

DRUG POLICY AND HEALTH IN UKRAINE

A Profile Prepared by the Drug Law and Health Policy Resource Network

24 April 2002

Policy Indicators

HIV EPIDEMIC STATUS:

MAIN TRANSMISSION MODE: **Injection Drug Use**

DRUG POLICY CONDITIONS:

LAW ENFORCEMENT PRACTICES:

INTERVENTION LEVEL:

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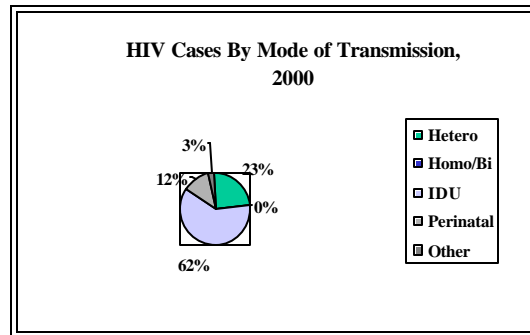
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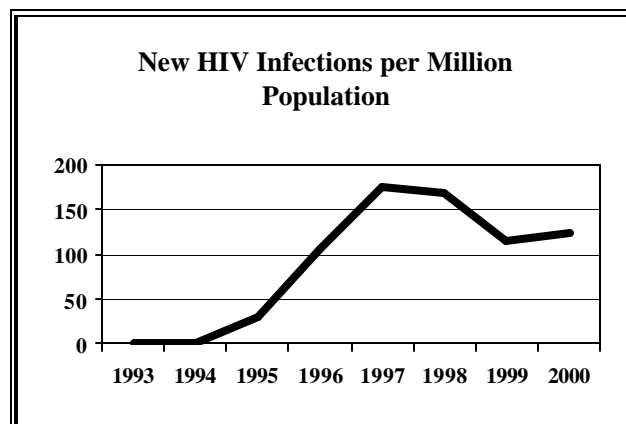
I. HIV/AIDS

Although data are incomplete, the Ukraine is apparently experiencing a dramatic but increase in HIV cases, with the majority attributable directly or indirectly to injection drug use (IDU). A Government report revealed the number of HIV infections through IDU was 13,679 in 1998, totaling about 49% of the total cases of HIV in 1998. The epicenter of the epidemic is the town of Odessa and the majority of HIV-infected are young adults ages 18-29. While the reported numbers of infections appear to be decreasing, researchers note that this decline may be a result of a decline in those individuals in the population receiving HIV/AIDS testing. UNAIDS reports that more than 76% of all HIV cases were found among IDUs. Although data collection systems demonstrate marked disparities, multiple sources show that IDUs are the largest source of HIV transmission in Ukraine. (5)



Source: http://www.unaids.org/hivaidinfo/statistics/fact_sheet/pdfs

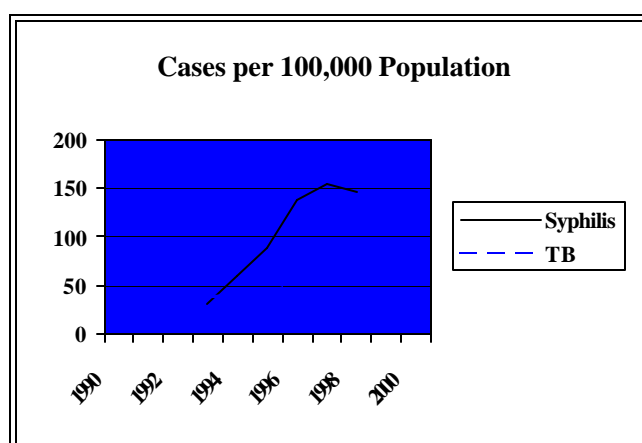
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Source: European Centre for the Epidemiological Monitoring of AIDS, HIV/AIDS Surveillance in Europe, End-year report 2000. 2001;N^o 64.www.eurohiv.org (11)

II. OTHER INFECTIOUS DISEASES

The spread of HIV is related in important ways to the incidence of other infectious diseases. Injection drug use and non-sterile injection equipment are risk factors not only for HIV, but also Hepatitis. Incarceration in many countries in this region is a risk factor for tuberculosis. Sexually transmitted diseases may increase the likelihood of HIV transmission during sex. Ukraine appears to be experiencing growing epidemics of tuberculosis and Syphilis. There is no data available for Hepatitis B and C at this time.



Source: (12)

III. INJECTION DRUG USE

Drug Use. Drug use is increasing, particularly among women. Opium straw extract is the primary drug of choice for addicts but heroin use has been increasing as the price of this drug has fallen. (4)

Risk Behavior. Injection drug users in the Ukraine are engaging in high-risk injection behavior, partly because of a lack of basic information about the disease threat. HIV may be introduced during the preparation of homemade opium, because the prepared solution is often tested. The solution is drawn directly from the mixing container and injected. The remainder is returned to the container after testing, which leads to the risk of introducing the tester's blood into the solution. In addition, anecdotal reports from several cities reveal the practice of adding human blood to act as a cleansing agent to precipitate solid particles, to stabilize acid levels. Behavioral surveys in Ukraine reveal that many drug users share the same container and often buy ready-to use drugs in contaminated syringes from dealers. Among those rinsing their needles and syringes as a risk reduction measure, two-thirds shared rinsing containers. (5)

Social Attitudes. Drug use was considered “hip” about 15 years ago. However, attitudes have shifted and the drug lifestyle is now considered shameful. (16)

HIV/AIDS is stigmatized. Many view it as a disease of the depraved. As the disease becomes more common, particularly in urban areas, stigma eases to some extent. (23)

IV. LAW AND LAW ENFORCEMENT PRACTICES

Drug use is treated as a criminal matter. Users are subject to arrest, compulsory detoxification and imprisonment. Though access to syringes is not legally prohibited, a climate of fear may discourage IDUs from obtaining syringes, HIV education or other forms of assistance to reduce the spread of disease and other harms of drug use. (4)(6)

Law on the Books

Methadone treatment is illegal.

Syringe purchase and possession, as well as SEPs, are not prohibited

There is a right to treatment for HIV and AIDS.

There is compulsory testing for prostitutes and injection drug users. Voluntary confidential testing is available for all others.

There is criminal liability for knowingly infecting another with HIV.

Actual practice

Medical treatment is not generally available.

V. PUBLIC HEALTH INTERVENTIONS

Harm Reduction Programs. Although it has been relatively ineffective in directly supporting HIV/AIDS prevention efforts, the Ukrainian government has not hampered certain prevention measures funded by international donors and local groups. The government has allowed needle exchanges to function, under the management of small NGOs. (24)

Drug Treatment. Drug treatment other than detoxification is expensive and difficult to obtain. There is no organization consisting of and led by drug users. Most of the government’s HIV/AIDS funding is devoted to testing.

HIV Prevention Activities. There has been no significant government effort to prevent the spread of HIV among IDUs. Voluntary testing is available and compulsory testing for known prostitutes and IDUs has been required by law since 1991.

VI. ECONOMIC AND SOCIAL INDICATORS

The Transparency Corruption Perceptions Index (CPI) ranks countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. In 2001, the Ukraine was ranked 83 of 91 countries, with a score of 2.1 of a possible 10.

The Human Development Index value is a composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living. In 1999, Ukraine ranked 74 of the 162 countries measured.

The GINI index measures the extent to which the distribution of income (or in some cases consumption expenditures) among individuals or households within an economy deviates from a perfectly equal distribution. The GINI index of zero equals perfect equality, while an index of 100 implies perfect inequality. The GINI index for the most recent reported year for Ukraine was 29 in 1999.

Unemployment refers to the share of the labor force without work but available for and seeking employment. Definitions of labor force and unemployment differ by country. Ukraine's unemployment rate was 11.3% in 1999.

DRUG POLICY AND HEALTH IN THE UKRAINE

A Profile Prepared by the Drug Law and Health Policy Resource Network

Full Report

I. INTRODUCTION

The Drug Law and Health Policy Resource Network is an international research collaboration designed to improve data collection and policy analysis on drug policy and health in the countries of Eastern Europe and the Former Soviet Union. The information in this report was gathered by staff at Temple University's Beasley School of Law and the University of Connecticut Health Sciences Center. It will be augmented by further research in 2002 by network collaborators in the study region.

This Report presents available information in six domains: HIV/AIDS, other infectious diseases, injection drug use, law and law enforcement practices, public health interventions, and economic and social indicators. It concludes that the Ukraine is in the early stages of a serious HIV epidemic driven primarily by injection drug use. With sufficient external support and dramatic internal changes in drug policy and law enforcement practice, a public health effort against HIV and other blood-borne diseases could be successful.

II. HIV/AIDS

Accurate and complete data on HIV in the Ukraine are not available. The data presented here are from a variety of sources and may not entirely agree. These data generally do not represent HIV incidence, and depend heavily upon patterns of HIV testing and reporting that remain very incomplete in the most severely affected countries. HIV infection is defined as an individual with HIV infection confirmed by a laboratory according to country definitions and requirements. AIDS cases are reported according to a uniform AIDS case definition originally published in 1982 and revised in 1985, 1987 and for adults and adolescents (age >13) in 1993. The 1993 European AIDS surveillance case definition differs from that used in the United States in that it does not include CD4 lymphocyte criteria.

Overall Data. The government reported 8,512 new cases of AIDS in 1998, with a total of 39,127 citizens officially registered as HIV-positive as of July 1, 2001. The number of HIV infections through intravenous drug use was 13,679 in 1998, totaling about 49% of the total cases of HIV for that year. Problems with reliability in reporting can be found in the disparity of the data when comparing government data with reports from the European Center for Epidemiological Monitoring of AIDS (Euro AIDS). Euro AIDS data states that in 1998 more than 75% of new HIV cases originated from the intravenous drug use. UNAIDS also reports that more than 75% of new HIV cases

originate from intravenous drug users. The data sources concur that intravenous drug users are the highest risk group for the spread of AIDS in Ukraine. (5)(8)

Data from The European Center for the Epidemiological Monitoring of AIDS (11)

Year	Reported AIDS cases		Reported New HIV infections		Homo/bi Contact #		Injection Drug Use #		Heterosexual Contact #		Perinatal Transmission #	
	#	Rate/ million	#	Rate/ Million	HIV	AIDS	HIV	AIDS	HIV	AIDS	HIV	AIDS
1993	12	0.2	40	0.8	-	-	-	-	-	-	-	-
1994	20	0.4	31	0.6	-	-	-	-	-	-	-	-
1995	42	0.8	1490	29.0	-	-	-	-	-	-	-	-
1996	149	2.9	5400	105.4	3	3	4360	112	709	28	92	5
1997	185	3.6	8913	174.6	2	6	7448	150	1007	13	196	4
1998	292	5.7	8575	168.6	1	0	6594	251	1307	22	378	13
1999	581	11.5	5827	115.0	1	1	3771	489	1323	76	527	7
2000	625	12.4	6212	122.6	4	2	3881	500	1427	107	727	0

Additional Demographics. The Ukraine & the AIDS Epidemic report from UNAIDS reported that:

According to the results of sentinel surveillance implemented within the project "HIV/STD prevention among female sex workers" in Odessa in 1998, the prevalence in this group was 2.5%. Unfortunately, there is no data about HIV prevalence in this group in other regions of Ukraine. (8)

In 1994, only 11 HIV infections had been registered in Ukrainian prisons. By 1997, the incidence of HIV in prisons was 2,779, following a change in policy from mandatory to voluntary testing of prisoners. The prevalence of HIV infections in Ukrainian prisoners was projected to reach approximately 60,000 by the end of 1998. It is difficult to stop the smuggling of drugs into prisons, thus the sharing of needles and syringes is believed to be common. In 1997, Ukraine adopted a new penal system policy which includes the provision of voluntary, confidential testing accompanied by pre- and post-test counseling; the availability of condoms and disinfecting agents, and training in their use; and prohibition of blood donation by prisoners. (5)

Regional Distribution. The epidemic is not evenly spread across the country. The highest rates of reported case were found in the cities of Odessa and Nikolayev, but cases are now reported from all 27 regions of the country. Also, the regions of Donetsk, Dnepropetrovsk, Kharkov, Zaporozhje and Cherkassy, the Autonomous Republic of Crimea, Kiev, and Sevastopol were also singled out as regions most affected by HIV-infection. The majority of HIV-infected are young adults ages 18-29. (1)(8)

One researcher remarked:

Though parenteral transmission is still dominating, there is also

an increase in transmission through sexual intercourse and a growing number of HIV infected pregnant women, which proves that the epidemic is spreading beyond the most vulnerable group to broader layers of the population. There is a big discrepancy between the officially registered numbers of HIV-infected people and the real numbers, which is proved by the experience of many countries. There is no unanimous opinion in Ukraine about the real number of HIV-positive persons. According to current Ukrainian legislation, only those HIV-positive persons who undergo a clinical examination and receive a clinical diagnosis are subject to official registration. (8)

Stigma and Social Attitudes Toward HIV/AIDS. Research conducted in the Ukraine determined that many there are many barriers to changing the attitudes of injection drug users and commercial sex workers about HIV/AIDS. Many of these individuals feel they lack control and are doomed to become infected. Some feel that it is a distant problem that will never affect them. Others say they trust their steady partner thus, condom use is not necessary, or have a false belief that rinsing a used syringe in water or urine is sufficient to disinfect. (6)

The chart below summarizes the barriers to behavior change and the approaches recommended by the study:

Barrier	Approach
<i>Fatalistic outlook</i> – Many believe they lack control of their lives – that they are doomed to be infected;	Emphasize individual's active role in solving problems and overcoming obstacles.
<i>Abstract view of HIV/AIDS problem</i> – HIV/AIDS seen as a distant problem of another country or city, which won't affect them.	Use current information about HIV/AIDS in Ukraine that demonstrates the prevalence and immediacy of the HIV/AIDS problem.
<i>Trust in steady partner</i> – Many feel they don't need to use condoms with steady sexual partners because of the mutual love and trust between them.	Encourage condom use to prevent unwanted pregnancies as well as STDs.
<i>Distrust of society</i> – Many believe that the community will never accept them as healthy and able-bodied members of society even if they do quit drugs.	Include former and some current IDUs and CSWs in social programs.
<i>"Poppy can wait"</i> -- Many	Emphasize individual's active role in solving problems and

believe that former drug users always return to drugs eventually, so it does not make sense to quit.	overcoming obstacles.
<i>Disinfecting syringes</i> -- Many believe that rinsing a used syringe in cold water or urine is sufficient to disinfect it.	Disseminate information on effective ways to disinfect syringes.
<i>Family Values</i> – Both IDUs and CSWs value their families, especially their mothers.	Incorporate families of both groups in communication messages and program strategies.
<i>Fear of Death</i> – Some first appreciated the danger of HIV/AIDS after losing an acquaintance to AIDS.	Incorporate messages and statistics about how AIDS kills in messages, materials, and strategies in a matter of fact way. Don't use fear.
<i>Addiction is Psychological</i> – Results suggest that addiction to poppy straw is more psychological than physiological, since many addicts have quit temporarily.	Communication materials and activities should address drug users on a psychological level.

(6)

A study by Panos reported that, in Ukraine, “HIV/AIDS is viewed as a disease of the ‘depraved’ and the majority of society treat people with HIV/AIDS with disdain because of the ‘immoral’ lifestyles they are assumed to have led. The origins of such perspectives are complex, but relate to the fact that the HIV epidemic was first associated with injecting drug use, and attitudes to people who use drugs are frequently negative.” The report continues:

HIV-positive drug users are said to be subject to the most extreme forms of stigma. They experience rejection, accusation, abuse and contempt by the community, are refused or receive sub-standard medical care, may be estranged by relatives, and are either refused work or face immediate dismissal from work should their serostatus become known.

Sex workers provoke similar reactions to drug users and are characterized as “perverted” elements of society. Sex workers who work on the street are said to spread infection since they “practice unsafe sex for big money.” Generally speaking, and irrespective of how people really become infected with HIV, the assumption made is that men are either injecting drug users or gay, and women are prostitutes.

Examples were given of how gay and bisexual men were sought out and attacked, being forced eventually to move away. Early on in the epidemic, mandatory testing in prisons and reformatories was introduced with the resulting segregation of HIV-positive inmates. The result has been extreme forms of discrimination, abuse and rejection from other prisoners and prison officials.

There are many negative terms and expressions used when speaking about HIV-positive people. Derivations of the word ‘spid’ (the Ukrainian acronym for AIDS) such as ‘spidosmy’ are used to denote different levels of negativism and discrimination. Other terms such as ‘tvarj konchennaya’ (creature) and ‘zhivotnoje’ (animal) are used to denote HIV-positive injecting drug users, especially women. Early on in the epidemic the media is remembered as having reported, “AIDS is not just a disease, it’s a sanitary inspector, which helps rid society of people who have led an immoral way of life.” (National Press, Kiev Culture 1986) It was said that there are still examples today of how the media portrays HIV as an incurable plague. (23)

III. OTHER INFECTIOUS DISEASES

The spread of HIV is related in important ways to the incidence of other infectious diseases. Unsterile injection drug use is a risk factor not only for HIV, but also Hepatitis. Incarceration in many countries in this region is a risk factor for tuberculosis. Sexually transmitted diseases may increase the likelihood of HIV transmission during sex.

The Ukraine appears to be experiencing growing epidemics of syphilis. TB continues to rise but remains lower than average for the region.

Year	TB		Syphilis	Hepatitis A	Hepatitis B	Hepatitis C
	#	Rate/ 100,000	Rate/ 100,000	#	#	#
1993	-	-	32	-	-	-
1994	-	-	60	-	-	-
1995	21,459	41.5	88	-	-	-
1996	26,834	52.0	138	-	-	-
1997	28,344	56.4	153	-	-	-
1998	31,318	60.4	145	-	-	-
1999	32,879	63.0	-	-	-	-
2000	-	-	-	-	-	-

Data from (12) (13)

The World Health Organization (WHO) reported that:

The incidence of tuberculosis increased steadily throughout the 1990s but remains lower than average for the NIS;

The Incidence of Syphilis took on epidemic proportions in the period of 1993-1996; although the rate has been falling since 1997, it remains one of the highest in the region. (12)

The combined incidence of Hepatitis A, B, C & D reached 100 cases per 100,000 in 1996, with over 90% of IDU in Odessa infected with Hepatitis B, C, or both. While Hepatitis B usually follows the onset of HIV in risk groups such as IDU's, the opposite has occurred in the Ukraine. Thus, HIV will find an immune system already burdened by Hepatitis B and resistance will be compromised. Hepatitis A, not usually associated with IDU's is probably transmitted through the contaminated water found in the squalid living conditions of young IDU's. (3)

IV. INJECTION DRUG USE

This section reports available information about drug use levels, trends and risk behaviors, as well as social attitudes about drug use and information about the problem of drug overdose. Drug treatment and other interventions to reduce the morbidity and mortality of drug use are discussed in section V, below. Data about drug use come primarily from unofficial sources, including more or less rigorous rapid assessments, consultant reports and the news media.

Drug use is increasing. Opium straw extract is the primary drug of choice for drug dependant people, but heroin use has been increasing as the price of this drug has fallen. (4)

Trends in Drug Use. There has been an overall increase in drug use. There were over 100,000 registered drug addicts in the Ukraine at the end of 2000, which is an increase of 15,000 over 1999. The number of unregistered drug users is estimated to be between 300,000 to 400,000. Opium straw extract is the primary drug of choice, while marijuana and the use of synthetic drugs (i.e., Ecstasy) is on the increase among young adults. Heroin and cocaine had been too expensive for Ukrainian drug users, but heroin use is on the rise as prices begin to fall. (4)

Risk Behavior. IDUs in the Ukraine are engaging in high-risk injection behavior for reasons including lack of basic information about the disease threat. The rate of injecting drug use in the major urban areas was about 8.6% of the population in 1998. 60-80% of IDU's in three Ukrainian cities reported using another person's syringes, with only 15 to 20% of IDU's reported using a new syringe for each injection. HIV may be introduced during the preparation of homemade opium as the prepared solution is often tested. The solution is drawn directly from the mixing container and injected. The

remainder is returned to the container after testing, which leads to the risk of introducing the tester's blood into the solution. (1)

In addition, anecdotal reports from several cities reveal the practice of adding human blood to act as a cleansing agent to precipitate solid particles, to stabilize acid levels. Although 70% of IDUs in Odessa know how to prepare their own drugs, 80% purchase their drugs from dealers in containers. Behavioral surveys in Ukraine reveal 60% of IDUs share the same container. Between 38 and 50% of IDU's bought ready-to-use drugs in contaminated syringes from dealers. Among those rinsing their needles and syringes as a risk reduction measure, two-thirds shared rinsing containers. (5)

Drug Traffic Information. Drug trafficking groups are increasingly using Ukrainian seaports to transport drugs to the west. Beginning in 1997, the government ordered the state security service to interdict the shipment of drugs by sea. Authorities have also increased counternarcotics measures to interdict narcotics at Ukrainian airports. Numerous ports on the Black and Azov Seas and porous borders, poorly financed and under-equipped border and weak customs controls make Ukraine attractive to drug trafficking activities. Shipments are usually destined for the west and arrive primarily by road, rail, and sea. Some synthetic drugs are produced locally but most arrive from Romania, Hungary, Poland, Germany and other European countries. (4)

Social Attitudes Toward Drug Users. Attitudes towards drug use are complex here as in other countries. Fifteen years ago, it was "fashionable" to use drugs, with injection being the preferred method. At that time, IDU's even had their own style of dress called, "strogaya moda" – "strict fashion". Currently, IDU's are "poorer" and less tolerated though their numbers are higher than they were 15 years ago. Natives of the city of Mykolaiv refer to their city as the "city of drug addicts". (16)

As described above, drug users are reported to experience severe stigma, which is only exacerbated by HIV. (23)

Drug Overdoses.

V. LAWS AND LAW ENFORCEMENT PRACTICES

A. Drug Use Related - Law

This section describes what is known about both the drug-related laws on the books and the way these laws are enforced. The section covers syringe access, drug possession, drug treatment, drug trafficking, and the handling of drug arrestees and prisoners within the criminal justice system. It also lists the international drug-related instruments to which the country is a signatory.

Syringe Access/ Needle Exchange – Law. Needle Exchange Programs (NEP's) are legal. Syringes are available in pharmacies and in commercial shops. Usually drug users have their own equipment, but sharing of syringes is considered normal. (6)

One researcher noted:

Although it has been relatively ineffective in directly supporting HIV/AIDS prevention efforts, the Ukrainian government has not hampered certain prevention measures funded by international donors and local groups. The government has allowed needle exchanges to function, under the management of small NGOs. (6)

Syringe Access/Needle Exchange – Practice. A number of NGO's providing Harm Reduction programs operate in Ukraine and provide services to IDUs. A number of training programs have been established to further develop these Harm Reduction programs from the Open Society Institute and USAID. (6)

Drug Possession Law. Intergovernmental agreements providing for joint enforcement efforts against illegal drug trafficking have been signed with the Czech Republic, Austria, Hungary, Poland, Bulgaria, Romania, Slovakia and the United Kingdom. During the last five years, the Ukrainian parliament has passed a package of drug control laws to provide a legal basis for combating narcotics effectively. (4)

Drug Possession Law– Practices. Ukraine's efforts to implement anti-drug plans have been severely hampered by alack of funding, personnel and equipment and by conflicts over investigative jurisdiction. (4)

Drug Treatment - Law.

Compulsory Treatment – Law.

Compulsory Treatment - Practices. No information was available.

Drug Trafficking - Law. A United States Department of State report noted that:

During the last five years the Ukrainian parliament has passed a package of drug control laws. The laws are well drafted and constitute a solid legal basis for combating narcotics effectively. These laws are in line with the 1988 UN Drug Convention. Ukrainian law enforcement officials praise the drug control legislation for being an effective tool in drug enforcement.

Under this legislation, the counter-narcotics enforcement responsibility is given to the Ministry of Interior (MVD), the State Security Service (SBU), the state customs service and the border guards. In 1993, the Drug Enforcement Department (DED), an independent department within the

MVD, was created. The DED reports directly to the MVD and is staffed presently by 1,725 personnel. Despite understaffing, the DED has achieved positive results in combating drug trafficking.

The national antinarcotics coordinating council, established in 1994 in the cabinet of ministers to coordinate the efforts of government and public organizations to combat drugs, is currently drafting a 2001-2005 antidrug program. Although many of the steps under the previous antidrug plans (1994-1997, 1998-2000) were restrained by lack of funds, the MVD is giving top priority to antidrug actions and is providing overall support to the extent available. (4)

Drug Trafficking – Practices. The United States Department of State Reported that although there has been some success in breaking up drug dealer networks:

Ukrainian drug enforcement units remain understaffed and under funded. Approximately 1,725 officers have been assigned to drug units throughout Ukraine. Cooperation between law enforcement agencies combating narcotics (mainly MVD, SBU, customs and border guards) is improving; though it is still severely hampered by conflicts over investigative jurisdiction. (4)

Drug Treatment – Regulation.

Drug Treatment Regulation – Practices.

Criminal Justice System – Law. The Constitution of Ukraine, adopted in June of 1996, has protection for basic rights including: limitations of 72 hour detention incident to arrest, detention must be verified by a court, right to legal assistance, presumption of innocence, and other basic rights. (21)

Criminal Justice System – Practices.

International Drug Conventions signed. The country is a party to the following International drug agreements.

- ? Party to the 1988 UN Drug Convention
- ? Party to the Agreement of the Police Forces of the Members of the Commonwealth of Independent States
- ? Bilateral Anti-narcotics Agreements with Belarus and Russia
- ? International Agreements for Joint Enforcement Efforts Against Drug Trafficking have been signed with the Czech Republic, Austria, Hungary, Poland, Bulgaria, Romania, Slovakia and the United Kingdom.
- ? Ratified the U.S-Ukraine Mutual Legal Assistance Treaty in Criminal Matters (September 2000)

? UN Convention Against Transnational Organized Crime (December 2000) (4)

B. Public Health and Human Rights Law

This section describes what is known about public health and human rights law on the books, as well as the way these laws are enforced. The section covers the right to health care, privacy, reportability and anti-discrimination generally and for HIV/AIDS patients. It also lists the international human rights instruments to which the country is a signatory.

Right to Health Care/ Right to HIV Treatment –Law.

Article 49 of the Constitution of Ukraine provides for a right to the “protection of health, medical assistance, and medical insurance...free of charge...state and municipal institutions...”. In 1993, the Supreme Rada (legislature) passed law No. 235 on the Prevention of AIDS and on the Social Protection of the Population, which was amended in 1998. Information is not available on the 1998 amendment. The 1993 legislation provides for the right to medical treatment, confidentiality and even provides for transportation for patients requiring treatment. (22)

Right to Health Care/HIV Treatment –Practice. The financial resources are estimated to support medical services for approximately 30% of the patients requiring general medical care in Ukraine today. A UNAIDS report added:

Cost of therapy comprising of three anti-viral preparations which slow down the transition of HIV-infection into AIDS, widely used in developed countries, amounts to US \$10,000 per year per one patient. That is why it is practically not applied in Ukraine today. (8)

Reportability of HIV, AIDS, HCV, HBV – Law and Practice.

HIV Testing Provisions –Law and Practice. HIV testing and case reporting was summarized in a report by UNAIDS/WHO:

Until 1991, HIV/AIDS surveillance was organized mostly through mandatory screening in subgroups of the population, together with contact tracing. Testing policies changed in 1991 with the introduction of an anonymous voluntary testing. Testing remained compulsory for prostitutes, IDU's, STD patients, blood donors and “other population based on epidemiological consideration”. In reality, few changes occurred, voluntary, anonymous and free testing being less than 5% of all testing done in 1996. Diagnosed HIV infections, which have been officially investigated, are reported nationally with the name of the individual. (1)

According to the law adopted in 1998, HIV testing is voluntary. Ukrainian prisons no longer conduct compulsory screening of prisoners nor do the prisons isolate HIV-positive prisoners. (6)

The change in testing procedures may have had an impact on trends in reported HIV infections. One researcher noted:

We think that the decrease in HIV-infection cases in 1998 does not mark an improvement of the epidemiological situation with HIV infection, but is mainly due to fewer tests of IDUs. This is the result of the new law of Ukraine "On Prevention of Acquired Immunodeficiency Syndrome (AIDS) and on Social Protection of the Population" adopted in March 1998. This law envisaged the principle of voluntary HIV testing. (8)

Anti-Discrimination Provisions based on HIV drug use – Law and Practice. The Law of Ukraine of December 12, 1991 on the prevention of AIDS and the social protection of the population provides rights in Chapter IV, Section 17 to persons infected with HIV and suffering with AIDS. These rights include freedom from humiliation, non-discrimination in work, confidentiality of medical information, compensation for damages when rights are restricted, free medication and free transportation to treatment. (22)

Privacy –Law and Practices. The Law of Ukraine of December 12, 1991 on the prevention of AIDS and the Social Protection of the population requires in section 8 that any data that reveals someone's HIV/AIDS status shall be subject to "professional confidentiality". This data may only be communicated to legal representatives, medical establishment and the prosecutor's office, magistrates and courts. Section 17 provides for confidentiality of medical records. (22)

The Law of Ukraine of December 12 1991 Amending the Penal Code and Code of Penal Procedure in section 108-4 make it criminal for health care workers to divulge information regarding test results positive for HIV or diagnostic information regarding AIDS in the course of their official duties. The punishment is imprisonment of up to two years (or corrective labor for two year) and a fine up to 1000 rubles. (22)

Criminal Penalties for Exposing/Transmitting HIV . The Law of Ukraine of December 12 1991 Amending the Penal Code and Code of Penal Procedure in section 108-2:

The knowing exposure of another person to a risk of infection by the human immunodeficiency virus shall be punishable by deprivation of liberty for a period up to five years. Exposure of another person to the human immunodeficiency virus by a person who is aware that he is suffering from the infection caused by the virus shall be punishable by deprivation of liberty up to eight years. (22)

The Law of Ukraine of December 12, 1991 on the prevention of AIDS and the social protection of the population states in section 15 that HIV positive people shall certify in writing that they have received information and warning regarding their obligation to take measures to prevent the spread of HIV infections and they understand their criminal liability regarding same. (22)

Criminalization of Prostitution –Law and Practice.

Criminalization of Homosexuality –Law and Practice. One researcher noted a caveat to the epidemiological data concerning HIV/AIDS in the Ukraine, stating:

Data on the relatively low HIV spread among homosexuals should be interpreted with caution in the context of a society where until 1991, homosexuality was illegal and punishable. (1)

Information about HIV prevalence among male homosexuals is also practically absent, because homosexuality was previously prosecuted and still the attitude towards this type of behavior remains negative. Representatives of this vulnerable group try not to advertise their sexual orientation. (8)

Status of International Human Rights Conventions. Ukraine's acceptance of the major international human rights instruments is as follows.

- ? The International Covenant on Economic , Social and Cultural Rights (ICESCR) – **signed November 12, 1973**
- ? The International Covenant on Civil Rights and Political Rights (ICCPR) – **signed November 12, 1973**
- ? The International Covenant on Civil and Political Rights, Optional Protocol (ICCPR-OP1) – **signed July 25, 1991**
- ? The International Covenant on Civil and Political Rights, Second Optional protocol (aimed at the Death Penalty), (ICCPR-OP2-DP) – **not signed**
- ? The International Convention on the Elimination of All Forms of Racial Discrimination (CERD) – **signed March 7, 1969**
- ? The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) – **signed March 12, 1981**
- ? The Convention on the Elimination of All Forms of Discrimination against Women, Optional Protocol (CEDAW-OP) – **signed September 7, 2000**
- ? The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) – **signed February 24, 1987** (2)

VI. PUBLIC HEALTH INTERVENTIONS

This section provides information on interventions to reduce HIV transmission and other health problems among drug users, the availability of drug treatment, and HIV prevention programs.

A. Interventions to Reduce Disease and Other Injuries Associated With Drug Use

Government Position. Harm reduction interventions in operation include NEP's supported by the Soros Foundation and Blagodiynist, (NGO) Charity Foundation, Mykolaiv, Ukraine. Treatment programs are severely limited due to a lack of resources. In addition, methadone replacement therapy remains illegal.
(8)(16)

One researcher noted:

Although it has been relatively ineffective in directly supporting HIV/AIDS prevention efforts, the Ukrainian government has not hampered certain prevention measures funded by international donors and local groups. The government has allowed needle exchanges to function, under the management of small NGOs. The government also has recently admitted that the HIV/AIDS epidemic is now moving into the general population. (6)

Additionally, a report by AmFAR noted:

As elsewhere, economic hardship and unemployment are fueling the epidemic by increasing the likelihood that people will engage in high-risk behavior. For example, unemployment encourages population migration, which in turn increases the likelihood of multiple sexual partners. The economic crisis has also severely limited the country's capacity to mount effective prevention campaigns. Beset by poverty, large-scale unemployment, and a weak health care system, the Ukrainian government has tended to focus on problems other than HIV/AIDS. The scarcity of civil society structures in Ukraine, including non-governmental organizations (NGO's) and social institutions, has further hindered prevention efforts. However, several NGOs have been created in response to the epidemic, and these organizations have begun implementing intervention programs targeting commercial sex workers and injection drug users (IDUs). UNAIDS and the Ukrainian National Committee for the Prevention of AIDS and Drug Abuse have developed a harm reduction strategy for IDUs and have worked with local NGOs. (24)

Needle Exchange Programs. Several NGOs have been created in response to the epidemic. These organizations have begun implementing intervention programs targeting commercial sex workers and IDUs. UNAIDS and the Ukrainian National Committee for the Prevention of AIDS and Drug Abuse have developed a harm reduction strategy for IDUs and have worked with local NGOs to set up "trust points," where drug users can get free condoms, sterile syringes, and counseling. (24)

Harm Reduction is difficult in a country in which drug dependant people still remember that, under Soviet leadership, their names were taken by health professionals and given to public security officials to record. Therefore, many drug dependant people and commercial sex workers are reluctant to go to government medical services. It is believed that allowing methadone would create an incentive for IDUs to overcome their resistance to seeking help from trust points. (9)

B. Drug Treatment Programs/Availability

Summary of situation. .

Substitution therapies are generally not available.

C. Public Health Measures to Prevent HIV and other Significant Diseases

The government has limited resources. The economic crises and unemployment have limited the government's resources to effectively combat HIV/AIDS and de-prioritizes implementation of effective public health measure to limit the spread of the disease.

Government Efforts/Attitudes. A report presented by AmFAR, quoted above, discussed the limited capacity of the government and its tendency to make HIV a relatively low priority. (24)

UNAIDS reported that a new Government initiative was developing to fight the HIV/AIDS epidemic. The report stated:

The response to the epidemic in Ukraine has now been taken up at the highest level through the President's decree declaring 2002 the Year Against AIDS, evidence of the government's political will in the fight to reverse the epidemic. There is also broad agreement to fight stigma and discrimination - a mainstay of the Declaration of Commitment issued unanimously by governments at the United Nations Special Session on HIV/AIDS in June 2001 is that any AIDS response must be founded on human rights principles.

The United Nations is also committed to supporting Ukraine's response through efforts such as "Act Now", which will buttress the National Programme on HIV/AIDS in a coordinated effort to decrease infection rates, support those infected and affected and minimize the negative consequences of the virus on the people and economy of Ukraine. (20)

Programmatic Details. HIV testing has been made widely available. Anyone who wants an HIV test can obtain one anonymously. The total number of HIV tests performed, excluding unlinked anonymous testing and testing of blood donations, was:

1996: 1,646,146
 1997: 1,345,106
 1998: 1,465,777
 1999: 2,115,935
 2000: 2,180,447

VII. SOCIOPOLITICAL ENVIRONMENT

A variety of data and data indices are commonly used to characterize social, political and economic factors in a country. The following are several of these for the Ukraine.

Perceived corruption in government is measured by the Transparency Corruption Perceptions Index (CPI) ranked countries in terms of the degree to which corruption is perceived to exist among public officials and politicians. The most recent measure was in 2001.

? Country Rank:	83 of 91 Countries	
? 2001 CPI Score:	2.1 of a possible 10	
? Surveys Used:	6	
? Standard Deviation:	1.1	
? High-Low Range:	1.0 - 4.3	(14)

The GINI index measures the extent to which the distribution of income (or in some cases consumption expenditures) among individuals or households within an economy deviates from a perfectly equal distribution. A Lorenz curve plots the cumulative percentages of total income received against the cumulative number of recipients, starting with the poorest individual or household. The GINI index measures the area between the Lorenz curve and the hypothetical line of absolute equality, expressed as a percentage of the maximum area under the line. This the GINI index of zero equals perfect equality, while an index of 100 implies perfect inequality

? GINI Index, 1999:	29.0	(19)
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The Human Development Index is a composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living.

? Human Development Index Rank (HDI) in 1999	– 74/162	(19)
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Unemployment rates refer to the share of the labor force without work but available for and seeking employment. Definitions of labor force and unemployment differ by country.

- ? Unemployment rate (1997) - unavailable
- ? Unemployment rate (1999) 11.3 % (officially registered, large number of unregistered or underemployed workers). (18)

Standard & Poor's Insurer Financial Enhancement Rating is a current opinion of the creditworthiness of an insurer with respect to insurance policies or other financial obligations that are predominantly used as credit enhancement and/or financial guarantees. The ratings range from 'CC' which is defined as "currently highly-vulnerable" to a rating of 'AAA' which is defined as "extremely strong" capacity to meet its financial commitments.

Standard and Poor's rating of B is defined as:

B An obligation/obligor rated 'B' is MORE VULNERABLE to nonpayment than obligations rated 'BB', but the obligor currently has the capacity to meet its financial commitment on the obligation. Adverse business, financial, or economic conditions will likely impair the obligor's capacity or willingness to meet its financial commitment on the obligation.
B A short-term obligation/obligor rated 'B' is regarded as having significant speculative characteristics. The obligor currently has the capacity to meet its financial commitment on the obligation, however, it faces major ongoing uncertainties which could lead to the obligor's inadequate capacity to meet its financial commitment on the obligation. (15)

- ? Local Currency:
- ? Long Term Bond: B
- ? Outlook: Stable
- ? Short Term Rating: B
- ? Foreign Currency:
- ? Long Term Rating: B
- ? Outlook: Stable
- ? Short Term Rating: B (15)

The Social Indicators of Poverty represents the health status of individuals in different socioeconomic groups within countries for the last survey year (1999-2000).

- ? Infant Mortality Rate: 17/ per 1,000 live births
- ? Prevalence of Child Malnutrition: No data available.
- ? Child Immunization Rate: No data presently available.
- ? Low Mother's Body Mass Index: No data presently available.
- ? Total Fertility Rate: 1.3 births per women

The National Poverty Line is the measurement of the percentage of the population below the defined income level of poverty. In the Ukraine, 31.7% of the population has an income below the poverty line.

? Population Below the Poverty Line, (BPL), 1996: 31.7%

The Gross Domestic Product (GDP) is the total of all economic activity in one country, regardless of who owns the productive assets. The GDP per capita is the total output divided by the population. This value is then adjusted to convert to a common currency, which adjusts for national variations in the process paid for goods and services. There has been a precipitous decline in GDP in the Ukraine during the last decade.

Gross Domestic Product per Capita (PPP US\$): Ukraine \$3458 (1999)

Gross Domestic Product - Average Annual Growth:

No available information

Gross Domestic Product in \$ USD Millions:

1990: \$91,327 USD

1999: \$38,653 USD

(18)

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