Uses injecting drugs	–

Parental attitudes to (injecting) drug use

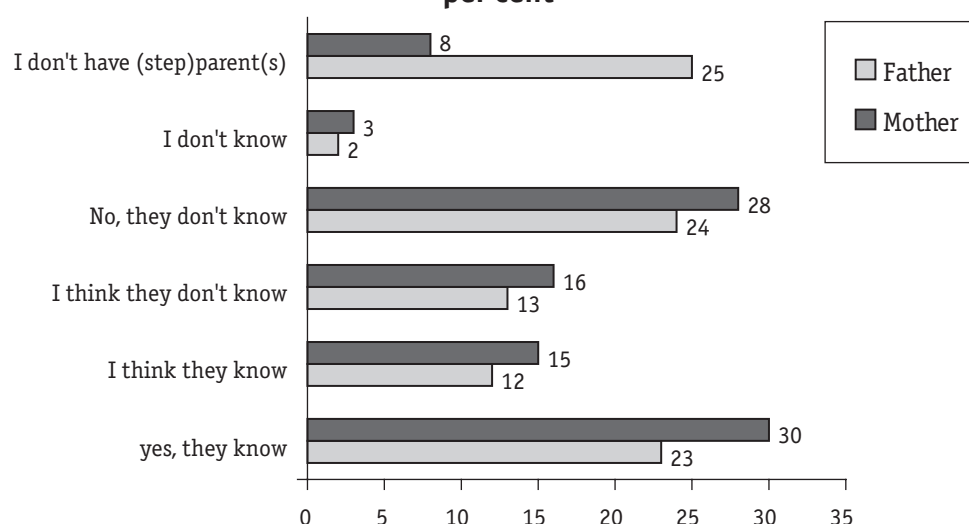
It is quite evident from the survey data that the parents of those who use injecting drugs are aware of the fact that their children's close friends are IDUs. The majority of IDUs' parents have a negative attitude to their children's close drug-injecting friends and consider that there should not be such people in their children's environment. At the same time, parents of non-IDUs are less aggressive in their attitude to their children's IDU friends and very often sympathize with them (24 per cent vs. 15 per cent). The IDU respondents were more likely to report that their parents were sure that their drug-using friends should be prosecuted (Table 4.3.3).

The parents of about one fourth of all respondents were aware of their children's injecting drug use, according to the respondents themselves. Twelve per cent of the interviewees suggested that their parents might know (Figure 4.3.1)

Table 4.3.3. “What is your parents’ attitude to your drug-injecting friends?”, per cent (of those who reported their (step)parent(s) were aware of drug using friends)

<i>IDUs</i>		<i>Non-IDUs</i>
N=255		N=109
80	Very negative	64
55	They think such people should not be my friends	63
41	They consider these friends to be sick people who need medical help	44
53	They think such people have a bad influence on me	47
24	They think such people must be prosecuted	15
15	Sincerely sympathize with them	24
7	My parents do not care whether my friends inject drugs or not	6
2	They are quite normal about it. They consider injecting drug use is a common thing for youth nowadays	2

Figure 4.3.1. “Are your (step) parents aware of your injecting drug use?”, per cent



According to the chart above, nearly a third of the parents are aware of their children’s drug abuse. At the same time, mothers were more likely to be aware of their children’s drug use: “*They know, my mother took part herself to imprison me*”. Thus 30 per cent of mothers know that their children inject drugs, and 15 per cent of the respondents tended to think that their mothers might know of their injecting drug use. Close relations between mother and child may be an explanation of these data. The older the children, the more the parents become aware of their injecting drug use.

A great number of the IDU respondents whose parents were aware of their drug use, reported ‘bad’ relations with parents: “*They know that I inject, but don’t understand. They supported me before, offered their help, now they don’t trust me at all, they have given up on me*” (Poltava, male, 21 years) (Table 4.3.4).

As regards the IDUs’ relationships with their mothers, these seemed to be somewhat worse in general than the relations with fathers (Table 4.3.5).

Table 4.3.4. “What are the relations between you and your fathers” by parents’ awareness, per cent

	They know	I think they know	I think they don’t know	They don’t know	I don’t know
Very good relations, we understand each other totally	13	6	14	60	7
Rather good, there are misunderstandings sometimes	12	10	19	55	4
Neither good nor bad (rather superficial)	24	21	21	30	3
Rather bad than good. We seldom understand each other	43	16	13	26	3
Very bad relations. We don’t understand each other at all	43	19	15	19	5

Table 4.3.5. “What are the relations between you and your (step) mother?” by parents’ awareness, per cent

	They know	I think they know	I think they don’t know	They don’t know	I don’t know
Very good relations, we understand each other totally	14	9	13	59	5
Rather good, there are misunderstandings sometimes	16	12	17	51	4
Neither good nor bad (rather superficial)	28	22	22	23	4
Rather bad than good. We seldom understand each other	47	17	13	19	4
Very bad relations. We don’t understand each other at all	51	19	11	11	8

❖ DISCUSSION

Our research was not intended to analyse the changes in relationships between parents and children after the children became drug users. On the one hand, parents can be the reason for the young people to begin injecting drug use. On the other hand, the parent’s awareness of their child’s use of drugs could be the cause of damage to their relationship with them. To determine the cause and the effect (whether bad relations turn children to drugs or the turning to drugs itself causes the worsening in the relations) in the development of the relations between young IDUs and their parents, other research strategies are needed.

We managed to get some information from qualitative interviews with the IDUs:

“My father retired on a pension, he is an invalid of the second group, and he is paralysed after a stroke. In childhood I was afraid of him, then started to hate him when my friends avoided meeting me, because he worked in the police. He turned away from me when he found out that I injected. I did not inject for half a year when my father had a stroke. I nursed him for two months in the hospital and our relations started to improve” (Poltava, male, 23 years).

The analysis of the data obtained shows that the parents’ awareness of children’s drug abuse goes hand in hand with bad relations between children and parents. Deliberately or not, parents affect the formation and development of youth in several ways. Parents are role models for their children, who imitate their behaviour. The style and the system of parents’ education have great influence on the social and emotional development of a young person. In addition, parents pass on their values and moral norms to their children. The same is true of the general outlook system that is formed and developed during communication within a family. That is why it is very important to understand that

if something is wrong in the family, it creates favourable conditions for children to acquire harmful habits. In this instance we are referring specifically to the use of illegal substances.

When comparing the answers of IDUs and NIDUs about their families, we can clearly see that IDUs more often come from incomplete families and report worse relations with fathers and/or with mothers.

It is worth noting that young IDUs much more often stated that their parents (and especially fathers) drank heavily. There was an assumption among our research hypotheses that a proportion of the parents of IDUs might also be drug users. Such questions, though, are too complicated for a standardized interview. It may be useful to elaborate a separate research on connections between children's and parental drug abuse. As far as our present research is concerned, we can only state the existence of the problem, but our methods are too limited to evaluate how much the parental example influences the children's drug choice.

It seems natural that the respondents suppose their parents' attitude towards their injecting drug use is negative.

One fourth of the IDUs are sure that their parents know nothing of their drug use, and one in seven IDUs is almost sure that the parents are unaware. These facts testify that we face a serious and complex problem. Parents may not have a sufficient knowledge about drug abuse, or it may be lack of parental attention towards their children. Thus, a more profound analysis of the role of parents in the life of IDUs and an analysis of different aspects of the relationships between IDUs and their parents are strongly recommended.

❖ CONCLUSIONS

NIDUs have better relations with parents. IDUs more often have parents who drink heavily, but drug using parents are very rare.

The parents of IDUs are rather aggressive in their attitude to their children's close friends who are injecting drug users. In general, the attitude of all respondents' parents to such youth is negative.

Apparently, very often the IDUs' parents did not know that their children used drugs: about one in four IDU interviewees was confident that his/her parents knew nothing about his/her injecting drug use. One can assume that some parents simply did not want to acknowledge the problem. Nearly the same percentage of the interviewees said that their parents were aware of their injecting drug use. Mothers seemed to be more likely to know about their children's injecting drug use than step/fathers.

Most respondents whose parents presumably did know about their children's drug abuse reported "bad" relations with parents. Conversely, if the parents do not know, the respondents have "good relations" and "mutual understanding" with them.

It is significant that social workers who work with problem youth have to work firstly with their parents. They have to find out whether parents are able to help or not in solving the problem.

There is a need in prevention programmes to build on the involvement of parents and to establish co-operation between parents and their IDU children. Similarly, the harm reduction programmes might consider the possibility of delegating some work to the clients' parents.

4.4. The availability of drugs in the cities covered by the project

The availability of substances plays a very important role in the formation of the narcotics situation. We tried to examine different indices to make the situation clearer.

The survey data showed that the amount of people who use illegal substances is higher in places where drug availability is higher. *"Because it is available. Everyone who wants can come and buy it at any drug-store. Most teenagers use tramadol that is sold in the drug-store like bread. If you need it, so you come and buy"* (Kyiv, female, 22 years). According to the data, getting drugs is not a problem for modern youth. *"Everything is available. Chemist's shops work especially for drug addicts"* (Kyiv, female, 23 years old). Almost two thirds of the IDU respondents (65 per cent) and non-IDU respondents (61 per cent) reported it to be easy; more than one third of the NUs even said the same (Table 4.4.1).

Table 4.4.1. Distribution of respondents' answers concerning the availability of drugs in their city, by the type of drug use, per cent

<i>How easy is it to get drugs in your city?, per cent</i>	<i>IDU N=802</i>		<i>Non-IDU N=475</i>		<i>NU N=319</i>	
Easy	65	29	61	23	39	11
Quite easy, rather than difficult		36		38		28
Neither easy nor difficult	20		25		30	
Quite difficult, rather than easy	15	11	14	12	31	20
Difficult		4		2		11

According to the official statistics, the greatest number of officially registered IDUs is in Odesa, followed by Kyiv, Poltava, and Pavlohrad. One would perhaps expect that the availability of drugs would reflect this trend. However, the analysis of the answers indicated that it was easier to get drugs in Pavlohrad and Kyiv and more difficult in Poltava and Odesa (Table 4.4.2). Odesa specialists say that such a situation is predictable given higher police activity, especially activities that concern illegal drugs. In addition, the period of the survey coincided with the election campaign of the President of Ukraine. That is why the police was very attentive and active.

Table 4.4.2. Distribution of different cities respondents' answers concerning the availability of drugs, by cities surveyed, per cent

<i>How easy is it to get drugs in your city, per cent</i>	<i>Kyiv, N=400</i>	<i>Odesa, N=395</i>	<i>Pavlohrad, N=398</i>	<i>Poltava, N=403</i>
"Easy" and "quite easy rather than difficult"	68	42	74	50
Neither easy nor difficult	25	25	19	24
"Difficult, rather than easy" and "Difficult"	7	33	7	26

According to the respondents' words, it was easier to get drugs before rather than now:

"Before it was easier, now we don't have constant places" (Odesa, female 23 year).

"It is very difficult, maybe that is because of the police or something else... but it's very difficult to get" (Poltava, 21 years old, male).

"It's not very easy to buy them. You can even go out in the morning to find them and succeed only in the evening" (Poltava, female, 23 year).

"It's very difficult now. When we had just started, it was much easier to buy them" (Poltava, female, 23 years).

"Injecting drugs are difficult to find. Other drugs are easier" (Odesa, male 20 years).

Respondents in Kyiv and Pavlohrad do not consider getting drugs to be a difficult matter unlike the citizens of Odesa and Poltava:

"Drugs are easier to find than hooch" (Pavlohrad, male, 22 years).

"It's easy. Go and buy, but you should know where" (Pavlohrad, female, 20 years).

"You can buy drugs everywhere, even from the police" (Kyiv, male, 19 years).

The perceived availability of drugs differs by age. For youth over 15 years of age it is easier to buy (Table 4.4.3). Sixty two per cent of 22 year-olds and over reported that it was "easy" and "easy, rather than difficult" to buy drugs.

Table 4.4.3. Availability of drugs as perceived by respondents, by age, per cent

<i>How easy is it to get drugs in your city, per cent</i>	<i>12–15 years old, N=58</i>	<i>16–17 years old, N=194</i>	<i>18–19 years old, N=307</i>	<i>20–21 years old, N=442</i>	<i>22 years old and older, N=595</i>
“Easy” and “Rather easy than difficult”	41	59	57	57	62
Neither easy, nor difficult	28	24	21	27	21
“Rather difficult, than easy” and “Difficult”	31	17	22	16	17

❖ DISCUSSION

In reality drugs have become more available recently. They can be bought through acquaintances, in chemist's shops, educational establishments, and even from the police. Results from the ESPAD survey in Ukraine [9, pp. 67–69] show that it is easy to access drugs such as inhalants, marijuana, or hashish, even for a large number of children who go to school or are studying at other educational establishments. Among those we can highlight higher educational establishments including hostels, where drugs are easy to get. Drugs are available for purchase on the streets, in parks, at discos, in bars, from dealers, and in educational establishments, as is reported by teenagers. Unfortunately, a large amount of the drugs available to young people are sold in educational establishments, which can be explained by the fact that a great number of those who use drugs are studying there.

It is interesting that it is more difficult to buy drugs in Odesa. However, everybody thinks that it is very easy to do there, as it is a port. We can suppose that such a situation is related to the fact that the survey was made during the period of the election campaign. During this time the law enforcement bodies were greatly activated. The regional executors in Odesa reported that the biggest places where drugs were sold were closed. Thus, many smaller places appeared and in addition they were of a closed type. Meanwhile in Pavlohrad, a much smaller town, some large-scale points of sale remained, and everybody can buy drugs there.

Older respondents more often reported a high level of availability of illegal substances in their city. This can probably be explained by a greater experience in illegal drug use, and consequently they have more acquaintances who sell drugs.

❖ CONCLUSIONS

On the whole, the availability of illegal substances in the cities covered by the project can be characterised as high. In addition, even those young people who do not use drugs think that it's very easy to get illegal substances. In Pavlohrad and Kyiv, illegal substances are most available. They are less available in Odesa and Poltava.

Older respondents were more likely to report that they can get drugs without any problems. Students of higher educational establishments said that getting/buying drugs did not cause any considerable problem.

4.5. Friends and leisure: relations between IDUs & non-IDUs

Among the other tasks of the research, we mentioned the analysis of the immediate social surroundings of the young IDUs and of their friends, the communications between these two groups, and the clarification of whether they spend leisure time together and what the structure of their leisure is.

❖ RESULTS

Most teenagers and adolescents spend most of their free time with peers; at school, and among their friends. However, the respondents have various conceptualisations of the notion of ‘friend.’ The immediate social environment (parents, peers, friends, etc.) plays an important role in the individual’s (especially young person’s) growth and development (‘socialisation’ process). Somebody’s friend has close relations and spends much free time together with him/her. In this study, the term ‘friends’ means quite a narrow circle of people, with whom the respondents communicate most often. *“I have no friends, only ‘acquaintances’ and social contacts”* (Kyiv, male, 22 years), *“I have no friends; there are people I take drugs with. Either they need something from me, or I need something from them”* (Kyiv, male, 21 years). Some respondents described their friends as *“...normal people who have jobs, cars, young people, normal circle for communication”* (Pavlohrad, male, 22 years).

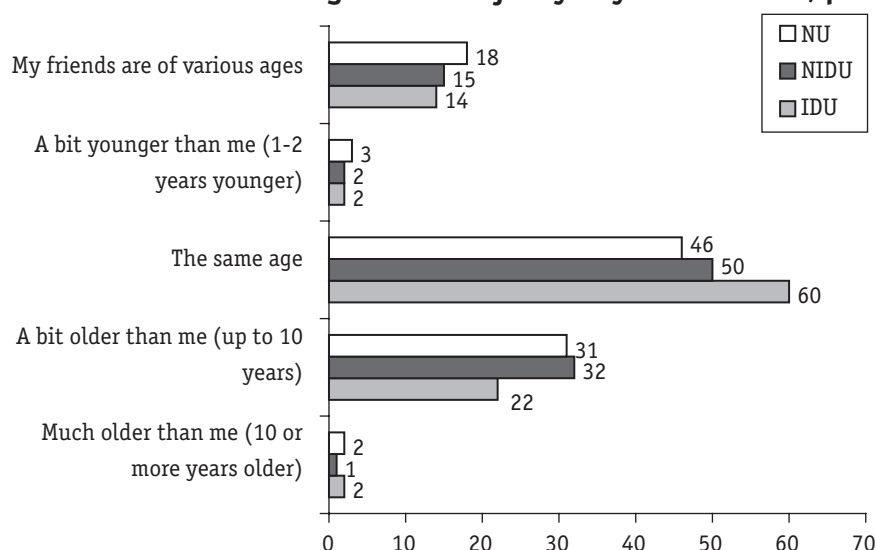
Sixty per cent of the NUs and 67 per cent of the NIDUs have 11 or more friends, but only 31 per cent of IDUs reported a network this size (Table 4.5.1). NIDUs seem to have the largest networks.

Table 4.5.1. “How many friends do you have?”, per cent

	IDUs N=808	NIDUs N=474	NUs N=324
1–5 persons	25	13	22
6–10 persons	44	20	18
11–20 persons	25	50	53
21 and more persons	6	17	7

The majority of the respondents reported having friends of the same age (46 per cent of the IDUs, 50 per cent of the NIDUs and 60 per cent of the NUS, respectively) (Figure 4.5.1).

Figure 4.5.1. “What is the age of the majority of your friends?”, per cent



Drug use among friends

Nearly half of the IDUs interviewed reported having some drug-injecting friends. 18 per cent of the IDU respondents indicated that practically all people in their friendship network inject drugs. Thirty eight per cent of the IDUs said that they have NIDU friends: *“Normal friends, they like smoking cannabis, pervitin, beer, tramadol. Friends are like any friends, normal people”* (Pavlohrad, male, 19 years). Fifty seven per cent of the IDUs interviewed said that almost all of their friends drink alcohol regularly.

Seventy eight per cent of the NIDUs said they had drug-injecting friends. Nearly half of the NIDUs said that some of their friends used non-injecting drugs. Over a third (31 per cent) of the NIDUs interviewed reported that the majority of their friends use non-injecting drugs and alcohol.

Of all the NUs interviewed, 60 per cent reported several friends who use injecting drugs, almost the same percentage (61 per cent) reported having NIDU friends, and one third had friends who drank alcohol (Table 4.5.2).

Table 4.5.2. “Do your friends use...?”, per cent

	<i>Injecting drugs</i>			<i>Non-injecting drugs</i>			<i>Alcohol</i>		
	<i>IDUs N=808</i>	<i>NIDUs N=476</i>	<i>NUs N=324</i>	<i>IDUs N=808</i>	<i>NIDUs N=476</i>	<i>NUs N=324</i>	<i>IDUs N=808</i>	<i>NIDUs N=476</i>	<i>NUs N=324</i>
Yes, almost all of them	18	1	1	28	18	2	57	48	27
The majority of them	31	3	2	38	31	5	26	33	32
Yes, some	49	78	60	31	47	61	16	18	37
None	2	18	37	3	4	32	1	1	4

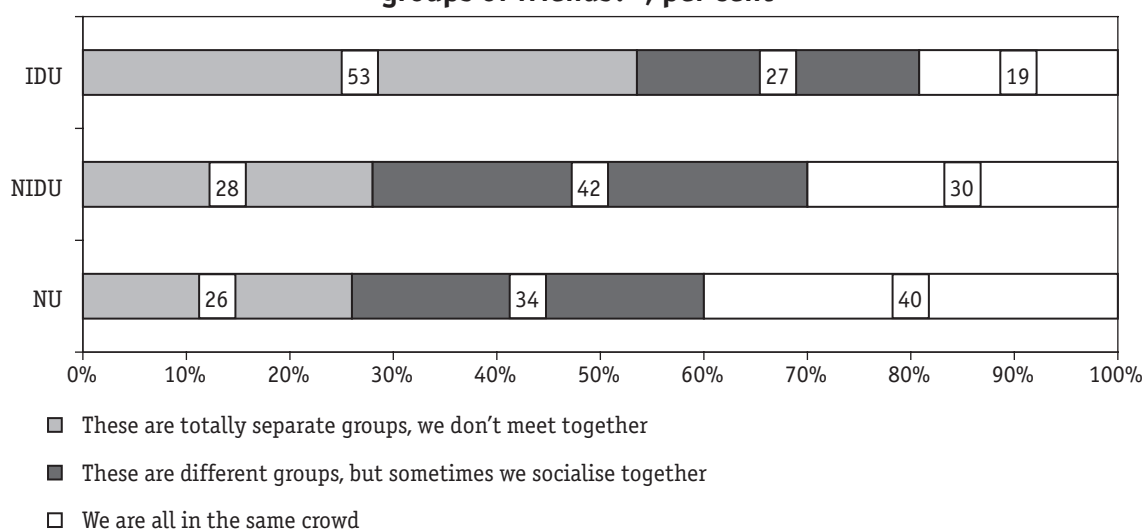
Different friendship groups

Forty per cent of the IDU respondents said that they had non-injectors in the same group of friends: *“We meet all together, our paths cross”* (Odesa, female, 23 years). Thirty per cent of the NIDU respondents said the same, and so did one fifth of NUs.

The NIDUs prevailed (42 per cent) among the respondents who believed that there were different groups, yet people in these groups can sometimes hang around together. Thirty four per cent of the IDUs and a slightly smaller percentage of the NUs (27 per cent) shared this opinion.

More than half of NUs stated that IDUs and NIDUs were two separate groups that never hung around together to share leisure time. *“No, I don’t meet them. We have no common interests: those who drink beer and those who want to take injections”* (Poltava, male, 23 years). Twenty eight per cent of the NIDUs and 26 per cent of the IDUs shared this opinion (Figure 4.5.2).

Figure 4.5.2. “Considering your friends who use injecting drugs and those who do not inject drugs, how would you describe the relationship between these two groups of friends?”, per cent



Activities with friends

The leisure structure is to a certain extent different for NIDUs, IDUs, and NUs (see Table 4.5.3.). It also depends on the group of friends/close acquaintances.

As for spending free time with non-IDU friends, the majority of the IDU respondents mentioned hanging out in the street (in the yard) or drinking together (86 per cent and 74 per cent, respectively). *“We are out smoking, drinking... but when people phone me to say that there is a ‘solution’ to*

get, then I leave...” (Odesa, female, 23 years). Quite a lot of the IDUs (67 per cent) prefer to chat with their non injecting friends on the phone.

The NIDUs mainly reported the same activities: 95 per cent, 87 per cent, 85 per cent.

The non-users also preferred spending their free time in the country (86 per cent) or seeing friends in the neighbourhood (87 per cent). Nearly as many NUs said that they liked to gather to listen to music.

Concerning spending free time with injecting friends, the majority of the IDUs interviewed said that they mainly hung out on the street or used drugs together either injectingly or non-injectingly (90 per cent, 92 per cent): *“We have a hit and enjoy it as normal people: we go to a beach, shop or cafe. Or we do not go anywhere if there is no drug: we have to look for a drug”* (Odesa, male 18 years); *“We can meet and talk about life, yet in the end it is all about drugs. You start with something different and then it all comes back to drugs”* (Poltava, male, 23 years).

The NIDUs who have friends or close friends who are IDUs hang around in the yard (82 per cent), in the street (61 per cent), and use drugs or drink together (54 per cent). The NUs spend less of their leisure time with IDU friends in the yard, in the street, or on the phone, or drinking together, or ‘listening to music’ (60, 34, 31, 29 per cent).

The IDU respondents were more likely to report spending their free time with IDU peers in a more ‘healthy’ or ‘cultural’ way. At the same time, the NUs were likely to report a wider range of leisure activities with their NU friends (Table 4.5.3).

Table 4.5.3. Leisure activities practised with friends, per cent

<i>With non-IDU friends</i>			<i>Activities</i>	<i>With IDU friends</i>		
<i>IDUs N=808</i>	<i>NIDUs N=476</i>	<i>NUs N=326</i>		<i>IDUs N=808</i>	<i>NIDUs N=476</i>	<i>NUs N=326</i>
86	95	87	Just hang out on the street/ in the yard	90	82	60
67	85	78	Chat on the phone	69	52	34
63	86	81	Listen to music	61	50	29
55	79	73	Go to the disco	46	41	25
51	83	86	Go out of the city to the country	42	27	22
25	39	32	Go to an internet caf	20	19	10
26	36	35	Go in for sports	17	15	10
6	10	18	Go to church	4	2	1
64	81	–	Use injecting/non-injecting drugs together	92	61	--
74	87	70	Drink alcohol together	70	54	31
66	81	76	Gamble	66	48	34

According to the qualitative data, most IDUs did not seem to have any particular hobbies or interests. They report themselves that the majority of them spend their leisure time trying to get money and drugs. Other hobbies were mentioned like sports, reading, technologies, fishing, knitting, and playing slot machines.

Musical preference

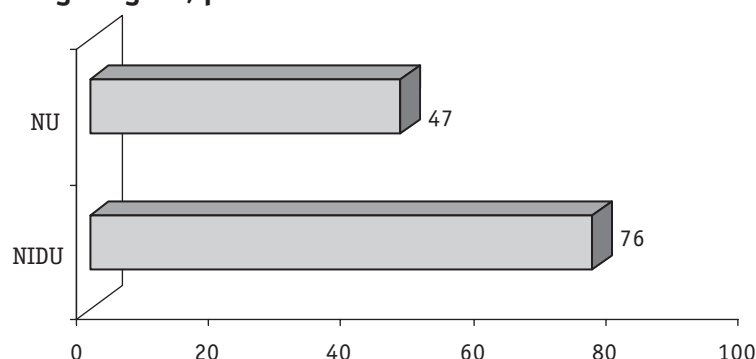
Club music (such as techno, electro, drum & base) seemed to be most popular among the IDUs (about 50 per cent). This style was likely to be preferred by the NIDU respondents (50 per cent). Rock is the second most popular style of music (36 per cent and 45 per cent, respectively). Chanson (a style representing the Ukrainian criminal sub-culture) appeared to be equally popular among the IDUs (35 per cent): *“I like stuff like Shafutinskyi, Krug. I don’t like those new rappers. I don’t understand this. I like chanson”* (Kyiv, male, 22 years). The NU respondents were most likely to prefer pop music (43 per cent) and club music as well (about 40 per cent).

Non-IDUs in the company of IDUs.

According to the data obtained, the majority of the NIDU respondents (76 per cent) had been in a group where others injected drugs. The NUs were less likely to have been present whilst other people injected: only 47 per cent did so (Figure 4.5.3).

The highest percentage of NIDU and NU respondents who had been in the company of others whilst they injected drugs is observed in Kyiv.

Figure 4.5.3. “Have you ever been in the company of users when they were injecting drugs?”, per cent of the interviewed NIDUs and NUs.



For 36 per cent of the NIDUs and 47 per cent of the NUs who were present at injecting sessions, this had occurred only two or three times. But many more NIDUs than NUs seem regularly to spend time with drug injectors. More NIDU males than females had been in groups where drugs were injected more than 10 times (30 per cent vs. 23 per cent). Three times more NU males than females reported that they had been present at injecting sessions at least 10 times. (Table 4.5.4).

Table 4.5.4. “How many times have you been present when injecting drugs are used?”, percentage among NIDUs and NUs, who have ever been in groups where injecting drugs are used, by gender

	<i>NIDUs</i>			<i>NUs</i>		
	<i>All N=360</i>	<i>Men N=245</i>	<i>Women N=115</i>	<i>All N= 153</i>	<i>Men N=87</i>	<i>Women N=66</i>
Once	17	17	17	23	22	24
2–3 times	36	35	37	47	43	53
3–10 times	19	18	23	19	19	18
More than 10 times	28	30	23	11	16	5

NIDUs’ associates in these groups may be both good friends (68 per cent) but also people they barely know and even total strangers (44 per cent and 27 per cent, respectively). Females were more likely to find themselves in such groups with their friends, while males more often associated with injectors whom they barely knew. Of the NUs, 36 per cent were with friends whilst in such groups, and 15 per cent were with acquaintances. The non-IDU respondents indicated that there were other people not injecting, but just ‘observing the process’ in these groups. This was said by 63 per cent of the NIDUs and 37 per cent of the NUs.

❖ DISCUSSION

The data obtained show that youth who start to use injecting drugs begin gradually to lose friends and associates.

Young people who do not use drugs at all have mostly peer friends, while turning to drugs (both injecting and non-injecting) considerably increases the number of older friends.

IDUs belong to the group of users, but this group remains open to NIDUs and NUs, because they have common interests, spend leisure time together, visit night clubs and discos together, and often are old friends. Currently in Ukraine there are no studies of youth subculture connected with drugs. Even if there are no specific studies, it is known that the propagation of drug use takes place at discos, at clubs, at cafes, at bars, and at other places of entertainment, and this occurs on a large scale. Having analysed the leisure structure and the musical preferences of the IDUs and their NIDU friends, we can see conditions for active communications between the two groups. As a consequence, for a great number of NIDUs who are friends of IDUs, it is quite possible to hang around in the company of injecting drugs users. Nearly half of both NIDUs and NUs mentioned that persons not using drugs but just 'observing the process' were present in groups where others used drugs. Undoubtedly for teenagers of 12–17 years old, the things they saw are associated with the form of drama 'advertised' by the cinema and inspiring them 'to be cool' too.

❖ CONCLUSIONS

The largest percentage of respondents whose friends used alcohol and injecting and non-injecting drugs was found among the IDUs. The non-IDU respondents more often reported having a wider range of leisure activities. In most cases, contacts between the NUs and their IDU friends are random and occur at a lower cultural level than those between the NUs: these are normally occasional meetings of people living in the same apartment, building, or area.

The majority of IDUs and NUs believed these two groups to be totally different and hardly ever mixing together. Thus, the majority of the young people preferred to spend their free time with 'someone like themselves'. A considerable proportion of the young people seemed to be mentally and culturally oriented towards seeking new experiences and 'fun', including 'fun' through drug use. There are hardly any sub-cultural and group norms, values, and rules of behaviour inherent in the young people that can play effectively against this trend.

Club music appeared to be most popular among the users (both the IDUs and the NIDUs). Rock was the second most popular style. Chanson is preferred by both the IDUs and NIDUs. The majority of the NU respondents preferred club pop music, then club and rock music.

Sub-cultures recruit young people by offering leisure alternatives. No significant differences between the IDU, the NIDU, and the NU respondents were discovered with regard to young people's associations with the youth sub-cultures.

According to the results of the survey conducted, the greater part of non-injecting drug users (76 per cent) had been present in places where injecting drugs were used. Among the non drug users interviewed, 47 per cent had been present in such groups. Those who had been in groups where people use injecting drugs, mentioned wanting to try or thinking about trying injecting drug twice as often as those who had not. But it is impossible in this case to speak about cause-effect relations. Quite possibly those non-IDUs who think about the first hit for different reasons are present more often in groups of IDUs where injecting takes place. But the results give grounds for supposing that the desire to try injecting drugs and time spent in the company of injectors are factors that raise the probability of the first hit among young people who have IDU friends.

As for effective prevention strategies, it is worth noting that both IDUs and their friends actively visit discos, music clubs, Internet cafes, play sports (which means they visit stadiums, sport halls, clubs, etc.), gamble (gaming machines, casinos, etc.). Thus, these are the places in which information on drug addiction and the consequences of drug use should be distributed, and at which prevention programmes should be targeted.

4.6. Awareness of HIV/AIDS

❖ RESULTS

The majority of respondents (90 per cent of the IDUs, 95 per cent of the NIDUs, and 86 per cent of the NUs) have some knowledge about HIV/AIDS. The least awareness of HIV/AIDS is in Poltava, among juvenile IDUs and women who do not use drugs (Table 4.6.1).

Table 4.6.1. Distribution of respondents' positive answers about HIV/AIDS awareness, per cent by city, gender, and age

	<i>IDU</i>	<i>NIDU</i>	<i>NU</i>
<i>Distribution by city</i>			
Kyiv	93	97	84
Odesa	92	91	93
Pavlohrad	92	96	95
Poltava	82	95	71
<i>Distribution by age</i>			
12–17 years old	78	92	88
18–23 years old	91	96	85
<i>Distribution by gender</i>			
Men	89	95	87
Women	91	95	83

Only half of respondents who knew about HIV/AIDS felt that their knowledge was sufficient. However, the analysis of the answers of the IDUs, the NIDUs, and the NUs shows a relatively high level of awareness about the methods of HIV infection and HIV transmission (Table 4.6.2). More than 95 per cent of respondents mentioned the possibility of becoming infected by sharing syringes or needles, 70 per cent mentioned the risk of getting infected by sharing the same instruments and dishes when preparing a drug or dissolving it. Levels of awareness of the possibility of getting infected through unprotected sexual contacts were relatively high (except for oral contact without a condom, which is either not considered to bear a risk or is undecided due to lack of knowledge for a quarter of respondents) and through blood contact. As for the existing stereotypes, 40 per cent do not know that HIV is not transmitted through the bites of insects/animals nor through eating from the same dish, a quarter of IDUs and a fifth of non-IDUs do not know that HIV-infection is not transmitted through sharing a towel, face cloth or soap. Some of the respondents had doubts about whether HIV could be transmitted through kissing a friend, in a sauna, a swimming-pool, a toilet, or through conversation or coughing, or even by a handshake, hugs, or massage.

Considering the main channels of HIV-transmission that define the epidemic in Ukraine (intravenous drug use and heterosexual sex), questions about sources of information on usage of drugs, safe sex, and HIV/AIDS were included. For all three subjects, the main sources of information are TV, printed information materials, friends, and educational institutions (Table 4.6.3). Apart from this, other quite popular sources of information are parents, organised events in the cities, Internet, hospitals, brothers, and sisters. Among IDU respondents, one in six mentioned syringe exchange points, and one in ten mentioned some other harm reduction projects.

It is worth mentioning that only 40 per cent of the IDUs, 24 per cent of the NIDUs, and 20 per cent of the NUs had ever had an HIV test. The highest percentage of the IDUs who had had an HIV test were in Odesa (53 per cent). In other cities, the percentage is 34–37 per cent. The IDUs who are clients of HIV infection prevention programmes are tested more often than those that are not (50 per

cent against 38 per cent). The proportion of those who have had an HIV test grows in relation to the time of injection drug use: starting with 22 per cent of those who have been using drugs for less than two years and rising to 57 per cent of those who have been using drugs more than four years.

Table 4.6.2. Level of awareness of IDUs, NIDUs, and NUs about the methods of HIV transmission (Summation of the correct answers to the question “Is HIV transmitted through...?”)

	IDU	NIDU	NU
Correct statements, per cent of answers “yes”:			
Vaginal sexual contacts without a condom	96	97	96
Sharing syringes and needles	95	98	92
Through HIV-positive blood transfusion (or blood product)	92	98	91
Anal sex without a condom	85	83	83
Through HIV-positive mother to her child during pregnancy or childbirth	78	79	86
Oral sex contact without a condom	71	73	75
Sharing instruments and dishes for drug preparation, dissolving drugs	69	71	75
From HIV-positive mother to her child while breast-feeding	58	60	68
Incorrect statements, per cent of answers “no”:			
Handshake, hugs, massage	93	94	91
During conversation or coughing	87	91	88
Sharing a toilet, sauna, swimming-pool	83	79	86
Friend (social) kiss	82	81	83
Sharing a towel, face cloth, or soap	74	77	84
Eating from the same plates as an HIV infected person	63	59	60
Insects/animal bites	60	56	71

Table 4.6.3. Share of IDUs, NIDUs, and NUs that get information about drug use, safe sex, and HIV/AIDS from different sources, per cent

	Get information about ...								
	Drug usage			Safe sex			HIV/AIDS		
Groups of respondents	IDU	NIDU	NU	IDU	NIDU	NU	IDU	NIDU	NU
Sources of information:									
TV	70	73	63	64	74	58	75	82	69
Printed educational materials (books, booklets, brochures)	65	68	56	63	69	50	66	74	56
Friends	65	69	56	58	62	53	58	62	51
School	54	60	62	41	49	52	54	58	64
Educational institutions (college, university, etc.)	28	45	33	25	44	29	29	49	34
Hospital	19	17	15	17	20	14	26	30	22
Events held in cities	22	31	25	18	25	17	26	35	25
Parents	29	43	37	22	38	41	22	34	36
Syringe exchange points	17	2	1	17	2	1	18	1	1
Internet	14	19	23	12	17	21	12	19	22
Harm reduction project	10	3	2	10	2	1	11	3	2
Brothers, sisters	10	19	14	10	19	12	9	17	11
Police	10	5	3	3	1	1	5	2	1
Centre of social services for youth	6	6	7	5	4	5	5	6	5

Almost 90 per cent of the IDUs and non-IDUs who have taken the HIV test get their results, but not all of them are ready to discuss it. Of the IDUs 73 per cent agreed to discuss their result, and of these 13 per cent had tested positive (11 per cent among males and 21 per cent among females). Ninety per cent of those who had had the test done agreed to announce their results among their friends. Of the NIDUs 5 per cent were HIV-positive as were 2 per cent of the NUs.

Those most willing to announce their results were the respondents in Kyiv and Odesa. Females were more honest in this part of the interview. The analysis shows that the proportion of positive HIV test results increases with the length of time during which drugs have been injected.

❖ DISCUSSION

Given the circumstances of a quickly spreading epidemic of HIV infection in Ukraine over the last few years, the level of young people's awareness about the problem in general, the methods of transmission, and precautions against infection has efficiently risen. However, mistaken beliefs about possible ways of becoming infected with HIV through an insect-bite, through dishes, and from conversation or coughing are still widespread. Apart from general informational and educational events, the groups at increased risk (to which IDUs belong) have become the object of different prevention programmes aimed at increasing awareness of HIV infection and at changing behaviour. In general the level of awareness of HIV transmission routes is sufficient among the IDU respondents and their relatively high level of HIV testing agree with the results of other investigations and could be the result of the intense informational and educational work of public organisations in the IDU environment.

With regard to the younger target group investigated, a conclusion can be drawn about the influence of educational institutions (and primarily high schools) on the generally high level of awareness of young people (both IDUs and non-IDUs) about HIV/AIDS. Unfortunately, judging by the results of IDU [17; 18; 19; 20] behaviour monitoring, knowing about safe behaviour in terms of HIV does not guarantee safe behavioural practice. Among the IDUs, only 20 per cent started practicing safe behaviour [3].

The results obtained prove that TV is the main source of information for different categories of youth for a broad cycle of questions connected with HIV infection. Along with this, if we analyse the quantity and quality of the information about HIV/AIDS problems, drug usage, and safe sex, the results seem to be strange enough. Indeed, the modern TV space contains only few separate pieces of social advertising (that rather draw attention to the problem than give detailed information) and is characterised by the absence of directed programmes, films oriented towards youth, attractive shows with a defined subject, and the absolute absence of frank and professional TV programmes about safe sex and drug usage. So TV, which the respondents ranked as the top source of information for the problem under discussion, shows the high level of availability of this informational channel and the real demand by young people for it. Printed information materials, friends, and people of the same age do play a major role as important sources of information about drugs, sex, and HIV/AIDS. We should mention also the introduction of relevant programmes by the new governmental standards for schools, the increased role of the health protection institutions in measures on the prevention of HIV infection, and the creation of a network of youth-friendly clinics. All these sources of information will increase the awareness of young people. The small proportion of IDUs and their friends who indicated getting information through special events, harm reduction projects, syringe exchange points, and centres of social services for youth demonstrates that prevention programmes have a low level of coverage of youth and IDUs. We mention as a serious unsolved problem the low level of availability of voluntary consultation and HIV tests for young people of all ages and from all risk groups. Apart from this, low levels of tolerance towards HIV-positive persons, discrimination against IDUs,

the fact that the introduction of substitutive therapy is still at an embryonic stage, and the limited availability of ARV therapy do not encourage young people to want to find out their HIV status nor to make it public.

❖ CONCLUSIONS

In spite of the efforts of governmental and non-governmental sectors of Ukraine, a large proportion of young people, including the groups at a high risk of HIV infection (as well as IDUs) have an insufficient level of awareness about the transmission of HIV and the methods of protection. On the one hand, the data obtained show a high level of knowledge about the HIV transmission through sexual contacts and by sharing the same syringes and needles by those using intravenous drugs. On the other hand, the ideas that HIV can be transmitted through gnat/mosquitoes bites, using the same dishes, and during a conversation or by coughing remain popular still.

So, providing correct information to young people about the ways in which HIV is transmitted and the means of protection against HIV infection remains an important problem at the national level. In Section 4.1, it is shown that one of the barriers to beginning injecting drug use is the fear of HIV infection. The exploitation of this barrier requires an adequate level of knowledge about ways of HIV transmission, breaking the stereotypes, and encouraging safe behaviour based on knowledge. The results gathered show the urgent need for the creation of informational and educational programmes on the 'peer-to-peer' principle and for an increase in the effectiveness of school programmes and harm reduction projects.

Section 5. Problems associated with drug use

5.1. Life after the initiation of injecting drug use

Unsurprisingly, the initiation of drug injecting brings serious changes into the user's life. This section intends to analyse the most important shifts in respondents' lives associated with injecting drug use from the point of view of the IDUs themselves and their non-injecting friends. IDUs' answers concerning shifts in their lives were analysed in relation to the length of their drug injecting history.

❖ RESULTS

The majority of IDUs interviewed (64 per cent) reported a deterioration of relations with their parents (for more details see Section 5.2). Fifty eight per cent of them mentioned problems with health, and half of them said that he/she was looking much worse now. Over half of the IDU respondents (55 per cent) mentioned a deterioration of their financial situation as an important change. Nearly half of the interviewees (47 per cent) mentioned increased aggression as a change associated with injecting drug use (Table 5.1.1).

Table 5.1.1. IDU-respondents' answers to the question: "Now I am going to read you some statements concerning changes in your life since you have begun using injecting drugs. Which of these apply to you?", per cent
(Respondents were allowed to choose all suggested answers, if necessary)

<i>Possible changes in life</i>	<i>Among all IDU</i>	<i>By drug injecting history,</i>		
		<i>From 1 month to 2 years</i>	<i>From 2 to 4 years</i>	<i>4 years and more</i>
Relations with parents deteriorated	64	50	68	72
Health deteriorated	58	41	56	73
Financial situation deteriorated	55	39	57	67
Look much worse now	49	38	50	58
More aggressive now	47	35	53	53
Relations with friends deteriorated	43	28	40	56
Relations with relatives deteriorated	41	28	45	48
Lost friends	37	21	36	51
More active now	36	38	40	32
Lost interest in other things	25	16	24	33
Life is more interesting now	18	27	15	11
More calm and steady now	14	15	8	18
Found real friends	12	15	11	10
Nothing really changed	6	9	7	3

The difference between the IDUs' perception of these changes and the perceptions of their non-injecting friends, the NIDUs and the NUs, is rather interesting.

In fact, the non-injectors saw the same problems as those noticed by their IDU friends. The following problems were mentioned almost unanimously: the deterioration of relations with parents, of health, and of financial situation. Importantly, some of these were more likely to be mentioned by the NIDU and NU respondents. For example, 60 per cent of NIDUs and NUs believed that their IDU peers had lost friends, while only 37 per cent of the IDUs shared this opinion (Table 5.1.2).

**Table 5.1.2. “Now I am going to read you some statements concerning changes in the life of your IDU friends since they began using injecting drugs. Which of these do you think applies to them?” per cent
(Respondents were allowed to tick any from suggested options)**

	<i>NIDUs</i>	<i>NUs</i>
Relations with parents deteriorated	81	76
Relations with friends deteriorated	81	75
Lost friends	77	71
Health deteriorated	82	66
Look much worse now	69	55
Relations with relatives deteriorated	66	64
Lost interest in other things	67	58
Financial situation deteriorated	60	60
Life is more interesting now	29	29
Found real friends	51	48
More calm and steady now	14	9
More aggressive now	6	9
More active now	8	10
Nothing really changed	2	3

Concerning the perceptions of injectors, there is a clear correlation between the users’ perceptions of changes in their lives and the length of their injecting drug history. For instance, of those who had been injecting from one month to a year, half mentioned the deterioration in relations with their parents (72 per cent of IDUs with an injecting history of four years or longer). The majority (73 per cent) of IDUs with an injecting history of four or more years mentioned health problems. Indeed, health problems affect the way the person looks: 58 per cent of the young people who had injected drugs for four or more years said they looked much worse now. Interestingly, the great majority (92 per cent) of respondents with a two- to four-year drug history reported increased anxiety, whereas those who have been in the ‘system’ for four or more years were most likely to report feelings of “calm and steadiness” (18 per cent) (see Table 5.1.1).

❖ DISCUSSION

It is important to note that the young IDUs appeared to be able to assess the changes in their lives quite impartially. We should point out that the understanding of the negative effects increases with the length of history of drug use.

The IDUs with an injecting history of more than four years were most likely to report negative changes in their lives subsequent to starting injecting drug use. It can be explained in the following way – the novice’s euphoria is over and the IDU begins to realise his addiction and the impossibility of quitting. Moreover, the longer the history, the more money is needed to buy a dose. Furthermore, it becomes more difficult to hide the addiction from family and friends, which leads to the deterioration of relations and to health problems (HIV/AIDS, hepatitis, abscesses, etc.).

The IDUs with an injecting history of one month up to two years were most likely to report positive changes in their lives after they started injecting drug use. This can be explained by the fact that young people do not always fully understand the probable consequences of injecting drug use. With time, however, the IDUs begin to realise their lives are not so bright anymore, not so interesting, and the only meaning left is getting the next dose.

❖ CONCLUSIONS

The majority of interviewees reported mostly negative changes associated with drug injecting, of which the IDUs themselves were fully aware: the deterioration of relations with parents, relatives, and friends, health problems, and a bad appearance. Some IDU interviewees said that they became more energetic and live a brighter life, but these were normally those with a shorter history of injecting.

The non-IDU friends also reported negative changes in their injecting friends' lives, and were less likely to report positive ones.

Possibly, more effective interventions would focus on the IDU population with less than two years' history of injecting, i.e. those still maintaining social contacts with the non-IDU environment and involved in a wider range of social activities and thus most susceptible to interventions aimed at a decrease of substance abuse. Unfortunately, there are grounds to suggest that the programmes targeting IDUs with at least a four-year injecting history will be faced with greater difficulties, yet these are indeed necessary. Such programmes are to involve social workers and health care providers.

As we can see from the results, prophylactic interventions in the environment of young IDUs (at least those aged up to 23 years and with short usage histories) aimed at harm reduction, such as non-injecting use, drug therapy, and maybe even resocialisation programmes, would be positively perceived by a proportion of IDUs, because of their understanding of the negative effects of injecting drugs. These results give hope that some of the IDUs could become active participants of targeted programmes, like "Break the Cycle", taking a stand against getting young people involved in injecting drug usage.

The quite objective evaluation by the IDUs' friends of the possible consequences of injecting drug use also have to be used as an argument against trying injecting drugs.

5.2. Conflicts with law enforcement bodies

In this subsection, the question concerning the presence and the frequency of the young IDUs', their NIDU-friends', and NUs' conflicts with police has been studied. The main charges preferred against the representatives of each of the groups mentioned above were also analysed.

❖ RESULTS

According to the research results, over a half of the IDU respondents (47 per cent) had been detained at least once in their lives (arrested or served a sentence) whereas among the NIDUs it was 25 per cent and only 5 per cent among the NUs (Table 5.2.1).

Table 5.2.1. "How many times have you been arrested?", per cent

	<i>IDU N=801</i>	<i>NIDU N=470</i>	<i>NU N=325</i>
None	53	75	95
At least once	47	25	5
<i>Including</i>			
1 time	7	9	3
2 times	12	6	1
3–5 times	16	6	1
6 and more times (up to 50)	12	4	–

Among the main reasons for being detained by police, the IDU-respondents mentioned charges associated with drug use (using, keeping, making, trading). These were mentioned by 72 per cent of the IDUs who have ever been detained.

The continuous search for money for purchasing drugs pushes young people to resort to additional and usually illegal sources to get money. Thus, theft is the second most often mentioned charge among IDUs: the number of the IDU respondents ever charged with theft was three times as large as the number of NUs (43 per cent of IDUs, 17 per cent of NIDUs, and 16 per cent of NUs). The IDU respondents were ten times more likely to mention theft as one of the main sources of income during the last six months compared to the non-injecting drug users and non-users (29 per cent of IDUs, 8 per cent of NIDUs, and 2 per cent of NUs).

The state of drug intoxication, meetings with drug dealers, and connections with people already known to police as IDUs may increase the risk of detention for 'suspicious behaviour'. Thirty nine per cent of the IDUs reported detention for suspicious behaviour (compared to 34 per cent of the NIDUs and 11 per cent of the NUs).

Quite a few IDUs said that they had been charged with drinking alcohol in public places (37 per cent) and hooliganism/robbery (34 per cent) or detained during a police raid and unaware exactly for what reason (32 per cent).

The NIDUs were most likely to be detained for drinking alcohol in public places (54 per cent). There are grounds to assume that associating with IDU friends and close acquaintances is likely to cause problems with police, since it is a common practice of street drug policing when making an arrest to arrest the whole group. For example, 34 per cent of the NIDU respondents were detained for suspicious behaviour and 33 per cent during police raids, the direct reason for the arrest being unknown.

The NUs were most likely to report charges of drinking alcohol in public places and hooliganism/robbery as well as detentions during police raids (21 per cent each). However, the number of those ever arrested (19 persons) is too low to draw any general conclusions (Table 5.2.2).

Table 5.2.2. Charges preferred when arrested (per cent, among those who were detained by representatives of law enforcement bodies)

	<i>IDUs</i>	<i>NIDUs</i>	<i>NUs</i>
<i>Respondent can choose several versions for an answer</i>	<i>N= 382</i>	<i>N=123</i>	<i>N=19</i>
Charges directly connected to drugs (using, keeping, making and trading drugs)	72	18	–
Being involved in the sex trade (commercial sex)	5	4	11
Thefts	43	17	16
Vagrancy or intrusion into private property	12	19	11
Denunciation	4	3	–
Suspicious behaviour	39	34	11
Physical injuring, violence, murder	12	12	–
Hooliganism/robbery	34	37	21
Drinking alcohol in public places	37	54	21
Detention during a raid, unknown reason	32	33	21

Comparative analysis by region did not uncover many differences between the cities of the respondents' residence. IDU males more often have problems with police than young females (51 per cent vs. 34 per cent), while this difference is of no statistical importance among the NIDUs.

With regard for the time spent in a jail/police station, etc., nearly a half (46 per cent) of those who reported a detention spent up to three days there. One in four respondents was detained/arrested for a period from four days to a month, and a fifth spent over year in a jail (Table 5.2.3).

Table 5.2.3. “How much time have you spent in places of preliminary detention or in places of imprisonment since you have been injecting drugs?” per cent of IDUs who have been detained for a night or more

	<i>N= 382</i>
Less than 3 days	46
4 days to 1 month	26
1 to 6 months	8
6 months to year	8
More than one year	12

❖ DISCUSSION

The fact that a rather large percentage of the IDUs interviewed had some experience of detention/arrest or imprisonment is not surprising. Moreover, the majority were charged with violations associated with drug use. This can be explained by the fact that usually police know the places where it is easy to buy drugs and the places where IDUs usually gather. In addition, an information network exists consisting of IDUs themselves. Some of them, to live safely, choose to inform the police about others. In fact IDUs have quite a high likelihood of detention/arrest, because police are well informed regarding the places where users gather to use or cook drugs. Even if there are places unknown to the local police, it is very easy to learn about them from young people (IDUs, NIDUs, or NUs) because those who have been detained are often willing to co-operate with the police in exchange for a discharge or commutation. It is not surprising that a third of the respondents said that they were detained for ‘suspicious behaviour’. The only question left is to find out the police’s interpretation of ‘suspicious behaviour’. Quite often police run raids detaining all people who are present there at the time. That is why some respondents said that they did not know the reason for their arrest/detention. However from the police perspective, their actions may seem to be totally lawful, as usually everyone in such places is high or using drugs when the police arrives.

❖ CONCLUSIONS

Injecting drug use seems to increase considerably the risk of problems with law enforcement bodies. Most often IDUs attract the attention of police because of the use or possession of drugs. Their non-IDU friends are likely to have problems with the police because of their contacts with IDUs. Many non-IDUs reported detention during a police raid or were charged with hooliganism or suspicious behaviour.

The research results show that the police, through repressive actions, are in contact with almost half of young IDUs and with a quarter of NIDUs. Thus, policemen may be a source of information about the whereabouts of IDUs and NIDUs on the level of towns, districts, and microdistricts. Such information would be very useful for the elaboration of focus harm reduction programmes for certain youth groups.

5.3. The respondents’ participation in prevention programmes for IDUs

The main prevention programmes for IDUs in Ukraine are the following: the harm reduction programme (needle exchange, consultative points “Trust”), the programme of substitutive therapy, and rehabilitation programmes.

“The harm reduction programme is run for IDUs aiming to reduce harm. This is the strategy of precautions against negative medical and social consequences, running to solve the primary problems and to reduce the risks associated with injecting drug use among those who cannot or are not ready to stop drug use” [12, p. 18].

“Substitutive therapy” (ST), or substitutive support therapy (SST), is a method of treating opium dependence. With this therapy, opium antagonists (substances with an effect similar to that of heroin and morphine on the human brain) are used. This allows one to prevent the development of withdrawal symptoms and to remove the attraction to illegal opiates. “The value of ST is in giving dependent users the option to refuse to use illegal opiates, to reduce significantly the risk connected with injections, such as HIV, hepatitis, infections, etc., to stabilise health, and to become socially active” [21, p. 103]. At this stage, substitutive therapy programmes are not organised at governmental level in Ukraine, and only pilot projects have been run (the introduction started in April 2004).

Rehabilitation programmes (in the wider, not only medical, sense) include the 12-step program, the centres for resocialisation of drug-addicted youth called “Your Victory”, courses of rehabilitation in clinics, in rehabs, etc. This is the complex of medical, pedagogical, social, and psychological measures aimed at renovating or compensating for the disturbed functions of the organism, as well as the social functions of drug-addicts and their ability to work [22, p. 172].

❖ RESULTS

Among the IDU respondents, only 36 percent were aware of any local programmes for injecting drug users (whereas a quarter of the NIDU respondents knew of them). Among the NUs, the proportion of those who knew of any intervention for the support of IDUs was not large, though quite considerable (14 per cent) for this category of respondents (Table 5.3.1).

Table 5.3.1. Respondents’ level of awareness of local prevention programmes for IDUs, per cent

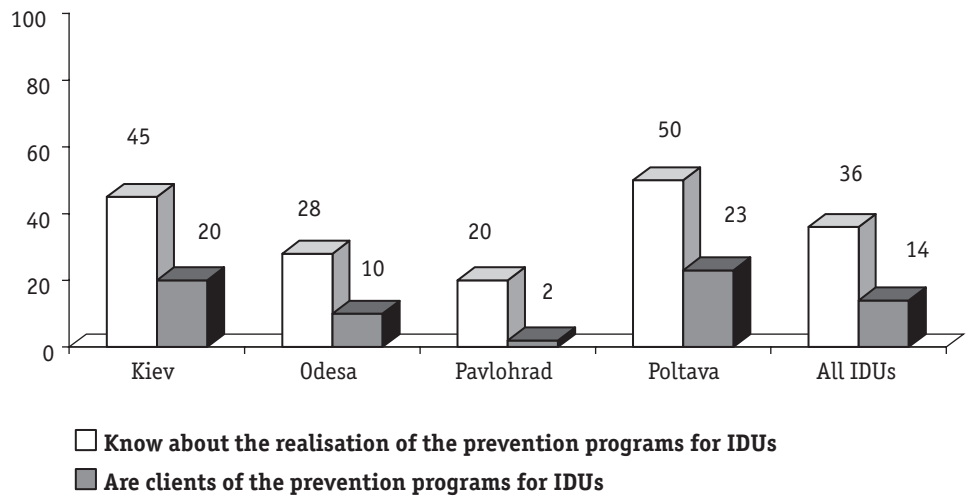
<i>Do you know of any programmes for IDUs in your city?</i>	<i>IDUs N=808</i>	<i>NIDUs N=476</i>	<i>NUs N=326</i>
Yes	36	25	14
Distribution of the positive answers concerning the IDUs awareness of the some kinds of prevention programmes (<i>among those who said they knew about any prevention programmes for IDUs</i>). Respondents can choose several versions	N=289	N=118	N=45
Harm reduction program	80	66	62
Substitutive therapy programmes	12	10	11
Rehabilitation programmes	48	44	62
No	64	75	86

The level of participation of the respondents as volunteers, consultants, trainers, etc. in prevention programmes for IDUs is quite low.

The respondents most informed about prevention programmes appeared to be in Poltava (50 per cent) and in Kyiv (45 per cent). In Odesa, a quarter (26 per cent) of IDUs interviewed knew of such programmes. The least amount of respondents aware of these programmes appears to be in Pavlohrad (Figure 5.3.1).

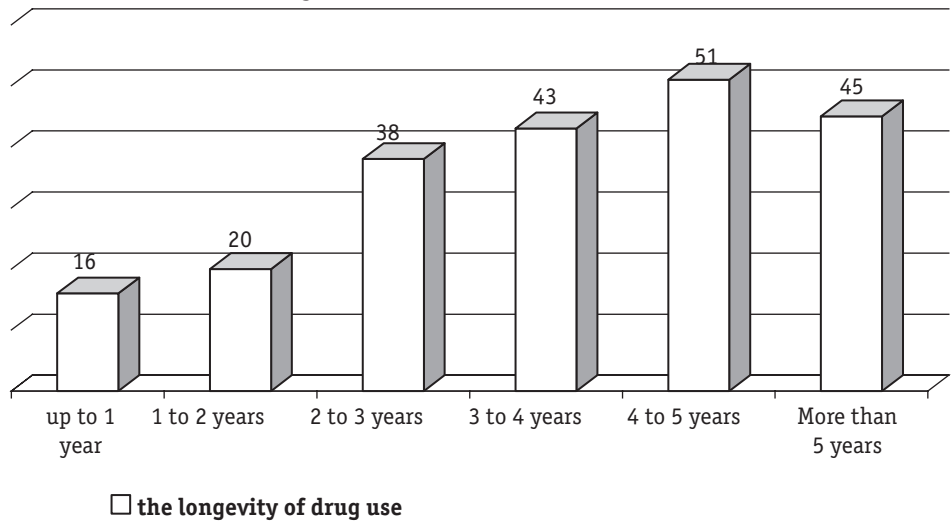
On average, the number of young IDUs who use the services of the programmes mentioned above is 2.5 times less (14 per cent) than the number of respondents who are aware of them (36 per cent). Thirty nine percent of the respondents aware of any prevention programmes were, at the same time, clients of those programmes.

Figure 5.3.1. Respondents’ awareness of prevention programmes in their city, by cities of residence, per cent



Of those aware of any prevention programmes, half had a four to five year history of drug use (51 per cent). At the same time, young people who had been injecting drugs for less than one year were least likely to know about such programmes (16 per cent). Twenty percent of those who have been injecting for one or two years knew about programmes in their cities (Figure 5.5.2).

Figure 5.3.2. IDUs’ awareness of prevention programmes in their city, by drug injecting experience, per cent



Almost half (49 per cent) of the primary respondents and more than one third (34 per cent) of the secondary ones reported knowing about prevention programmes for IDUs in the city of his/her residence.

The adult respondents, both IDUs and NUs and regardless of gender, appeared more frequently to be aware of any prevention programmes.

❖ DISCUSSION

In spite of the presence of prevention programmes in each of the cities, the general awareness of these programmes appeared to be rather low. Among those who are aware, the harm reduction and rehabilitation interventions appeared to be most popular. Very few respondents in all the groups reported active participation in such programmes as volunteers, counsellors, trainers, etc. Even among those aware of the local programmes aimed at supporting the local IDU communities, clients of these programmes constituted a very low percentage.

IDUs with a short history of drug use know less about prophylactic programmes, but they just need information about safe drug use, how to protect themselves against HIV, how to prevent the negative effects on health, about services available for IDUs, etc.

The data obtained indirectly show that substitutive therapy programmes are only at the pilot project stage. Young people do not know about them and do not know how to use them.

The whole methodology of this study was based on the willingness of respondents to co-operate, i.e. to recruit other respondents to the survey. Therefore, it was suggested that the majority of the primary respondents would be clients of some prevention programmes/projects. However, only half of them actually obtained services from such programmes. All this confirms that the level of coverage of young IDUs (under 23 years old) by harm reduction programmes is very low.

❖ CONCLUSIONS

Generally, the youth surveyed knew very little about any prevention programmes targeting IDUs in their cities. The best informed here are the IDUs (36 per cent) at whom these programmes are aimed. The NIDUs appeared to be somewhat less informed (25 per cent), and the NU respondents were most unlikely to know about any prevention programmes in the cities where they lived (14 per cent). Harm reduction interventions were best known to the interviewees. These were most often mentioned by those IDUs who have some information about this kind of programme: 80 per cent of the IDUs, 66 per cent of the NIDUs, and 62 per cent of the NUs. Only half of the IDUs (48 per cent), 44 per cent of the NIDUs, and 62 per cent of the NUs were aware of the rehabilitation programmes. Only one in ten of the respondents from these groups (approximately 11 per cent) knew about the substitutive therapy programmes.

Only 14 percent of the IDUs surveyed were clients of any prevention programme for IDUs. Among the whole sample, there were only isolated instances of respondents taking part in these programmes as volunteers, consultants, trainers, specialists, etc.: one of the IDUs, two of the NIDUs, and two of the NUs.

Among the respondents who are aware of prevention programmes, the highest percentage was registered among residents of Poltava and Kyiv, and the lowest among Pavlohrad residents.

The general level of awareness of prevention programmes for IDUs is correlated with the length of injecting history: the longer the respondent had used drugs injectingly, the more likely he/she was to know about some prevention programmes targeting IDUs in his/her city.

The primary respondents (i.e. those recruited by governmental or non-governmental organisations providing support to IDU communities locally) were better informed about prevention programmes than the secondary IDU respondents (i.e. those recruited directly by IDU peers).

The IDU respondents who claimed to be 'systematic' injecting drug users were more likely to be aware of the local prevention programmes (49 per cent against 27 per cent of those perceiving their injecting drug use to be 'unsystematic'). Some kind of interrelation between the frequency of injecting drug use and the awareness of prevention programmes can be traced: the more frequently IDUs inject, the more likely they are to know about programmes targeting the local IDU population.

Older IDUs, as well as the non-IDUs, were more likely to be aware of prevention programmes in their cities. No significant differences by gender were observed in each group with regard to the awareness of prevention programmes.

These data highlight the urgent necessity of spreading information about operating prophylactic programmes aimed at increasing the coverage level of IDUs, especially the youngest ones and those with a short history of drug use, with different services. It is very important to spread information about such programmes among the friends of IDUs, including NIDUs.

AFTERWORD

Drug use as a whole, and injecting drug use in particular, presents a complex problem which has social, medical, biological, psychological, educational, legal, and economic aspects.

In the context of the struggle against the AIDS/HIV epidemic in Ukraine, a review of the work with IDUs has clarified a wide circle of tasks and actual problems concerning the necessary improvement in the work of the governmental institutions and non-governmental organisations among the IDUs [21, p. 133–139]. However, the problem of work with young IDUs (the juveniles who are at the experimental stage and belong to the risk groups of the injection drug use initiation) has not been considered on the level of the statement of tasks and the priority trends of the state's policy. In view of the wide circle of experts involved in the preparation of the review mentioned, this suggests that even in the community of experts the importance of a prevention strategy against the initiation of injecting drug use is not defined as part of the overall strategy against the AIDS/HIV epidemic in Ukraine.

With regard to the AIDS/HIV epidemic, the following problems must be brought to the forefront of work with IDUs:

- To stop the growth of the group of IDUs;
- To ensure a reduction of the harm of injecting drug use by favouring conditions for safe use, allowing substitute support therapy, and introducing measures for the prevention of overdose;
- To teach safe sexual activity to IDUs;
- To provide services for the resocialisation of drug-dependent persons (including juveniles);
- To make testing and medical treatment of STIs available for IDUs;
- To make HIV counselling and testing available;
- To make ARV therapy available for IDUs;
- To provide testing and medical treatment of hepatitis C for IDUs;
- To change the social attitude to current and former IDUs (tolerance, social support, employment programs, etc);

The research, the results of which are presented in this analytical report, has been intended to substantiate approaches which would allow one to solve the first of the above-mentioned problems - to stop the expansion of the group of IDUs, i.e., to prevent the first injection (this concerns non-injecting drug users especially).

The researchers have proved once more the existence of a group of children and juveniles who are most vulnerable to the risk of the injecting drug use initiation. First of all, they are the friends of young IDUs. This group has a high level of integration into the social network of IDUs and really belongs to the group at risk of the initiation of injecting drug use. The research pointed out a wide range of the factors which cause this risk. A further, more profound, analysis will give the possibility of constructing a hierarchy of these factors, of establishing their interrelation, and of defining the separate target subgroups of young people who have a high risk of initiating injecting drug use.

However, the results of the analysis that has been carried out to date are sufficient to substantiate the necessary strategies, their aims, and key components. The project of suggested strategies for the prevention of injecting drug use initiation is proposed in a separate document.

The research carried out has presented a new level of knowledge about the group of young IDUs, its social structure, kinds of activities, sources of income, peculiarities of the organisation of leisure time, relations with the social environment, and attitudes to drug use, in particular to injecting drug use, as well as new information about risks and ways of preventing HIV infection. During this research, the causes of, and barrier factors to, the initiation of injecting drug use have been elucidated. It was discovered that the level of risk for young women is higher if they have contact with IDUs. On

the statistically significant level, the effect of alcoholic intoxication on the initiation of injecting drug use has been revealed (it is especially pronounced among young women).

Moreover, a new sampling technique, RDS, has been validated. The IDUs, and friends of theirs who are not themselves IDUs, were recruited and participated in the research. A new program for the analysis of data has been mastered. It allows the extrapolation of the information to the totality of IDUs of a fixed age in the city where the research is performed.

The research has given rise to the following new questions:

- the necessity of studying the role of sexual partners in the process of initiation to drug use, in particular to injecting drug use;
- the connection between commercial sex and injecting drug use;
- the study of the groups of non-injecting drug users, their subcultural stereotypes, and the consequences of drug use;
- the study of motives for the initiation of others: Why do the IDUs involve other people? What factors can influence the behaviour aimed at initiation and eliminate it? What are the gender, age, and social characteristics of such behaviour?
- the role of law enforcement bodies in the spreading of drug substances;
- the role of medical personnel in the spreading of drug substances
- the cost and the economic efficiency of the harm reduction programs;
- the use of drug substances (alcohol and narcotic drugs) among vagrant children.

This is not a full list of questions generated by the research. The data obtained in the course of the research bring into focus a wide circle of problems concerning the health protection of children and juveniles and the problem of the low efficiency of general educational and information programs.

Thus, the analytical report presents, on the one hand, the scientifically grounded information about the problems related to drug use and, on the other hand, makes it possible to propose a focused strategy for the prevention of the initiation of injecting drug use.

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ANNEXES

Annex 1

Illustration of the results of recruitment of the IDUs and their non-IDU friends using the RDS recruitment chain

Number of respondents by waves of recruitment

	<i>Kyiv city</i>		<i>Odesa city</i>		<i>Pavlohrad city</i>		<i>Poltava city</i>		<i>Total</i>	
<i>wave</i>	<i>IDU</i>	<i>non-IDU</i>	<i>IDU</i>	<i>non-IDU</i>	<i>IDU</i>	<i>non-IDU</i>	<i>IDU</i>	<i>non-IDU</i>	<i>IDU</i>	<i>non-IDU</i>
1 (seeds)	20	-	20	-	20	-	23	-	83	-
2	46	19	35	14	46	27	61	47	188	107
3	54	28	39	34	50	48	72	67	215	177
4	45	48	21	19	37	50	35	44	138	161
5	27	51	23	14	21	34	6	35	77	134
6	12	28	24	17	12	15	3	6	51	66
7	1	23	24	38	12	17			37	78
8		3	11	40	1	7			12	50
9			3	17		2			3	19
10			1	7					1	7
11				1						1
Total	205	200	201	201	199	200	200	199	805	800
808 IDUs and 802 non-IDUs were interviewed. The respondents whose recruiter's number was not indicated were not included in the analysis.										

Total number of chains of certain lengths (IDUs only)

Length of the chains, waves	Kyiv city	Odesa city	Pavlohrad city	Poltava city	By four cities
1	-	-	-	-	-
2	21	20	20	32	93
3	30	26	29	57	142
4	29	8	24	31	92
5	19	11	14	5	49
6	11	11	5	3	30
7	1	19	11		31
8		9	1		10
9		2			2
10		1			1
Total number of the chains	111	107	104	128	450
Average length of the chains	4	5	4	3	4

Diagram 1. IDUs recruited within different recruitment waves

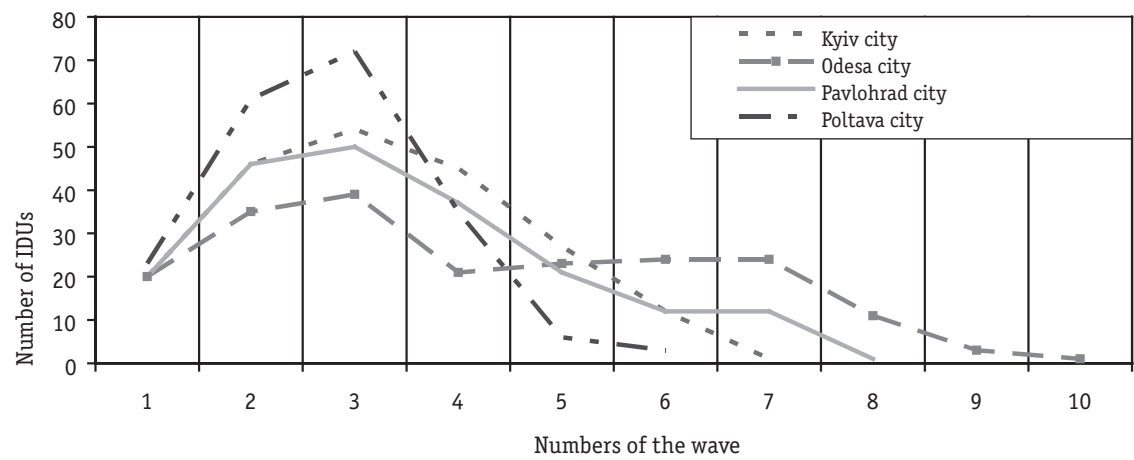
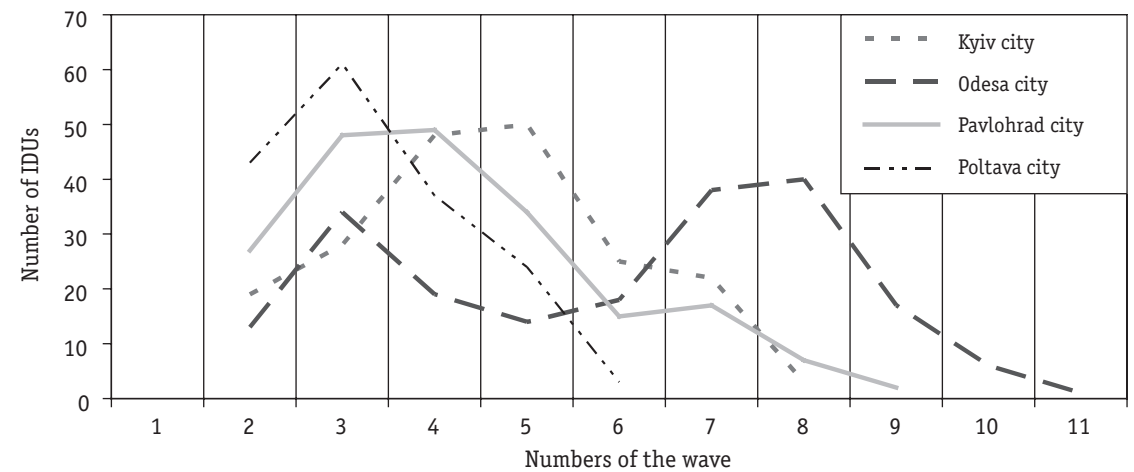


Diagram 2. Non-IDUs recruited within different recruitment waves



Frequency distribution of the answers of the IDUs with and without the weighting coefficient calculated with the help of the RDS Analysis Tool

Personal information of the respondents

Were you born in the city of the research?

	per cent	Weighting coefficient	per cent after weighting
1. Yes, I was born in this city	80.5	1.002	80.661
2. No, I was born in another city	19.5	0.992	19.344

Sex of a respondent

	per cent	Weighting coefficient	per cent after weighting
1. Male	78.5	0.987	77.4795
2. Female	21.5	1.048	22.532

Kinds of activity of a respondent

	per cent	Weighting coefficient	per cent after weighting
1. I study or work	55.9	1.037	57.9683
2. I does not study and does not work	44.1	0.957	42.2037

Before the first injection

Have you ever had a situation before your first injection when you could have tried the drug but did not do it?

	per cent	Weighting coefficient	per cent after weighting
1. Yes	58.8	0.948	55.7424
2. No	41.2	1.074	44.2488

Have you ever used non-injecting drugs before your first injection?

	per cent	Weighting coefficient	per cent after weighting
1. Yes	76.9	1.038	79.8222
2. No	23.1	0.873	20.1663

First injection

Was anybody with you during your first injection?

	per cent	Weighting coefficient	per cent after weighting
1. No, I was alone	5.2	1.319	6.8588
2. Yes, there was somebody	94.8	0.982	93.0936

Did you get your first injection for free?

	per cent	Weighting coefficient	per cent after weighting
1. Yes	53.8	0.953	51.2714
2. No	46.2	1.055	48.741

Did you plan your first injection?

	per cent	Weighting coefficient	per cent after weighting
1. Yes	40.4	1.055	42.622
2. No	59.3	0.962	57.0466

Were other 'beginners' with you during your first injection?

	per cent	Weighting coefficient	per cent after weighting
1. Yes	28.0	0.917	25.676
2. No	72.0	1.032	74.304

Were you under the effect of drugs or psychotropic substances during your first injection?

	per cent	Weighting coefficient	per cent after weighting
1. Yes	47.1	1.033	48.6543
2. No	52.9	0.97	51.313

Who gave you the first injection?

	per cent	Weighting coefficient	per cent after weighting
1. Me myself	12.8	1.064	13.6192
2. Another person	87.2	0.991	86.4152

Other questions

Have you ever had a course of drug dependence treatment?

	per cent	Weighting coefficient	per cent after weighting
1. Yes	74.5	0.986	73.457
2. No	25.5	1.041	26.5455

Have you ever had a test for HIV?

	per cent	Weighting coefficient	per cent after weighting
1. Yes	40.0	1.004	40.16
2. No	60.0	0.997	59.82

Do you know about the programs for the IDUs in your city?

	per cent	Weighting coefficient	per cent after weighting
1. Yes	35.9	1.092	39.2028
2. No	64.1	0.948	60.7668

Are you a client of the prevention program for IDUs?

	per cent	Weighting coefficient	per cent after weighting
1. Yes	14.0	1.114	15.596
2. No	86.0	0.981	84.366

Is it easy to buy drugs in your city?

	per cent	Weighting coefficient	per cent after weighting
1. Yes, it is	64.0	0.829	53.056
2. No, it is rather hard than easy	36.0	1.303	46.908

Arrests and temporary detentions, when the charges were connected with drugs (storage, use, preparation, drug traffic)

	per cent	Weighting coefficient	per cent after weighting
1. Yes	34.2	0.878	30.0276
2. No	65.8	1.063	69.9454

Have you been arrested during since you have started to use drugs?

	per cent	Weighting coefficient	per cent after weighting
1. Yes	47.5	0.844	40.09
2. No	52.5	1.141	59.9025

PART II

Strategy Paper ‘Preventing the Initiation of Injecting Drug Use among Vulnerable Adolescents and Young People’

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Introduction

In the current state of Ukrainian society, the twin epidemics of the nonmedical use of drugs and HIV/AIDS are recognised by experts as being a problem that undermines the safety of the nation. Drug dependence is an issue which affects all layers of the population and all regions of the country, being the defining factor in the spread of the HIV/AIDS epidemic. Despite the absence of a national drugs strategy appropriate to a modern state, there is a number of programmes at national and sub-national levels which is undertaken to palliate the consequences of drug dependence, to address the reduction of harm from the use of drugs, and to prevent HIV infection amongst injecting drug users (IDUs) and in their social environment.

The analysis of the trends in the spread of drug dependence, the identification of the peculiarities of the behaviour of IDUs, the evaluation of the proportion of IDUs among HIV-infected persons and the number of IDUs who require anti-retroviral therapy, the calculations of the cost of harm reduction programmes, and the prognoses for the cost of the consequences of the nonmedical use of drugs prove convincingly that the development of interventions aimed at halting the growth in the numbers of IDUs, and in particular the prevention of the transition to injecting drug use by concentrating on the prevention of the first injection, should become one of the top priorities.

The main arguments in favour of the strategies aimed at preventing the initiation of injecting drug use are as follows:

- 1) IDUs are a high-risk group with regard to HIV infection and the spread of the HIV/AIDS epidemic in Ukraine;
- 2) injecting drug use at an early age creates a high risk of damage to health and death from overdose;
- 3) injecting drug use at an early age has negative consequences on the socialisation process (leaving school, incomplete professional education, unemployment etc.);
- 4) injecting drug use has negative consequences on families and leads to the formation of a group of semi-dependent persons who require special programmes of social support;
- 5) comprehensive programmes aimed at the reduction of harm from injecting drug use are already too expensive and the costs are rising, but such programmes are an obligatory component of universal access to HIV/AIDS prevention, treatment, care and support;
- 6) the spread of injecting drug use will make additional demands on the health protection system: financing, increasing the number of experts, expansion of the network of medical institutions, etc.

The efficient prevention of HIV infection among IDUs requires coverage of this particular population, which is one of those most at risk, at a level of 60 per cent²⁷ (on a sustainable basis) with harm reduction efforts. These include the prevention of drug use, information, education and communication activities to reduce risky drug injection behaviours, needle exchange, substitution therapy (ST), prevention of sexual transmission of HIV, and other [1; 2]. It should be added that, according to expert opinions in Ukraine, a certain proportion of IDUs are ready to give up injecting drug use, and some IDUs wish to stop the use of any drugs and therefore need expanded ST and drug rehabilitation programmes. Based on a conservative estimate of the number of IDUs at the beginning of 2006 (that is 325,000²⁸), the annual cost of the various programmes (needle exchange, IEM, specialist con-

²⁷ Experts in the field suggested that at least 60 per cent of the IDU population must be covered by HIV/AIDS prevention activities in order to make an impact on the development of the epidemic. This 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.

²⁸ Report on the National Consensus Estimates on HIV and AIDS in Ukraine – Kyiv, May 2006. – 4 p.

sultations, re-socialisation services) among IDUs in the context of the fight against the HIV/AIDS epidemic at the national level would be estimated at least at 150 million hryvnyas²⁹. Therefore, the growth of the IDU population will put an excessive load on the state's budget and will also influence the budgets of families which have a drug-dependent member. In other words there is only one possible way out of the situation: it is necessary to stop the epidemic of injecting drug use. This problem will require special, clearly defined strategies.

In general, preventive programmes include a wide spectrum of interventions, including prevention programmes targeting the general population and those focused on IDUs. These interventions differ from one another in the details of forms, methods, and the roles of possible agents of influence on young people such as, in particular, social and family environment, specialised organisations, and educational, extra-educational, and youth entertainment institutions. The prevention programmes aimed at the general population include a wide spectrum of educational programmes and school courses, both mandatory and optional. Interactive methods of teaching the rules and skills for a healthy lifestyle are recognised as being most efficient. Social marketing, information campaigns through mass media, the publication and distribution of special informative and educational materials, are important factors.

The purpose of this document is not a detailed analysis of the methods of prevention among the general population. Therefore, we only note that prevention focused on the general population is directed at a wide circle of adolescents and youth and based on the intersectoral comprehensive approach. Its goals are to provide young people with the necessary information on the consequences of drug use, to encourage them to reject the use of drugs, and to promote the interaction of young people with the relevant social institutions, parents, and experts to help foster the skills for practicing healthy lifestyle (health promotion strategy).

One of the drawbacks of the preventive strategies currently available is their lack of focus and the fact that they are targeted at a wide and generally ill-defined audience. Efficient prevention programmes must contain clearly formulated objectives, tasks, and strategies aimed at specific target groups. In the construction of preventive programmes, it is important to determine clearly the category of population being targeted, the lifespan of the programme, its target (a person or his/her environment), and the form which the action will take.

The proposed strategies for preventing the initiation into injecting drug use are developed on the basis of the results of the qualitative and quantitative stages of a sociological survey performed among IDUs and their friends under 24 years old who do not use drugs by injection (non-IDUs) in four cities of Ukraine. The survey was conducted in 2004-2005 within the 'Preventing the Initiation of Injecting Drug Use among Vulnerable Adolescents and Young People' Project implemented by the Ukrainian Institute for Social Research in collaboration with DV8 Research, Training and Development & IVO Addiction Research Institute, Rotterdam, the Netherlands with support from the UNICEF Representative Office in Ukraine and UNAIDS in Ukraine. The goal of the study was to determine the subjective motives and external factors which lead to the initiation of injecting drug use and to develop, on the basis of the results obtained, prevention strategies against the initiation of vulnerable groups of young people and adolescents into injecting drug use. The study was implemented in four cities of Ukraine: Kyiv, Odesa, Pavlohrad (Dnipropetrovsk oblast), and Poltava. In all, 1610 respondents aged under 24 years old were interviewed: 808 injecting drug users (IDUs) and 802 of their friends who were not IDUs. The results of the study have shown that the group of non-IDU friends includes 476 young people who are non-injecting drug users (NIDUs), and 326 young people who do not use drugs at all (NUs). The detailed analysis of the data obtained is given in the analytical report 'Risk and Protective Factors in the Initiation of Injecting Drug Use'. The results obtained and propos-

²⁹ Calculation made by O. Balakireva based on the methodology describe in 'The prospects for development of HIV Prevention Programmes among Injecting Drug Users' [2, p. 64-74] and budgets of the active Centers for the re-socialisation of IDUs, ST Projects in some oblasts in Ukraine.

als for strategies were also discussed at 'round table' meetings with the participation of young IDUs and their non-IDU friends, together with experts working in the prevention sphere. All the above-mentioned measures were implemented in each of the cities where the project was realised: Kyiv, Odesa, Pavlohrad (Dnipropetrovsk oblast), and Poltava.

The proposed strategies are generalised recommendations for the prevention of the initiation into injecting drug use of vulnerable adolescents and young people. The prevention strategy has been developed with regard to the specific features of a youth target group which is at great risk of starting injecting drug use.

By *high-risk groups relative to the initiation of drug injecting*, we mean young people who do not inject drugs currently (but may use non-injecting drugs), but are faced with the risk of initiation into injecting drug use for a number of reasons.

The results of the analysis of the data from special studies allow us to distinguish two strategies for the prevention of the use of drugs, which present a method of working with drug-dependent people, facilitate the identification of target groups, and give methods for efficient prevention of the use of narcotic substances. These two strategies (see Subsections 3.1 and 3.2) include (1) work with non-IDUs (who are in the circle of people in close contact with IDUs and who may be divided into two subgroups: NIDUs and NUs) aimed at convincing them to refuse any attempt to use narcotic substances at all or at least not to take drugs by injection; (2) work with IDUs aimed at convincing them not to involve anybody else in injecting (i.e. IDUs should not propose to anyone that they try injecting drugs, should not supply drugs for injection, and should not give anyone the first injection).

The first strategy named **'Stop the transition to injecting drugs'** concerns NUs and NIDUs, as well as those, who are non-regular IDUs and began experimenting with injecting drugs relatively recently.

The second strategy named **'Do not involve others'** concerns regular IDUs, who will be active volunteers in the programmes for preventing young people from injecting drug use and who will work directly in the social circle of IDUs using the 'peer to peer' method.

1. Review of the available data on the initiation into injecting drug use

Based on various documentary sources and separate research from around the world, we can analyse the nature of injecting drug use by young people, the start and termination of injecting drug use, behavioural risks related to injecting drug use, and also the interaction of IDUs with prevention programmes.

The available data testify that a large number of young IDUs practice behaviours that appear to be highly risky with regard to HIV infection. This is observed not only in Ukraine but in some other countries of Eastern Europe and Central Asia [3, p. 47–55]. In this case, the IDUs' level of knowledge about the ways of preventing HIV and the existing protection programmes is not high, and the proportion of people, who become clients of the treatment services connected with HIV does not exceed 15–20 per cent.

It has been shown in various counties that active IDUs who attract 'novices' play a significant role in the initiation of people into injecting drug use, as does the social environment, which may promote the initiation. All the research done in this field indicates the importance of active IDUs in the initiation of injecting drug use (*Stenbacka, 1990; Stenbacka, et al., 1999; Crofts et al., 1993; Stillwell et al., 1999*). However, active IDUs do not apply pressure on novices in most cases. They set the example and play the role of 'tools' for the first hit. In general, the injection is initiated by potential users, who wish to try an injecting drug. For the majority of people, the social factors (seeing people injecting drugs or discussing injecting as a way of taking drugs) play an important role when it comes to making a decision about whether or not to try injecting (*Stillwell et al., 1999*). The comprehension of this fact became the basis for the introduction of the 'Break the Cycle' programme in Great Britain. This programme was developed by *Hunt et al. (1998)* and is devoted to the struggle against the social factors which favour the involvement of non-injectors in injecting drug use. This programme is aimed at meeting the following challenges: to give IDUs the option to reconsider their attitude to the initiation of others into injecting drug use; to create an atmosphere of refusal to involve others; to enhance the level of knowledge concerning actions and practices that can favour the initiation of others; to teach IDUs to refuse requests to inject others³⁰ [4; 5; 6; 7; 8].

There are also other ways to influence these social processes and to reduce the number of people starting to inject drugs. Any programme must take into account the local cultural context in which drugs are being injected.

A careful study of the information concerning the initiation or the transition into injecting drug use [4; 5; 6; 11; 12; 13] and the data obtained during the RAR Study (the rapid assessment and response) in six countries of south-western Europe (*Cucic, 2002; Wong 2002*) [9; 10] demonstrated the following patterns of drug use in the region:

- A person is able to move from injecting drug use to non-injecting drug use;
- As a rule, such a 'movement' appears to be a process, rather than a single event;
- Practices of drug use, in particular injecting drug use, are closely connected to the availability of a drug, to cultural, social and economic factors, and to the practices of law enforcement bodies. In this case, we observe essential differences between regions (even within one region) and the members of different cultures;
- In the case where one specific way of taking drugs seems to predominate, there exists a great probability that new drugs will be taken in the same way (for instance, where heroin is mainly taken by injection, one may expect that amphetamine-type stimulants will be also injected);

³⁰ We will use 'Break the Cycle' as the name of the method of work among IDUs which is aimed at presenting to IDUs the possibility of reconsidering their attitude to the initiation of others into injecting drug use, and at creating an atmosphere of refusal to involve others. It also aims to enhance the level of knowledge concerning the actions and practices that can favour the initiation of others and to teach ways of saying 'no' to offers of injection from IDUs.

- If injectable drugs are cheap and sold ready to inject, the probability of injections is higher than where drugs are sold for smoking or 'snorting' (market factor). It is also a matter of the quality and composition of the drugs;
- Injection gives a stronger pleasure ('high') from the IDU's point of view;
- 'Economic efficiency' of injections;
- Curiosity about something new can be a factor in injecting drug use;
- Injecting drugs can be a ritual that opens the door to much-desired membership of a group (role of group rituals);
- Peer group pressure (in general, youth of the same age) or the desire to copy someone's behaviour can be a factor in initiation of injection drug use;
- Regular communication with IDUs makes the initiation into injecting drug use more likely (behaviour modelling);
- The desire to extrapolate the 'cool' or 'sophisticated' image of IDUs onto oneself. In addition, young people, who have been viewed by society as 'deviant' (due to their psychic peculiarities, delinquency, etc.) may try to get an 'alternative' view.

Analyses of the results from various studies in several countries [4; 5; 7; 9; 10; 12; 13; 15] show that the first injection is usually characterized by the fact that it is not planned by new injectors and that it usually takes place in company. Females are quite often involved into injecting by their sexual partners. The initiation of the injection of drugs among males is often guided by their friends. The same injecting equipment can be used by a number of people, because a novice will neither have access to sterile equipment nor have contact with the corresponding support services, and may not have enough money to buy sterile equipment (if it is not free).

Crofts et al. showed that the majority (88 per cent) of young IDUs in south-western Europe who used amphetamine for the first injection had previous experience of the non-injecting use of amphetamine (*Crofts et al.* 1996 [4]). Among those who used heroin as the first injecting drug (18 per cent), only 52 per cent had previous experience of the non-injecting use of heroin. The majority had the first injection after leaving school, either in the year they left (28 per cent) or later on (49 per cent), and only 15 per cent said that they began injecting whilst still at school. Almost half (46 per cent) asserted that it was their own idea to start injecting drugs, and less than one third said that this decision was not their own (31 per cent). Two thirds of respondents (65 per cent) said that the first injection was spontaneous, whereas 25 per cent of respondents said that they planned it. Only 12 per cent administered the first injection to themselves. Women often got the first experience of injecting drug use from a sexual partner. The most widespread reason for choosing to inject drugs, rather than taking them some other way, was the desire for a rapid hit (34 per cent), simple curiosity accounted for 24 per cent, and peer group pressure or the desire 'to not be inferior' was given as a reason by 18 per cent of respondents. The majority (76 per cent) got their first experience of injecting from older IDUs; 20 per cent had their first experience in a group of people of the same age, and 4 per cent from those younger in age.

According to the same study about half of the initiated injectors (47 per cent) had initiated, in their turn, one or more others into injecting practices. The more experienced someone was in the drug scene, the more likely they were to have initiated one or more others. To become more experienced in the drug scene means to get more involved in its economic and sub-cultural structures. The number of persons initiated by an injecting user increased according to the length of their injecting history. During their first year of injecting, 22 per cent of young IDUs involved others. In five years of injecting, 63 per cent of IDUs had given the first injection to others. On average, they involved from 0.3 person in the first year of injecting to 2.5 persons after five years. The authors of this work conclude that if the initiation of others into injecting drug use is one of the basic 'rules' of the growth of the number of IDUs, then the study of the rate of this process and its simulation can be an important tool for estimating one of the main parameters controlling the dynamics of the spread

of injecting drug use, namely the problem of initiation. This is a key point affecting the success of preventive interventions.

J-P. Grund stressed that the first 'hit' is usually an unplanned event, situated mostly, but not always, in an intimate social context: with IDU friends and/or sex partners, in a private or semi-private space, a friend's place, in the basement of an apartment building. There may be many reasons for initiating injecting drug use, including economic pressure, when drugs are expensive or adulterated, or when a non-injecting drug habit gets out of control, (sub-)cultural reasons (*"Everybody takes Cheornaya/Hanka by injection, Dude!"*), or personal motives, e.g. a desire to experiment, not uncommon in the age cohort of our study population, or to have 'a good time.' [11]. Initiation of injecting drug user in Ukraine is set in a context of spending free time in loosely bounded IDU friendship networks, where injecting 'knowledge' and skills are transferred orally and by observation. IDU neophytes enter these networks with very little understanding of the risks associated with drug injecting.

The results of a study carried out in Kharkiv city (Ukraine) concerning the situation with injecting [16, p. 52–70] show that around 40 per cent of IDU respondents there have had up to three years' experience of injecting; among the IDUs who were recruited through drug clinics 20 per cent were under 24, whereas among 'street' respondents (who hadn't received treatment in the previous six months) 54 per cent were under 24; 15 per cent of IDUs were involved in prevention programmes concerning HIV; access to the group of IDUs was quite difficult given the repressive policy of the law enforcement bodies; half of the respondents had been in a situation where another person had experienced a drug overdose; 40 per cent knew personally people, who had died of a drug overdose; 25 per cent reported having a drug overdose experienced. In the subgroup of people aged up to 23, only 7 per cent gave themselves their first injection, while the majority (90 per cent) claimed that their first injection was administered by a friend, their sex partner, the friend of a friend, a drug-dealer, etc.; the mean age at which the first injection takes place is about 16.8 years (standard deviation is 1.4 year); the majority of respondents (about 85 per cent) complained about a deterioration in their health.

The study of the work with injectors in Ukraine, jointly supported by UNICEF and UNAIDS in 2004 [1, p. 127–133], indicates that injectors are developing health problems associated with drug taking at a younger age every year. This can be attributed to the greater availability of drugs in the immediate social environment of potential injectors, the ineffectiveness of the repressive measures taken to combat the use of drugs, the absence of an integrated state strategy and policy regarding drug issues and a high level of intolerance towards IDUs in Ukrainian society. Further contributory factors are a low level of availability of rehabilitation programmes and substitution therapy, a low level of coverage of IDUs by harm reduction programmes, the lack of social support systems for IDUs and former IDUs, and the small and unreliable financial contribution from the national budget to services for drug addicts. The conclusions concerning the prevention of drug addiction confirm that available prevention programmes have a local focus, are often limited to providing information and only run for short periods of time.

The International HIV/AIDS Alliance in Ukraine within the 'Sunrise' project conducted a 'Regional Participatory Social Assessment' (RPSA) survey [17], which included IDUs as one of the target groups. The majority of those IDUs who were involved in the research and who cooperated, dealt successfully with all the training and acquired certain skills by the 'peer to peer' method. This means that we can expect quite a high level of cooperation from IDUs for the development and implementation of interventions among these groups of population.

As a conclusion from the review of the available data on the initiation into injecting drug use, we can stress that active IDUs play a significant role in initiation and that the first injection is usually not planned and takes place in a group. The 'Break the Cycle' programme in Great Britain (Hunt, N. et al., 1998), encouraging IDUs to refuse to involve others, is an example of a successful approach to the problem.

2. Main results of the special survey: risks of initiation into injecting drug use

The results of the special survey conducted in 2005 among young IDUs (808 persons) and their non-IDU friends (802 persons) under 24 years old in four cities of Ukraine (see Part I of this volume, where results of the study are presented in detail) allow us to distinguish the following risks of initiation into injecting drug use:

1) Appear to relate to drugs in general:

- desire for new sensations, curiosity, seeking 'forbidden' or 'extreme' leisure activities;
- desire for pleasure, amusement, pleasant feelings;
- absence of leisure activities ('I have nothing to do');
- availability of drugs at the place of residence or study;
- absence of a supportive social environment (friends, neighbours, parents or relatives, experts), i.e. those, who are a protective factor for young people likely to experiment with drugs;
- absence of information about the harmful effects of drug use on health;

2) Specific factors facilitating 'transition' into injecting:

- the presence of IDUs among close friends, acquaintances, neighbours, and relatives who become a factor contributing to initiation (peer and social pressure);
- time spent in the company of IDUs, observation of the injection of drugs;
- experience of non-injecting drug use;
- lack of knowledge about how to use certain drugs in non-injecting way;
- insufficiency of information on the ways in which HIV infection is transmitted.

The main results illustrate a high level of significant risks, presented in the table below, where we also present some possible intervention strategies that are based on the conclusions drawn.

Table 2.1. Results of a special study as arguments for the development of intervention strategies

Main results	Conclusions	Possible intervention strategies
<i>Motivation for injection</i> <i>(NIDUs and NUs were asked about the motives of those of their friends who have already injected)</i>		
Don't/didn't have anything else to do: 56% NUs, 60% NIDUs, 42% IDUs. This was the second most-cited single factor among NUs (35%) as an explanation for the desire to try injecting.	Lack of occupation among of teenagers and young people	Youth policy: organisation of the substantial spare time.
Believe it to be 'cool': 45% NUs, 60% NIDUs, 37% IDUs.	Peer and social pressure	Risk awareness. De-glamourisation of injecting drug use. Peer education. Break the cycle.
To compare the 'rush' (impact effect) from injectable a drug with that from taking that drug by non-injecting modes: 33% NUs, 60% NIDUs, 37% IDUs.	Absence of a supportive environment.	
Wanted to relieve mental suffering: 26 % of NUs, 32 % of NIDUs, 15 % of IDUs (rated fourth among single most important motives).	Socially maladjusted.	Youth policy: Development of a network of social and psychological services for youth.

The non-IDUs who felt the desire to try injection, mostly claim that the reasons are closely connected with the spending of free time with friends: 'a lot of my friends do drugs which makes me think that maybe I should try too' (47% of NIDUs and 26% of NUs); 'to diversify the spending of free time with friends' (37% of NIDUs and 20% of NUs).	Peer and social pressure and the absence of a supporting environment.	Harm reduction (the provision of adequate information on injecting drugs use and on safe practices for the use of non-injecting drugs). Break the cycle.
For the NIDUs, the risk factor for the first injection is the absence of a non-injecting drug: 16% of IDUs who used to take non-injecting drugs prior to the injection, and 34% of NIDUs, acknowledged the desire to inject drugs whenever non-injecting drugs are not available.	Peer and social pressure and the absence of a supporting environment. Non-availability of less harmful (for health) drugs for NIDUs.	Harm reduction (information about safe practices for the use of injecting and non-injecting drugs). Decriminalisation of soft drugs (like cannabis; additional studies and analyses of the possible impacts would, of course, be required). Expansion of services for treatment and drug rehabilitation.
<i>Barriers that prevent the attempt to inject for the first time</i>		
Fear of health problems: Afraid of getting HIV/AIDS: 77% NUs and 72% NIDUs. (Rated fourth single most important factor: 11% NUs and 9% NIDUs). Think of it as harmful for health: 75% NUs and 70% NIDUs. (The third position in the rating of basic factors: 11% NUs and 12% NIDUs). Afraid of becoming an addict: 68% NUs and 69% NIDUs (The second position in the rating of basic factors: 12% NUs and 20% NIDUs). Afraid of an overdose: 36% NUs and 46% NIDUs. Afraid of shots in the vein: 36% NUs and 35% NIDUs.	The value of health to adolescents and youth. The total weight of factors, which define the fear of consequences related to health damage, is the most significant among all others.	Informational and educational programs for the whole population. Harm reduction (information and consultation). Break the cycle.
Fear of social consequences: See negative changes in the lives of their IDU friends: 63% NUs and 75% NIDUs. (The first position in the rating of basic factors: 21% NUs and 24% NIDUs). Negative attitude to injecting from the immediate social environment: 56% NUs and 36% NIDUs. General negative attitude to those who inject: 45% NUs and 21% NIDUs. (The fifth position in the rating of the basic factors: 8% NUs and 2% NIDUs).	Negative attitude to the injecting drug use.	Informational and educational programs for the whole population. Break the cycle.
Fear of the police: 31% NUs and 21% NIDUs.	Social control.	Formation of a supporting social environment. Reforms of repressive drug policy.
Practical barriers: Don't know how to make an injection: 26% NUs and 32% NIDUs. Can't get the drug: 20% NUs and 10% NIDUs. Don't have enough money to pay for the drug: 16% NUs and NIDUs each. Nobody is around to give an injection: 14% NUs and 7% NIDUs.	Effect of the social environment.	Break the cycle.

<u>First injection practice</u>		
Mean age of the first injection is 18 years old	The age of becoming independent appears to be the risk factor.	Youth policy. Family policy. Social policy.
60% overall didn't plan their first injection, but among women, 72% didn't plan their first injection.	Social pressure. Young women tend to be under more frequent pressure than young men. As a rule, they do not plan the first injection. Experienced injectors involve novices. A person involves people from their immediate social circle – friends, close acquaintances. Females are usually involved by their sex-partners. Older IDUs involve novices who are younger. Young IDUs (up to 23 years old) also involve new IDUs.	Break the cycle. Risk awareness programmes oriented on young women.
As a rule, the first injection takes place in a group (80%), with sex partners (17%), with chance acquaintances (20%), and only 5% were alone.		
The first injection is usually given by an IDU (83%).		
In most cases, these are friends, acquaintances (64%), sex partners (8%, but 32% among women), drug dealers (6%), chance acquaintances (5%). Made the first hit themselves - 13% (15% of young men and 4% among young women).		
The person giving the first injection is usually older than the recipient (mean age – 23 years old).		
54% got the first hit for free. 27% put in a share to pay for an injection.		
21% IDU injected novices. One young IDU (less than three years history of injecting) involves approximately 3.6 persons. 10% of people who injected others did not know whether it was their first injection or not.		
At the time of the first injection half the people appeared to be under the effect of other drugs like alcohol or non-injectable drugs. Young women more frequently (38%) than young men were under the influence of alcohol at the time of the first hit.	For females, alcohol creates a favourable atmosphere for the first injection.	Comprehensive harm reduction intervention targeted by gender, age and non-injecting drug usage.
66% used a new or 'clean' syringe for their first injection. The effect of alcohol decreases this number (73% among those, who were not intoxicated, used new or 'clean' syringe and 56% among those, who were under the influence of alcohol).	Often the first injection carries a higher risk of HIV infection because a shared syringe is used.	Harm reduction (new syringes provided and information about prevention of HIV transmission).
<u>Second injection</u>		
43% didn't plan the second injection (55% of women).	Half of second injections are unplanned. The period of time between the first and second injections is short and usually not exceeding one month.	Harm reduction (all components). Break the cycle.
74% had their second injection within the next month: 42% within a few days, 10% within a month.		
<u>Current drug use</u>		
87% IDUs also used non-injectable drugs in the previous six months (89% of men, 77% of women).	Young IDUs continue to use non-injecting drugs, which creates conditions favourable to the development of a programme for refusing to inject.	Harm reduction (encourage the switch from injectable drugs to non-injectable drugs).

Factors that increase the risk of transition from non-injectable to injectable drugs

<p>Taking non-injectable drugs:</p> <p>80% IDUs used to take non-injectable drugs (84% of men, 63% of women). 59% of IDUs' friends take non-injectable drugs (64% of men, 51% of women). The patterns of non-injectable drugs use among IDUs and NIDUs are quite similar. Those friends of IDUs, who use non-injectable drugs (mostly this is poly-drug use), are more likely to try injecting than friends, who are NUs (10% of NIDUs and 5% of NUs are sure that they will try).</p>	<p>Use of non-injectable drugs increases the risk of the transition to injections, but it depends on the type and quality of the non-injectable drugs (for example, it is not true for cannabis).</p>	<p>Mark out NIDUs as a target group and use IDUs to reach them. Determine where IDUs gather within a given community, understand the subcultural peculiarities of the group, and communicate these ideas: 'don't start injecting', 'if injecting, make sure it is safe', 'information on the appropriate services'. Harm reduction among the NIDUs. Provide specific information about non-injectable practices. Increase knowledge among NGO and other service providers about the types of drugs used locally, to make more specific interventions in each area and among targeted groups of NIDUs.</p>
<p>Intention to try an injecting drug:</p> <p>70% of NIDUs and 42% of NUs, who are friends of IDUs, were offered an injection. 59% of IDUs received such offers prior to their first injection.</p>	<p>Offers to try injectable drugs increase the desire to do it. Existence of the opportunity increases the proportion of those who are planning their first injection.</p>	<p>Break the cycle.</p>
<p>Availability of drugs.</p> <p>65% IDUs, 61% NIDUs, and 39% NUs think that drugs are easy to buy in their city.</p>	<p>Social constructs of drug use (how society constructs an opinion of drug use and drug users). The effect of the social environment. Illegal ('grey') economy. Fashion for drug use.</p>	<p>Break the cycle. Increase knowledge among NGOs and other service providers about the types of drugs used locally, to make more specific interventions in each area and among targeted groups of NIDUs.</p>
<p>Presence of non-IDUs in the social circle of IDUs.</p> <p>76% of NIDUs and 47% of NUs were present in groups where injections took place.</p>	<p>Social pressure towards non-IDUs.</p>	<p>Harm reduction (availability of clean/new syringes and other paraphernalia). Break the cycle. De-popularisation of injecting drug use (de-glamourisation).</p>
<p>Low level of knowledge about HIV prevention programmes for the IDUs.</p> <p>36% of IDUs, 25% of NIDUs, and 14% of NUs are familiar with the prevention programmes in their city.</p>	<p>Low level of awareness about the existing local HIV prevention programs. Absence of a policy to expand the information on services for IDUs and other groups at high risk of HIV infection.</p>	<p>Wide dissemination of information on and marketing of HIV services for the IDUs. Developing and implementing innovative approaches for reaching out to most vulnerable (with least level of knowledge/awareness) sub-groups of IDUs with the information about HIV services for IDUs. Expansion of the network of services.</p>

<p>Low level of knowledge about HIV/AIDS, means of transmission, and prevention of infection.</p> <p>Almost one in ten respondents (both IDUs and non-IDUs) said that he/she 'did not know what HIV or/and AIDS was'.</p> <p>Despite the significantly high level of knowledge about the association of HIV transmission with the sharing of syringes and needles (95% true answers of both IDUs and non-IDUs), knowledge about the risk of HIV transmission through the preparation of a drug (sharing tools, materials, and containers) is insufficient: 32% of IDUs and 27% of NIDUs said that HIV is not transmitted this way.</p>	<p>Lack of special actions geared to the dissemination of information about the services for IDUs and other high-risk groups for HIV-infection.</p>	<p>Wide dissemination of information on the ways in which HIV infection is transmitted. Developing and implementing innovative approaches for reaching out to the most vulnerable sub-groups of IDUs (i.e. those with the least level of knowledge /awareness) with information about the means of HIV transmission and about HIV services for IDUs.</p> <p>Increase of the level of coverage of IDUs by prevention programmes.</p> <p>Harm reduction (information about transmission and prevention of transmission of HIV).</p>
<p>Lack of occupation and unemployment:</p> <p>44% of IDUs neither study and nor work. 17% of non-IDUs (15% of NIDUs and 19% of NUs) neither study and nor work. 13% of NIDUs and 16% of NUs work illegally.</p>	<p>A significant proportion of people from the target groups do not study, are unemployed or work illegally. Obviously, these subgroups would not benefit from HIV prevention programs implemented in institutional settings such as educational establishments and work places.</p>	<p>For information, education and communication programs - wide application of the advantages of mass media (especially TV) and social advertising for the general population.</p> <p>For targeted interventions – peer education, outreach, consultations and support services.</p>
<p><u>Peculiarities of the cities</u></p>		
<p>In Kyiv among non-IDUs (who are friends of IDUs) 70% are non-injecting drug users.</p> <p>For Poltava, it is not so common (52%), and Odesa shows the lowest percentage (37%).</p> <p>In Odesa, the number of IDUs, who used non-injectable drugs before their first injection, is smallest.</p> <p>From the IDUs' point of view, it is much easier to purchase drugs in Pavlograd and Kyiv than in Odesa.</p>	<p>It is difficult to arrive at a meaningful conclusion regarding regional differences.</p>	<p>Action planning at town, district, and microdistrict level should be based on an assessment of the situation.</p> <p>Development of specific programmes for NIDUs requires detailed analysis of the peculiarities of work with various groups of NIDU, depending on the type of drug being taken, social environment, standard of living, and use duration.</p>

3. Recommended strategies

Recently the IDUs in Ukraine are not such a closed group as they used to be in the past. Young people (especially if they have friends or acquaintances among IDUs) who are considering the possibility of taking drugs or wishing to try injecting drugs can easily access groups where drugs are injected. On the one hand, this provides more possibilities for launching many prevention programmes in the IDU population and for attracting the IDUs themselves to participate in such programmes. But, on the other hand, this increases the risk of the initiation of NIDUs or NUs into injecting drug use by the IDUs themselves or by those engaged in the drugs trade.

The main goal of the proposed strategies is to set some barriers to the use of drugs and, in particular, to injecting drug use amongst young people in the high-risk group.

In this case, the 'strategy' means the directions and contents of the systematic target activity geared to a defined result. Development of any strategy should be based upon evidence (on the results of scientific study, the experience of experts, and a clear understanding of a situation) as well as being directed towards the achievement of its objectives.

With regard to the data obtained, it is obviously expedient to direct the measures for preventing young people from injecting drug use initiation along the lines of the **two main strategies (Chart 1):**

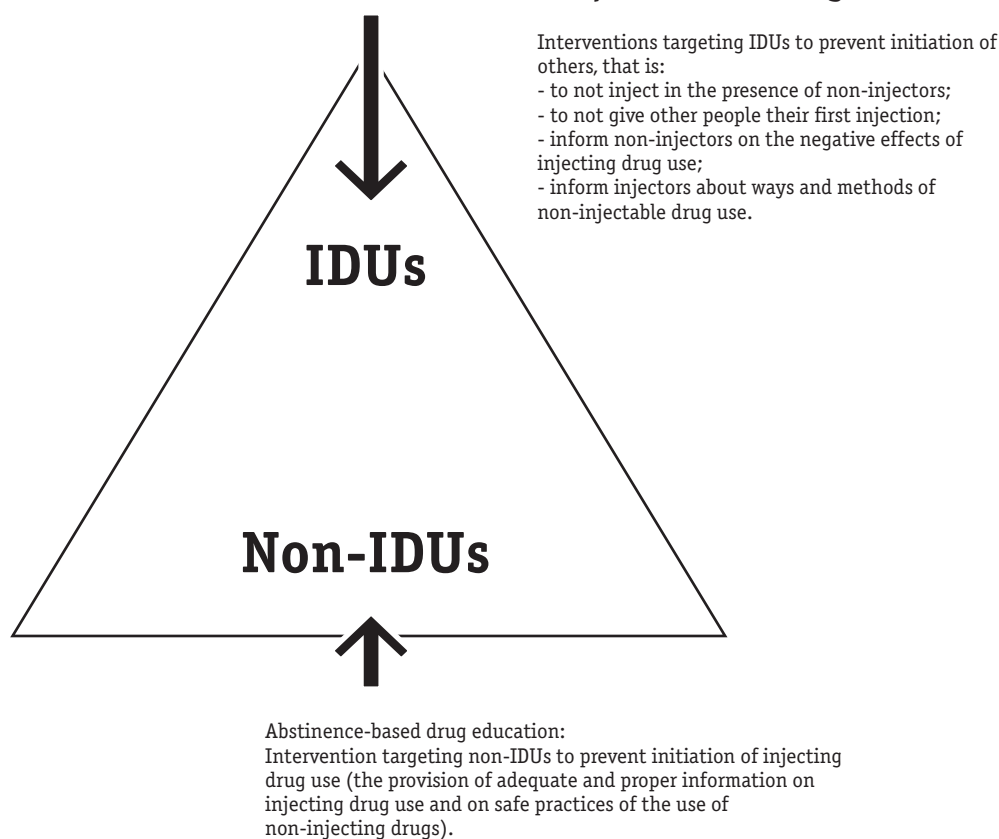
1. Interventions aimed at non-IDUs constructed on the basis of the peer education, in order to prevent their involvement with injecting drug use. In addition, young persons, who have tried the first injection or started occasional drug use ('beginners at the early stage' or 'experimenters'), must get a sufficient amount of information and the necessary support in order to stop injecting drug use (choices can be the following: refusal, programmes of rehabilitation, re-socialisation, non-injecting drug use). This approach includes the direction of focused interventions on the most vulnerable groups of adolescents and young people rather than a wide, generally youth focused intervention.
2. To influence the IDUs (using IDUs themselves in peer education) into not favouring the initiation of others into injecting drug use. That is, the IDUs cease being active instruments in the initiation of new adolescents and young people into injecting drug use.

The purpose of the study was to obtain specific data and to determine reference points for the development of target strategies for preventing the initiation (involvement) of vulnerable groups of young people into injecting drug use. The results obtained allowed us to substantiate the preventive measures for IDUs and various subgroups of their non-IDU friends.

In view of the current status of the HIV epidemic in Ukraine and the small number of IDUs reached by prevention programmes, the need for the further expansion of harm reduction programmes increases. It must be recognised that these programmes have to make a contribution to informing potential IDUs about safe ways of injecting. The efficiency of harm reduction programmes and an improvement in their coverage of IDUs depend on a tolerant attitude to IDUs both from society as a whole and from individual social institutions (police, health protection system, local official bodies, mass media, etc.) in particular.

The NIDUs, who are friends of IDUs, are at great risk of succumbing to the first injection. The best strategy will be the realisation of programmes that restrict the negative effect of 'social education' and form a positive vector, for example 'Break the Cycle' (see chapter 1). Such programmes are aimed at breaking the chain in which one IDU involves a novice into injecting, who in turn involves another novice, and so on. Thus the process goes on just like a snow ball. Motivating and involving IDUs in the programme can actually slow down the rate of initiation of young people into injecting. The main idea of the 'Break the Cycle' programme is to devote more attention to informing and educating NIDUs and NUs, who are amongst the friends of IDUs than to the consequences and risks of injection.

Chart 1. Directions of the action of prevention strategies.



Thus, the suggested strategies are:

1. Those based on the analysis of data obtained in a special study involving social behavioural theories (mostly oriented to the individual and social approach to a person);
2. Those based on existing experiences in other countries;
3. Those that require situation analyses at the local level (including knowledge about types of drug at the site) and developing actions focused on bounded and clearly defined high-risk target groups (IDUs and their friends, especially NIDUs);
4. Those that require the involvement of young people from target groups in the development and realization of specific preventive measures;
5. Those that require the development of specific tools, techniques and methods as well as a pilot implementation stage;
6. Those that require the development of a comprehensive training programme for people, who will be the direct executors (service-providers) of the strategies.

The key principles of the proposed strategies are as follows:

- The use of the peer education and other peer intervention methods;
- An appeal to the leaders of a target group;
- The identification of partners, who have connections and natural relations with members of the target group;
- The use of sub-cultural norms of the target group;
- The close connection with a real situation;
- The relevance, acceptability and honesty of information;
- The focus on a change of behaviour;
- The focus on the formation of appropriate skills;

- Interaction between service organizations, redistribution of functions and the coordination of actions, use of the potential and advantages of state bodies and non-governmental structures (public organizations, private persons, who deliver the appropriate services, etc.).

Both strategies require a supportive social environment, a clear state policy on the implementation of human rights, an expanded substitution therapy programme based on international standards, the availability of ST for everybody, who needs it on the basis of confidence and anonymity, and an increase of state support for all harm reduction programmes for IDUs.

Both of the strategies outlined below should include the provision of information on HIV/AIDS, on the effects of drugs on the human organism, and the potential negative consequences of regular drug use such as addiction and other psychological problems, information on legal problems and incarceration, on relational or employment problems and on stigma.

In addition, young people should be given exact and full information on existing organisations offering help to addicts and on social services for young people, as well as services for the support of the young unemployed, young families, street children and homeless people, health promotion etc.

3.1. Strategy ‘STOP THE TRANSITION TO INJECTING DRUGS’

❖ *Target groups of adolescents and young people:*

- NIDUs (users of non-injecting drugs), who use drugs that are potentially injectable in a non-injecting way and who are associated with high rates of transition to injecting use;
- IDUs, who are beginners or ‘experimenters’, or non-regular users, who began to use injecting drugs as an experiment relatively recently (the episodic IDUs, the users of injecting drugs with limited experience, who are still experimenting).

❖ *The tasks of the strategy are:*

- keep young people from the initiation of injecting drug use;
- reduce the number of those who pass from being NIDUs to IDUs;
- support the reverse transition from injecting drug use to non-injecting use, in particular for young and recent injectors.

An additional task of the implementation of the strategy is to reduce the risk related with using non-injectable drugs.

❖ *Main directions of the activity*

AMONG THE GROUP OF NIDUs:

- provide adequate well-reasoned information on the consequences of injecting drugs;
- present honest evidence-based information on various methods of using narcotic substances;
- support the formation of subcultural norms that favour non-injecting modes of drug consumption over injecting;
- provide factual information to NIDUs on the various ways of using the drugs available on the market and on the risks related to these ways;
- teach skills on how to resist taking the first injection;
- provide information on possible ways in which young people become initiated into injecting drug use, in particular, the role of friends, acquaintances, or sexual partners, who are IDUs;
- provide information on the risk of being infected with HIV (as well as Hepatitis C and B) by injecting drug use and unprotected sexual intercourse;
- teach how to dissuade non-injectors from attempting to inject a drug.

AMONG THE GROUP OF IDUs, who are beginners or 'experimenters' or non-regular users:

- present relevant, acceptable and honest information on various methods of using narcotic substances and direct the sub-cultural norms in favour of the use of non-injecting drugs;
- provide information on the ways in which HIV is transmitted and the means of preventing infection;
- provide detailed evidence-based, relevant and balanced information on the consequences of injecting drug use (peer-group discussions, show videos of real stories and the consequences of drug use, conversations with drug users, who are ready to demonstrate the effects of drug use in their own experience, visits to AIDS centres, needle exchange points, re-socialisation centres, etc.);
- explode the myth that injecting drugs can be controlled and that a user can stop injecting at any time if he/she wants;
- teach how to dissuade non-injectors from the attempt to inject a drug;
- create a motivation to put a stop to injecting drug use;
- explain ways to reduce the harm from injecting drug use (ranging from the transition to non-injecting drug use to a full refusal of the use of drugs);
- establish norms and skills to avoid conversations about injecting drug use and to make no injections in the presence of NIDUs. (But, on other hand, prevent an atmosphere of secrecy and the idea of 'forbidden fruit').

❖ ***Additional direction of activities among both target groups (NIDUs and IDUs):***

- provide information on safer ways to use narcotic substances;
- provide information on the reasons for, and the consequences of, overdosing and give training on giving first aid to victims of overdosing;
- develop a negative attitude towards injecting drug use;
- propose healthy ways of stimulation, occupation and recreation (participation in sport clubs, festivals, hobby groups, etc.), to acquire skills for the organisation of meaningful free time;
- provide detailed information on the organisations and institutions providing support to young drug-addicts;
- provide information on the activity of re-socialisation centres for young drug-addicts;
- develop an active decision not to use drugs in the presence of non-users. (But, on other hand, prevent an atmosphere of secrecy and the idea of 'forbidden fruit');
- work with parents (the provision of information on the use of drugs in media targeting children and adolescents, the explanation of the necessity to ensure a constant contact with children, training on how to talk to children about the use of drugs, safe sexual behaviour, etc.);
- create and develop socially supportive networks of young people of the same age, develop socially supportive behaviour and stress management skills.

❖ ***Methods***

It is possible also to use different methods of work:

- face -to-face intervention;
- individual consultation;
- group-based work;
- group consultation;
- peer-delivered interventions;
- informational-educational intervention;
- targeted information campaigns;
- out-reach work in clubs and other places, where young people, including at risk groups, gather.

It is possible also to use different channels of work:

- harm reduction projects;
- NGOs, including organization from the network of people living with HIV;
- parents and parent-support groups;
- social workers, including out-reach workers and volunteers;
- members of staff in clubs, disco-clubs etc.

❖ ***Necessary steps***

GENERAL:

- within the existing Harm Reduction programmes to advance and strengthen the outreach component, and develop innovative approaches for working with drug-using youth, involvement of peer teams able to work with this specific target group;
- to launch and scale up projects focused on 'club culture' and ensure implementation of the best strategies for working with non-injecting drug-users, who are using 'dance floor' drugs, to design specific approaches for club outreach activities, and peer counselling for this category of youth;
- stimulation (financial, political and social support) of the activity of NGOs working in the field of harm reduction (the activity of NGOs turns out to be more efficient because their staff are less prejudiced than those of governmental organisations and are more tolerant towards IDUs. The IDUs themselves appeal more often to the workers of NGOs, because they do not condemn the IDUs, associate with them as peer to peer, and give the necessary help).

AT THE SITE LEVEL:

- define the characteristics of the target groups;
- identify delivery channels and 'entry points';
- develop or adapt appropriate tools;
- recruit leaders and peers from the groups, who are willing to provide peer-delivered interventions;
- training of the leaders and peers for peer-delivered interventions;
- pilot stage of activities implementation;
- evaluation of the results;
- strategy planning and expansion of the interventions.

❖ ***Possible indicators for evaluation of the results***

1. Decrease in the number of young people, who try or start to use injecting drugs.
2. An enhancement of the level of awareness among young people and their parents of the consequences of drug use.
3. Falling interest among non-IDU youth in injecting drug use.
4. Young people are aware of the risk of HIV infection associated with injecting drug use and unprotected sex.
5. Young people are aware of the different ways of taking drugs and the associated risks.
6. Increased availability of well-balanced information on the different ways of taking drugs and the associated risks.
7. Young people are aware of the sequence of steps that lead to initiation into injecting drug use.
8. Increase of the number of young NIDUs and episodic IDUs, who appeal to professionals for help (psychologists, narcologists, etc.).
9. Parents and young people know, whom to consult for information and help concerning drug use, the consequences, etc.
10. The presence of self-help groups among youth at risk and a tendency for their numbers to increase.

11. Implementation of activities based on the peer education and other peer-delivered interventions.
12. Parents help children in dealing with drug addiction (i.e. attend special courses/groups for the parents of drug-using children).
13. Increase in the participation of parents in preventive measures.
14. Increase in the level of awareness among young people of structures, institutions, and organizations, which provide services for the re-socialization of young drug-addicts.

❖ **Main barriers:**

The main problem with putting this type of prevention into practice is the difficulty of reaching members of the target group. At present, no specific technologies and methods of implementation of preventive work among the non-IDU friends of IDUs have been developed in Ukraine. The group of young people at risk of initiation into injecting drug use do not belong to a specific and easily identifiable stratum of society. Moreover, the channels for reaching this group are not yet defined.

There is a requirement to explore innovative methods for reaching the young people who are the target audience for interventions. It may be possible to reach the non-drug users and users of non-injecting drugs in the IDUs' community and social circle through IDUs themselves by setting incentives for IDUs similar to the Peer-Driven Intervention model (Broadhead R and Heckathorn D, 1994), but adapted to IDU-NU and IDU-NIDU relationships.

One can approach the problem (at least, the creation of unfavourable conditions) through the owners of discos, clubs and night bars, where the illegal use of non-injecting drugs mostly occurs. It is likely that club owners (whether patrons use drugs inside or not) do not want to be associated with drugs.

A significant problem is the absence of experience of any such activity in Ukraine. This will require serious efforts in the development (or adaptation) and approbation of the forms, methods, and technologies of intervention and the training of experts.

The lack of a tolerant attitude towards IDUs and NIDUs can hinder the development and introduction of programmes for the realisation of the proposed strategy.

The 'official position' of individual government bodies can become one more barrier against the strategy, if it is based on a conservative policy of abstaining from the use of any narcotic substances, not allowing the right to use them even for addicts, and not accepting a harm reduction programme.

3.2. Strategy 'DO NOT INVOLVE OTHERS'³¹

❖ **Target group:** Young IDUs (users, who regularly inject drugs).

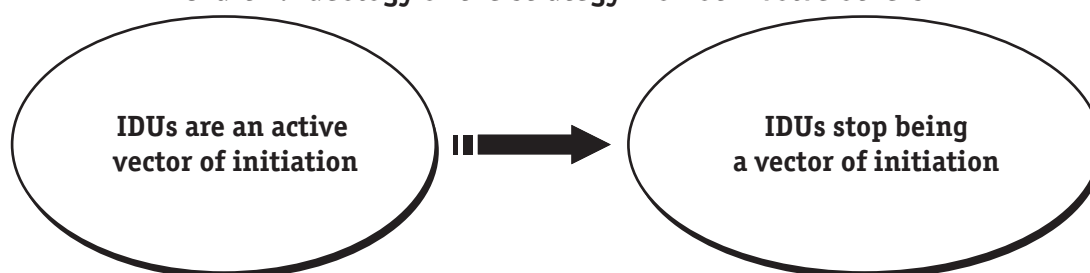
❖ **The tasks** of the strategy are:

- involve IDUs as active participants in prevention programmes aimed at working among young drug addicts;
- develop behavioural norms among young IDUs, which would prevent the IDUs from initiating others into injecting drug use.

An additional task of the strategy implementation is to start the dialog between former and current IDUs with the objective of persuading current IDUs to start to live without drugs and to provide them with information about substitution therapy, about ways to reduce the harmful effects of drugs, and on rehabilitation programmes.

³¹ The authors based the strategy development on the existing 'Break the Cycle' method (see Neil Hunt [5; 6; 7; 8]). At the same time the specific situation in Ukraine needs a wider approach to this strategy, which should include strong compulsory harm reduction components for political reasons, and give priority to activities addressing the HIV/AIDS epidemic.

Chart 2. Ideology of the strategy 'Do not involve others'



❖ **Main directions of the activity:**

- to support the formation of subcultural norms directed at:
 - › *enabling people to think about their attitude to initiating others;*
 - › *enabling people to take an active stand against giving the first injection to others (in particular, to their own non-IDU friends) and teaching the skills to refuse to do it;*
 - › *enabling people to take an active stand against injecting drugs in the presence of non-IDUs and teaching the skills to support that position;*
 - › *the formation of principles and skills to avoid conversations with non-IDUs about injecting*
- to teach how to dissuade others from trying injecting drugs;
- to provide honest information on the effects of injecting drug use (on health, relationships with the social environment, lifestyle, etc.);
- to provide information on the risk of HIV infection associated with injecting drug use and unprotected sex and on the activities of organisations helping those infected with HIV;
- to work with parents and drug-addicts (the provision of information on the effects of injecting drug use and on the activities of various prevention programmes for IDUs, getting parents involved in these programmes, etc.).

❖ **Additional direction of activities**

The auxiliary directions of the activity should be the following:

- the provision of information on safe injecting practices;
- the provision of information on the prevention of overdoses and first aid training on how to deal with an overdose, including peer administration of naloxone where legally possible;
- the organisation of discussions between current IDUs and former IDUs with the purpose of giving current IDUs the confidence that it is possible to live without narcotic substances; the provision of information on substitution therapy, on ways to reduce the harm from drugs, and on rehabilitation programmes;
- the availability of substitution therapy as one of the main factors to avoid the initiation of others into injecting drug use (the initiation of others stops being a way of earning the money to buy drugs);
- to offer healthy sources of stimulation and amusement for young people (participation in sport clubs, festivals, hobby groups, etc.).

❖ **Methods**

The main method of work is the implementation of educational projects to develop a resistance to initiating others, with the involvement of IDUs to share their knowledge and to influence their social environment.

As an example of an implementation of this approach, we cite the 'Break the Cycle' programme by Neil Hunt [5; 6; 7; 8]. The main goal of this programme is a decrease in the numbers of IDUs. The programme helps IDUs to reconsider their own attitude to the initiation of non-IDUs into injecting drug use; to create an atmosphere of resistance to initiating others; to improve public awareness of activities and practices aimed at the initiation of non-IDUs; and to teach young people to say 'no' to the request to give an injection.

The experience gained from the programme 'Break the Cycle' testifies to the efficiency of motivational interviews, the 'peer to peer' method, short conversations 'eye to eye', and group work. The assessment of the efficiency of the programme showed that the incidence of injecting by IDUs in front of non-injectors was halved; the disapproval of initiating others was increased; participants in the programme received fewer than half as many requests to initiate someone; the number of 'novices' initiated by participants in the programme fell (on average from six to two per participant).

It is also necessary to remember the experience gained during the implementation of the research and educational project in the city of Yaroslavl' (Russia). The target group included young IDUs because of their highest risk behaviour. After the interview, it was suggested to each respondent that they become a recruiter for the project in order to recruit and teach other IDUs ways of decreasing the risk of being infected with HIV and other infections. Each respondent was only given three coupons for recruitment, and they were given royalties for each recruitment. So the researchers used the RDS methodology for both research and education purposes, and peer-based methods were used.

The 'Break the Cycle' programme is implemented also in Central Asia: see <http://www.psi.org>. Training for workers at syringe exchange points (SEP) and for outreach workers is carried out with the support of the United States Agency for International Development (USAID) in the framework of the Population Service International (PSI) project in countries of Central Asia. The trained workers of SEP and outreach workers hold motivational interviews (30–60 min) with IDUs, which include an introductory conversation, a discussion of their own initiation history and their experience of initiating others, a discussion of the risk to him/herself and to 'novices', social education (how to not give the first injection to others), and a discussion of difficult situations and how to deal with them. One important finding of the PSI 'Break the Cycle' project in Central Asia is that preventive messages must be carefully framed in order to prevent IDUs from feeling that they are being blamed for the spread of drug injecting. The project furthermore showed that the inclusion of an overdose prevention component added an important incentive for participation. Overdose prevention projects, including the prescription of naloxone, are becoming an important public health instrument to address the epidemic of drug overdose.

In Chicago, United States, opiate users were educated in the prevention of opiate overdose and its reversal with intramuscular naloxone, an opioid antagonist with no abuse potential. Since its start in January 2001, the programme dispensed more than 3,500 10 ml (0.4 mg/ml) vials of naloxone and 319 reports of peer overdose reversals were recorded. While between 1996 and 2000 a four-fold increase in deadly overdose was registered, this trend reversed in 2001, with a 20 per cent decrease in 2001 and 10 per cent decreases in 2002 and 2003. [18].

Combining 'Break the Cycle' with an overdose prevention component aims to address two public health problems: (i) decreasing the incidence of injecting drug use, which, realistically, is a long term strategy; and, (ii) decreasing the prevalence of overdose, which together with HIV is responsible for the bulk of drug related mortality.

Thus, there is every reason to consider that the technologies of the 'Break the Cycle' programme for work among IDUs can be used in Ukraine. Harm reduction programmes can be good entry points for the implementation of the strategy, but it needs to be supported by additional components to increase the motivation of IDUs to participate. It seems to be expedient to use the experience of Central Asia and to strengthen the technologies of the 'Break the Cycle' programme by adding training on the subject of overdosing. It is also necessary to improve and expand the existing harm reduction programmes, especially substitution therapy, re-socialisation projects and other interventions aimed at helping IDUs to 'transition out', as well as providing access for IDUs to the different services they need.

❖ ***Possible indicators for evaluation of the results***

1. Decrease of the level of intention to make the first injection among young non-IDUs;
2. Decrease of the level of injecting drug use in the presence of non-IDUs;
3. Decrease of the frequency of conversations about injecting drugs (between IDUs and non-IDUs);
4. Increase of a negative attitude in young people (both IDUs and non-IDUs) to the initiation of others into injecting drug use;
5. Decrease in the number of people initiated by those IDUs, who are participants in the prevention programme within one year;
6. Increase in the number of people keeping to the principle 'Do Not Initiate Others' and showing it in their behaviour;
7. Increase in the number of IDUs, who act according to the 'peer to peer' principle, and encourage a negative attitude in others towards the initiation into injecting drug use. It would be desirable for these IDUs to have a lot of IDU friends and therefore be able to influence other IDU communities.
8. The enhancement of the level of awareness of IDUs of the use of naloxone to reverse overdose.
9. Decrease in the number of overdose deaths among IDUs.

❖ ***Main barriers:***

The principle barrier is the unreadiness of organisations working with IDUs and in the sphere of epidemic counteraction to accept the proposed approach, rather than any lack of experience of such work with IDUs. Even active workers of HIV service organizations, who have been working with IDUs for a long time, look at things from the point of view of protecting the right of IDUs to inject, and reject other approaches to the problem.

Therefore, in order to realise preventive programmes in Ukraine aimed at preventing the initiation into drug use, and the clarification of existing stereotypes and of their origins, it is necessary to understand the attitude of volunteers, outreach workers, and others to such an approach. Another important aspect is the adaptation of such programmes to the Ukrainian mentality.

One can also expect resistance or the absence of efficient support from those, who profit from the sale of drugs, including representatives of law enforcement bodies and health protection institutions [19].

4. Is Ukrainian society ready for the implementation of the proposed strategies?

The current situation with regard to a national policy for drugs is unclear. At the legislative level, the philosophy of reducing harm from the use of drugs is not fixed. In the normative-legal base, the emphasis is on primary and tertiary prevention. The attention is concentrated on three key areas: general information and education technologies, the struggle with criminal structures and the illegal trade in narcotic substances, and on the rehabilitation of addicts. As has been demonstrated, the serious problems related to the use of narcotic substances and the question of the tolerance of society towards those, who are addicted, remain outside the accepted priorities. Thus, it should be recognised that the conditions have not been created in Ukrainian society, which would make it possible to solve the wide circle of problems addressed by the state's policy on drugs. Nevertheless, the introduction of pilot projects among IDUs (harm reduction projects, substitution therapy, re-socialisation, etc.) testifies to the actuality, timeliness, and necessity to acquire a positive experience of the realisation of various programmes [1, pp. 91–92; 20, pp. 4–5, 32–33].

The development of certain programmes aimed at NIDUs requires a detailed study of the peculiarities of the ways of working with various groups of NIDUs depending on the type of drug, the social environment, the state of health, and the history of drug use.

The implementation of preventive work (reaching members of target groups, training, etc.) through IDUs is quite new for Ukraine.

Despite the long-term duration of harm reduction programmes among IDUs, the approach for preventive programmes based on 'the provision to users of drugs of information and skills for safe use' remains little known and accepted only by a fairly restricted circle of experts in Ukraine. The increase in the number of IDUs reached by interventions and the spread of programmes of 'safe use' to NIDUs could encounter a new wave of misunderstanding and resistance.

Thus, it should be emphasised that the introduction of the proposed strategies will require a corresponding preparation in society. Prior to the start of a realisation, it is necessary to take the following preliminary steps:

- check the activities suggested against the current legislation. If there are any contradictions, propose the necessary amendments in the relevant acts of law and prove their expediency;
- initiate a study of IDU networks and the dynamics and communications within them. Carry out research into other preventive interventions that might work within those communities/networks;
- conduct research among NIDU groups to obtain a better understanding of their structure, networks and links with IDUs, their particular needs and level of awareness about drug use, HIV-infection and other diseases associated with drug use;
- implement pilot projects with the purpose of testing the proposed prevention programme in practice and evaluating its efficiency;
- encourage the formation of a tolerant attitude towards IDUs, in the context of reaching the target groups via IDUs themselves; to discover all barriers and obstacles to this approach and define methods to encourage IDUs to become involved in such programmes;
- evaluate the readiness capacity of representatives of the respective public agencies and their employees to realise such a programme and to implement such activities;
- evaluate the readiness of IDUs to adopt the norms envisaged by the strategies and to train others;
- develop a programme and train representatives of all institutions (including NGOs), who will implement the given strategy;
- create a monitoring and evaluation system for implemented strategies.

If the efficiency of the proposed strategy is confirmed, the relevant amendments to the Ukrainian national policy should be suggested, and such strategies should be costed and implemented at a national level.

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Чинники впливу та попередження початку вживання молоддю наркотиків ін'єкційним шляхом: Аналітичний звіт та Стратегії профілактики ініціації вживання наркотиків ін'єкційним шляхом серед уразливих груп підлітків та молоді / Кол. авт.; За ред. О.М. Балакіревої та Ж.-П. Ґрунда. – К.: „Версо-04”, 2006. – 132 с.

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В аналітичному звіті представлено аналіз даних за результатами соціологічного дослідження обставин залучення молодих осіб віком до 24 років до вживання наркотиків ін'єкційним шляхом. Вперше в Україні в цьому дослідженні було застосовано для формування вибіркової сукупності методику RDS (Respondent Drieven Sampling) – вибірку спрямували і реалізували самі респонденти – споживачі ін'єкційних наркотиків.

У другій частині пропонуються стратегії, спрямовані на зменшення поповнення когорти споживачів ін'єкційних наркотиків, „Зупини перехід” та „Не залучай інших”.

Видання розраховане на фахівців (медиків, педагогів, соціальних працівників, психологів, правоохоронців, юристів) та волонтерів, які працюють у сфері профілакти нарковживання і протидії епідемії ВІЛ/СНІДу в Україні, та на тих, хто приймає рішення з цих питань.

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