

NEW HARM REDUCTION POLICY

DISCUSSION PAPER

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1. OVERVIEW

This document is offered as a base **to discuss the problem of the spread of HIV/AIDS and drug addiction in Ukraine as well as the government policy** to solve them. We invite representatives of **all stakeholders, both from government and community organizations**, whose activities are related to this area to participate in public debates. The first part of the debates will take place in January–February 2005 in Kyiv and ten other cities. The analytical report analyses history and scale of the problem as well as reasons behind the current situation and offers variants to overcome the problem.

1. The spread of HIV in Ukraine is becoming an epidemic and has already made Ukraine a world leader according to rates of virus spreading. The same threatening dynamics is demonstrated by epidemic of drug addiction. Since mid-1990s, majority of contagion with virus—near 70%—happened because of using injecting drugs, which caused rapid raise of epidemic among both drug addicts and rest of population. Every day the Ukrainian society suffers from this and other harmful consequences connected with the spread of drug addiction. The government, public organizations of Ukraine and international organizations spend a lot of money to carry out different programs preventing HIV/AIDS and drug addiction.

2. The authors believe that **the main problem of Ukraine in this area** is that great efforts and money spent do not bring results, HIV/AIDS and other harmful consequences of drug addiction continue to spread with threatening tempos. The current drug abuse policy that combines HIV preventing, fight with illegal drug turnover and is based at repressive measures proved unable to prevent the spread of epidemic. This gives reasons to define **a main reason of the mentioned problem: the current government policy is not working**. The poor quality of the government policy covers the following groups of factors:

- **Basic flaws in policy development, adoption and implementation:** lack of reliable data for decision making; lack of inter-branch coordination and participation of stakeholders in the process of policy development and implementation; government programs are underfinanced, funds distribution does not meet real needs; goals and priorities are defined inadequately; there is no system to evaluate fulfillment of government programs.
- **Inadequate policies towards preventing HIV and drug addiction**, it is reflected in attempts to persecute drug addicts and to carry out measures for harm reduction at the same time.
- **Imperfect law base:** prevalence of policy aimed at completely eradicating drug addiction, which is currently considered by developed countries as an obsolete and non-effective approach.
- **Negative public opinion:** discrimination and stigmatization of drug addicts and people living with HIV/AIDS.

3. The authors of the document believe that to overcome the problem of HIV spreading it is necessary to understand reasons behind this situation and to take measures against them. **We offer to consider three variants of government policy:** (1) maintaining current policy, (2) strengthening persecution of IDUs, (3) introducing a full harm reduction policy.

4. By now, the international community has developed a pragmatic approach to activity for preventing drug addiction, especially if this is the main reason for HIV/AIDS epidemic. According to this approach, priority is changed from long-term goal “society without drugs” to daily **reduction of harm** from drug addiction spreading for the society and very drug addicts. In Ukraine, the main harm from drug addiction is HIV/AIDS spreading, however, currently harm reduction is not a priority of the government policy.

The authors of the document believe that in Ukraine the government policy towards IDUs should rest upon **principles of harm reduction** and to have the following **goals:** (1) terminating criminal persecution of drug addicts; (2) improving measures for social inclusion of drug addicts, in particular improving quality and access to social and medical services provided to them.

The public debates regarding this document have **to identify positions of stakeholders** concerning goals of this policy, its problems, their reasons and what measures are most effective to solve these problems.

Recommendations concerning changes in the current policy, in particular to remove violation of rights of drug addicts and HIV-positive and to improve policy preventing HIV spreading, will be developed at the base of discussion

of different variants for problem solving and analyses of positions of all participants of the debates. These recommendations will be outlined in the analytical document and **offered for the second session of debates**.

The final analytical document created at the base of research and two sessions of debates with stakeholders will analyze the problem and quality of the government policy on preventing the spread of HIV/AIDS and drug addiction as well as concrete agreed recommendations concerning changes of government policy in this sphere, including drafts of necessary regulations. This final analytical document will be published and offered to the Government, the Verkhovna Rada, in particular to the parliamentary ad-hoc commission on HIV/AIDS, TB and drug addiction, as well as key political forces of the country. It will be also used as a base for public dialog about government policy and lobbying necessary changes.

2. INTRODUCTION

This analytical document is prepared under the Policy Campaign for Harm Reduction project. The project is fulfilled by the All-Ukrainian Harm Reduction Association (Kyiv) and the International Centre for Policy Studies (Kyiv), financed by the International Renaissance Foundation (Kyiv) and the International Harm Reduction Development Program of the Open Society Institute, (New York, USA). The project partners are public organizations, members of the All-Ukrainian Harm Reduction Association:

1. Return to Life oblast fund, Znamianka Kirovohrad oblast.
2. New Family charitable foundation, Chernivtsi.
3. The Center of Social-Psychological Information 'All together' charitable non-government foundation, L'viv.
4. Way Home Odesa charitable foundation, Odesa.
5. Way Out Mykolayiv local charitable foundation, Mykolayiv.
6. Step to Future Luhansk oblast foundation, Luhansk.
7. Hope and Rescue charitable foundation, Simferopol.
8. Zakarpattya against AIDS Zakarpattya oblast charitable foundation, Uzhhorod.
9. World of Hope charitable association, Poltava.
10. The Rehabilitation Center for Drug Addicts 'Virus' charitable foundation, Dnipropetrovsk.

Project timeframe: June 2004– June 2005.

2.1 Why do we do this project?

Currently, in Ukraine the spread of HIV/AIDS is almost fastest in Europe. Despite the NGOs, public organizations and international donors have been actively dealing with this problem for a few years already, tendency is becoming worse. Still, Ukraine has a chance to take under control and decrease the spread of the epidemic, but if to waist time this chance can be lost.

The project initiators believe that the government has to lead this work. This needs a qualitative government policy with the following characteristics: (1) clear-cut goals and priorities; (2) a content adequate to the current situation and development forecasts; (3) to correspond to policy implementation conditions, which in their turn include rules and regulations, institutions and organizations, finances, people, who will deal with this, and coordination. Within the project, we invite everyone whose activities are related to HIV/AIDS to participate in the dialog aimed to understand whether this policy is qualitative, whether it corresponds to interests of the society as a whole and targeted groups, and whether something should be changed in it. After we determine directions of necessary changes in the government policy we will develop concrete recommendations agreed with all stakeholders. With the help of policy campaign corresponding government bodies will implement our recommendations.

2.2 Why do we speak about harm reduction?

Statistics clearly shows that in Ukraine representatives of such a specific group as drug addicts or injecting drug users (IDUs) constitute the majority of HIV-positive—near 70%. The reason for this is their risky behavior. One needs to remember that drug addiction is a disease, and risky behavior is one of the symptoms of this disease. As a result of this symptom HIV/AIDS is spreading among other groups of population with which IDUs have contacts. Besides HIV/AIDS a risky behavior also favors spreading of other dangerous diseases like hepatitis, TB and venereal diseases. The spread of diseases seems a biggest harm that is daily brought by drug addiction to any society, in particular to Ukraine. However, there are other negative consequences: destroying family and friendly relations; growing criminality among IDUs as they do not have a job and legal income; expensive treatment of drug addiction and HIV/AIDS; loss of ability to work among great number of young people; violation of human rights and violence to drug addicts, etc. All these harmful consequences appear in Ukraine every day affecting wider and wider circle of its citizens.

In Ukraine the current government policy aims at full eliminating non-medical using of drugs in the society. The modern world experience does not have examples when this goal was reached successfully, and majority of countries has changed this utopian approach to a more pragmatic one. The pragmatic approach is based on the fact

that the society wants to minimize daily harmful consequences of drug addiction. This requires daily work that would help drug addicts to change their risky behavior. This pragmatic approach was called **harm reduction**. It was approved by the United Nations Organization and the World Health Organization.

The project initiators believe that the harm reduction approach should be introduced as a base for the HIV/AIDS policy in Ukraine. The faster Ukraine makes this choice, the better is for the whole society.

3. WHY FIGHTING HIV/AIDS IS A GOVERNMENT POLICY PRIORITY?

In Ukraine, the HIV-infection is spreading with threatening speed. Unfortunately, neither society nor the Government understands real threat to health of nation that comes from the spread of this mortal virus. Analysis of epidemic spreading testifies that starting mid-1990s infecting with virus is mainly happens through injecting drugs using. However, it would be a real mistake to say that this threat concerns only drug users. Vice versa, data of the recent years shows that number of new cases of infection is increasing among both drug addicts and rest of the population. Thus, a share of infected sexual partners of IDUs grows, the number of cases when the disease is transmitted mother-to-child is also rising. Though this tendency requires measures that go beyond work with IDUs to some extent, it will be impossible to overcome the epidemic without control over the spread of HIV/AIDS among IDUs.

Persecution methods to fight drug addiction turned ineffective. Necessity to look for new ways to protect the society makes to change the government policy regarding fight against HIV/AIDS spreading in Ukraine, and correspondingly to revise attitude to drug addicts. A growing AIDS epidemic cannot be stopped without understanding that it is impossible to fully eradicate drug addiction but harm brought by it to the society in general can be minimized. This also requires to change system of work with drug addicts completely.

3.1 History and scale of HIV in Ukraine

In Ukraine, first cases of HIV-positive were registered among foreign students who came to study from Africa, Asia, and Southern America. First cases of HIV among Ukrainians were registered among sexual partners of HIV-positive foreigners in 1987. So, at the end of 1987 six HIV-positive citizens of Ukraine were registered. At the first stage of epidemic, sexual transmission prevailed, and women were most vulnerable group of population.

Correlation between HIV-positive women and men has been gradually evening to 1991. During this period first three cases were registered when injecting drug users were infected. Results of epidemic supervision showed that all of them were infected via sexual relations.

The turning point in epidemic development was 1994–1995. At the end of 1994, first two proved cases of HIV-infecting via injection were found in Mykolayiv. In 1995, HIV-positive IDUs were registered in Odesa. It was this period when the second stage of epidemic development started, a concentrated one. The name of the second stage shows that the majority of HIV-infection was concentrated in a certain group of population—a group of IDUs. In 1997, HIV-positive cases were registered in all regions.

Official data of epidemic development over 1997–2002 shows the tendency when HIV-infection spread from IDUs group to general population. This is also testified by the fact that the share of sexual transmission grew among new cases of HIV: from 11.3% in 1997 to 27.0% in 2001. Another important tendency in epidemic development is increase in cases when HIV was transmitted from a mother to her child: from 2.2% of all registered cases in 1997 to 13.1% in 2001.

Over five month of 2004, 4,822 HIV-positive Ukrainian citizens were registered, of them 893 children and 2,276 IDUs. Also, 1,034 adults and 33 children fell ill with AIDS, 676 adults and 13 children died of AIDS. All in all, according to official data, during the whole period of epidemic 71,359 HIV-positive were registered, 4,851 died of AIDS.

However, official data shows only the tip of the iceberg. According to estimations of specialists from the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization, in Ukraine number of HIV-positive people in 2003 was at about 360,000 (within 170,000–580,000) aged from 15 to 49, or no less than 1.4 % of adult population.¹ However, the threat is caused not by the indicators but the epidemic's speed. Even official statistics

¹ Evaluation of possibility to develop programs on HIV preventing among IDUs, done with support of UNAIDS program in Ukraine and the International Renaissance Foundation, Kyiv 2003, p. 5.

shows number of new HIV infections has been growing year after year. So, if in 2003, 8,166 new cases of HIV-infection were registered, in 2004, the indicator reached this figure already in October.

Separate attention should be paid to disease and death of AIDS. HIV can live in human organism for 10–12 years without showing itself and then it causes AIDS. AIDS makes organism defenseless against majority of infectious diseases and causes death. When in 2003, 1,285 people were killed by AIDS, for ten months of 2004 there were 1,413² of them.

Since in Ukraine, the majority of people living with HIV/AIDS was infected over past 6–8 years, for them the time is approaching when the disease will show itself in fatal way. Already now, speed of AIDS diseases and deaths of AIDS is higher than one with which new HIV-positive individuals appear. In the near future, more and more Ukrainians will be killed by AIDS if the Government does not increase effectiveness of its policy towards the epidemic.

According to expert forecasts, in 2010 number of HIV-positive will reach almost 1.5mn and number of new cases of AIDS will be 95,000, at the same time up to 90,000³ will be killed by this disease. The relative weight of those killed by AIDS will constitute near 10% of all who will die in 2010, absolute majority of AIDS victims will be under 40. If to take urgent measures now many of these deaths can be prevented.

Assuming that effectiveness of government policy does not change, by 2010, the treatment of HIV/AIDS alone will take the same amount of money that is now being spent on the entire healthcare system. Pressure on the social system will also escalate due to the growing number of orphans who have lost one or both parents to AIDS. The most pessimistic calculations have the number of such children at 77,000 by 2010. There is no need to explain how it will affect health of the nation and government Budget.

The spread of HIV/AIDS and related diseases is a direct threat to Ukraine's economic development, as most HIV-infected are individuals aged 20–39, that is, people in prime of their lives in terms of physical, creative and intellectual capacities. Constantly cases of infecting among teenagers are registered. HIV/AIDS epidemic is destroying the potential of our country.

3.2 HIV and injecting drug use

As it was mentioned before, since 1994–1995 and up to now the key vehicle for spreading of HIV in Ukraine has been injecting drugs. According to the Ministry of Health's Ukrainian Center for Preventing and Fighting AIDS, injecting drug users (IDUs) constitute nearly 70% of all HIV-infected. Over first seven months of 2004, 209 of 5,572, or 57%, of new officially registered cases of HIV-infection were among IDUs. Another fact is that according to the research done by the Ukrainian Center for Preventing and Fighting AIDS together with UNAIDS Program in Odesa oblast, over 1998–2002 IDUs⁴ constituted more than 70% of all people who transmitted HIV via homosexual relations. This means that currently, in Ukraine, IDUs constitute the highest risk for transmitting HIV within this group and for the rest of the society as well. HIV spreading is connected with injecting drug using directly by joint using of syringe, indirectly—via sex with HIV-positive IDUs, and vertically—mother-to-child transmission.

According to statistics, number of drug users is dramatically growing in the country: Official statistics registered 31,080 in 1991 and 119,965⁵ in 2003. Narcotic registration shows there were 82,836 drug addicts in Ukraine in 2003. As usual officially registered are individuals found by police and sent to forced medical examination. That is why official registration does not reflect the real situation. According to expert estimates, the real number of IDUs alone is 560,000.⁶

Drug addiction is a disease. As a result of the symptoms of this disease, IDUs are socially unfortunate, marginalized group of population. Among the key symptoms of drug abuse is the risky behavior of drug addicts. On one hand, risky behavior makes the IDUs themselves very vulnerable to HIV infection. On the other hand, it poses a threat of spreading HIV among other groups of the population. In addition to HIV-related risks, drug abuse can also become a spur to criminal behavior as the need to find money to buy drugs grows.

² According to the Ministry of Health's Ukrainian Center for Preventing and Fighting AIDS.

³ O. Balakiryeva, Y. Halustyan, O. Yaremenko, and others Social-economic consequences of HIV/AIDS epidemic in Ukraine: new forecasts, Kyiv, 2003.

⁴ Ukraine and HIV/AIDS: Time to Act. Ukraine Human Development Report for 2003, special report. UNDP, 2003, Kyiv, Ukraine p. 8-9.

⁵ Information from main indicators of fight with drug business for 1991–2003, the Ministry of Internal Affairs of Ukraine.

⁶ Evaluation of possibility to develop programs on HIV preventing among IDUs. Social Monitoring Center, UNICEF.

An IDU who has been taking drugs for 1–2 years tends to steadily increase the dose. Money and material resources acquired by relatives are enough for some time, but they finish soon and then the IDU faces a question—where to get money to buy drugs?

If to take drugs for 1–2 years a daily doze is fluctuating between 5–10milliliter, which costs from UAH 50 to UAH 100 daily. As practice shows, many IDUs do not work and have no stable source of income. This pushes them into the world of crime, where they either start dealing drugs, what is a crime allowing to receive money for drugs, or they become petty thieves, robbers or burglars.

In Ukraine, IDUs' disease and their every day life are very complicated by two problems. The first one is that IDUs are constantly trying to avoid criminal prosecution by law enforcement bodies who rarely care about medical side of their status. The second is that IDUs also constantly face demonstration of negative attitude to them, stigmatization by the majority of the society. These two problems create a constant stress that only strengthens risky behavior of IDUs. IDUs do not apply for medical help in case of HIV/AIDS or other diseases because this will discover their status and as a result they may become object of criminal prosecution but they will not receive normal medical assistance. It is the reason for drastic difference between official data and expert estimates concerning number of IDUs and HIV-positive in Ukraine. However, the more problem of HIV/AIDS is concealed, the more dangerous it is.

Everyone agrees that preventing drug addiction is an absolutely necessary thing. However, even if to imagine that starting from today there will be no new cases of drug addiction in Ukraine, already now a number of IDUs is big. Currently, the government policy concerning this group of people, and prevailing attitude of society to them do not restrict negative consequences and harm from this disease, first of al spreading HIV/AIDS, but only strengthen them.

Ukraine declares its intentions to fight against HIV/AIDS epidemic, separate government programs concerning this problem are launched, big government funds are spent, and some measures are taken. However, mentioned above facts definitely prove that the current government policy does not improve the situation. The state, in fact, leaves relatives of sick people and their close surrounding face to face with these problems.

It is in interests of all of Ukrainian society to change this state of affairs as soon as possible. The authors of he document believe that the situation in the country can be changed only on the condition that task-oriented, proactive, and coordinated actions are undertaken by government bodies, NGOs, international donors, specialized organizations, and the society as a whole. Only the state can take the lead in this process. Ukraine should definitely have a qualitative government policy in this sphere.

The project initiators state that tempos of the spread of HIV/AIDS epidemic as well as other society harmful consequences of drug addiction in Ukraine show that the **current government policy in Ukraine is not working**.

The next part of the analytical document is dedicated to identify and study flaws of the government policy in this area.

4. CURRENT PROBLEMS AND THEIR ROOTS

Extremely high epidemic's dynamics of HIV/AIDS among IDUs and its spreading to the rest of the population testify that the government does not adequately answer the epidemic threat. Despite the fact that starting from 1995, IDUs are the main source of spreading HIV government actions to counteract illicit turnover of drugs and to prevent HIV are not coordinated and resulted in the current situation with epidemic development. We believe that measures for HIV fighting will have no results unless an agreed policy to stop the epidemic among IDUs is developed and implemented.

We have defined four groups of factors behind the threat posed by the spread of the HIV epidemic and resources should be focused on combating these factors:

- Flaws in policy development, adoption and implementation.
- Inadequate current policies on HIV preventing, especially towards IDUs.
- Imperfect law base: legislation aimed at completely eliminating drug addiction.
- Negative social attitude: stigmatization of IDUs.

Below nature of these roots is explained in more details.

4.1 Factors connected with general system of policy development, adoption and implementation

First of all, it should be said that the very development of government policy to combat HIV/AIDS and illicit turnover of drugs is imperfect. Flaws of the process as such, to a great extent, affect quality of policy for HIV preventing and AIDS fighting.

- Despite numerous declarations about the importance of preventing of the spread of HIV, **the Government and politicians do not really understand real threat of this mortal virus the health of the nation.** This is indicated by the fact that no political force has made the fight against AIDS its top priority.
- **National programs do not have goals expressed in concrete numbers**
- **Government policy is based neither on reliable statistical data about the situation, or on analysis of previous efforts.** National programs for HIV preventing and fighting against drugs have neither detailed analyses of the situation in the country and well-grounded development forecasts nor analysis of previous efforts. Many experts believe that official statistics concerning number of HIV-positive and level of AIDS does not reflect the real situation. Different official sources give completely different data about number of drug addicts. Lack of information-analytical system accompanying process of making and implementing programs result in financing and implementing measures that are of no priority. Moreover, measures mentioned in the programs are more reaction to the current situation and are not subordinated to long-term strategy.
- **Lack of common strategy and coordinated efforts** results in duplication or contradictory measures being undertaken. Though there are three coordinating bodies at the national level in the sphere of HIV/AIDS preventing—the Government Commission on Preventing HIV/AIDS Spreading, the coordinating mechanism of the country and the Verkhovna Rada Ad-Hoc Commission on HIV/AIDS, the Coordination Council on Fight against Drug Addiction under the Cabinet—coordination of all directions of fight with epidemic and especially work with IDUs remain completely unsolved. The situation at regional and local levels is especially critical. In some oblasts, coordinating councils are purely declarative and have neither financial nor organizational support. This situation is converted into weak cooperation between organizations and services dealing with issues related to HIV/AIDS in this or that way, in particular hospitals and drug rehabilitation centers. As a result, the country has no single preventing system that would be task-oriented and consistent and act to find and remove, or neutralize reasons of epidemic spreading.
- **Financing—not enough resources.** As practice shows, some measures provided by programs of AIDS fighting are implemented only partially, and some are not implemented at all. To some extent, programs on

HIV preventing and AIDS fighting are implemented unsatisfactory as they are underfinanced. Partially it reflects practice of development and implementation of overwhelming majority of government programs in Ukraine—they are approved without available government financing. Besides, this situation proves that this issue is of no priority for the state. So, over 1995–1997, less than 50% of planned funds were allotted for program needs. In 2000, the program was financed by 100%. However, over 2001–2002 national commitments were fulfilled by 62% only, and regional payments amounted in 70% of those planned.⁷ It should be mentioned that even planned financing does not meet country needs in this area. So, according to the Ministry of Health, additional needs to fulfill the program for AIDS preventing and fighting were UAH 47.9bn in 2003, or almost a half of allotted funds.⁸ Lack of coordination between responsibility and received resources results in unfulfilled decisions at regional and local levels, and so in ineffective government policy.

- **There is no set monitoring of government programs.** There was only start to create system of researches, analysis and monitoring of real HIV spreading and effectiveness of implementation of national and regional programs on HIV and drug addiction preventing. Lack of system to monitoring government program results in uncontrolled and ineffective use of Budget funds for epidemic counteraction. **Appendix 2** analyses financing of measures for preventing HIV and illegal drug turnover.

4.2 Factors connected with policy for HIV prevention, assistance and treatment of PLHA

Both experts and those responsible for decision making recognize the role of IDUs in spreading HIV/AIDS epidemic in Ukraine. However, the government has no complex idea about strategy and methods to control HIV/AIDS spreading among IDUs. So, the government follows IDU policy that simultaneously pursues two incompatible goals. On one hand, it aims at fully eliminating drug addiction in Ukrainian society. On the other hand, it applies measures aimed at reducing harm from drug addiction based at realization that a phenomenon such as drug addiction will inevitably exist in society, and requires a tolerant attitude towards drug users.

The first approach that aims at fully eliminating drug addiction in society is implemented through police by way of finding and registering persons who illegally abuse drugs or psychotropic substances, and also sending them for forced medical examination and treatment.⁹ The other alternative for a drug user is to be held criminally accountable for transporting, storing or producing drugs without aim to sell them, which is stipulated in Art. 309 of the Criminal Code. This approach has being applied from the soviet time. It corresponds to provisions of the International Convention on Psychotropic Agents dated 21 February 1971, in particular Art. 22 that calls countries to use such measures as imprisonment, forced treatment and reeducation to persons who abuse psychotropic substances. This approach is still used by police despite the fact it has serious flaws:

- There is no effective treatment for drug addiction. However, this approach is based on an assumption that it exists. Effectiveness of this treatment is 1%, this means 99 of 100 people continue to abuse drugs after treating.
- Practical implementation of this approach results in isolation of IDUs from society, inaccessibility of medical and social services, or preventing measures to them.

The second approach is aimed at eliminating harm from drug using and is implemented through Dovira consultation centers under the state-run Youth Services Centers and is subsidized by the State and local budgets, as well as by civic organizations using funds from international donors. This approach does deny it is important to deliver a person from drug addiction but is aimed at those 99% of drug addicts who cannot be treated with current methods. The range of measures envisaged by harm reduction strategy cannot be effectively implemented as long as IDUs are prosecuted and discriminated according to the first approach:

⁷ According to data of Ukraine Human Development Report for 2003 - Ukraine and HIV/AIDS: Time to Act.

⁸ Financing in particular does not cover needs to treat drug addiction. So, for qualitative in-treatment of a drug addict daily UAH 300–400 are needed, but only UAH 3 is allocated. Ineffective work with treating the main disease – drug addiction causes IDUs do not have trust to other initiatives, in particular those connected with HIV/AIDS prevention. Sociological researches show that many drug addicts resigned themselves to their situation and believe that their life has come to end. And if a patient has is not aimed at curing they do not pay attention to any attempts to any attempts to involve them in preventing measures.

⁹ The common instruction of the Health Ministry, the Ministry of Internal Affairs, the Prosecutor General's Office and the Ministry of Justice dated 10 October 1997 ON order of discovering and registering persons who illegally use drugs or other psychotropic substances.

- It is difficult for harm reduction programs to receive support for their activity from police because it has opposite tasks in this sphere.
- Strive to reach at the same time two mentioned above incompatible goals results in ineffective measures and high levels of epidemic that is now observed in Ukraine.

Though the program aimed at fighting against illicit drug turnover for 2003–2010 stresses drug addiction treatment, rehabilitation and social inclusion of drug addicts, it does not include provisions concerning HIV preventing among IDUs. Some provisions of government programs towards drug users are given in **Appendix 3**.

Three last programs for HIV preventing include elements of harm reduction strategy, though a number of measures within this strategy are not implemented or implemented only partially. Analysis of program measures according to instruments of harm reduction testifies that scales of majority of them are not enough to reach the anticipated result.

4.2.1 Providing IDUs with sterile injection instruments and disinfectants

This point of the harm reduction strategy is fulfilled by Dovira consultation centers under state-run Youth Services Centers and a number of NGOs. No oblast of the country has a system of stations that would meet real need of IDUs in these medical tools.¹⁰ Currently, programs for syringe exchange cover 15% of IDUs when minimum 60% is necessary to affect the epidemic. Financing is done through donor organizations and local budgets, at that donor financing prevails.

Creating stations for needle exchange in rural areas

A few experiments of the Odesa oblast social service center to create stations of needle and syringe exchange for IDUs failed. To great extent, failure is connected with mentality problems of rural residents. They are afraid to reveal their problem to receive help in treatment of a sick child with stigma because they can be negatively evaluated by public. When a consultation station was created in a district where 80 drug addicts who need constant help are registered, and according to specialist estimations their number is near 300, angry statements of veterans and pensioners appeared in the press. They were indignant because when sick children, invalids and the elderly lack syringes the government gives them to drug addicts. All explanations saying that this is a preventing measure for population from infecting, in particular for their children and grandchildren, do not work in village. Parents believe that their children have nothing to do with drug addicts and parents of sick children are embarrassed completely. So, the strategy of work in village has to have its base taking into account special attitude of rural citizens to this problem.

4.2.2 Making replacement therapy available for IDUs

In Ukraine, the parliament and the governmental have recognized replacement therapy to be a highly effective preventing measure. In particular, these provisions are included into the resolution of the Verkhovna Rada of Ukraine “To recommend parliamentary hearing on: Social-economic problems of HIV/AIDS, drug addiction and alcoholism in Ukraine” № 1426-I dated 3 February 2004, and the Cabinet resolution “On approving Concept of Strategy of Government Actions to Prevent HIV/AIDS Spreading before 2011 and the national program on preventing HIV, help and treatment of HIV-positive and those sick with AIDS for 2004–2008” № 264 dated 4 March 2004.

Besides having functions of HIV preventing and treatment of drug addiction, programs of replacement therapy are an effective vehicle to reduce illicit turnover of drugs decreasing demand for them. So, if 10,000 people whose day doze is from 5 to 10 milliliters are involved into program of replacement therapy, demand for drugs will decline by near 18,000–36,000 kg during a year ($0.01 \times 10,000 \times 365 = 36,500$). This figure is rather big taking into account that, according to data of the Ministry of Internal Affairs for 2003, 22,000 kg of drugs were withdrawn from illicit turnover.

However, in Ukraine programs of replacement therapy are not implemented due to a number of reasons. First of all, there is no political consensus. Financing such programs is not regarded as a possibility to reduce harm from drug abuse for the society as a whole. On the other hand, there is a number of objective factors that increase risk that such programs will not give the desired effect. These factors include:

- **Limited possibility to maintain anonymous treatment, low trust in government institutions.** With current policy of criminal prosecution of drug addicts it is rather complicated to hold preventing measures among them. Fear of police prosecution often hinders IDUs to ask for medical help or testing for HIV in time.

¹⁰ For example, in Odesa oblast, there are three stations under the Youth Services Centers when minimum 15 stations are needed. In Odesa, there are one or two stations it is not enough to cover even 15% of IDUs.

However, if police representatives understand that introduction of replacement therapy is a necessary measure to eliminate harm from spreading HIV/AIDS and change their attitude to the problem, there will be chance to gradually overcome this obstacle. Vice versa, criminal behavior of drug addicts will go down if they receive legal replacement therapy, because if they are legally provided with necessary amount of drugs they will take less illegal actions to get money to buy a doze.

- **Insufficient net of centers for preventing and rehabilitation of drug consumers.**¹¹ Replacement therapy is one among a complex of measures aimed at eliminating harm from drug addiction to the society. However, it does not solve all problems connected with this issue. In fact, usually it is prescribed when other measures for taking a person out from the drug addiction did not give results. Accordingly, introduction of replacement therapy cannot make the expected impact over development of drug situation in the country without developed infrastructure of socialization and rehabilitation of drug addicts. There is no such an infrastructure in our country.
- **Risk that distribution of replacement medicines will be criminalized.** This risk potentially exists in all countries where replacement therapy is being implemented. However, there are methods to prevent this. In particular, they include: using automatic batchers, distribution of functions when doctor prescribes replacement therapy and social personnel is responsible for giving drugs, as well as obligatory condition for drug addicts to take replacement drugs right on the place where they received them.

All these factors require attention but they can be solved within a short time if this direction is considered as priority.

Experience of replacement therapy introduction

The program of replacement therapy based on **Buprenorphine** was introduced in Poltava oblast drug clinic. Patients have chance to use the medicine for free from one or two, a short-term program, to four months, middle-term program. Seven patients were involved into these programs within a year. This figure is small against 1,287 drug addicts who are registered there. The program of replacement detoxification, when during 10–15 days a patient receives Buprenorphine to remove abstinent syndrome, is very popular among IDUs, there were almost 100 patients within a year.

Such programs have also being implemented in Kremenchuk and Lubny.

4.2.3 Providing easy accessibility of social and medical services

Though the country has a net of social institutions that work with IDUs, number and volume of their services do not correspond to needs. So, Youth Services Centers created in all oblast cities provide secondary preventing among risk groups, in particular among IDUs. These state-run centers, with UNICEF support, participate in implementing Preventing HIV/AIDS among young IDUs program. In particular, they participate in the program of syringe exchange. Main activity of Dovira consultation centers under Youth Service Centers include:

- to give necessary knowledge and develop skills of safe behavior concerning HIV/AIDS among young IDUs;
- to train social personnel, volunteers, leaders of aimed groups on strategies of harm reduction and Peer to Peer;
- to supply young IDUs with individual protection means, like syringes, antiseptic napkins, condoms;
- to create a social surrounding that would have tolerant and unbiased attitude to IDUs.

As to system of IDUs social inclusion and rehabilitation, the country does not have set net of institutions that would deal with returning drug addicts to normal life in the society. Despite there is a corresponding Cabinet resolution creation of rehabilitation system for drug addicts is at the initial stage. Because Ukraine lacks rehabilitation institutions, majority of sick return to the same way after treatment. According to the international experience, a person has to participate in rehabilitation program for up to two years, and then they have to be escorted by relevant social services from a year to three years. For Ukraine rehabilitation of drug addicts includes a program of detoxification and psycho-correction in hospital lasting from two weeks to two months. There are no institutions that

¹¹ According to the Minister of Social Policy, effectiveness of rehabilitation centers is 1%.

could care about a sick person when their social relations with family are destroyed, when de jure they have place of registration and residence but de facto they do not have place to live, food, income source and clothes. Having no chance to receive professional help relatives of drug addicts finally leave them. There are cases when families of drug addicts treat them violently. In such a way, if not to include this component into government policy on HIV/AIDS counteraction an important part is being omitted and, in fact, without it IDUs will have no alternative but Methadone.¹²

Accessibility of medical services remains also a problem. First of all, complex scheme of antiretroviral therapy for HIV-positive makes treatment of IDUs impossible because style of their life does not allow them to keep to treatment schedule. This problem could be solved by providing IDUs with replacement therapy but its introduction is being hampered. Secondly, general accessibility of medical services for IDUs is a big problem because of stigmatization of IDUs in the society and insufficient system to protect medical personnel from possible risks. Currently, it is extremely difficult for a HIV-positive to receive first aid or to be operated.

4.2.4 Information and education

This important component of fight against epidemic spreading did not receive enough attention. In particular, the Government was unwilling to finance such important preventing areas as information, education and communication. Bigger part of resources is spent to buy test systems and medicines. Besides scarce financing, effectiveness of its use remains also a problem. Despite all existing information and educational programs, which have different sources of financing, they do not achieve their goal. This is testified by survey of social services among different groups of population, youth and children. The main conclusion is that neither social ad nor special programs on TV and publications in mass media are aimed at concrete auditorium, aimed group. It is possible to form a public opinion about the mentioned problems and to affect politician decision-making within a short term of time if system of information influence over different groups of consumers is set and if their need in information and education programs is taken into account correctly.

4.3 Factors of legal base: prevailing policy is aimed at full elimination of drug use

In Ukraine, government policy on preventing drug addiction often reflects policy of the former USSR aimed at full elimination of drug use in the society. However, the world experience and results of this approach in countries of the former Soviet Union bring out clearly that it is prosecution of drug addicts alone, even in most strict forms, cannot free the society from this.

At this stage, Ukraine tends to approve punishing measures to answer increase in drug abuse doing harm to preventing measures. To a great extent, legislation includes this approach. In particular, the Criminal Code of Ukraine includes a number of obsolete norms. So, the current edition of Art. 309 of the Criminal Code allows to hold IDUs criminally accountable for buying or storing narcotic substances for personal use, although formally drug use itself was de-criminalized long ago. The absolute majority of those taken to court under this article are drug addicts who, according to the European Union position, are victims of drug-related organized crime.

According to main indicators of fight against drug business, in 2003 almost 120,000 IDUs were registered, more than 31,000 cases of storing, producing, transporting narcotic substances without aim to sale were discovered. So, police actively fight IDUs whereas other government bodies, in particular the state-run Youth Services Center, try to implement the harm reduction program.

The other example of such an approach can be part 1 Art. 303 of the Criminal Code that provides criminal responsibility for sex-services for payment-prostitution. This article causes mass violation of rights of women who provide such services and their discrimination practically in all spheres. The situation is even more complicated with the fact that this group is extremely vulnerable as to possibility to be infected with HIV/AIDS. It should be mentioned that even the former Criminal Code of the Ukrainian Soviet Socialist Republic did not provide criminal responsibility for providing sex-services for payment.

The current approach to effectiveness of activity of police bodies in fighting illicit drug turnover is also of great concern. Plan reporting on number of criminal cases that are launched often results in subjecting IDUs to banned methods of interrogation and preliminary investigation in order to "produce" necessary indicators. Statistics shows

¹² Methadone is included into the list of narcotic substances whose turnover is limited according to the 5 May 2000 Cabinet resolution № 770 "Confirming list of narcotic substances, psychotropic substances and precursors."

that, in fact, a necessary percentage of investigated crimes in illicit drug turnover is reached because police holds drug addicts responsible for illegal actions with small amounts of narcotic substances without intention to sell them, it means for their use, in fact. At the same time, success of police in fighting organized drug crime that is directly guilty in spreading drug addiction among Ukrainian society is very small.

4.4 Factors of social attitudes: stigmatization of drug users

The society exhibits fairly active social discrimination towards IDUs and people living with HIV. That is why representatives of these groups cannot receive the necessary range of medical services, social support from the state and job-search assistance. A typical feature of IDUs is that they have no profession or legal source of income, they lose their homes, they lose useful social contacts and they have family problems. Social situation of people living with HIV is not much better and if a person belongs to two mentioned groups they are in even more critical situation. Ostracism in society towards IDUs and people living with HIV in Ukraine also has negative impact at their closes surrounding, relatives and friends. The stigmatization of IDUs and people living with HIV aggravates the negative consequences of drug addiction for the society as a whole. There are a few reasons for this situation: (1) underdeveloped social infrastructure that might provide drug addicts the necessary assistance with rehabilitation and social integration; (2) insufficient informational and educational work among population; (3) ineffective measures to ensure safety for those working with groups of risk, including doctors, social personnel, and police.

5. POLICY OPTIONS

Having analyzed factors that resulted in ineffective government policy in the sphere of HIV/AIDS preventing, we suggest options to solve problems in different spheres.

5.1 Improving general system of policy development, approval and implementation

We believe that first of all attention should be paid for the very system of policy development and implementation. This task should be solved first of all independently of further policy content. Measures that would improve quality of policy developing and implementation include:

- public pressure on government bodies to consider the problem of fight against epidemic spreading as a priority;
- better quality of statistics data via improving methods of registration of HIV-positive;
- improved information and analytical providing to develop and implement HIV preventing programs, aid and treatment for HIV-positive and people sick with AIDS. This should be done with the help of obligatory requirement to thoroughly analyze situation development, results of implementing previous programs and their publications in mass media;
- a list of statistical data that are necessary to monitor implementation of preventing measures, as well as assistance and treatment of HIV-positive and people sick with AIDS;
- reviewing current system of work coordination and defining a single coordinating mechanism that, among other things, would coordinate the government policy in the sphere of HIV/AIDS preventing and in the sphere of fighting with drug spreading.

5.2 Reconsidering policy for HIV prevention, assistance and treatment of PLHA

Analyzing the current situation we suggest to consider following variants of the government policy:

- maintaining current policy, which includes partial introduction of some components of harm reduction policy;
- strengthening persecutions of IDUs;
- introducing a full harm reduction policy.

The offered options were considered from the following positions:

- Will suggested measures be effective to fight against HIV spreading?
- What will the society lose if the offered measures are introduced?
- What will be benefits for the society if the offered measures are implemented?

5.2.1 Maintaining current policy towards IDUs

This option is based on the assumption that current measures are enough to tackle the problem of the spread of HIV/AIDS. In other words, the government needs not change its approaches, priorities or tools for influencing IDUs. The current policy has the following characteristics:

- persecution of IDUs;
- implementing separate components of harm reduction policy in not enough volumes;
- insufficient measures towards social inclusion of drug addicts.

A strong point against this variant is that the epidemic will only grow worse unless current policy is changed and it is obvious that the epidemic spreads among and through IDUs most of all. In addition, implementing only select

elements of harm reduction policy could reduce negative consequences to the society, but it cannot alter the situation as a whole.

5.2.2 Strengthening persecutions of IDUs

This option is based on the assumption that it is possible to fully eliminate drug addiction and along with it the negative consequences to society through repressive measures alone. This approach includes:

- increasing the penalties for taking drugs and complete control over each drug addict, most likely through imprisonment;
- terminating harm reduction measures;
- refusing drug addicts access to social and medical services and providing these services only to those who can quit taking drugs.

The experience of many countries shows that it is impossible to completely eliminate drug addiction even using the most aggressive approaches. This clearly speaks against using this option. If persecution is increased, drug addicts begin to avoid any contacts whatsoever with government bodies and this will make them almost completely isolated from programs aimed at preventing and treating HIV/AIDS. The negative consequences for the society will only grow worse.

5.2.3 Introducing a full harm reduction policy

This option starts with an admission that it is impossible to fully “rescue” a society from drug addiction and it is based on the understanding that key is to minimize inevitable harm for society as a whole. Introducing harm reduction policy in full envisages the implementation of two principal components:

- 1) giving up the criminal prosecution of people suffering from drug addiction.

This covers giving up criminal prosecution for drug using, their buying, storing and transporting connected with personal use. Decriminalization is a necessary condition for introduction of harm reduction policy because it solves the problem of reaching IDUs and possibility to hold preventing measures among them.

- 2) Fostering the social inclusion of drug addicts and the people living with HIV, in particular:

1. Improving the quality and access to social services provided to them.

- Developing a net of stations for syringe exchange and expanding range of services provided by them, this includes systems of directions for a number of services, like consultations of expert in narcology, psychologist, non-charged testing for HIV, active involvement of other doctors.
- Opening centers for drug addicts rehabilitation, creating job-search centers for them.
- Organizing groups of mutual aid among drug addicts.
- Creating special shelters for drug addicts where they could stay for some time and to receive assistance.
- Organizing trainings for those responsible for decision-making, social personnel, different specialists on drug addiction and HIV/AIDS.
- Taking into account level of growing HIV/AIDS epidemic it is necessary to create a developed medical-psychological infrastructure of institutions that would deal with physical and psychological rehabilitation of IDUs.

2. Improving the quality of medical services.

- Introducing a full complex of measures to protect doctors from possible risks when they providing qualified medical assistance to IDUs and HIV-positive.
- Expending ensuring programs for doctors in case they got HIV-positive when they provided medical aid to entire medical personnel.
- Explanatory work among doctors.
- Expanding net of drug centers.
- Providing equal access to antiretroviral treatment for IDUs living with HIV.

- Introducing replacement therapy via drug centers or AIDS centers.

If this option is implemented, risk of criminal behavior and a number of crimes committed by IDUS will decrease because they will be moved to legal replacement therapy and they will have access to needed drugs in hospitals. This option would decrease risk of HIV transmission, increase quality of treatment and stimulate drug addicts to stick to safe behavior and, as a more remote outcome, to quit drug abuse.

It should be aid that all mentioned components are interdependent. So, giving up criminal prosecution of drug addicts will not result in expected effect for the society if it is not supported with a relevant net of social institutions, net of centers where drug addicts could receive medical and social assistance. In their turn, all these measures of social inclusion and rehabilitation of drug addicts will have a zero result if IDUs are afraid to appeal to government institutions because there is a threat of criminal prosecution.

Options for solving problems created by two other groups of factors are derivative from policy content. This means: if we believe it is necessary to chose harm reduction policy it is also necessary to introduce measures to decriminalize drug abuse. If to prefer the option of strengthening persecution of IDUs, it is necessary to change legislation and regulations and to include severe punishment for those who distribute drugs and those who take them.

APPENDIX I: INTERNATIONAL EXPERIENCE OF HIV PREVENTING AMONG IDUS

For effective government policy in sphere of HIV/AIDS preventing among IDUs the following conditions are necessary:

- the policy has to base on latest modern achievements and experience of harm reduction;
- as any other policy it has to be clear-cut, have clear goals and implementation plan, to have mechanism to coordinate efforts of all performers, to be provided with financial and human resources, to base on independent infrastructure and to include instruments for monitoring, estimation and correction of goals and introduction mechanisms;
- the policy has to base on reliable data on the situation in this sphere, to take into account the current situation in the country, in particular situation in drug abuse and HIV spreading, attitude of the society towards the problem, current traditions and approaches to problem solving, available resources and restrictions.

I.I International experience of HIV preventing among IDUs

Main international documents in the sphere of HIV preventing include the UN International Guidelines on HIV/AIDS and Human Rights¹³ and the UN Declaration of Commitment on HIV/AIDS that are based on long experience of fighting against HIV epidemic in the world. These documents recommend states to follow the principle of adhering human rights while overcoming HIV epidemic because it is marginalized groups like IDUs whose rights are violated most often are most inclined to HIV. The idea of the recommendation is that entrenching human rights like right for absence of discrimination, for labor, for accessible medical and social services greatly increases effectiveness of preventing measures.

Fight against drugs, preventing and reducing negative consequences of drug addiction are also regulated by a number of other international documents. The International Convention on Narcotic Drugs of 1961¹⁴ recognizes social and economic danger for humanity that drug addiction poses and also stresses it is necessity to pay special attention to provide drug addicts with medicines, to support and treat drug addicts.

The UN declaration specially devoted to problem of drug addiction, the UN Declaration on the Guiding Principles of Drug Demand Reduction, was passed in 1998. The Declaration notes that programs on reducing demand for illicit drugs should cover all prevention areas, from discouraging initial use to reducing the negative health and social consequences of drug abuse for a personality and the society as a whole.¹⁵

To assist governments in panning and implementing policy on HIV preventing among IDUs, international organizations developed such documents as the UN Concept on Preventing the Transmission of HIV Among Drug Addicts and a program document the Principles of HIV Preventing in Drug-Using Populations passed by the European Bureau of the World Health Organization. These documents were developed taking into account specific of development of HIV/AIDS epidemic among IDUs, they include ordered and detailed strategic approaches to counteract this epidemic among drug users.

I.II Main bases of harm reduction policy

In public health “harm reduction” is used to describe a concept reducing or preventing negative health consequences associated with certain behavior. According to the WHO, in relation to drug addiction harm reduction means to prevent HIV transmission that occurs through sharing needles and syringes as well as preventing other negative consequences from drug abuse to a person and society.

¹³ HIV/AIDS and Human Rights. International Guidelines, Geneva:New York, 1998.

¹⁴ 1961 UN Single Convention on Narcotic Drugs, Article 38.

¹⁵ 1998 UN Declaration on the Guiding Principles of Drug Demand Reduction, Article 10.

In public health, the harm reduction approach appeared as alternative to the approach aimed at complete abstinence from drug abuse. This approach is aimed at those drug addicts who cannot be expected to fast refuse from drugs but the approach does not contradict to importance to refuse from drug abuse as a final goal. So, the definition of harm reduction policy is the following: policy or program aimed at reducing negative health consequences as well as social and economic consequences from drug abuse that does not require immediate giving up drug abuse.

Many drug addicts need a lot of time to give up drug addiction whereas measures on harm reduction have to be immediate to prevent HIV epidemic. Harm reduction programs do not require immediate giving up drug abuse they are aimed at eliminating negative consequences from their abuse. Complex of measures to reduction harm from drug abuse have the following principles:

- Pragmatics, a part of population will always abuse drugs, so the policy should be focused not only at fighting against drugs but also at reduction of harm from drug abuse.
- Humanity, people cannot be blamed for drug abuse because in democratic society everyone has a right to choose. Condemnation, prosecution and stigmatization of drug addicts make it impossible to hold effective preventing work among this group.
- Economic effectiveness, HIV preventing is cheaper than HIV treating. .

Policy components that, according to WHO recommendations, are significant to reduce individual and public harm from drug abuse:

1) Ensuring IDUs have clean paraphernalia and disinfecting substances. To ensure access to sterile needles, syringes and disinfecting materials with the help of programs of their free exchange, sale in drug stores without prescriptions, access to programs of active work among drug addicts or other services and institutions; to ensure IDUs have unlimited access to needles, syringes and disinfecting materials without any obligatory conditions, like confirming client personality. Many researches testified that these programs allows to destroy chain of virus transmission. Exchange programs include also preventing unwanted consequences of drug abuse, like collecting used needles and syringes, their safe storing and utilization.

2) Making possible for IDUs to receive a replacement therapy. This component includes medically supervised treatment of individuals with opioid dependency based on prescription of opioid agonists such as methadone. The primary goal of drug replacement treatment is to reduce level of illicit drug use, to decline level of risky behavior, like using non-sterile syringes and needles to reduce risk of HIV infecting. The WHO recommends to include Methadone or other programs of replacement therapy into general national strategy on drugs as one of therapy options, especially in counties with high use of heroine or other drugs of opioid group, as well as create access of methadone programs for people who abuse drugs of opioid group, especially for those who take drugs intravenously and have risky behavior as to HIV infecting. The WTO also offers to introduce national rules and recommendations to include IDUs into the programs of replacement therapy and to organizing these programs. According to the Organization, replacement therapy programs should be united with educating programs on HIV to reducing risky behavior; it is necessary, within the replacement therapy program, to provide psychological and social assistance aimed at improving somatic and psychic health of patients as well as improving wider social parameters, like decrease in criminal behavior and increase in employment.

3) Ensuring easy access to social and health services. Providing drug abusers access to social and medical services helps them to adapt and to have safe behavior as to HIV, enabling to receive considerable preventing results. An important thing is to provide access of IDUs living with HIV to antiretroviral treatment. This component include accessibility of services as to their location and ability to get to them be local transport; accessibility of services of first aid and crises interfering with minimum restrictions in time and by days of week; accessibility of services with confidentiality and data protection; accessibility of services for all potential clients irrelevant to age, sex, racial, ethnical, cultural, ideological or religious belonging; accessibility of services independently on somatic and psychic state of patients including HIV-positive status; accessibility of services despite payment ability of patients and socio-economic or work status; accessibility of services despite legal status of patients; accessibility of services of consultation and providing assistance to prevent HIV among IDUs.

4) Active work among IDUs. This component includes active informing drug addicts helping them to change their behavior or to avoid dangerous behavior while taking drugs. Information material should include information about danger of drug abusing and joint using syringes as well as practical advices as to how to make their behavior more safety. It is necessary to restore contacts with concealed populations of drug abusers; to provide education as to risky as to HIV-infection behavior including information about safe sex and safe methods of drug abusing; to

disseminate sterile needles, syringes, disinfecting substances, condoms among high risk groups as well as collect used instruments and paraphernalia for injection and drug preparing; to provide special services for drug addicts as to residential problems, legal problems, financial problems, family consulting, consulting on HIV, HIV testing etc; programs aiming special population groups, for example, people who do prostitution and abuse drugs; to set close contacts with corresponding civic groups and services for them to favor integration of drug addicts into normal social structures.

5) Information work and education. This component includes education among general population to reduce stigmatization of high-risk groups; determining groups of high risk; educational work among IDUs and close surrounding to prevent risky behavior; training personnel from public health services of social aid with stress on primary medical sanitary aid.

I.III Conditions for effective implementation of harm reduction policy

As it was stressed earlier, for effective implementation of harm reduction policy it is necessary to provide adhering to human rights of IDUs, to take measures aimed at decreasing marginalization and prosecution of HIV vulnerable groups. Criminal prosecution and stigmatization of IDUs by society only strengthen marginalization of this HIV vulnerable group isolating it from all preventing measures and making harm reduction policy ineffective.

Protection of IDUs from discrimination, open and friendly atmosphere, respect and understanding, access to treatment and support give reasons to hope that IDUs will use harm reduction program services and will have incentives to change their behavior to a less risky one. To provide these conditions harm reduction policy should provide reducing or giving up criminal prosecution for drug abuse as well as measures aimed at decreasing IDUs stigmatization.

Example: introduction of harm reduction policy in Poland

In Poland, the discussion around harm reduction began in 1986-1987. However, the first programs of distribution of syringes for the funds of the Ministry of Health and Social Welfare were initiated in 1988 only, after the outbreak of HIV among IDUs. The program was implemented by consultation stations of an NGO, MONAR. In 1993, first outreach programs began to be implemented. The first program of needle and syringe exchange, not only limited to distribution, was initiated by MONAR in 1995 in Cracow. At present such programs are being financed by the Bureau for Prevention of Drugs Addiction or foreign sponsors, they operate in all major centers of IDUs in Poland. Within these programs, besides the injecting equipment, they distribute condoms, information about the threats of injecting and safe sex. Drug addicts are also being motivated to undertake treatment against drug addiction.

Replacement treatment with Methadone was started in Warsaw at the Institute of Psychiatry and Neurology in 1992 as an experimental program for approximately 40 patients. Over the following years such programs were initiated in Cracow, Lublin, Poznań and other cities. Their work became possible after the adoption by Polish Parliament the Law on Prevention of Drugs Addiction in 1997.

At the end of 2003, 850 people participated in methadone treatment programs. New programs are being prepared to start functioning in other parts of Poland.¹⁶

Because measures were used in time, number of people living with HIV in Poland, according to unofficial estimations, is near 20,000, whereas in Ukraine this figure reaches 400,000.

¹⁶ Source: National AIDS Center of Poland, <http://www.aids.gov.pl/>.

APPENDIX II: FINANCING HIV PREVENTING PROGRAMS

It is extremely difficult to analyze HIV preventing programs that include resources of state and local budgets, donor organizations, other sources in Ukraine. The reason for this is lack of transparent mechanism of inter-branch governing and financial management.

In Ukraine, financing from the central budget of measures to fight against HIV/AIDS has been increased: UAH 5.4mn in 2000, UAH 6.7mn in 2001, UAH 9.3mn in 2002; more than UAH 13mn in 2003. In 2004, it is scheduled to spend UAH 14.9mn. In addition, a number of measures for preventing HIV/AIDS spreading is scheduled to be financed for money borrowed from the World Bank: UAH 76,893,700 for preventing work among vulnerable groups of population; UAH 8,230,400 for informative and educative work aimed at decreasing spread of risky HIV behavior and promoting health life; UAH 3,046,100 for measures to prevent mother-to-child HIV transmission. In 2004, the Global Fund on AIDS, Tuberculosis and Malaria (GFATM) allotted USD 1,397,898mn for HIV preventing in Ukraine.

In 2004, an international foundation, the International Alliance on HIV/AIDS in Ukraine became a temporal recipient of Overcoming Epidemic of HIV/AIDS in Ukraine grant granted to Ukraine by GFATM. In the same year, it allotted USD 326,658 for programs of HIV preventing among IDUs. The International Renaissance Foundation allocated USD 500,000, AIDS Foundation East-West gave USD 350,000. In 2003, IRF spent USD 369,587 to implement harm reduction projects, 51 projects in different regions of Ukraine. In 2004, UNDP/CIDA allotted USD 134,751 for programs protecting human rights of HIV-positive among IDUs in Kherson oblast, including IDUs among women of commercial sex, over 2002–2004.

In September 2004, USAID allotted USD 8.2mn for preventing and measures aimed at increasing access to treatment and support of people living with HIV/AIDS, and also victims of epidemic, SUNRISE project. To great extent, it will improve financing of some national NGOs though they still have urgent need to improve technical capacity to provide IDUs and aimed youth with services more effectively. In Ukraine, projects on HIV preventing among IDUs are also financed by UN agencies in Ukraine, like UNICEF, UNDP, UNITREIDS; the German government; the Global Fund to Fight AIDS, TB and Malaria; the International Alliance on HIV/AIDS; the World Bank; the International Organization AIDS Fund East-West (AFEW) in Ukraine and Russia, the International Harm Reduction Program of the Open Society Institute; the Center of Communicative Programs of D. Hopkins Institute; the Counterpart Alliance for Partnership; the International Organization Doctors without Borders, Netherlands section; the Ministry of International Development of the United Kingdom of Great Britain; the Department of International Development of the Embassy of Great Britain to Ukraine; the British Council; the US Agency of International Development of the US Embassy in Ukraine (USAID); SPDF; "MAIN line", Netherlands; the World AIDS Fund. The country has no data on volumes of this financing and centralized mechanism of their management.

APPENDIX III: MEASURES OF GOVERNMENT PROGRAMS FOR INJECTING DRUG USERS

HIV/AIDS preventing program for 2001–2003

- Decreasing danger of HIV infecting among some vulnerable groups of population.
- Providing access to materials on preventing for IDUs.
- Providing IDUs and representative of other vulnerable groups of population with enough number of syringes, needles, disinfecting substances, condoms.
- Initiating replacement therapy to decrease risk of infecting IDUs with HIV and pathogens of other transfusion infections.
- Setting "trust points", including "mobile ones", for IDUs, representatives of other vulnerable groups of population and providing a large scale of medical, psychological, legal and social services.
- Taking measures to use methods of "social work in the street" and "peer to peer" during work of HIV/AIDS preventing among vulnerable groups of population.

National program for HIV preventing for 2004–2008

- Providing access of vulnerable groups of population to measures and programs preventing HIV/AIDS and diseases transmitted by sexual way, WB loan for UAH 76,893,700.
- Introducing replacement therapy method to reduce risk of HIV infecting among IDUs
- Expending practice to use different methods in work on HIV/AIDS preventing among vulnerable groups of population, like "social work in the street" and "peer to peer".

Program implementing government policy to fight against illicit drug turnover for 2003–2010

- Organizing and providing work of consultation stations for IDUs Dovira Youth Services Centers, (UAH 6,400,000 per year).
- Further developing and implementing modern methods for preventing, treating, rehabilitating and social inclusion of drug addicts, and also organizational and methodical models for their implementing.
- Studying national experience of using replacement therapy for treatment and social rehabilitation of drug addicts.
- Studying practice and estimation of effectiveness of compulsory treatment of drug addicts.