

*Report of the*  
**NATIONAL CONFERENCE ON THE REDUCTION OF DRUG  
RELATED HARM**

*Kyiv, Ukraine, 15–17 February 2006*

Report of the National Conference on the Reduction of Drug Related Harm

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# NATIONAL CONFERENCE ON THE REDUCTION OF DRUG RELATED HARM

Kyiv, Ukraine, 15-17 February 2006

The national conference on the reduction of drug-related harm was organized by the Ministry of Health of Ukraine, the WHO Country Office in Ukraine, the United Nations Development Programme, International HIV/AIDS Alliance in Ukraine, Open Society Institute and the International Renaissance Foundation.

More than 300 health care practitioners, NGO activists, members of multidisciplinary teams of opioid substitution maintenance therapy (SMT) projects, representatives of international organizations, social services for family, children and youth, law enforcement agencies and the State Department of Ukraine on Punishments Execution took part in the conference.

**The goal of the conference** was to present lessons learnt in the domain of the reduction of drug-related harm in Ukraine and to consider strategies for the further scaling up of harm reduction activities in the context of the HIV/AIDS epidemic with a special emphasis on opioid substitution maintenance therapy for injecting drug users (IDUs).

## **The objectives of the conference were:**

- to share experience gained in the area of the reduction of drug related harm in Ukraine;
- to present lessons learned from the first opioid substitution maintenance therapy projects in Ukraine;
- to present to the participants the concept and models of the integrated care approach for optimal care delivery to IDUs;
- to share international harm reduction experience with local health care professionals, introduce opioid substitution maintenance therapy (SMT) with buprenorphine and methadone;
- to discuss the role of IDUs and people living with HIV/AIDS (PLWHA) in effective health care delivery, treatment education, adherence support and advocacy for the scaling up of optimal services for marginalized categories of patients;
- to advocate for and promote the substitution maintenance therapy programs in the country,
- to initiate the scaling up of SMT programs in Ukraine as an important tool to improve the access to highly active antiretroviral treatment (HAART) for IDUs;
- to discuss capacity building for the further scaling up of substitution maintenance therapy in Ukraine;
- to provide an overview on the current legal ground for substitution maintenance therapy programs and generate recommendations for changes/amendments based on the lessons learnt from the pilot buprenorphine projects;

OPENING SESSION AND WELCOMING REMARKS



**Valeriy Ivasiuk, MoH Deputy Minister**, welcomed the participants of the conference, provided an overview of the efforts undertaken by the Ministry of Health (MoH) of Ukraine to combat the HIV epidemic and emphasized the leadership of the President of Ukraine, Victor Yushchenko, in the domain of HIV/AIDS prevention and care.

**Gudjon Magnusson, Director, Division of Technical Support Reducing Disease Burden, WHO Regional Office for Europe**, welcomed the participants of the conference and provided a brief overview of the lessons learned in the implementation of the WHO/UNAIDS “3 by 5” initiative. He underlined that WHO will continue to provide all requisite support to the Ministry of Health of Ukraine in the domain of HIV/AIDS prevention, treatment, care and support.

**Frank O'Donnell, UN Resident Coordinator in Ukraine, UNDP Representative**, welcomed the participants of the conference and reinforced the message that the United Nations system in Ukraine fully supports the efforts of the Government of Ukraine to curb the HIV/AIDS epidemic and underlined the importance of harm reduction activities.

**Andrei Klepikov, Executive Director, International HIV/AIDS Alliance in Ukraine**, reviewed the current challenges and successes in the implementation of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) project in the country. He warned that “Without significant improvement of access to substitution therapy, we won’t be able to sufficiently increase the scale of HIV prevention activities and will fail to provide antiretroviral treatment to the majority of people who need it, which in turn may have a dramatic impact on the efficiency of our response to the HIV/AIDS epidemic in Ukraine”. (A note on the occasion of the National Harm Reduction Conference has been released by the International HIV/AIDS Alliance in Ukraine and can be found at: <http://www.aidsalliance.kiev.ua/ru/news/pdf/conf15022006/info%20note%20ENG.doc>).

**Volodymyr Zhovtyak, Deputy Head of the National Coordination Council on HIV/AIDS (NCC), Head of All Ukrainian Network of PLHA**, welcomed the participants and emphasized the necessity of PLWHA involvement in building the national response to the epidemic.

**Alexandr Betsa, International Renaissance Foundation**, stressed the importance of harm reduction activities to combat HIV epidemics in the country and mentioned the support provided by International Renaissance Foundation to harm reduction activities and the capacity building of relevant NGOs.

**Natalia Kalashnik, Deputy Head of the Department for Punishment Execution,** welcomed the participants and informed that the Department is undertaking efforts to ensure the provision of appropriate health care services for inmates. She mentioned that the Department recently held a conference devoted to harm reduction in prisons.

#### DRUG USE AND HARM REDUCTION IN THE CONTEXT OF THE HIV EPIDEMIC

**Dr. Anatoliy Viyevskiy (Chief Narcologist of the MoH of Ukraine)** provided an overview of injecting drug use in Ukraine: as of 2004, the overall prevalence of registered drug dependence in the country was 299 per 100 000, and for opioid dependence it was 264 per 100 000. Most opioid dependants use injecting drugs. The number of IDUs among HIV-positive individuals remains high – an estimated 60%. According to the results of sentinel surveillance, out of 36 286 IDUs tested for HIV in 2002, 13% (4765) were positive and in 2004, out of 33 004 IDUs tested, 15% (4855) were HIV positive. Dr Viyevskiy also stated that in 2004, 26 839 patients with drug related problems received outpatient care and 10 802 inpatient care. 92% of them only received detoxification. It is estimated that only 10–15% of drug users in need of treatment are covered by services. An integrated system of help to the clients with problems related to psychoactive drugs should include special narcological medical institutions, primary health care, including family doctors, psychiatric institutions and social services.

**Alla Shcherbinskaya (National AIDS Center)** provided an overview of the HIV/AIDS epidemic in the country including the link to injecting drug use. She stated that 13 642 new HIV cases were registered in Ukraine in 2005. HIV incidence rate is 29 per 100 000 and the cumulative number of HIV infection cases in Ukraine as of 1 January 2006 was 88 439. The main modes of HIV transmission in 2005 were parenteral including injecting drug use (45%); sexual including homosexual and heterosexual (34%) and from mother to child (18.5%). She emphasized that the number of HIV-positive individuals increased 2.75 times among IDUs (15–19 years of age) and 1.5 times among IDUs with less than two years of drug use experience. She underlined, that IDUs are still the driving force of the epidemic in Ukraine. Dr Shcherbinska pointed out that the increase of the sexual mode of transmission is due to changes in testing practices: if HIV testing policy had remained the same as in 1996, there would have been 88% more HIV cases identified in the total population and 182% more among IDUs in 2003. She also stressed that among all new sexually transmitted HIV infections, 55–60% are due to sexual contacts with an IDU.

**Denis Poltavets (Ukrainian Institute for Public Health Policy - UIPHP)** provided a historical overview and current status of harm reduction activities in the country. He reminded participants of the conference that harm reduction is a public health philosophy intended to be a progressive alternative to the prohibition of certain lifestyle choices; it seeks to mitigate the potential harm associated with these behaviours without attempting to prohibit them. The principle is that no one should be denied health care services merely because he/she takes risks. Further, harm reduction seeks a social justice response to illicit drug use, as opposed to criminalization. Mr Poltavets mentioned that first pilot

projects on syringe exchange started in 1997. At present, 28 syringe exchange projects cover 70 500 clients. The total budget for harm reduction programmes in 2004 is estimated at USD 798 000 from the GFATM and USD 645 502 from International Renaissance Foundation (IRF). He concluded that harm reduction, as a holistic approach, requires that the Ukrainian society seriously changes its attitude towards the problem of drug use and that Ukrainian drug policy be reviewed and revised.

**Martin Donoghoe (WHO Regional Office for Europe)** provided an overview of the HIV/AIDS situation in Europe, emphasizing the importance of harm reduction.

He stated that the key issues and interventions for IDUs are: harm reduction (especially the provision of sterile injection equipment), opioid substitution therapy (OST) and antiretroviral therapy. There is strong evidence that OST reduces illicit opioid (heroin) use and crime, prevents overdose deaths and HIV infections, improves the overall health status of drug users infected with HIV, is more effective in retaining drug users in

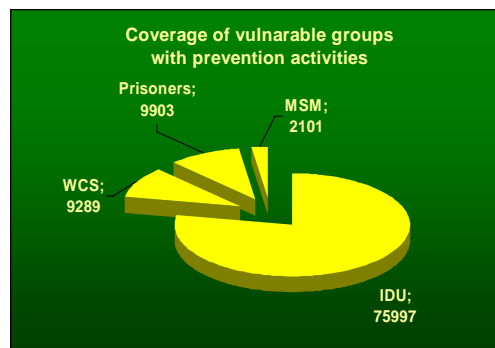
The WHO Regional Committee for Europe Resolution (EUR/RC52/R9), unanimously adopted by all member states in 2002, urges members states:

**"to promote, enable and strengthen widespread introduction and expansion of evidence-based targeted interventions for vulnerable/high-risk groups, such as prevention, treatment and harm reduction programmes (e.g. expanded needle and syringe programmes, bleach and condom distribution, voluntary HIV counselling and testing, substitution drug therapy, STI diagnosis and treatment) in all affected communities, including prisons, in line with national policies"**

treatment than detoxification and is the most effective treatment option for the management of opioid dependence. Mr Donoghoe also reminded that OST does not breach United Nations conventions, is supported by the UN system (including WHO, UNODC and UNAIDS), does not "trap" people in dependency and does not reduce demand for drug-free treatment. He concluded that access to HAART is increasing in Europe, but IDUs are left behind. The Russian Federation and Ukraine will not meet targets unless they treat current/active IDUs.

**Marina Braga (International HIV/AIDS Alliance in Ukraine – the Alliance)** focused

her intervention on HIV/AIDS prevention projects among vulnerable groups and specifically among IDUs. In total, 39 harm reduction projects in different regions of the country are supported by the Alliance through the GFATM grant to Ukraine. The following services are provided to vulnerable groups in the framework of these projects: the provision of syringes/needle and disinfectants, the distribution of



condoms, counselling; publication and the distribution of informational materials, referral to testing for hepatitis B and C, tuberculosis, sexually transmitted infections, outreach, trainings on safe behaviour for project clients, case management of those receiving treatment in narcological clinics, legal assistance, self-help groups and voluntary counselling and testing. During the GFATM grant implementation, 5 353 072 syringes were exchanged by the projects. In total 75 997 IDUs, 9 903 prisoners, 9 289 female sex workers and 2 101 men who have sex with men (MSM) were covered by harm reduction interventions. Ms Braga also highlighted some challenges faced while implementing the

projects: the drug scene became more closed, innovation methods were not implemented, shortage of disposables (e.g. syringes, condoms), users of stimulant drugs were not covered etc. She also informed that the Alliance is planning in the nearest future to expand the provision of services in all regions in the country and to start two pilot needle exchange projects in prisons in the Mykolaiv and Lviv oblasts (regions) together with the Department for Punishment Execution.

**Irina Pinchuk (Social Services for Family, Children and Youth - SSFCY)** presented SSFCY experience in the provision of harm reduction activities for IDUs. Since 1999, the counselling points called “Dovira” have been providing social, medical, psychosocial and informational services for IDUs. In 2005, they were transformed into services for IDUs. In 2005, there were 56 “Dovira” points for IDUs in different regions of Ukraine; in 2006 this number will be increased to 153. The number of IDUs who visited the services increased from 4 000 in 2001 to 41 301 in 2005. The budget for the services increased from UAH 53 000 in 2001 to UAH 9 000 000 (USD 1 782 178).

**Olexander Ostapov (Ukrainian Harm Reduction Association – UHRA)** provided an overview of UHRA activities in the domain of harm reduction. UHRA was founded in October 2002; as of the end of 2005 more than 40 NGOs from across Ukraine were members of the Association. The objectives of the organization are the further implementation of harm reduction projects, advocacy for protecting interests and the human rights of the target groups, an enabling environment in the society for harm reduction strategy implementation, and providing services (information and consultations) for the members of the Association. The target groups are drug users, commercial sex workers, prisoners, street children, PLWHA and MSM. As of September 2005, 39 harm reduction projects in Ukraine provide services for up to 80 000 people, including 8 000 in prisons.

**Olga Balakireva (Ukrainian Institute for Social Research)** provided an analysis of the financing of harm reduction programmes. According to World Bank estimations (a pessimistic scenario), the direct expenditures for HIV/AIDS in 2005 will reach annually UAH 630 million (USD 124 752 475). Tentative budget to provide 60% coverage of IDUs is UAH 78.5 million (USD 14.5 million) per year. In this case, the average cost of harm reduction activities for one IDU is USD 41 per year. Mrs Balakireva also pointed out that the cost of rehabilitation programme per client per year is about 1 500–2000 UAH (USD 297-396) and the length is three months. The cost of buprenorphine for one patient in an opioid substitution maintenance therapy programme is between USD 170 and 340 per month. In comparison, the cost of methadone in Slovakia per patient per year is approximately USD 70–100.

**Vladimir Gordeyko (UNDP)** shared the lessons learnt by UNDP in the implementation of the pilot buprenorphine projects. He pointed to several lessons to be learned: the need for thorough strategic planning at the stage of project concept development in order to ensure sustainability; taking into consideration clients’ needs and providing a full package of services; and teaching medical professionals different aspects of opioid substitution maintenance therapy (SMT). He also informed that UNDP is planning to continue its

support to SMT projects by protecting the human rights of drug users, facilitating expansion of SMT projects and furthering efforts to develop appropriate policies.

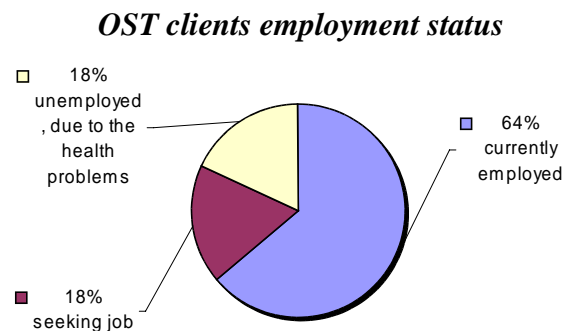
#### THURSDAY, 16, MORNING SESSION

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##### DRUG DEPENDENCE TREATMENT AND SUBSTITUTION THERAPY

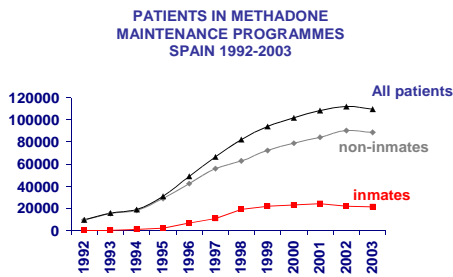
**Joseph E. Schumacher (Alabama University at Birmingham)** provided an overview of drug dependence treatment. It encompasses four areas of implementation: assessment, engagement, treatment and maintenance. Engagement into treatment is a function of motivation and coercion. Treatment is defined by the process of recovery and the goals of reducing harm or becoming abstinent. Models of treatment are maturity, self-help, psychosocial, behavioural and pharmacological. Treatment interventions are grouped into non-pharmacological and pharmacological areas. Finally, maintenance requires a definition of success, transition from extrinsic to intrinsic motivation, access to services, and recognition that relapse is a part of recovery. Maintenance strategies consist of the stepped care approach, aftercare, methadone maintenance and family support.

**Irina Blizhevskaya (Kherson Regional Narcological Dispensary)** reminded that the first substitution maintenance therapy project in Ukraine with use of sublingual buprenorphine (Addnok) started in the Kherson Regional Narcological Dispensary on 15 May 2004 with the support of UNDP. Most of the patients had been using illegal drugs for 10 to 20 years. At the beginning, the average maintenance doses were 8 to 10 mg; currently, it is about 6 mg (the range is from 0.8 mg to 8 mg). Overall, 51 patients were enrolled in the programme, among them 22 continue to take the treatment and 29 stopped therapy for different reasons: 24% - remission; 31% - incarcerated; 21% - turned back to the illegal drug use, the rest (24%) left the programme for unknown reasons.

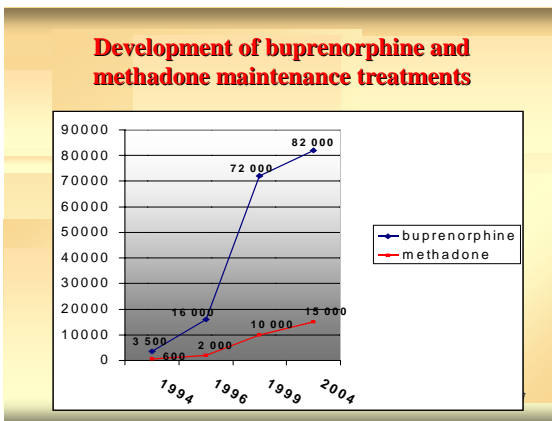


**Alla Podsvirova (Kyiv City Narcological Clinic Socioterapy)** presented the experience of buprenorphine substitution maintenance therapy project started in Kyiv in December 2004 under support of UNDP and then the International HIV/AIDS Alliance in Ukraine. As of December 2005, 62 patients were enrolled in treatment, 48 males and 14 females. The average age of the clients was 30, the number of years of illegal drug use – 11 (range from 3 to 34 years), average dose of Addnok – 16 mg (32 mg max) at the beginning and 10 mg at present (6 mg – min, 18 mg – max). Retention in the programme is 60%.

**Anna Rodes (MoH Spain)** provided an overview of HIV/AIDS epidemic in Western Europe, and described the evolution of HIV/AIDS in Spain and the historical perspective of harm reduction activities and substitution treatment with a special emphasis on methadone programmes in Spain. The main characteristics associated with a better effectiveness of methadone programme include: absence of time limit for methadone treatment (99%), impartial therapeutic criteria (97%), absence of dose limit (90%) and patient knowledge of dose variations (88%).



**Anne Coppel (Specialized Center for Drug Users, Paris Hospital, France)** shared the French outcomes of opioid maintenance treatment, considering the historical context and latest developments. The catastrophic situation in 1994 (characterized by increased fatal overdoses (500), an increased number of HIV (58 000 to 100 000) infections due to injections, increased prison incarcerations and the fact that fatal overdoses and AIDS became the leading cause of mortality for 18–44 year olds in Paris) triggered the wide implementation of opioid substitution treatment in the country. According to Anne Coppel, the determining factor of success is



broad access to opioid substitution maintenance therapy, which should lead to a large number of patients on treatment. Treatment outcomes are also improved by better relationships between doctors and patients, adequate dosing policies, individualization of treatment, increased access to methadone for patients who are not stabilized with buprenorphine and good networking between health professionals.

the determining factor of success is

### Main results

- **A decrease of 80% of fatal overdoses (500 to 100 OD)**
- **A decrease of 67% of arrests for heroin use**
- **A decrease of 2/3 of IDUs AIDSs related deaths**
- **A decrease of HIV contamination due to injection from 30% in 1990 to 3% in 2004**

**Sergiy Dvoryak (Ukrainian Institute for Public Health Policy Studies)** provided an overview of the opioid substitution maintenance therapy projects being implemented in the framework of the “Overcoming the HIV/AIDS Epidemic in Ukraine” program. He informed that multidisciplinary teams (consisting of narcologists, infectious disease specialists, nurses, counsellors on chemical dependence and social workers) from Kyiv, Simferopol, Donetsk, Dnipropetrovsk, Odesa, Mykolaiv were trained to deliver SMT. Currently, there are 197 clients in the projects, out of them 157 (80%) are male and 40 (20%) are female. There are 147 clients with HIV/AIDS, among them 52 (26%) are

receiving antiretroviral treatment (ART) and 57 (29%) are getting ready to start ART. Average doses are 10 mg (range from 0.8 to 22 mg). 25 clients have stopped the treatment. The monthly cost of SMT medication (Buprenorphine hydrochloride) per patient varies from USD 170 for a dose of 8 mg/day to USD 340 for 16 mg/day. Mr Dvoryak concluded that the initial lessons learned from the implementation of these SMT projects proved that substitution maintenance therapy is an effective method that should be scaled up urgently in the management of opioid dependence. He pointed out that it is necessary to change the current legislation on narcotic drugs turnover in order to facilitate SMT expansion. He also mentioned that it is important to reduce the cost of substitution maintenance therapy and introduce methadone in the management of opioid dependence.

**Frederick Altice (Yale University)** provided an overview of the integrated approach to the treatment of HIV/AIDS and opioid dependence. He stated that the aims of the integration are to provide opportunities for HIV prevention and for expansion of the directly observed treatment, to strengthen joint drug treatment and HIV activities, and to provide better care for HIV-positive drug users. The main principles of integrating HIV and drug treatment services are: substitution maintenance therapy to support ART delivery, HIV services to support drug treatment, increased development of expertise in effective drug treatment and HIV care as well as increased resources for those activities. He concluded that full integration is feasible but requires careful consideration. He added that success depends upon the understanding of local organizations that provide services and upon the availability of resources. Besides that, he mentioned the role that social and political will play in overcoming obstacles.

#### HUMAN RIGHTS, SUBSTITUTION THERAPY LEGAL CONTEXT, ADVOCACY

**Rebecca Schleifer (Human Rights Watch)** considered harm reduction from a human rights perspective. She described common human rights abuses against drug users, emphasized the requirements of international human rights law, including the right to health and provided information regarding the current situation in Ukraine. She stated that police harassment and arbitrary arrests lead to interruptions in access to needle exchange and criminalizing of small amounts of drugs for personal use is counterproductive. Access to humane treatment for drug addiction on a broad scale

“[T]he recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice, and peace in the world.” **Universal Declaration of Human Rights International Human Rights Law.**

is a critical component of a comprehensive HIV programme. She also pointed out the necessity to implement training on HIV/AIDS, harm reduction and drug use for police and personnel in health care facilities. She concluded that the registration of drug users by government offices is an obstacle to obtaining drug treatment and may impede access to substitution therapy (see the report “Rhetoric and Risk. Human Rights Abuses Impeding Ukraine’s Fights against HIV/AIDS” at: <http://hrw.org/reports/2006/ukraine0306/ukraine0306web.pdf>).

**Mauro Guarinieri (European Aids Treatment Group)** provided an overview of community activism in moving substitution treatment forward. He stated that drug users must be more involved since they have the right to active, free and meaningful participation within the AIDS movement. Their voices need to be heard to shape effective responses to HIV/AIDS; they themselves are best able to identify what works in a community that others know little about; they have significant knowledge on what constitutes a good programme; and there is plenty of evidence of the benefits of greater involvement of users. He also recommended giving credit to users for their contribution, to create conditions which allow for greater participation by active users; to build long-term capacity for users and service organizations involving users and to advocate for government funding for local and national drug user organizations.

**Oleg Voynarenko (Kherson SMT patient group)** informed the participants of the conference that the needs to advocate for clients' rights triggered the creation of the client association. A self-support group within the SMT project was first created; the NGO "Awakening" was set up later on. The NGO advocates for substitution treatment and harm reduction, implementing the peer approach, facilitating narcotics anonymous group, providing psychosocial support to SMT clients and their family and assisting the clients in finding jobs. One of the plans of the organization is to improve the quality of psychosocial support for SMT clients, to provide support to the clients after they leave the treatment, to involve new members and to design a website on SMT and the Club Awakening.



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## **FRIDAY, 17 FEBRUARY 2005**

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On Thursday (16 February), 6 topics related to harm reduction were discussed in working groups. The discussions and recommendations issued by the groups are reported below.

### **A. Working group on: Legal context and policy change**

The objective of this group work was to review the current legal framework and suggest changes that would allow for the implementation of a large-scale opioid substitution maintenance therapy (SMT) programme.

The main problems were identified as:

- The national legislation on narcotic drug turnover is more restrictive than in United Nations conventions;
- The current regulation does not provide an adequate framework to allow for the expansion of the SMT projects;

- Absence of national policy on legal drug turnover;
- Complex multilevel and branched system to “counteract illegal drug trafficking” and to “combat drug addiction”;
- Impossibility to use narcotic drugs in non-state health care facilities;
- Methadone is neither included on the National List of Essential Drugs nor in the List of Drugs allowed to be procured with state funds;
- Methadone is registered in bulk and therefore can not be prescribed to clients (without prior packing into a ready-for-use form);
- The order #356 of the MoH, from 18 December 1997, is not a legal document, because it refers to the List of narcotic drugs, psychotropic means and precursors that became invalid in 1998;
- Prescription of narcotic drugs can only be made by doctors working for state or municipal health care facilities;
- Health care facilities can only receive narcotic drugs in ready-to-use form;
- SMT drugs can not be stored for more than 3 days in most of the SMT delivery sites;
- Use of SMT drugs in health care facilities is only allowed in the presence of a health care practitioner;
- Processing in health care facilities of narcotic drugs from bulk form to ready-to-use is forbidden;

The group issued the following recommendations:

- To develop adequate regulation in the MoH and the Cabinet of Ministers to allow for the expansion of the SMT projects;
- To approve the Concept of the State Policy on alcohol and drugs;
- To adopt suggested amendments to the “Law of Ukraine on Narcotic drugs” (last version dated 19 November 2004) which aim to allow other health institutions than state and municipal ones to deliver SMT;
- To include methadone and buprenorphine on the National List of Essential Drugs (both are already on the WHO Model List of Essential Medicines) and in the List of medical means of Ukrainian and foreign production that are allowed for procurement by health care institutions fully or partially funded by state or municipal budgets;
- To register in Ukraine new forms of buprenorphine and methadone in order to ensure competitive conditions, diversification of supply and to reduce the cost of SMT drugs;

**B. Working group on: Moving the substitution therapy agenda ahead in Ukraine: advocacy work**

The objective of this group work was to develop a joint strategy and action plan to move the SMT agenda forward.

The group recommended:

- To advocate for SMT among professionals and potential clients, at national and regional levels, with the support of the SMT clients and their families;

- To ensure good coverage by the media of results achieved by the SMT projects;
- To document and publish life stories of the clients;
- To better evaluate opioid dependence prevalence and SMT needs in the country;
- To provide training for narcologists, other medical specialties and social workers;
- To ensure the diversification of SMT delivery sites (e.g. narcological clinics, AIDS centres, TB clinics, prisons);
- To ensure uninterrupted SMT availability;
- To ensure SMT sustainability (e.g. price reduction for SMT drugs, methadone introduction, local production, patients are to be allowed to pay for the drug);
- To ensure the further improvement of SMT programmes (e.g. adequate dosages, broadening the criteria of inclusion, social support of the clients).

**C. Working group on: Expanding scope and scale of HIV prevention among IDUs in Ukraine (needle exchange programmes, innovative strategies)**

The objective of this group work was to consider the best national and international practices to scale up harm reduction interventions.

The group recommended to:

- Increase the integration of services
  - Within existing harm reduction programmes;
  - Integrate harm reduction into clinical care and vice versa;
  - Enhance communication and coordination within clinical care settings (e.g. narcologists, infectionists and psychiatrists);
  - Requires extensive networking.
- Define a standard of integrated services:
  - Define services that should be available in an integrated fashion: social services, VCT, detoxification, SMT, medical care, TB/ARV treatment;
  - Put additional emphasis on “quality” of services versus quantity of services provided.
- Implement new approaches for difficult-to-reach IDUs (e.g. young people, recent IDUs, prisoners, women) to ensure better retention in programmes.
- Expand harm reduction services provided in the community (syringe exchange, SMT, VCT and antiretroviral therapy) to prisoners and ensure a continuum of care in the transition from prison to community and vice versa.
- Recommendations for difficult-to-reach populations:
  - Involve target populations at all stages from initial assessment and planning to service implementation and evaluation;
  - Recruit new professionals and non-professionals into harm reduction programmes;
  - Expand and integrate services (based on perceived needs and desirability of clients);
  - Increase the mobility of services (drug scene changes, rapid response to needs);

- Use of “secondary exchange” philosophy (point of contact versus accessibility)

#### **D. Working group on: IDU involvement, peer approach**

The objective of this group work was to identify strategies to further involve injecting drug users in harm reduction programmes.

The group recommended to:

- Develop a strategy and plan for an advocacy campaign;
- Promote dialogue between IDUs, local administrations and media;
- To set up and maintain a website related to the peer approach in harm reduction;
- To develop and publish informational materials;
- To provide trainings on how to implement the peer approach and IDU involvement;
- To approach representatives of different political parties, with the request to support public initiatives aimed at overcoming the negative consequences of illegal drug use.

#### **E. Working group on: Capacity building for an integrated approach to harm reduction**

The objective of this group work was to identify strategies to implement integrated approach of harm reduction programmes.

The group identified the following problems:

- Negative public opinion among the general population and decision-makers, stigma and discrimination, lack of tolerance towards IDUs;
- Lack of governmental support;
- Low level of training in health services providers;
- Representatives of the vulnerable groups do not trust and do not approach official service providers;
- Lack of financing;
- Lack of relevant strategic information;
- Absence of coordination between state and non-governmental institutions.

The group recommended to:

- Carry out campaigns to advocate for harm reduction and human rights promotion;
- Provide informational and educational campaigns;
- Introduce changes in the laws and regulations aimed at broadening the range of specialists providing substitution therapy;
- Provide trainings for narcologists on a permanent basis;
- Develop networking between narcologists, infectionists and other medical professionals;

- Broaden access to treatment, while ensuring safety for IDUs;
- Establish collaboration with law enforcement agencies;
- Coordinate activities of health care settings and NGOs, providing services for IDUs;
- Develop a system of services delivery in the places where IDUs are easy to be reached;
- Ensure access to services for IDUs in health care and social services facilities.

## **F. Financing harm reduction services**

The objective of this group work was to identify strategies to ensure the cost-effectiveness of harm reduction programmes and involve state funding for harm reduction programmes.

In order to address the absence of state funding for harm reduction programmes, the group recommended to:

- Prepare well grounded position paper with a justification of the economic and social effectiveness of harm reduction programmes, including SMT, at the national, city and project levels;
- Promote political decisions regarding the provision of financial support and scaling up of prevention services among IDUs (e.g. protocols of intentions, action plans at the regional and local levels);
- To develop long-term plans regarding the financing of SMT programmes, their scaling up and sustainability;
- Provide training to the AIDS coordination council members in budget planning.

In order to address the often opaque procedure for contracting non governmental organization, complicated and ineffective mechanisms for budget planning, the group recommended to:

- Develop mechanisms for public control of budget allocation and expenditures at all levels with the purpose to ensure transparency;
- Analyze experience in “social contract” application, and develop proposals on how to simplify the procedures of obtaining state funding, ensuring equal access to all NGOs to the information regarding the available funds, the implementation of transparent procedures for civil society involvement;
- Document experience of state funded harm reduction programmes in order to identify the problems associated with the requirements of state funds use;
- Develop propositions on how to improve state financial management of harm reduction programmes.

To address the economic barriers for scaling up harm reduction, the group recommended to:

- Study possibilities to involve funds from the business and private sectors;
- Study possibilities for the reduction of taxes for funds aimed at HIV prevention activities including SMT;

- Involve funding from local budgets;

To ensure effective planning, use of funds and uninterrupted financial support, the group recommended to:

- Calculate the average cost of harm reduction services (needle exchange, psychosocial support, SMT, rehabilitation, counselling by professionals, other harm reduction projects) based on the analyses of the current projects,
- Evaluate the cost effectiveness of the programmes and to offer strategies to reduce the cost.

#### POLICY DISCUSSION: IMPACT AND IMPLICATIONS AND CLOSURE CEREMONY

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***Martin Donoghoe, WHO Regional Office for Europe,*** underlined that despite the remaining numerous problems in the domain of harm reduction – such as lack of access to services, coverage, quality and range of the services – we can see progress. We can see the governmental officials participating in the harm reduction conference. He mentioned, that the conference identified important steps to be taken to ensure further progress in this area: introduce methadone and overcome misconceptions around it, increase clients advocacy for SMT; expand services, set up an integrated approach, expand VCT, set up special services for young people; and develop strategies toward hard-to-reach IDUs. He concluded that during the last two years more progress was witnessed in Ukraine in the domain of harm reduction than in the past ten years.

***Irina Sukhorukova, mother of an SMT client,*** shared the experience of her family, in which her child had been using drugs for ten years, and had been fully exposed to the stigmatization associated with drug dependency and lack of tolerance. She stated that the SMT programme provided her child and the family with the opportunity to live a different life. She also underlined the importance of support to families like her.

***Andrei Klepikov, International HIV/AIDS Alliance,*** suggested that the conference will set up the following tasks:

- To introduce methadone. He stated that “we can not give up, otherwise the therapy will continue to become more expensive and will attract criticism”... “We should join our efforts to ensure the registration of methadone, as so far no company has applied for it”;
- To introduce an innovative approach to harm reduction, for instance working with drugstores for the provision of sterile injection equipment and other required services;
- To make everything possible to ensure the sustainability of the programmes at the end of the GFATM grant.

***Maria Cristina Profili, WHO Country Office in Ukraine,***

Dr Profili reflected on the fact that more than 300 professionals of different backgrounds met during the course of the conference to discuss ways to reach the most vulnerable

populations. She informed that one area of support that Ukraine could count on from WHO was measures to strengthen the health care system. In this context, she discussed four main areas in which WHO works: policy/stewardship, financing, resource generation and health services delivery.

Dr Profili emphasized that health services should be re-organized to meet the current needs of the diverse population groups. This should be particularly reflected in the training for service providers, for example in how to engage injecting drug users. She reminded the participants that the WHO Regional Office for Europe Regional Committee Resolution 9, from 2002, to which Ukraine is a party, supports harm reduction as an evidence-based intervention.

## AGENDA OF THE CONFERENCE

### Day 1: Wednesday 15 February

	<b>Registration: starting at 12:00</b>	
13:30 – 14:00	<u>OPENING SESSION:</u> WELCOMING REMARKS	<b>Presenters</b>
	<a href="#">Chair: Anatoliy Vievskiy, MOH Chief Narcologist</a>	
	From the Ministry of Health of Ukraine	<b>Valeriy Ivasiuk</b> , Deputy Minister of Health
	From WHO	<b>Gudjon Magnusson</b> , Director, Division of Technical Support Reducing Disease Burden WHO Regional Office for Europe
	From UNDP	<b>Frank O'Donnell</b> , UN System Coordinator, UNDP Resident Representative
	From the National Coordination Council (NCC) on HIV/AIDS and All Ukrainian Network of People Living with HIV/AIDS (PLWA)	<b>Volodymir Zhovtiak</b> , Deputy Head of NCC, Head of All Ukrainian Network of PLWA
	From International HIV/AIDS Alliance in Ukraine	<b>Andriy Klepikov</b> , Executive Director
	From International Renaissance Foundation	<b>Olexander Betsa</b> , Senior Manager
	From the State Department of Punishment Execution	<b>Natalya Kalashnyk</b> , Deputy Head
	<b><u>PLENARY SESSION:</u></b>  <b>DRUG USE AND HARM REDUCTION IN THE HIV EPIDEMIC CONTEXT</b>	
	<a href="#">Chair: Ariele Braye, WHO</a>	
<b>14:00-14:15</b>	Overview of injecting drug use in Ukraine	<b>Anatoliy Vievskiy (MoH)</b>
<b>14:15-14:30</b>	Overview of HIV/AIDS epidemic in the country, injecting drug use contribution to the epidemic	<b>Alla Shcherbinskaya (National AIDS Center)</b>
<b>14:30-14:45</b>	Questions	
<b>14:45-15:05</b>	Historical overview and current status of harm reduction activities in the country	<b>Denis Poltavets (UIPHP)</b>
<b>15:05-15:25</b>	HIV/AIDS Situation in Europe and the Importance of Harm Reduction	<b>Martin Donoghoe (WHO)</b>
<b>15:25-15:45</b>	Questions and comments	
<b>15:45-16:15</b>	<i>Coffee break</i>	
	<a href="#">Chair: Natalia Podlesnaya, Coalition of HIV-service organizations</a>	

<b>16:15-16:50</b>	Harm reduction programs (NE, outreach) in Ukraine: <ul style="list-style-type: none"> <li>- HIV/AIDS prevention projects among vulnerable groups of population</li> <li>- Implementation of harm reduction programs by Social Services for Family, Children and Youth;</li> <li>- Harm Reduction activities implemented by All Ukrainian Harm Reduction Association</li> </ul>	<b>Marina Braga</b> (International HIV/AIDS Alliance in Ukraine)  <b>Irina Pinchuk</b> (Social Services for FChY)  <b>Olexandr Ostapov</b> (All Ukrainian Harm Reduction Association)
<b>16:50-17:10</b>	Questions and comments	
<b>18:00</b>	<i>Reception for the participants</i>	

## Day 2: Thursday 16 February

	<u>PLENARY SESSION:</u>  DRUG DEPENDENCE TREATMENT AND OPIOID SUBSTITUTION THERAPY	
	<a href="#">Chair: Konstantin Lezhentsev, IHRDP OSI</a>	
<b>9:30-9:50</b>	Financing Harm Reduction programmes	<b>Olga Balakireva</b> (UISR)
<b>9:50-10:10</b>	Overview of drug dependence treatment: what interventions? (substitution therapy, detoxification, rehabilitation, therapeutic communities, etc...)	<b>Joseph E. Schumacher</b> (Alabama University)
<b>10:10-10:25</b>	Questions and comments	
<b>10:25-10:30</b>	UNDP opioid substitution therapy pilot projects implementation, lessons learnt	<b>Vladimir Gordeyko</b> (UNDP)
<b>10:30-10:40</b>	Overview of the opioid substitution maintenance therapy (SMT) in Ukraine: Implementation of SMT projects in Ukraine	<b>Sergey Dvoryak</b> (Ukrainian Institute for Public Health Policy)
<b>10:40-10:50</b>	Implementation of Kyiv SMT project: lessons learnt	<b>Alla Podsvirova</b> (Sociotherapy)
<b>10:50-11:00</b>	Questions and comments	
<b>11:00-11:30</b>	<i>Coffee break</i>  <a href="#">Chair: Konstantin Lezhentsev, IHRDP OSI</a>	
<b>11:30-11:45</b>	Methadone maintenance treatment in Spain: case study	<b>Anna Rodes</b> (MoH Spain)
<b>11:45-12:00</b>	Buprenorphine maintenance treatment in France: case study	<b>Anne Coppel</b> (Specialized Center for Drug Users, Paris Hospital, France)
<b>12:00-12:15</b>	Questions and comments	
<b>12:15-12:30</b>	Implementation of Kherson SMT project	<b>Irina Blizhevskaya</b>

		(Kherson Narcological Dispensary)
12:30-12:45	Integrated approaches to services for IDUs (SMT, HIV/AIDS, TB) in Ukraine and approaches to SMT scaling up in Ukraine	<b>Frederick L. Altice</b> (Yale University)
12:45-13:00	Questions and comments	
13:00-14:00	<b>Lunch</b>	
	<b><u>PLENARY SESSION:</u></b>  <b>HUMAN RIGHTS, SUBSTITUTION THERAPY LEGAL CONTEXT, ADVOCACY</b>	
	Chair: Pavel Skala, International HIV/AIDS Alliance in Ukraine	
14:00-14:15	Human rights and Harm reduction	<b>Rebecca Schleifer</b> (Human Rights Watch)
14:15-14:30	Role of community activism in moving Substitution Therapy forward	<b>Mauro Guarinieri</b> (European Aids Treatment Group)
14:30-14:40	Kherson project group of patients	<b>Oleg Voynarenko</b> (NGO Awakening)
14:40-15:00	Questions and comments	
15:00-15:30	<b>Coffee break</b>	
15:30-17:30	<b><u>GROUP WORK</u></b>	
	<b>A. <u>Legal context and policy change.</u></b> Introduction: Facilitator: Objective of the group work: to review the current legal framework for SMT programs and to develop recommendations for changes to be introduced to ensure smooth scaling up of the programs implementation	<b>Pavel Skala</b> International HIV/AIDS Alliance in Ukraine  <b>Andrey Tolopilo</b> (Human right protection group “Veritas”)
	<b>B. <u>Moving Substitution Therapy agenda ahead in Ukraine: advocacy work</u></b> Introduction: Facilitator: Objective of the group work: to develop joint strategy and actions plan for SMT agenda moving ahead	<b>Leonid Vlasenko</b> (NGO Virtus) <b>Mauro Guarinieri</b>
	<b>C. <u>Expanding scope and scale of HIV prevention among IDUs in Ukraine (needle exchange programs, innovative strategies)</u></b> Introduction:	<b>Konstantin Lezhentsev</b>

	<p>Facilitator:  <b>Objective of the group work:</b> to consider best national and international practices and to identify strategies for HR scaling up and how to incorporate innovative approaches to harm reduction in practice</p>	<b>Ariele Braye</b>
	<p><b>D. <u>IDUs involvement, peer approach</u></b>  Introduction:  Facilitator:  <b>Objective of the group work:</b> to identify strategies for IDUs involvement in harm reduction programs with special emphasis on the peer approach models to be integrated into opioid substitution therapy programs</p>	<b>Oleg Voynarenko  Denis Poltavets</b>
	<p><b>E. <u>Capacity building for Integrated approach to harm reduction</u></b>  Introduction:  Facilitator:  <b>Objective of the group work:</b> to identify strategies and steps to be taken for implementation of integrated approach to HR in Ukraine</p>	<b>Douglas Bruce</b> (Yale University) <b>Irina Grishayeva</b> (WHO)
	<p><b>F. <u>Financing Harm Reduction services</u></b>  Introduction:  Facilitator:  <b>Objective of the group work:</b> to identify strategies to ensure cost effectiveness of harm reduction programs and to involve state funding of HR programs</p>	<b>Olga Balakireva  Jeff Lazarus</b> (WHO) <b>Pavlo Smyrnov</b> (International HIV/AIDS Alliance in Ukraine)
	<b>Wrap up of the 2nd day of the conference</b>	<b>Konstantin Lezhentsev</b>
<b>18:00</b>	<b>Movie “Fixed” presentation with simultaneous translation</b>	

### Day 3: Friday 17 February

	Plenary session	
	Chair: Leonid Vlasenko	
<b>9:30-11:00</b>	Presentations of the group work	
<b>11:00-11:30</b>	<b>Coffee break</b>	
<b>11:30-13:00</b>	Questions, comments and discussion	
<b>13:00-14:00</b>	Lunch	
	<b><u>PLENARY SESSION</u></b>	
	Chair: Jeff Lazarus	
<b>14:00-15:00</b>	<b><u>Policy discussion and questions - wrap up of the</u></b>	

	<p><b><u>conference</u></b>  Recommendations for expanding scope and scale of harm reduction and SMT.</p> <ul style="list-style-type: none"> <li>- Martin Donoghe (WHO)</li> <li>- Irina Sukhorukova (Mother of client of SMT)</li> <li>- Andriy Klepikov (International HIV/AIDS Alliance in Ukraine)</li> <li>- Maria Cristina Profili (Head of WHO country office in Ukraine a.i.)</li> </ul>	
<b>15:00-16:00</b>	<b>Coffee break</b>	
<b>16:00</b>	<b>Press conference</b>	