



# Ukraine

## DRUG SITUATION AND DRUG POLICY

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**Pompidou Group of the Council of Europe**  
Co-operation Group to Combat Drug Abuse and Illicit trafficking in Drugs



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# Key information and historical milestones in drug policies developments

## Drug policy before the independence of Ukraine

In the Soviet Union, there was no clear national strategy regarding drugs, or formal drug policy. Physicians, mostly psychiatrists, were forming the public attitude around drugs and the people with drug-related problems.

Classical psychiatrists considered drug addiction (“narkomania”) as a mental illness. However, this disease used to be treated on a compulsory basis at psychiatric hospitals or special sanatoriums. Treatment for drug dependence took a moral approach rather than a medical approach; drug dependent people were often described as “morally depraved” or “psychopaths”, and drug dependence – as an illness with a very severe prognosis. Treating the drug dependent person at a primary care clinic or at home, in the community and without strict control and supervision, was considered “a difficult and ungracious task” for the psychiatrists.<sup>1</sup>

In November 1923, at the Second Russia Conference on Psychiatry and Neurology, leading Soviet psychiatrists L.M.Rozenshtein, P.M.Zinoviev and their colleagues recommended to change the traditional approach to drug addiction by organizing new treatment divisions: neuro-psychiatric dispensaries became the primary

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<sup>1</sup> Latypov A.B. *The Soviet doctor and the treatment of drug addiction: “A difficult and most ungracious task”*. *Harm Reduction Journal*. – 2011. - 8:32  
<http://www.harmreductionjournal.com/content/8/1/32>

<sup>2</sup> Latypov A.B. *The Soviet doctor and the treatment of drug addiction: “A difficult and most ungracious task”*. *Harm Reduction Journal*. – 2011. - 8:32  
<http://www.harmreductionjournal.com/content/8/1/32>

institution for the Soviet mental health care system.<sup>2</sup> These institutions also provided social welfare, research, and counselling. Soon, supporters of the new approach completely broke all ties with the traditional pre-revolutionary psychiatry and organised specialised narcological dispensaries, in which a position of a “physician narcologist” was introduced.<sup>3</sup> The first narcological dispensary was opened in 1925. In the first volume of “Issues of Narcology” published in 1926, the discussion of terminology and key notions of drug use disorders started, and the connection between social hygiene and narcology was stressed. At this period, morphine and cocaine addiction was a problem in the Soviet Union “getting a character of the epidemic”<sup>4</sup>, due to the relatively easy access to drugs (especially morphine) in medical facilities and pharmacies; thus, drug dependent persons often forged prescriptions. Doctors spoke of the need of strict control over the import and sale of drugs, and since 1925 have been strengthened repressive measures against drug traffickers. Treatment of substance use disorders at this time basically boiled down to hypnosis, subcutaneous oxygen injections and patients education. In 1936, N.V.Kantorovych published the results of his 6-year study of using clinical morphine to treat patients with morphine addiction at the Leningrad Narcology Dispensary.<sup>5</sup> This method appeared to be effective in improving social functioning and reducing criminality of the patients. However, it was only a short experience of using opiates for opioid dependence treatment, as provision of drug dependent persons (“chronics”) with narcotic drugs, according to the author, “should be considered as a temporary, palliative measure, which is not ridding us of the need for further searches for radical therapeutic measures” (p.74). The author stressed that drug use disorder was a chronic disease that required long-term treatment.

The spread of drug use in Soviet Russia is reflected in the records in less detail than the other common “negative” social phenomena of the time (crime, homelessness, prostitution, tuberculosis, etc.). Besides, since the 1930s, the Soviet Union tended to the politicization of drug addiction, the stigmatization and marginalization of drug users, as well as an aggressive denial of the existence of the problem.<sup>6</sup>

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<sup>3</sup> Latypov A.B. *The Soviet doctor and the treatment of drug addiction: “A difficult and most ungracious task”*. *Harm Reduction Journal*. – 2011. - 8:32  
<http://www.harmreductionjournal.com/content/8/1/32>

<sup>4</sup> P.A.Vasilyev. *Drug addiction in Petrograd-Leningrad, 1917-1929. The ways of solving a social problem*. *Bulletin of the Pushkin Leningrad State University*, 2010, Volume 4, No. 4, pp. 16-24 (in Rus.).  
<http://cyberleninka.ru/article/n/narkotizm-v-petrograde-leningrade-v-1917-1929-gg-puti-resheniya-sotsialnoy-problemy>

<sup>5</sup> Kantorovych N.. *Dispensary observations of morphine users/ Soviet Psychoneurology*. – 1936. – No. 3. – P. 69-75. (In Rus.).

<sup>6</sup> P.A.Vasilyev. *Drug addiction in Petrograd-Leningrad, 1917-1929. The ways of solving a social problem*. *Bulletin of the Pushkin Leningrad State University*, 2010, Volume 4, No. 4, pp. 16-24 (in Rus.).  
<http://www.dissercat.com/content/narkotizm-v-petrograde-leningrade-v-1917-1929-gg-sotsialnaya-problema-i-poiski-ee-resheniya#ixzz3oOBYZTW2>

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After World War II, there were many patients with opioid addiction, especially among former militants. As it was politically inappropriate to treat veterans as “morally depraved”, they were often prescribed morphine for their chronic opioid use disorder. The main drug of consumption was cannabis, which was trafficked from Central Asia to Ukraine, followed by morphine, which was diverted from hospitals and was made available on the black market.<sup>7</sup>

The USSR Criminal Code was central to the drug strategy at the time. According to the Code, all actions with narcotic drugs outside of medical institutions were criminalized and entailed imprisonment. Illegal production, purchase, storage, transportation, transfer, and sale of narcotic drugs or psychotropic substances were subject to criminal persecution. Crimes connected with the illegal drug turnover were mostly classified as serious or very serious crimes, including simple possession of illegal drugs. Only in 1968, an Order of Ministry of Health of the USSR of 03.07.1968 No. 523 “On the order of storage, accounting, prescription, distribution and use of toxic, narcotic and potent drugs” was issued.<sup>8</sup> There was a new perspective in the Order, which stated that there were no social grounds for the drug addiction in the USSR in contrast with the “capitalist world”: “In contrast to the capitalist countries where drug addiction is caused by the social factors, drug use in the USSR does not constitute a major socio-medical problem, and the presence of cases of drug abuse is often attributed to the careless use of narcotic drugs by the doctors” (p.2). This order established a strict control system regarding all drugs and completely prohibited the prescription of narcotic drugs to drug dependent patients. It also established that all drugs mentioned in the Drug Convention of 1961, had to be under strict control. Because of this Order, the medical use of narcotic drugs became very limited; drug dependent persons were criminalised and completely lost the chance to be treated with the substitution therapy.

The number of drug using individuals in the USSR started increasing in 1970s. The government addressed this problem with several important documents issued, which regulated drug control in the country. Among them was the Decree of the Presidium of the Supreme Council of the USSR of 25.04.1974 No. 5928-VIII “On strengthening the fight against drug addiction” which set more stringent criminal liability for illegal manufacturing, purchase, storage, and marketing of drugs – imprisonment for the period from 6 to 15 years. The same deeds for the personal needs could lead to the

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<sup>7</sup> Latypov A.B. *The Soviet doctor and the treatment of drug addiction: “A difficult and most ungracious task”*. *Harm Reduction Journal*. – 2011. - 8:32.  
<http://www.harmreductionjournal.com/content/8/1/32>

<sup>8</sup> *Order of Ministry of Health of the USSR of 03.07.1968 No. 523 “On the order of storage, accounting, prescription, distribution and use of toxic, narcotic and potent drugs”*.  
<http://www.lawmix.ru/med/18860>



incarceration for the period of 3 years.<sup>9</sup> This Decree addressed the health implications of the drug use declaring compulsory hospitalization and treatment of drug using persons for a period of 6 months to 2 years, as well as mandatory regular examinations. Another document, the Order of Ministry of Health of the USSR of 21.09.1976 No. 928 “On additional measures to strengthen the fight against drug addictions”, announced the establishment of the country’s drug treatment services and approved regulations on drug treatment units, including inpatient units. With this Order, health care institutions had to compulsorily hospitalize the drug using individuals for a minimum period of 60 days. After such inpatient treatment, a person could be removed from the official registration records only after the proven 5-year period of non-using drugs.<sup>10</sup>

Despite the government attention, the problem of the drug use in the USSR was neglected from public discourse, because of still popular opinion that there was no social base for drug addiction in the Soviet Union. According to these documents, all drug users had to be treated, voluntarily or compulsory in order to achieve this vision of a drug-free society, to defend the society from drug-using offenders and to isolate drug dependent persons with the perceived aim of preventing their further use of drugs.

## **National drug legislation, drug policy and human rights in the independent Ukraine**

Today, in Ukraine drug policy is regulated by a series of legal documents. In these documents, problematic drug use (PDU) is defined as injecting drug use or regular use of heroin/cocaine and/or amphetamines. This definition can also include other opioids including homemade drugs. Poly-drug use needs to be distinguished from the PDU, because it describes the frequent use of more than one substance over a minimum of specified period.<sup>11</sup>

Ukrainian legislation operates with the following categories: “drug addiction” (narkomania); respectively, “drug addict” (drug dependent person), and

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<sup>9</sup> Decree of the Presidium of the Supreme Council of the USSR of 25.04.1974 No. 5928-VIII “On strengthening the fight against drug addiction”.

<sup>10</sup> Order of Ministry of Health of the USSR of 21.09.1976 No. 928 “On additional measures to strengthen the fight against drug addictions”.

<sup>11</sup> 2006 Annual report: the state of the drugs problem in Europe. EMCDDA, Lisbon, November 2006.



“consumer of injection drugs” (injection drug user). The last definition completely corresponds to the internationally used term “people who inject drugs” (PWID).

In the 1980s, the spread of drug addiction in Ukraine became a real epidemic, while the drug policy of Ukraine continued to follow the Soviet-period approach.<sup>12</sup> It was determined by two important factors: 1) new market economy has created new opportunities for drug dealers and weakened external control of policy; 2) public health system was seriously damaged by new social and economic conditions and failed to ensure compliance with the new conditions of the social environment.<sup>13</sup> Up to the end of the 1980s, the drug problem involved a very narrow circle of experts, mostly doctors-narcologists and lawyers. Drug addiction was not seen as a social problem but rather as the individual facts of deviant behavior, “non-typical” of a socialist society.

The 1990s were marked by the rapid growth of drug consumption in Ukraine. The number of persons officially registered as dependent on drugs in Narcology registry, increased from 2 506 in 1968 to 79 919 in 2001. The total number of crimes related to drug trafficking in Ukraine increased from 6 crimes in 1971 to over 58 000 cases in 2002.<sup>14</sup>

The drug policy was based on the UN Conventions of 1961, 1971 and 1988, and was amended and enforced by the Soviet ideology of “zero tolerance”. A series of documents was adopted after Ukraine became independent in 1991, which redefined the national drug policy and drugs strategy. These documents were developed as a reaction to the gaps that were acknowledged by the state, and aimed to reform the Ukrainian approach to combat drug addiction and illicit trafficking of narcotic drugs, psychotropic substances and precursors. It was conceded that the lack of coordination and consolidation of government efforts and increased use of narcotic drugs and psychotropic substances for non-medical purposes created a direct threat to the national security. The main documents were the Decree of Cabinets of Ministers of Ukraine of 04.06.2003 No. 877 “On

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<sup>12</sup> Booth RE, Kennedy JK, Brewster JT, Semerik O. Drug injectors and dealers in Odessa, Ukraine. *J Psychoactive Drugs* 2003; 35:419–426.

<sup>13</sup> Booth, R.E., Dvoryak, S., Sung-Joon, M., Brewster, J.T., Wendt, W. W., Corsi K.F., Semerik, O.Y., Strathdee S. A. Law Enforcement Practices Associated with HIV Infection Among Injection Drug Users in Odessa, Ukraine. *AIDS Behav.* 2013; 17(8):2604-14.

<sup>14</sup> Serdiuk OO. Narcotism as a social phenomenon: its trends and directions of prevention. – Ph.D. Thesis in Sociology; 22.00.03. - Kharkiv, 2003. - 20 pp. (In Ukr.).  
<http://www.psychiatry.ua/articles/paper078.htm>

approval of the implementation of the state policy in combating illicit trafficking of narcotic drugs, psychotropic substances and precursors for 2003-2010”<sup>15</sup>, and “The Concept of state policy in the field of combating drug addiction, combating illicit trafficking in narcotic drugs, psychotropic substances and precursors for 2011-2015 years”, approved by the Order of Cabinet of Ministers of Ukraine of 13.09.2010 No. 1808.<sup>16</sup> However, the Concept was in line with repressive approach of the past, with a focus on drug supply reduction and on multiple limitations regarding access to narcotic drugs for treatment purposes.

In addition, a number of legislative documents were approved, that regulated drugs and determined conditions for narcotic drug use in the pharmacological industry and as a medicine. The main documents were: 1) The Law of Ukraine “On the circulation of narcotic drugs, psychotropic substances and precursors in Ukraine” of 15.02.1995 No. 60/95 VR, updated 01.01.2008;<sup>17</sup> 2) The Law of Ukraine “On Medicines” of 04.04.96 No. 22/96 VR;<sup>18</sup> and 3) The Law of Ukraine “On measures against illicit trafficking of narcotic drugs, psychotropic substances and precursors and their misuse” of 15.02.95 No. 63/95 VR.<sup>19</sup>

However, the actual policy regarding drugs still was restrictive. For example, according to the above-mentioned Law of Ukraine of 15.02.1995 No. 60 /95, all medical institutions had to get a special license for the use of narcotic drugs in their routine practice. This law also limited the use of narcotic drugs for medical purposes, permitting drug use only in the ready-to-use forms (pills, ampules), and prohibiting changes of dosage in clinics (outside of pharmacies) and the use of liquid methadone.

According to the law “About Police” of 25.12.90 No. 4, the police are authorized “to identify and notify health care institutions about health condition of persons

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<sup>15</sup> Decree of Cabinet of Ministers of Ukraine of 04.06.2003 No. 877 “On approval of the implementation of the state policy in combating illicit trafficking of narcotic drugs, psychotropic substances and precursors for 2003-2010”.  
<http://zakon3.rada.gov.ua/laws/show/877-2003-%D0%BF>

<sup>16</sup> The Concept of state policy in the field of combating drug addiction, combating illicit trafficking in narcotic drugs, psychotropic substances and precursors for 2011 - 2015 years.  
<http://zakon5.rada.gov.ua/laws/show/1808-2010-%D1%80>

<sup>17</sup> The Law of Ukraine “On narcotic drugs, psychotropic substances and precursors” of 15.02.1995 No. 60/95 VR. <http://zakon4.rada.gov.ua/laws/show/60/95-%D0%B2%D1%80>

<sup>18</sup> The Law of Ukraine “On Medicines” of 04.04.96 No. 22/96 VR.  
<http://zakon4.rada.gov.ua/laws/show/123/96-%D0%B2%D1%80>

<sup>19</sup> The Law of Ukraine “On measures against illicit trafficking of narcotic drugs, psychotropic substances and precursors and their misuse” of 15.02.95 No. 63/95 VR.  
<http://zakon4.rada.gov.ua/laws/show/62/95-%D0%B2%D1%80>

who are at risk of AIDS, and bring such individuals and those infected with HIV, as well as patients with sexually transmitted diseases, chronic alcoholism and drug addicted persons who inject drugs, for compulsory examination and treatment” (Chapter 10).<sup>20</sup> However, the police actions were often reported to go beyond the authority given to them by the law. Among alleged human rights violations committed by the Ukrainian police were illegal stops and detention of drug using individuals, their beating and extortion of money.<sup>21, 22, 23</sup>

Since the independence of Ukraine, the Verkhovna Rada (Ukrainian Parliament) decriminalised the use of drugs – while the illegal manufacturing, purchase, storage, transportation or transfer of narcotic drugs, psychotropic substances or their analogues, even for personal purposes, are still the subject of criminal punishment.

The Order of the Ministry of Health of Ukraine (MoH) No. 188 of 01.08.2000, updated Resolution No. 634 of 29.07.2010 (hereinafter “Resolution No. 634”)<sup>24</sup> made drug-related legislation stricter by issuing new norms and quotas for narcotic drugs. The Resolution aimed to strengthen control over drug trafficking and brought into force amendments that significantly reduced the legal threshold of “small,” “large” and “extra large” quantities of certain types of illegal drugs, including those most commonly used by people who use drugs in Ukraine (opioids, cannabis). If the amount of drugs exceeds the threshold defined as “small” amount, a criminal case is normally opened. A result of this law was that the probability of punishment for carrying acetylated opium increased by 20 times, while for poppy straw it increased by five times. This means that Resolution No. 634 might have substantial negative impacts for people possessing illegal drugs. Anyone detained for the possession of between 0.005 and 1 gram of acetylated opium or heroin, faced criminal prosecution and a possible penalty of up to three years of incarceration. Such strict levels of criminalisation of possessing small amounts of opioid drugs are widely seen as jeopardising the performance of

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<sup>20</sup> *The Law of Ukraine “About Police” of 25.12.90 No. 4.*  
<http://zakon4.rada.gov.ua/laws/show/565-12>

<sup>21</sup> Booth RE, Dvoryak S, Sung-Joon M, Brewster JT, Wendt WW, Corsi KF, Semerik OY, Strathdee SA. *Law enforcement practices associated with HIV infection among injection drug users in Odessa, Ukraine.* *AIDS Behav.* 2013;17(8):2604-14.

<sup>22</sup> Mimiaga MJ, Safren SA, Dvoryak S, Reisner SL, Needle R, Woody G. *“We fear the police, and the police fear us”: structural and individual barriers and facilitators to HIV medication adherence among injection drug users in Kiev, Ukraine.* *AIDS Care.* 2010;22(11):1305-13.

<sup>23</sup> Izenberg JM, Bachiredy C, Soule M, Kiriazova T, Dvoryak S, Altice FL. *High rates of police detention among recently released HIV-infected prisoners in Ukraine: implications for health outcomes.* *Drug Alcohol Depend.* 2013;133(1):154-60.

<sup>24</sup> *Order of Ministry of Health of Ukraine of 01.08.2000 No. 188, updated Resolution No. 634 of 29.07.2010.*  
<http://zakon4.rada.gov.ua/laws/show/z0900-10>

harm reduction (HR) programs, including needle exchange programs, undermining HIV prevention, and can lead to a surge in HIV-related morbidity because of an inability to use these services.<sup>25</sup> In September 2011, the District Administrative Court in Kyiv, Ukraine dismissed a claim filed by the International HIV/AIDS Alliance in Ukraine to invalidate provisions of the Ministry of Health's order approving such low thresholds. According to the Alliance court papers, the provisions have greatly impeded HIV prevention efforts among PWID. Thus, since the change, between the 4th quarter of 2010 and the 2nd quarter of 2011, the amount of needles collected through NSPs had decreased due to fear of criminal prosecution for illegal drug possession, thus raising the likelihood of a surge in new HIV cases in the country.<sup>26</sup>

The Canadian HIV/AIDS Legal Network and Eurasian Harm Reduction Network assessed the conformity of Resolution No. 634 with the European Convention for the Protection of Human Rights and Fundamental Freedoms. As a result, it was concluded that the resolution did not conform to the European Convention in respect to the application of Article 5(1)(a) on the right to liberty and security of person, Article 7 on no punishment without law, and Article 14 on prohibition of discrimination of the European Convention. The Canadian HIV/AIDS Legal Network and Eurasian Harm Reduction Network recommended the following measures to be taken immediately:

1. The Ministry of Justice of Ukraine should suspend the operation of Resolution No. 634 on the territory of Ukraine.
2. The Ministry of Health should develop a Resolution on Amendments ensuring that law enforcement practices in Ukraine are consistent with international practice, the European Convention, the UN Charter, the Universal Declaration of Human Rights and other UN documents that were ratified by Ukraine.
3. In accordance with the Ukraine obligations, including the Declaration of Commitment on HIV/AIDS of 2001 and the Millennium Declaration, the country should ensure that representatives of people living with HIV/AIDS and of groups vulnerable to HIV/AIDS, especially people who use drugs, participate in the development, discussion and adoption of the Resolution on the state drug policy in Ukraine.<sup>27</sup>

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<sup>25</sup> Merkinaitė S. *A war against people who use drugs: the costs*. Eurasian Harm Reduction Network (EHRN), Vilnius: 2012.  
[http://www.harm-reduction.org/sites/default/files/pdf/costs\\_report\\_2012\\_06\\_19\\_1\\_0.pdf](http://www.harm-reduction.org/sites/default/files/pdf/costs_report_2012_06_19_1_0.pdf)

<sup>26</sup> *International HIV/AIDS Alliance in Ukraine. Summary report of the performance under the "Support for HIV/AIDS Prevention, Treatment and Care for Most Vulnerable Populations in Ukraine" program supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria in the second half of the year 2011 (and over the whole year 2011)*. Kiev, 2012.

<sup>27</sup> *In breach of international law: Ukrainian drug legislation and the European Convention for the Protection of Human Rights and Fundamental Freedoms. Discussion Paper*. – Canadian HIV/AIDS Legal Network, Eurasian Harm Reduction Network, 2011.

At the same time, regulations adopted in 2010 increased the availability of narcotic substances used for the medical treatment of patients.<sup>28</sup> Thus, the maximum quantity of prescribed tablet forms of buprenorphine increased, for the dosages of 0.2 mg and 0.4 mg — up to 17 mg; for the dosages 2 mg, 4 mg and 8 mg — up to 112 mg. The maximum quantity on prescription for the oral liquid form of methadone, which had not been used in Ukraine before, was set out at 0.3 g. In 2010, two Ukrainian manufacturers started producing sublingual buprenorphine for substitution therapy and for pain relief, which became available at pharmacies. However, as of July 2015, the liquid form of methadone had not yet entered the pharmacy network.

Since 2010, the licences for the use of narcotic substances in medical practice might be issued for an indefinite term, while previously such licenses were issued for a term up to five years.

In 2012, the MoH Order of 27.03.2012 No. 200 introduced new regulations regarding eligibility for Opioid Substitution Treatment (OST) programmes in Ukraine.<sup>29</sup> This order was highly criticised by many national and international civic society organizations. According to this order, the decision about OST prescription for the patient and the drug prescribed has to be approved by the Commission on Feasibility of Narcotic Drugs Prescription based on a physician diagnosis of opioid dependence.<sup>30</sup> Persons diagnosed with HIV, TB, or hepatitis B and C received preference in enrolling in OST programs. However, that was not the case for the OST availability in prisons, which was not mentioned in this order.

In the field of the drug dependence treatment, national legislation refers for details to the instructions and guidelines of the Ministry of Health of Ukraine (MoH). According to the key principles of MoH, all diagnostic procedures and treatment decisions must rely on the International Classification of Diseases –10 (ICD-10).<sup>31</sup> Among basic documents regulating drug treatment in Ukraine, there are national protocols (the Order of MoH No. 681 of 21.09.2009 “On approval of Clinical Protocols of Medical Care on the Specialty ‘Narcology’”)<sup>32</sup> and standards (the

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<sup>28</sup> Order of Ministry of Health of Ukraine of 21.01.2010 No. 11 “On approval of the procedures of the turnover of narcotic drugs, psychotropic substances and precursors in healthcare facilities of Ukraine”. <http://zakon1.rada.gov.ua/laws/show/z0347-10>

<sup>29</sup> Order of Ministry of Health of Ukraine of 27.03.2012 No. 200 “On approval of the procedures of the provision of substitution therapy in patients with opioid dependence”. <http://zakon2.rada.gov.ua/laws/show/z0889-12>

<sup>30</sup> The Order of MoH and Ministry of Internal Affairs of 06.16.1998 No. 158/417 “On the approval of the medical examination and medical testing of persons who abuse drugs or psychotropic substances”.

<sup>31</sup> International Classification of Diseases (ICD) <http://www.who.int/classifications/icd/en/>

Order of MoH of 27.07.1998 No. 226 “On approval of the Interim sectoral unified standards of medical diagnostic and treatment technologies of inpatient care for adults in the medical institutions of Ukraine”, which included “Standards of inpatient narcology treatment”).<sup>33</sup> These protocols contain recommendations on all diagnostic categories mentioned in ICD-10.

According to the Report of the CSIS Global Health Policy Center of 2012, the Government of Ukraine (GoU) remains inconsistent in its approach to care and treatment for people who inject drugs. While some components of the approach by the GoU appear committed to address injection drug use as a medical and public health issue, some other continue to approach the issue exclusively from a law enforcement perspective. While the GoU has provided the bulk of AIDS treatment resources for scaling-up of antiretroviral treatment (ART), it has not secured enough resources to support prevention services, most of which, like OST programs, are provided by NGOs supported by external donors.<sup>34</sup>

## Punitive laws and practices and coercive health measures

According to the above-mentioned law of Ukraine “On measures against illicit trafficking of narcotic drugs, psychotropic substances and precursors and their misuse”, to address challenges in combating illicit drug use, Ukraine drug policy ensures the following measures: 1) identification of individuals who illegally use drugs, 2) medical examination and testing of individuals who abuse drugs or psychotropic substances; 3) voluntary treatment for people with drug addiction. This law ensures that the individual can receive, upon his/her request, anonymous drug treatment. However, information about such treatment can be provided to the law enforcement agencies in case of instituting criminal or administrative proceedings against this individual.

In order to motivate drug-using individuals to undergo treatment, the government assumes a commitment to pay for their medical examination, testing or treatment,

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<sup>32</sup> Order of MoH of 21.09.2009 No. 681 “On approval of clinical protocols of medical care on the specialty “Narcology””.  
[http://moz.gov.ua/ua/portal/dn\\_20090921\\_681.html](http://moz.gov.ua/ua/portal/dn_20090921_681.html)

<sup>33</sup> Order of MoH of 27.07.1998 No. 226 “On approval of the Interim sectoral unified standards of medical diagnostic and treatment technologies of inpatient care for adults in the medical institutions of Ukraine”.  
[http://www.moz.gov.ua/ua/portal/dn\\_19980727\\_226.html](http://www.moz.gov.ua/ua/portal/dn_19980727_226.html)

<sup>34</sup> Nieburg P, Carty L. Injection drug use in Ukraine. The challenges of providing HIV prevention and care. A report of the CSIS Global Health Policy Center. March 2012. 16 pp.

but does not guarantee any additional medical services. In order to change drug use behaviors, the government forcefully brings individuals who evade medical examination or testing to a drug rehabilitation facility with the help of the authorized police representatives. In addition, drug treatment implies hospitalization in a predetermined specialized health care facility.

The government makes hospitals obtain a license to carry out urgent voluntary and coercive treatment of drug users. By doing so, the government ensures that in case of voluntary or coercive treatment, PWID will receive high-quality medical care.

Strict control of health care providers for the drug law violations have led to the limited access to narcotic analgetics (painkillers) for the patients with pain syndrome. According to the data of the International Narcotic Control Board of Ukraine, the consumption of controlled analgetics for treatment per capita in Ukraine was 100 times less than in Germany or Austria.<sup>35</sup>

One of the problems is a typical situation in Ukrainian society when formal legislation and its implementation do not match each other. Very often police actions are based not on the formal rules, but on their own opinions about drug users and their so-called criminal nature, and put additional pressure upon them.<sup>36</sup>

According to the Order of 16.06.1998 No. 158/417 "On the approval of the medical examination and medical testing of persons who abuse drugs or psychotropic substances"<sup>37</sup>, the state developed "Guidelines on detection and registration of individuals who illegally use drugs or psychotropic substances" and "Procedure for medical examination and testing of individuals who abuse drugs or psychotropic substances." These policies regulate the issues of registration, medical examination and testing of drug using individuals at public health facilities.

According to the guidelines, a drug using individual is entitled to medical care, social services, standards of living required to support his or her health, quality medical care, including a free choice of a doctor, treatment options in accordance with his/her recommendations, and adequate healthcare facility, accurate and timely information about his or her health and about existing and potential risks

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<sup>35</sup> *Report of the International Narcotics Control Board on the Availability of Internationally Controlled Drugs. 2010. Vienna, 2010.*

<sup>36</sup> *Mimiaga MJ, Safren SA, Dvoryak S, et al. "We fear the police, and the police fear us": structural and individual barriers and facilitators to HIV medication adherence among injection drug users in Kiev, Ukraine. AIDS Care. 2010;22(11):1305-13.*

<sup>37</sup> *Order of 16.06.1998 No. 158/417 "On the approval of the medical examination and medical testing of persons who abuse drugs or psychotropic substances".*  
<http://zakon0.rada.gov.ua/laws/show/z0482-98>



to the health of other people; and legal protection against any discrimination related to his/her health condition.

The prerequisites for the application of coercive treatment are a combination of the two following conditions: 1) an individual has committed a crime and is sentenced by the court; 2) he/she has a medically attested disease that is harmful to the health of other people. For eligible individuals, coercive treatment should be provided at specialized healthcare facilities (Narcology dispensaries).

Coercive treatment of substance users is a complex issue, as the provisions of the Criminal Code related to the coercive treatment are vague; therefore, different courts may interpret them in a different way. Analysis of the related Criminal Code provisions proves that there are contradictory opinions of addiction as a disease that is harmful to the health of others. In particular, the Criminal Code refers to addiction (“narcomania”) as a mental disorder, on the one hand, and as a disease harmful to the health of other people, on the other hand.

## Exemption from criminal liability

The Criminal Code of Ukraine provides a special type of exemption from criminal liability for crimes related to trafficking drugs, psychotropic substances, their analogues or precursors. Notably, the exemption from criminal liability is granted only on condition that the offender voluntarily handed over the drugs, psychotropic substances or their analogues, revealed the source for the purchase of these substances, or collaborated with the police on the resolution of drug trafficking crimes.

An individual is exempted from criminal liability if he/she voluntarily contacted the healthcare facility and started drug use treatment. When considering the issue of exempting an individual from criminal liability for this reason, the court should find out if this individual had a drug addiction and needed relevant treatment, whether he/she really went to the hospital and started treatment voluntarily, and whether he/she really had a goal to quit using drugs rather than evade criminal liability.

## Administrative liability

To reduce criminal drug-related behavior, the government provides for administrative liability for the illegal manufacturing, purchase, storage, transportation, shipment of drugs or psychotropic substances in small amounts and without the intent to sell them. The procedure for application of administrative liability is regulated by the Code on

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Administrative Offences (CAO) of Ukraine. The use of drugs should not imply any socially dangerous actions. In this case, offenders like people who use drugs are subject to administrative sanctions (warning, fines, paid confiscation, confiscation, deprivation of a special right, public work, corrective work, administrative arrest).

## State regulation of the right to receive prescribed medical drugs

Ukraine regulates the right to receive medical drugs from a physician (in the context of drug use) through a number of policies. For instance, on 13.05.2013, the Cabinet of Ministers of Ukraine with its Decree No. 333 approved “The Procedure for acquisition, transportation, storage, delivery, use and destruction of drugs, psychotropic substances and precursors in health care facilities”.<sup>38</sup> This Decree defines the mechanism for the production, storage, transportation, acquisition, destruction and delivery of drugs in health care facilities, where responsible persons are appointed from among the facility employees, including delivery of drugs to the patient who receives inpatient care. Moreover, the Decree describes the mechanism for acquisition, storage, and delivery of drugs in pharmacies, as well as the prohibition for further use, sale (delivery) of unused residues of drugs, including those for home-based patient care.

## Confidentiality problem in the health care of drug using individuals in Ukraine

There is a problem of disclosure of medical information about the status of drug users in Ukraine. There is illegal practice of forcing doctors to provide the police with medical information on drug using individuals who undergo narcology treatment.

For instance, Administration of the President of Ukraine in October 2010, made a request to the Ministry of Internal Affairs of Ukraine to give them information about substitution therapy with methadone, including patient substitution treatment, indicating the name, age and address of all clients of OST programs. The specific

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<sup>38</sup> *The Decree of the Cabinet of Ministers of Ukraine of 13.05.2013 No. 333 “On the Procedure for acquisition, transportation, storage, delivery, use and destruction of drugs, psychotropic substances and precursors in health care facilities”*  
<http://zakon4.rada.gov.ua/laws/show/333-2013-%D0%BF>

Instruction of 18.01.2011 No. 40/2 / 1-106 “On identifying persons participating in the substitution therapy” was issued, which aimed at:

- identifying legal and actual addresses of health care facilities that implemented OST, and the numbers of people involved in OST programmes;
- interviewing all patients who were undergoing substitution therapy and their relatives.

In pursuance of the mentioned guidelines, the police over Ukraine illegally claimed the confidential data of all patients of the OST program, including information on their HIV status, and psychological and physical condition.<sup>39</sup> Such information request contradicts current legislation of Ukraine. As a result, the police actions paralyzed the work of more than 100 HIV-servicing organizations for a certain period. As a response to these illegal actions, national and international NGOs including Human Rights Watch appealed to the Government of Ukraine. However, the Government did not provide any adequate response to these appeals. Finally, the legal assessment of the problem concluded that the police actions within the Instruction No. 40/2 / 1-106 violate the rights of the drug using individuals.

## Drug dependence treatment in prisons

Because drug-using individuals as any other persons in Ukraine, come to prisons after some period they spent in SIZO, they may not have signs of acute substance use disorders. Usually such individuals experience withdrawal syndromes immediately after arrest, while being in SIZO. The majority of PWID inmates have been diagnosed with “Mental and behavioral disorders due to the use of opioids. Drug dependence syndrome”. There is a guideline regulating treatment for people with such diagnosis: The Mutual Order of MoH and State Penitentiary Service of Ukraine (SPSU) No. 3/6 of 18.01.2000 “About adoption of legal acts for the sanitary maintenance of persons held in detention centers and correction institutions of the State Department of Ukraine for Enforcement of Sentences”.<sup>40</sup> The Order proclaims basic principles of management and treatment of drug using and drug dependent persons. However, drug

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<sup>39</sup> Tolopilo A. *Regarding the violation by police of the right for privacy of the participants of the OST programme.* Ukraine Helsinki Union on Human Rights, 31.01.2011. <http://helsinki.org.ua/index.php?id=1296465225>

<sup>40</sup> *The Mutual Order of MoH and State Penitentiary Service of Ukraine (SPSU) of 18.01.2000 No. 3/6 “About adoption of legal acts for the sanitary maintenance of persons held in detention centers and correction institutions of the State Department of Ukraine for Enforcement of Sentences”.* [http://www.moz.gov.ua/ua/portal/dn\\_20000118\\_\\_6.html](http://www.moz.gov.ua/ua/portal/dn_20000118__6.html)

dependence treatment is still very limited in pre-trial detention (SIZO) and is not available in prisons; the drug treatment provided in SIZO is detoxification aimed at preparing a person to being moved to prison.

## **Development of drug policies and institutions, goals and institutional embedding, coordination mechanism in the field of drugs**

The subjects of the formation and implementation of drug policy in Ukraine are:

- The President of Ukraine – his role is the definition and formation of drug policy and its strategic principles and directions;
- The Verkhovna Rada of Ukraine – provides legislative support for drug policy;
- The Cabinet of Ministers of Ukraine is responsible for the development and implementation of drug policy framework as part of all spheres of society;
- State Service on Drug Control (SSDC) is responsible for the development and implementation of state policy in the field of drug prevention and combating illicit trafficking; state control and coordination of executive authority in this area; interaction and exchange of information with international organizations; analyzing and evaluating the impact of drug use and drug crime on society, on national economy and international relations, and human rights and freedoms;
- Police ensures the measures against drug trafficking, conducting prevention and detection of crimes;
- Ministry of Health is responsible for the development, production, quality control and sale of medical drugs, their use in medical care, and prevention, treatment and rehabilitation for persons with drug addiction;
- Ministry of Education, Ministry of Social Affairs and other central bodies of executive power ensure practical implementation of drug abuse prevention and of rehabilitation for persons with drug addiction;
- Health care facilities, rehabilitation centers provide drug treatment, rehabilitation of drug dependent persons and pain relief in chronic pathological conditions (palliative care);
- Local governments implement the legislation in the field of drug policy in the controlled territories.

Formation and implementation of the State drug policy takes place in cooperation with civic, professional, religious associations, academic institutions, foundations, private companies, and media.

Subjects of formation and implementation of drug policy ensure compliance with human rights and freedoms provided by the Constitution of Ukraine, international legal instruments. Recommendations and practices of international bodies established in accordance with the international treaties, the European Court of Human Rights, and the appropriate Committees of the UN are taken under consideration.

The Decree of the President of Ukraine of 06.04.2011 No. 370 "Issues of optimization of the central executive power" founded the State Service of Ukraine on Medicines by the reorganization of the SSDC of Ukraine and of the State Administration of Ukraine on Medicines. The Decree of the President of Ukraine of April 08.04.2011 No. 440 approved the Regulations on the State Service of Ukraine on Medicines.<sup>41</sup>

## Ukrainian Medical and Monitoring Centre on Drugs and Alcohol

The Ukrainian Medical and Monitoring Centre on Drugs and Alcohol of the MoH of Ukraine (UMMC) was founded according to the Order of the MoH Ukraine of 11.05.2006 No. 268 "On organization of monitoring of alcohol and drug situation in Ukraine."

The UMMC was created to integrate resources to provide effective drug medical care, drug and alcohol monitoring of the situation in Ukraine, and prevention, as well as to implement the Memorandum of Understanding between the Ministry of Health of Ukraine and the European Monitoring Centre for Drugs and Drug Addiction of January 28, 2010.<sup>42</sup> The Centre also coordinates the activities and cooperation between agencies, health institutions and non-governmental organizations (NGOs) on treatment and prevention regarding alcohol and drugs, and providing the population with narcological help.

Since April 2014, the Ukrainian Medical and Monitoring Centre on Drugs and Alcohol became affiliated as a department within the Ukrainian Research Institute of Social and Forensic Psychiatry and Narcology.

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<sup>41</sup> *Regulations on the State Service of Ukraine on Medicines.*  
<http://www.diklz.gov.ua/control/main/uk/index>

<sup>42</sup> *MoH: Memorandum of Understanding has been signed between the Ministry of Health of Ukraine and the European Monitoring Centre for Drugs and Drug Addiction.*  
[http://www.kmu.gov.ua/control/uk/publish/article?art\\_id=243261421&cat\\_id=244314797](http://www.kmu.gov.ua/control/uk/publish/article?art_id=243261421&cat_id=244314797)

## International Cooperation of Ukraine

Ukraine is a party to all main international drug control treaties, and is consistent in its assumed international obligations arising from the Convention on Narcotic Drugs of 1961, Convention on Psychotropic Substances of 1971, and Convention against Illicit Trafficking of Narcotic Drugs and Psychotropic Substances of 1988. In 1995, Ukraine adopted comprehensive drug control legislation, and subsequently enacted a number of regulations, to enforce the drug control system. The country signed the UN Convention against Transnationally Organised Crime on 12 December 2000 and the UN Convention against Corruption on 11 December 2003.

Ukraine is a member of the UN Commission on Narcotic Drugs and the UN Commission on Crime Prevention and Criminal Justice.

Ukraine fully supports the provisions of Political Declaration and Plan of Action on international cooperation towards an integrated and balanced strategy to counter the world drug problem, adopted at the high-level segment of the fifty-second session of the Unitary Commission on Narcotic Drugs (CND), held on 11 and 12 March 2009. In the framework of the 55th session of CND (March 2012), the delegation of Ukraine put forward an initiative on promoting programmes aimed at treatment, rehabilitation and social reintegration of drug-dependent persons released from prison. The Commission unanimously adopted the draft resolution, submitted by Ukraine and co-sponsored by delegations of the EU Member-States, as well as the USA, the Russian Federation, and other countries.

SSDC of Ukraine ensures the constant exchange of statistical and analytical information with the United Nations Office on Drugs and Crime (UNODC), International Committee for Drug Control, European Monitoring Center on Drugs and Drug Addiction (EMCDDA), and the Pompidou Group of the Council of Europe.

Ukraine as a United Nations member state is committed to promote, develop, review and strengthen effective programmes to reduce drug demand, based on scientific evidence and providing a wide range of measures, including primary prevention, early interventions, treatment, care, rehabilitation and social reintegration and related support services, designed to promote health and improve the social well-being of individuals, families and communities to mitigate the negative effects of drug use on individuals and on the society as a whole.

# The Strategy of the State Policy Regarding Drugs (Narcotics) until the year 2020

The year 2013 was marked by strengthening the strategic capacity of drug policy in Ukraine. On August 28, 2013, the Government of Ukraine adopted “The Strategy of the State Policy Regarding Drugs (Narcotics) until the year 2020” (hereinafter – the Strategy), which declared a humanistic and scientific approach of the State and society in deciding the problems of drug addiction in Ukraine.<sup>43</sup> The Strategy is based on the Constitution of Ukraine, national legislation and the relevant international legal instruments of the United Nations, the Council of Europe and the European Union.

The Strategy identifies directions and mechanisms for reducing illicit drug supply and demand of drugs, to balance the State’s drug policy between punitive measures for drug trafficking and ensuring their availability for medical purposes.

Since the adoption of the Strategy in Ukraine, the balance has been optimized between supply reduction and demand for illicit drugs, thus prioritising public health functions instead of repression, establishing a reasonable balance between control of drug trafficking, and increasing access of patients to pain relief medicines and using opioid agonists for drug addiction treatment.

The Strategy states that special attention should be paid to human rights and respect for the dignity of PWID, the formation of a non-judgemental attitude towards patients, because overcoming stigma and discrimination increases the effectiveness of treatment.

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<sup>43</sup> *The Strategy of the State Policy Regarding Drugs (Narcotics) until the year 2020.*  
<http://zakon4.rada.gov.ua/laws/show/735-2013-%D1%80>



## Reducing the demand for drugs - a strategic priority of the drug policy of Ukraine

Previous experience and current practice in Ukraine and other states indicate that reducing drug demand improves the health of society and individuals.

The particular focus of The Strategy is made on the development and application of evidence-based methods for the prevention of drug use, on the development of prevention, treatment, rehabilitation and resocialization of persons with addiction, and on prevention of negative health and social consequences of drug abuse. The Strategy emphasizes the need to strengthen international cooperation and research for developing and implementing drug policy in the country.

Realization of these goals involves the following tasks:

- to ensure proper state control and implementation of measures to reduce drug trafficking;
- to focus on drug use prevention and on promotion of healthy lifestyle;
- to coordinate activities of all actors responsible for the development and implementation of the drug policy in Ukraine;
- to improve measures to counter drug trafficking and related corruption;
- to create conditions for cooperation between the state and civil society institutions;
- to involve drug dependent persons in medical and social programmes that are based on the principles of harm reduction, and ensure psychosocial rehabilitation for drug dependent individuals;
- to introduce therapeutic measures as an alternative to criminal penalties on drug dependent persons who have committed minor offenses;
- to create conditions for re-socialization of persons who are serving sentences for drug-related crimes;
- to match drug policy regulations with the public health principles in the treatment of addiction.

## An integrated approach to drug demand reduction

In line with the WHO recommendations, Ukraine introduced an integrated approach in helping drug dependent persons through prevention, treatment and rehabilitation. This involves the treatment of addiction and related diseases (HIV/AIDS, tuberculosis, and viral hepatitis), the provision of psychological services, as well as rehabilitation measures.

The Law of Ukraine “On combating the spread of diseases caused by the human immunodeficiency virus, and legal and social protection for people who are living with HIV” aims to prevent the spread of HIV among people who use drugs, through rehabilitation and harm reduction programmes that include the provision of substitution therapy to people with opioid addiction, as well as the replacement of used needles and syringes.<sup>44</sup> In addition, on 13.05.2013, the GoU approved the Concept of the National Target Programme of Social Response to HIV/AIDS for 2014-2018, which prioritises harm reduction measures.

The drug experts have reported insufficient connections between treatment and rehabilitation components of the integrated drug policy as a problem. According to the SSDC report prepared by the group of national drug policy experts (2014)<sup>45</sup> (hereinafter – SSDC report), there is no governmental system of rehabilitation for drug dependent individuals, including for those who have received inpatient treatment in the Narcology system. Only private profit and non-for-profit entities (centres and foundations) provide rehabilitation services, which are rather expensive for the patients and thus not accessible for the majority of drug dependent persons. In addition, there are no uniformed standards for rehabilitations services. The report also pointed to the weak interaction between the state and non-governmental organizations (NGOs), and insufficient involvement of NGOs in provision of medical, psychological and social rehabilitation for drug dependent persons.

## Human rights and fundamental freedoms in the context of drug demand reduction

Unfortunately, in Ukraine, in the public mind, the word “addicted person” is associated primarily with the concept of “criminal”, not “a sick person”.<sup>46</sup>

<sup>44</sup> *The Law of Ukraine “On combating the spread of diseases caused by the human immunodeficiency virus, and legal and social protection for people who are living with HIV”.* Verkhovna Rada of Ukraine, 2011, No. 30, art.274.  
<http://zakon4.rada.gov.ua/laws/show/2861-17>

<sup>45</sup> *Progress report on the implementation by Ukraine of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.* SSDC, Kyiv, 2014.  
<http://www.narko.gov.ua/index.php/diyalnist/diyalnist/538-doklad-o-khode-vypolneniya-ukrainoj-politicheskoy-deklaratsii-i-plana-dejstvuj-po-nalazhivaniyu-mezhdunarodnogo-sotrudnichestva-v-tselyakh-vyrabotki-kompleksnoj-i-sbalansirovannoj-strategii-borby-s-mirovoj-problemoj-narkotikov>

<sup>46</sup> *Opioid addiction.* Website of the Ukrainian Center for Disease Control of the MoH.  
[http://ucdc.gov.ua/pages/diseases/opioid\\_addiction](http://ucdc.gov.ua/pages/diseases/opioid_addiction)

According to the above-mentioned SSDC report<sup>47</sup> and to other sources, the most urgent problem is overcoming the stigmatization of drug using individuals that is common among medical staff. Such widespread stigma against PWID plays a large role in hampering effective national response to the drug use and HIV epidemics.<sup>48</sup> Overcoming stigma and ensuring the rights of persons with drug dependence, changing the attitude towards them as to those in need of medical, social, and legal help, instead of punishment is stated as the specific objective in the Strategy.<sup>49</sup> The strategic paradigm of the drug policy is the transition from punitive anti-drug measures to creating necessary conditions for drug treatment, providing integrated services, and decreasing the threshold of access to treatment. The attitude towards drug dependent individuals in the society must be fundamentally changed: “Special attention should be paid to human rights and respect for the dignity of patients, to the formation of an unbiased attitude to drug dependent patients. Only with overcoming stigma and discrimination, a significant increase in effectiveness of treatment can be achieved” (p.7).<sup>50</sup>

In accordance with the WHO recommendations, services for drug using individuals should ensure the confidentiality of treatment and the possibility of anonymity, which is guaranteed by the law. In particular, Article 11 of the Law of Ukraine “On information” prohibits collection, storage, use and dissemination of confidential information about a person without their consent, including information about health condition of the individual.<sup>51</sup> However, in practice, information on drug dependent persons is collected for two separate registries: a narcological registry, maintained by governmental drug treatment centres (maintained by MoH), and a police registry of “chronic drug users”, maintained by Ministry of Internal Affairs. (see Fig.1)

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<sup>47</sup> *Progress report on the implementation by Ukraine of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. SSDC, Kyiv, 2014.*

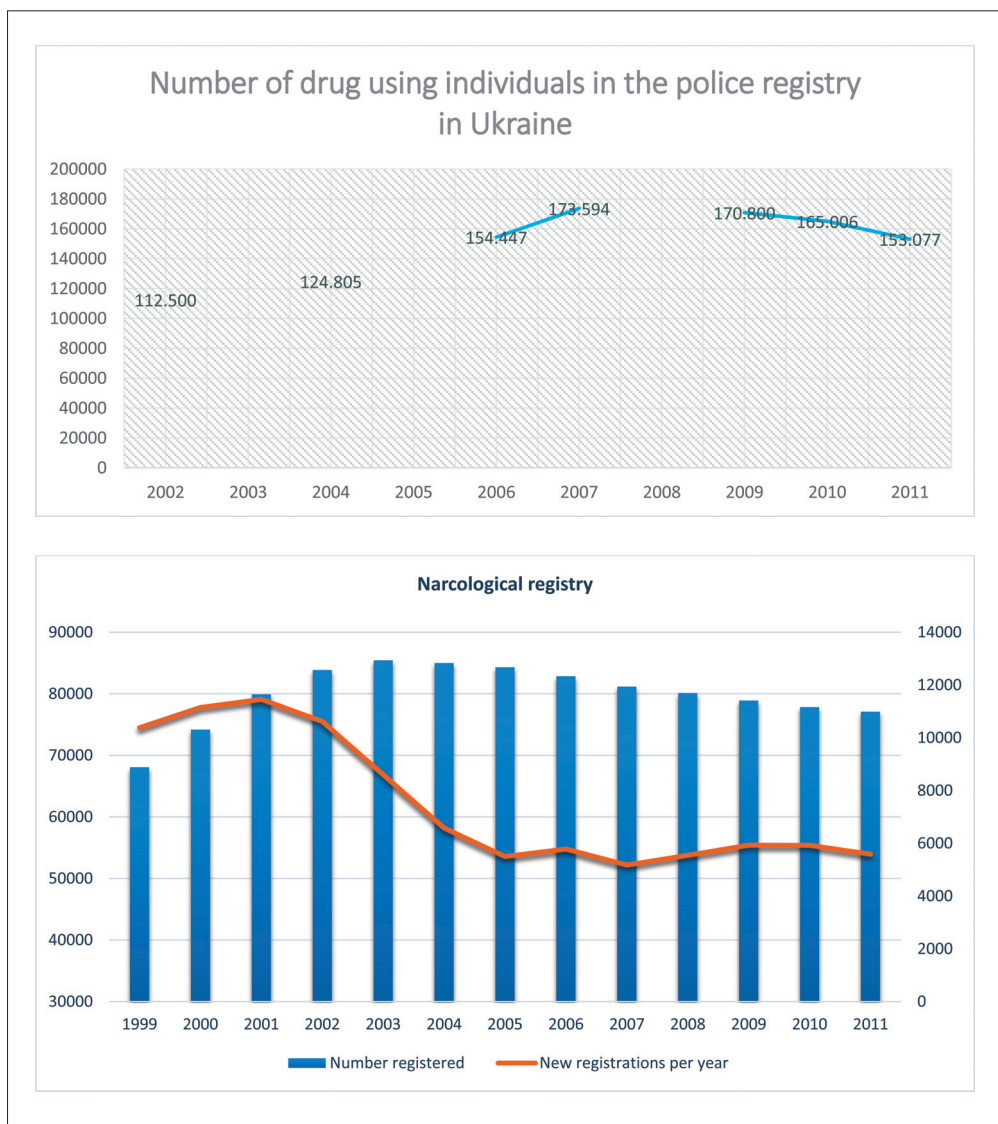
<sup>48</sup> *Nieburg P., Carty L. Injection drug use in Ukraine. The challenges of providing HIV prevention and care. CSIS, 2012.*

<sup>49</sup> *The Strategy of the State Policy Regarding Drugs (Narcotics) until the year 2020.*

<sup>50</sup> *The Strategy of the State Policy Regarding Drugs (Narcotics) until the year 2020.*

<sup>51</sup> *The Strategy of the State Policy Regarding Drugs (Narcotics) until the year 2020.*

**Fig.1** Number of drug using individuals in the police and in narcology registries in Ukraine (data of Monitoring Centre on Drugs, 2012)



Once in the police registry, a person is in the police database for life. This system has its roots in the Soviet era, when, refusing to acknowledge drug dependence as a problem in the USSR, government agencies recorded and monitored activities of drug using persons.<sup>52</sup> In addition, all non-anonymous narcology patients (those who applied on their own or by police referral to the publicly funded drug treatment dispensaries), including OST clients, are put on a special system of registration and surveillance - so-called "narcology registry", which is often shared with the police on their demand. For example, according to the Centre for Health Statistics of the MoH of Ukraine, by 01.01.2012, 5588 people were registered with mental and behavioral disorders, among them 4547 were injecting drugs; 11 377 people were registered as "episodic drug users". Registered drug using persons report being a focus of police attention, including stop-and-frisk procedures. Being in official narcology records also means restriction in some basic privileges such as getting driving license or some types of work. Therefore, such compulsory drug user registration significantly reduces the number of PWID voluntarily seeking drug treatment<sup>53</sup> and is one of the barriers to the OST entry for PWID in Ukraine.<sup>54</sup>

Other forms of police harassment, including searches of methadone patients outside clinics, removal of ART from the PWID by police, and detention in police facilities, also deter ART or drug treatment.<sup>55</sup> In Ukraine, a person can be detained for up to 72 hours without charge, during which police might use withdrawal from opioid dependence to extract information or bribes.<sup>56, 57</sup>

Another violation of the rights of drug using persons in Ukraine was police persecution not only of clients, but also of OST service providers; for instance, as in case of

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<sup>52</sup> *The effects of drug user registration laws on people's rights and health: key findings from Russia, Georgia, and Ukraine* Open Society Institute, Public Health Program, International Harm Reduction Development Program, New York, USA (2009).

<sup>53</sup> *Viewsky A. Dvoryak S. Sidiyak C. Treatment of drug addiction in Ukraine and assessment of its effectiveness. Research Report. Kyiv, 2008. - 152 pp.*

<sup>54</sup> *Bojko MJ, Mazhnaya A, Makarenko J, Marcus R, Dvoriak S, Islam Z, Altice FL. "Bureaucracy & Beliefs": Assessing the barriers to accessing opioid substitution therapy by people who inject drugs in Ukraine. *Drugs Educ Prev Pol.* 2015; 22(3): 255-262.*

<sup>55</sup> *Maksymenko K. Criminalisation of injecting drug users in Ukraine: state of affairs, causes, consequences, alternatives. *J Soc Commentary* (2010), p. 1 (in Ukr.). <http://issuu.com/roksolanamashkova/docs/spilne1-2010>*

<sup>56</sup> *Maksymenko K. Criminalisation of injecting drug users in Ukraine: state of affairs, causes, consequences, alternatives. *J Soc Commentary* (2010), p. 1 (in Ukr.). <http://issuu.com/roksolanamashkova/docs/spilne1-2010>*

<sup>57</sup> *Schleifer R. Rhetoric and risk: human rights abuses impeding Ukraine's fight against HIV/AIDS. *Human Rights Watch*, New York, USA (2006) <https://www.hrw.org/sites/default/files/reports/ukraine0306webwcover.pdf> <http://issuu.com/roksolanamashkova/docs/spilne1-2010>*

Dr. Podolyan in 2010, OST procurement was interrupted and programme clients in Odessa were forced to return to using street drugs. Such harassment of patients, detention of PWID, and harassment of physicians who prescribe opioids constitute barriers to treatment provision.<sup>58</sup> Because of interruptions of operation of drug treatment facilities by police, their unreasonable demands for the lists of drug using individuals, and the threat of loss of client confidentiality, the number of referrals to the governmental drug treatment centres may be decreased.<sup>59</sup>

Another important issue in the field of human rights protection is the availability of narcotic analgesics for the medical purposes. There are not enough drug stores in the country with a license to work with narcotic and psychotropic drugs, which is one of the reasons for the low access of patients to pain medication.<sup>60</sup> Ukraine imposed severe regulations on prescription of opioids for pain relief, limiting prescription privileges to particular specialties, requiring physicians to obtain a permit to prescribe painkillers, setting arbitrary dose limits, and imposing restrictions on the sites where opioids can be dispensed or the period for which pain relief can be prescribed.<sup>61</sup>

However, there have been positive changes in the policy regarding prescription analgetics: in 2013, the government approved a new procedure on the use of narcotic analgesics in health facilities, which will significantly expand the availability of these drugs to patients. The Strategy 2020, approved in the same year, includes measures for increasing opioids accessibility for medical use, which is crucial for patients who need pain relief as well as for OST programmes clients.

## Availability and accessibility of services for the drug demand reduction

In Ukraine, the following forms of health care are available for the drug dependent persons: inpatient and outpatient drug detoxification, available in all narcology health

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<sup>58</sup> Latypov A, Bidordinova A, Khachatryan A. *Opioid substitution therapy in Eurasia: How to increase the access and improve the quality*. IDPC Briefing Series on Drug Dependence Treatment No. 1. United Kingdom: IDPC, 2012. Available at: <http://idpc.net/publications/2012/01/idpc-briefing-ost-in-eurasia>

<sup>59</sup> *Progress report on the implementation by Ukraine of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*. SSDC, Kyiv, 2014.

<sup>60</sup> *Progress report on the implementation by Ukraine of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*. SSDC, Kyiv, 2014.

<sup>61</sup> Cherny NI, Baselga J, de Conno F, Radbruch L. *Formulary availability and regulatory barriers to accessibility of opioids for cancer pain in Europe: a report from the ESMO/EAPC Opioid Policy Initiative*. *Ann Oncol*, 21 (2010), pp. 615–626.

care facilities; OST; inpatient and outpatient rehabilitation programmes, as well as inpatient therapeutic communities and programmes of spiritual psychotherapy and religious rehabilitation.<sup>62</sup> Drug treatment in the governmental medical institutions is regulated by the MoH orders<sup>63,64</sup>, including strong legislative basis for the use of OST.

According to the regulatory requirements of Ukraine, only state or municipal specialized narcology facilities may treat people with drug dependence. Regional and urban narcology dispensaries, as well as drug treatment cabinets in major urban centers, which provide drug treatment mostly in the form of detoxification, represent governmental drug services. Such narcology and psychiatric clinics usually treat acute disorders caused by drug use, while rehabilitation can be provided also in private, public, charitable and religious organizations.<sup>65</sup>

The following basic models of opioid dependence treatment are utilized in the majority of narcology health care facilities: inpatient drug detoxification for 10-14 days, followed by recommendations to abstain from drugs after discharge; outpatient medical detoxification with subsequent transition to non-governmental rehabilitation centre; inpatient drug addiction treatment for 14-21 days with recommendations to attend rehabilitation programme or peer support group. All these models are based on the assumption that the ultimate goal of drug treatment, even as brief as for 2-3 weeks, is a complete rejection of the drug use.<sup>66</sup>

The lack of effective methods of drug addiction treatment in Ukraine leads to the fact that 32,2% of the OST patients and 38% of drug dependent persons report having already made at least three attempts of receiving drug dependence treatment. Half of OST patients and one in five drug dependent persons had received drug treatment more than three times without any result. Thirty-one percent of OST clients (before entering OST program) and 43,9% of drug dependent persons had received

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<sup>62</sup> Vievsky A. Dvoryak S. Sidiyak C. *Treatment of drug addiction in Ukraine and assessment of its effectiveness. Research Report. Kyiv, 2008. - 152 p.*

<sup>63</sup> MOH Order No. 681 of 21.09.2009 "On approval of clinical protocols of medical care in the specialty 'Narcology'".  
[http://medsprava.com.ua/korisna\\_informatsija/standarti\\_i\\_protokoli\\_medichnoyi\\_dopomogi\\_za\\_spetsialnistju\\_narkologija/](http://medsprava.com.ua/korisna_informatsija/standarti_i_protokoli_medichnoyi_dopomogi_za_spetsialnistju_narkologija/)

<sup>64</sup> MOH Order No. 645 of 10.11.2008 "On approval of guidelines on Substitution maintenance therapy in the treatment of opioid dependence syndrome"  
[http://medsprava.com.ua/korisna\\_informatsija/standarti\\_i\\_protokoli\\_medichnoyi\\_dopomogi\\_za\\_spetsialnistju\\_narkologija/](http://medsprava.com.ua/korisna_informatsija/standarti_i_protokoli_medichnoyi_dopomogi_za_spetsialnistju_narkologija/)

<sup>65</sup> Vievsky A. Dvoryak S. Sidiyak C. *Treatment of drug addiction in Ukraine and assessment of its effectiveness. Research Report. Kyiv, 2008. - 152 p.*

<sup>66</sup> Vievsky A. Dvoryak S. Sidiyak C. *Treatment of drug addiction in Ukraine and assessment of its effectiveness. Research Report. Kyiv, 2008. - 152 p.*



detoxification. In addition, every third of both OST patients and drug dependent persons using “street” opiates had participated in Narcotics Anonymous programme or had received rehabilitation in private rehabilitation centre.<sup>67</sup>

## Harm reduction services in Ukraine. Access to harm reduction services for PWID

Since 2004, with the Global Fund support, Ukraine has implemented the most scaled-up HR programme in the Eastern Europe. Research data suggest that the number of new HIV cases among PWID in Ukraine declined over past decade (still remaining as high as 6000 per year); harm reduction coverage inversely correlated with declining incidence suggesting protective effect.<sup>68</sup>

Despite many programmatic and structural challenges<sup>69</sup>, the OST programme has been one of the most effective medical and psychosocial interventions for PWID in Ukraine, reducing their health risks and improving quality of life.<sup>70,71</sup> Participation in OST programme improves patients’ physical health, social status, family relationships, reduces criminal behaviour and increases employment. For instance, after entering OST programme, 30-37,5% of OST patients became employed.<sup>72</sup>

Article 4 of the Ukraine Law on HIV/AIDS states: “The State guarantees to prevent the spread of HIV among people who inject drugs, through rehabilitation and HR programmes for such persons, including OST for people who suffer from drug

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<sup>67</sup> Dzhuzha OM, Striltsiv OM, Dvoriak SV, Tolopilo AP, et al. *Impact of opioid substitution treatment on the crime situation in the country: Analytical report of the study results.* - Kharkiv: Human Rights, 2012. - 82 p. (In Ukr.)

<sup>68</sup> Dumchev K. *Trends in HIV incidence among PWID in Ukraine: triangulation of available data sources.* IHRA Conference, 2015, abstract 665.

<sup>69</sup> Bojko MJ, Dvoriak S, & Altice FL. *At the crossroads: HIV prevention and treatment for people who inject drugs in Ukraine.* *Addiction* 2013; 108(10), 1697–1699.

<sup>70</sup> Bachireddy C, Soule, M. C., Izenberg JM, Dvoryak S, Dumchev K, & Altice FL. *Integration of health services improves multiple healthcare outcomes among HIV-infected people who inject drugs in Ukraine.* *Drug Alcohol Depend.* 2014; 134:106-14.

<sup>71</sup> Morozova, O., Dvoryak, S., & Altice, F. L. (2013). *Methadone treatment improves tuberculosis treatment among hospitalized opioid dependent patients in Ukraine.* *The International Journal on Drug Policy*, 24(6), e91–e98.

<sup>72</sup> Dzhuzha OM, Striltsiv OM, Dvoriak SV, Tolopilo AP, et al. *Impact of opioid substitution treatment on the crime situation in the country: Analytical report of the study results.* - Kharkiv: Human Rights, 2012. - 82 p. (In Ukr.)

addiction".<sup>73</sup> However, while HR programmes (including OST) in Ukraine are present for more than 10 years and are considered a success, the progress in the expansion of HR programs is modest. In Ukraine, the estimated number of PWID who use opioids and would profit from OST, is approximately 310,000 people; however, as of 01.11.2015, 8398 patients (i.e. less than 3% of PWID) received OST at 170 sites in Ukraine (19% of clients being females, and 42% HIV-positive).<sup>74</sup>

There are numerous administrative obstacles and restrictions regarding dispensing of medicines, including substitution drugs such as methadone and buprenorphine. A drug-using individual should register at the OST site with a passport and undergo clinical examinations that are not free; a special commission takes a decision about OST initiation and maximum/minimum dosage for a person. Funded by international donors, OST programmes are located at the public health care facilities. Often there are a few OST sites for the whole region, and people should commute to the site and wait in the line. As of 01.11.2015, for Odessa Region with estimated 20 000 PWID, there are four OST sites serving 293 clients; in the City of Kyiv three OST sites operate serving 796 clients.<sup>75</sup> In addition, needle and syringe programmes are based at NGOs, which are usually located in the cities.

Therefore, in addition to all previously described barriers, OST and needle/syringe programmes remain high-threshold for PWID with inadequate coverage. The assessment of Ukraine HIV/AIDS programme revealed low utilisation and coverage of NSP services and limited access to OST; variability of services delivered across different NSP sites; legal barriers and lack of enabling regulatory framework.<sup>76</sup> Concluding observations on the sixth periodic report of Ukraine, UN Committee on Economic, Social and Cultural Rights (CESCR) expressed concern about existing regulations that restrict access to OST and needle and syringe exchange programmes for PWID (art. 12).<sup>77</sup>

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<sup>73</sup> *The Law of Ukraine "On combating the spread of diseases caused by the human immunodeficiency virus, and legal and social protection for people who are living with HIV"*. Verkhovna Rada of Ukraine, 2011, No. 30, art.274.

<http://zakon4.rada.gov.ua/laws/show/2861-17>

<sup>74</sup> UCDC official site. [http://ucdc.gov.ua/pages/diseases/opioid\\_addiction/stat-docs](http://ucdc.gov.ua/pages/diseases/opioid_addiction/stat-docs)

<sup>75</sup> UCDC official site. [http://ucdc.gov.ua/pages/diseases/opioid\\_addiction/stat-docs](http://ucdc.gov.ua/pages/diseases/opioid_addiction/stat-docs)

<sup>76</sup> *Ukraine's HIV Program Efficiency Study, 2014. Assessment of implementation of the National AIDS Programme for years 2009-2013 in Ukraine. Synthesis Report. September 2013.* [http://www.unep.org/content/dam/ukraine/docs/PR/Assessment%20of%20implementation%20of%20the%20National%20AIDS%20Programme\\_2009\\_2013.pdf](http://www.unep.org/content/dam/ukraine/docs/PR/Assessment%20of%20implementation%20of%20the%20National%20AIDS%20Programme_2009_2013.pdf)

<sup>77</sup> *UN Committee on Economic, Social and Cultural Rights (CESCR), Concluding observations on the sixth periodic report of Ukraine, 13 June 2014.* <http://www.refworld.org/docid/53c78ad94.htmlg>

## Harm reduction in penitentiary system

As of 01.11.2015, there were 53 521 prisoners in 113 correction facilities in Ukraine (not including 17000 detainees in SIZO). Of them, 6900 persons (12.9% of all prisoners) were sentenced for the drug-related offenses.<sup>78</sup>

It has been shown that illicit drugs are available in Ukraine prisons<sup>79,80</sup>, together with a significant spread of drug-related infectious diseases (HIV, tuberculosis, viral hepatitis) among inmates.<sup>81</sup> In this context, international organisations and local NGOs are concerned about the lack of harm reduction programmes (OST and needle/syringe exchange) in prisons. The services currently provided for inmates by local NGOs (mostly subantees of the All-Ukrainian Network of People Living with HIV) focus on HIV counselling and testing, informational and counselling sessions, and distribution of condoms and lubricants. Despite all the work done in 2004–2009 to introduce HR programmes (syringe exchange) in prisons (international meetings, study visits, selection of pilot colonies, training of the SPSU specialists), the harm reduction programs were not launched.

The Strategy declared access to the OST programs in the SPSU (in detention centers – SIZO, and in prisons). The Mutual Order of MoH, Ministry of Internal Affairs, Ministry of Justice, and State Penitentiary Service “About Adoption of an Order of Cooperation of Public Health Facilities, Interior Affairs Bodies and Jails on Continuation of Medicines for Substitution Maintenance Therapy” includes instructions on the OST provision to detainees in SIZO.<sup>82</sup> However, this health strategy is unavailable for PWID in prisons. Even when a person was receiving OST in the community, it is interrupted upon his/her imprisonment. Thus, only 18 persons in six of 23 SIZO across Ukraine received OST in 2013, out of

<sup>78</sup> Official website of State Penitentiary System of Ukraine.  
<http://www.kvs.gov.ua/peniten/control/main/uk/publish/article/628075>

<sup>79</sup> Izenberg JM, Bachireddy C, Wickersham JA, Soule M, Kiriazova T, Dvoriak S, Altice FL. Within-prison drug injection among HIV-infected Ukrainian prisoners: prevalence and correlates of an extremely high-risk behaviour. *Int J Drug Policy*. 2014;25(5):845-52.

<sup>80</sup> Analysis of HIV/AIDS response in penitentiary system of Ukraine (Summary Report on the Comprehensive Study). Balakireva O. et al., Kyiv, 2012.

<sup>81</sup> Azbel L, Wickersham JA, Grishaev Y, Dvoryak S, Altice FL. Burden of infectious diseases, substance use disorders, and mental illness among Ukrainian prisoners transitioning to the community. *PLoS One*.

<sup>82</sup> The Mutual Order of MoH, Ministry of Internal Affairs, Ministry of Justice, and State Penitentiary Service of 22.10.2012 No. 821/937/1549/5/156 “About Adoption of an Order of Cooperation of Public Health Facilities, Interior Affairs Bodies and Jails on Continuation of Medicines for Substitution Maintenance Therapy”.  
<http://zakon4.rada.gov.ua/laws/show/z1868-12>

2535 officially registered opioid dependent prisoners.<sup>83</sup> These 18 persons, who were OST clients before arrest, were provided with decreasing doses of OST in SIZO as a detoxifying measure before being moved to prison.

As there is legislative base for the OST and other HR programmes implementation in SPSU, the reasons for this non-committance with the international recommendations and WHO health care standards is the lack of government's political will and unpreparedness to admit openly the presence of drug use practices (including injecting drug use) among prisoners and detainees.<sup>84</sup>

## Evidence-based approach to the drug policy

Studies on drug problems and their solutions are carried out in Ukraine in certain areas of drug policy. In particular, data is collected on dynamics of the drug situation and on medical practice. The Strategy which determines the new drug policy is the result of collaboration between the team of scientists and practitioners, as well as state agencies and international organizations, such as National Academy of Medical Sciences, National Academy of Law, Ukrainian Center for Disease Control (UCDC) of MoH, WHO, UNODC, EMCDDA, and the Pompidou Group of the Council of Europe. The drafting of legislation and research on the effectiveness of work in certain drug-related areas involves local and international scientists and researchers.

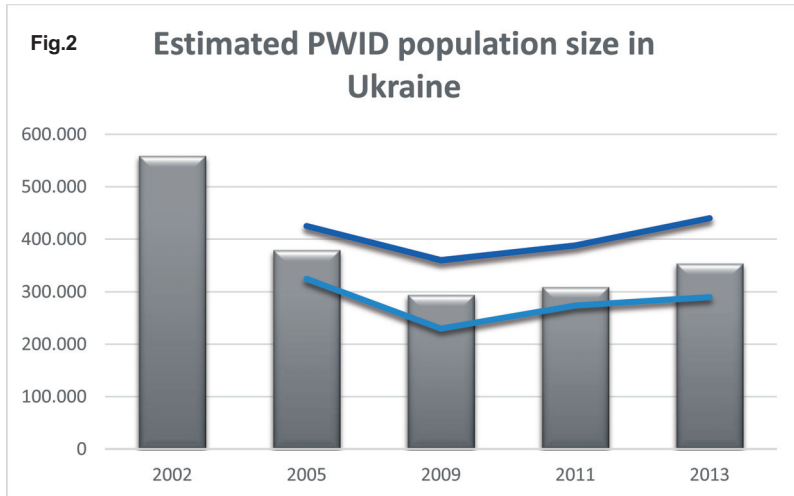
Accurate PWID population size estimates are critical for harm reduction programme planning. According to the studies estimating the size of the PWD population with the use of combination methodology, the following estimates were obtained<sup>85</sup> (see Fig.2).

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<sup>83</sup> M.Zlobinets (SPSU), *Narcopolicy Conference, 10-11.09.2014, Kyiv*  
[https://www.dropbox.com/s/cenzivtekhitab/AAD1UIBWF7s5FASILDvZdM-9a/Mikhail%20Zlobinets\\_ukr.pdf?dl=0](https://www.dropbox.com/s/cenzivtekhitab/AAD1UIBWF7s5FASILDvZdM-9a/Mikhail%20Zlobinets_ukr.pdf?dl=0)

<sup>84</sup> *Analysis of HIV/AIDS response in Penitentiary System of Ukraine (Summary report on the comprehensive study)*. Kyiv 2012. Balakireva O. et al., Kyiv, 2012.

<sup>85</sup> Dumchev K., Varetska O., Berleva H. *Estimating the number of people who inject drugs in Ukraine: a decade of experience*. IHR Conference, Bangkok 2015, Abstract 423.



According to the same authors, estimated PWID number in 2014 was 355,000 (290,000-440,000) over the country. The analyses of the OST programmes carried out by the Ukrainian Institute on Public Health Policy and the Yale University (USA) resulted in significant adjustments made in the OST process in Ukraine.<sup>86</sup> However, according to the SSDC experts, the scientific support of the development and implementation of drug policy in Ukraine should be improved, especially in the field of drug treatment practices.<sup>87,88</sup> In line with this conclusion, the Strategy prioritized the research in the field of drug related problems: “Developing programmes to prevent negative consequences of drug use and drug crime should be based on the fundamental science data. Considerable attention of the scientists should be given to all aspects of the drug policy, and the results of its analyses should advise the practice of all drug policy subjects“ ( p.11).<sup>89</sup>

<sup>86</sup> *Progress report on the implementation by Ukraine of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.* SSDC, Kyiv, 2014.

<sup>87</sup> *Progress report on the implementation by Ukraine of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.* SSDC, Kyiv, 2014.

<sup>88</sup> *Analysis of HIV/AIDS response in penitentiary system of Ukraine (Summary Report on the Comprehensive Study).* Balakireva O. et al., Kyiv, 2012.

<sup>89</sup> *Katkov AL. The final report on the assessment of needs and capacities for the treatment of drug addicts in selected cities of Ukraine: Kiev, Poltava, Kharkov.* UNODC Ukraine, April 2013.

## Monitoring of drug situation

The lack of a unified state system for the monitoring of drug situation that should be developed and implemented in accordance with the recommendations of the International Committee for Drug Control and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), has been pointed out as one of the main problems in the drug policy of Ukraine.<sup>90</sup> Positively, a monitoring system of the drug situation in Ukraine is currently being developed. The Government of Ukraine approved “The concept of creating a system to monitor the situation in combating drug addiction, combating illicit trafficking in narcotic drugs, psychotropic substances and precursors”.

## Issues of state funding for HIV/AIDS Programmes

Since 1992, national programmes on HIV/AIDS prevention have been developed and adopted in Ukraine. At first, Committee for Countering HIV/AIDS and Other Socially Dangerous Diseases of the MoH of Ukraine was put in charge of monitoring the implementation of these programmes; after its reorganization in 2007, State Service on HIV/AIDS and Other Socially Dangerous Diseases of Ukraine took this role. Currently the MoH Ukrainian Centre of Socially Dangerous Disease Control (UCDC) is a leader in the field. National HIV/AIDS programmes include, among others, measures aimed at reducing the risk of HIV transmission among PWID.

Regarding key risk populations and particularly PWID, the National AIDS Programme for the years 2014–2018 includes the following tasks: 1) free access to HIV counseling and testing, especially for young people and key risk groups; 2) increasing access of PWID, especially HIV-positive ones, to OST and rehabilitation programs; 3) providing antiretroviral therapy to patients with HIV/AIDS (including active PWID) according to standards and clinical protocols approved by the Ministry of Health of Ukraine.

The National AIDS Programme is funded from several sources: state budget, local budgets and international donor organizations, including the Global Fund to Fight AIDS, Tuberculosis and Malaria. While the programmes of care and support for HIV-positive PWID are partly funded by international donors,

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<sup>90</sup> *Progress report on the implementation by Ukraine of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. SSSC, Kyiv, 2014.*

HR programmes, behavioral interventions, distribution of condoms and other ways of HIV prevention in Ukraine are supported by international funding. All medications for OST in the past six years were provided at the cost of international donors.

## Major gaps in the field of drug policy

In the current situation of social and economic crisis in Ukraine, when drug abuse with illicit drugs, increase of infectious diseases among PWID, crimes related to drug trafficking, and the large number of prisoners with drug-related problems still constitute a problem, the major issues, according to the Strategy<sup>91</sup>, are:

- expansion of illegal drug production and smuggling, including of new synthetic drugs;
- inadequate prevention, social, medical, and law enforcement efforts to combat drug addiction and drug crime;
- impeded access to narcotic drugs for medical purpose, due to the excessive overregulation of their circulation;
- high threshold of access to medical services for the persons with drug dependence; needs to overcome stigma, to intensify treatment and rehabilitation, to facilitate return of the drug using individuals to a healthy lifestyle;
- inadequate governmental funding of harm reduction programs which depend on the international donor support;
- insufficient mechanisms for implementing alternative penalties for the persons with drug dependence sentenced for minor offenses, and the excessive use of criminal prosecution for the personal possession of drugs;
- a lack of a unified governmental system for monitoring the drug situation, and the need to develop and implement drug monitoring system in accordance with the recommendations of the UNODC and the EMCDDA.

In May 2014, the United Nations Committee on Economic, Social and Cultural Rights considered the sixth periodic report of Ukraine on the implementation of the International Covenant on Economic, Social and Cultural Rights.<sup>92</sup> The Committee

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<sup>91</sup> *The Strategy of the State Policy Regarding Drugs (Narcotics) until the year 2020.*  
<http://zakon4.rada.gov.ua/laws/show/735-2013-%D1%80>

<sup>92</sup> *Concluding observations on the UN sixth periodic report of Ukraine. May 2014.*  
<https://dl.dropboxusercontent.com/u/64663568/library/Concluding-observations-6th-periodic-report-Ukraine.pdf>

expressed concern about the punitive approach towards persons who use drugs, which leads to high numbers of imprisonments, as well as about current regulations that restrict access to OST and HR programmes. The Committee recommended that Ukraine adopts a human rights - based approach to addressing the problem of drug use. Such approach includes: (a) conducting awareness-raising programs about health risks associated with drug use; (b) addressing discrimination against persons with addictions; (c) providing appropriate health care, psychological support and rehabilitation to such persons, including effective drug treatment such as OST; (d) allocating financial resources for the proper operation of OST and HR programmes and increasing their coverage, including in prison settings.

## Crisis in Ukraine and its consequences for the drug policy

As of 01.03.2014, 808 people were receiving OST in the Autonomy Republic of Crimea (hereinafter – Crimea), where OST started in 2006.<sup>93</sup> Of them, 38% were HIV infected and of those, 50% were on ART.

The political crisis and military invasion, which Ukraine faced in 2014, affected vulnerable populations and had multiple negative consequences. In March 2014, after Crimea was annexed by the Russian Federation (Russia), the OST program there faced unprecedented obstacles. Despite multiple calls by international organisations and civil society, in May 2014, all 11 OST sites in AR Crimea and City of Sevastopol were closed.

According to the International HIV/AIDS Alliance in Ukraine, about 90 OST clients had moved from Crimea after its annexation by Russia to other parts of Ukraine; less than 100 former OST patients underwent other forms of drug treatment.<sup>94</sup> Clients in Crimea continued receiving HR services supported by Alliance-Ukraine; currently available services include distribution of information materials, HIV testing and counseling, and needle distribution.

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<sup>93</sup> Kazatchkine M. "Russia's ban on methadone for drug users in Crimea will worsen the HIV/AIDS epidemic and risk public health." *BMJ* 2014; 348: g3118.

<sup>94</sup> Kazatchkine, M. "Russia's ban on methadone for drug users in Crimea will worsen the HIV/AIDS epidemic and risk public health." *BMJ* 2014; 348: g3118.



Between 80 and 100 people in Crimea who relied on OST for drug dependency treatment have died since May 2014, when OST programs were closed, as the United Nations' special envoy for HIV/AIDS in Eastern Europe and Central Asia reported; these deaths had been suicides or drug overdoses.<sup>95</sup> Some 800 people experienced "intense and unnecessary suffering," with "severe withdrawal symptoms".<sup>96</sup> In general, the story of Crimean OST programme is the alarming case of life-threatening abruption of OST.

The further escalation of the crisis and warfare in Donbas (parts of Donetsk and Luhansk Regions) influenced the operation of OST sites in this region. As of 01.07.2015, 634 patients from Donetsk Reion and 177 patients from Luhansk Region moved to other regions of Ukraine to continue OST.<sup>97</sup> Recently, the OST sites in Donetsk city Gorlovka and Makeevka serving 321 patients were closed due to the lack of medications.<sup>98</sup>

The instability in Ukraine has worsened the situation for PWID. The efforts to reduce HIV transmission is undermined by interruption or reduction of OST programs. According to the Pompidou Group report of May 2014<sup>99</sup>, the discontinuation of OST in Crimea and lack of medical supply of methadone and buprenorphine in Eastern Ukraine poses a great challenge to the progress recently observed in the field of HIV prevention and drug treatment in the country.

As a response, the mechanism of OST provision for the internally displaced persons (IDPs) who were OST patients has been developed in Ukraine. In January 2015, funding from Renaissance Foundation and the AIDS Foundation of Elton John, which helped more than 200 patients from Crimea and Eastern Ukraine move to safer regions of Ukraine to continue OST, ended. Due to the extensive negotiations and efforts of the Pompidou Group, the project continued.

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<sup>95</sup> Hurlley R. *At least 80 people have died in Crimea since Russian law banned opioid substitutes, says UN special envoy.* *BMJ.* 2015; 350:h390.

<sup>96</sup> Kazatchkine, M. (2014). "Russia's ban on methadone for drug users in Crimea will worsen the HIV/AIDS epidemic and risk public health." *BMJ* 348: g3118.

<sup>97</sup> *HIV infection in Ukraine.* Informational Bulletin No. 44. Kyiv, 2015.  
<http://ucdc.gov.ua/uploads/documents/c21991/2b87e22809b7504610e7583b934cf583.pdf>

<sup>98</sup> Filippovych S. *Impact of armed conflicts and warfare on opioid substitution treatment in Ukraine: Responding to emergency needs.* Editorial. *International Journal of Drug Policy*; 2015: 26, p.3–5.  
[http://www.ijdp.org/article/S0955-3959\(14\)00309-0/pdf](http://www.ijdp.org/article/S0955-3959(14)00309-0/pdf)

<sup>99</sup> *Substitution maintenance treatment in Ukraine: Humanitarian and medical mission.* Pompidou Group Report. 16-21 May 2014.  
<https://dl.dropboxusercontent.com/u/64663568/library/MMT-in-Ukraine-Humanitarian-and-medical-mission.pdf>

As of 11.02.2015, the Humanitarian Service Project for IDPs and OST patients from Eastern Ukraine supported by Alliance-Ukraine was providing assistance to 93 OST patients, including 8 from Crimea, 33 from Donetsk and 52 from Luhansk.<sup>100</sup> These patients receive help with temporary accommodation and integrated (medical, social, legal) services.

By the end of May 2015, all OST programmes were terminated on the uncontrolled territory of Lugansk region. In August 2015, over 90 OST patients in Gorlivka, which is under control of the so-called “DNR”, were forced to discontinue OST due to run out of medications. Since the beginning of ATO, altogether about 850 patients from the Eastern Ukraine lost access to the OST. Buprenorphine programmes on these territories were terminated in February 2015.<sup>101</sup>

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<sup>100</sup>International AIDS Alliance in Ukraine official website.  
<http://www.aidsalliance.org.ua/cgi-bin/index.cgi?url=/en/news/index.htm>

<sup>101</sup>International AIDS Alliance in Ukraine official website.  
<http://www.aidsalliance.org.ua/cgi-bin/index.cgi?url=/en/news/index.htm>

## Conclusions

- In 1991, together with the independence Ukraine inherited from the USSR rigid and inadequate drug policy based on the ideological preferences and having a significant bias towards power measures of control. In addition, zero tolerance approach prohibited the use of drugs for the treatment of patients with drug dependence.
- Due to the significant political and economic changes in the independent Ukraine, new challenges evolved, such as sharp increase in the numbers of drug using individuals, limited effectiveness of control measures and the collapse of the old system of health care. On this background, double epidemic of HIV infection and injecting drug use evolved.
- The persistent advocacy work and efforts of the civil society activists, professional associations, international experts and donors managed to drive attention of the society and the government to the problem of the illicit drug use, so that it was considered not as a factor of disturbance of the public peace, but as the fuel of the HIV epidemic. The introduced effective interventions included harm reduction programmes; the number of individuals receiving OST increased from 100 patients in 2005 to 8500 in 2015. In 2013, the Strategy on Drug Policy 2020 has been adopted, based on humanistic and scientific approach. According to the Strategy, a drug dependent person is considered not a criminal, but a person with a disease, for which the state provides high-quality medical care, rehabilitation and socialization services.
- Still, serious obstacles remain that have a negative impact on the drug policy and on the interaction between different segments of society and those who use drugs, who need drugs for treatment, and who provides professional help to these categories of individuals. Though to a less extent than in the past, stigma and discrimination of drug using persons influence the development of effective and economically viable system

of health care provision to the patients with drug-related health problems. Despite the significant changes in the legislative base (laws, orders of the Ministry of Health, guidelines etc.), a widespread practice of violation of rights of drug using individuals has not been eliminated, as well as resistance to implementing HR and OST programmes, in particular in penitentiary system. Access to the narcotic painkillers for the patients with pain syndrome remains unsatisfactory due to the rigid system of police control.

- The complex economic situation in the country does not allow adequately involve the health care system in developing necessary measures for the treatment and rehabilitation of drug dependent persons and in prevention of infectious diseases in this population. Coverage of the key populations with effective treatment services remains unacceptably low. Introduction of the uptodate models of drug treatment, such as implementation of OST programmes in the primary care system lacks political will and support of the health care community. However, research programmes for finding the most appropriate treatment and prevention measures still depend on the international donors funding and receive almost no financial support from the national budget. On the national level, the government should ensure long-term investment in drug treatment programmes demonstrating a systematic approach rather than a series of isolated measures.
- The Strategy declares science-based approach to treatment and rehabilitation of persons with drug dependence to ensure the availability of medical care as alternative to the punitive measures. Special attention should be paid to human rights and respect for the dignity of patients and formation of an unbiased attitude towards patients with drug-related health problems. The drug policy should aim at improving rehabilitation services, pairing them with medical, socio-economic, legal and employment services.
- Shift in strategic priorities for drug treatment in penitentiary system should provide timely identification of persons with drug-related problems, availability of all types of drug treatment including HR programmes, OST, detoxification and other pharmacological and psycho-social programmes in correctional facilities, as well as programmes to prevent relapse to drug abuse after release from prison. Relevant education for psychologists, social workers and SPSU specialists working with high-risk populations is necessary.

- In general, the adopted Strategy determines a significant shift in Ukraine drug policy. The drug-related legislation in Ukraine is currently being reformed, gradually approaching international standards, ahead of practical measures that remain outdated and somewhat ineffective.

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