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UKRAINIAN INSTITUTE
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POLICY



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**Stigma and discrimination: Conservative pushback
and decrease in civic space**

**Client and provider perspectives
on factors influencing opioid
treatment engagement among
people who inject drugs and
people living with HIV**



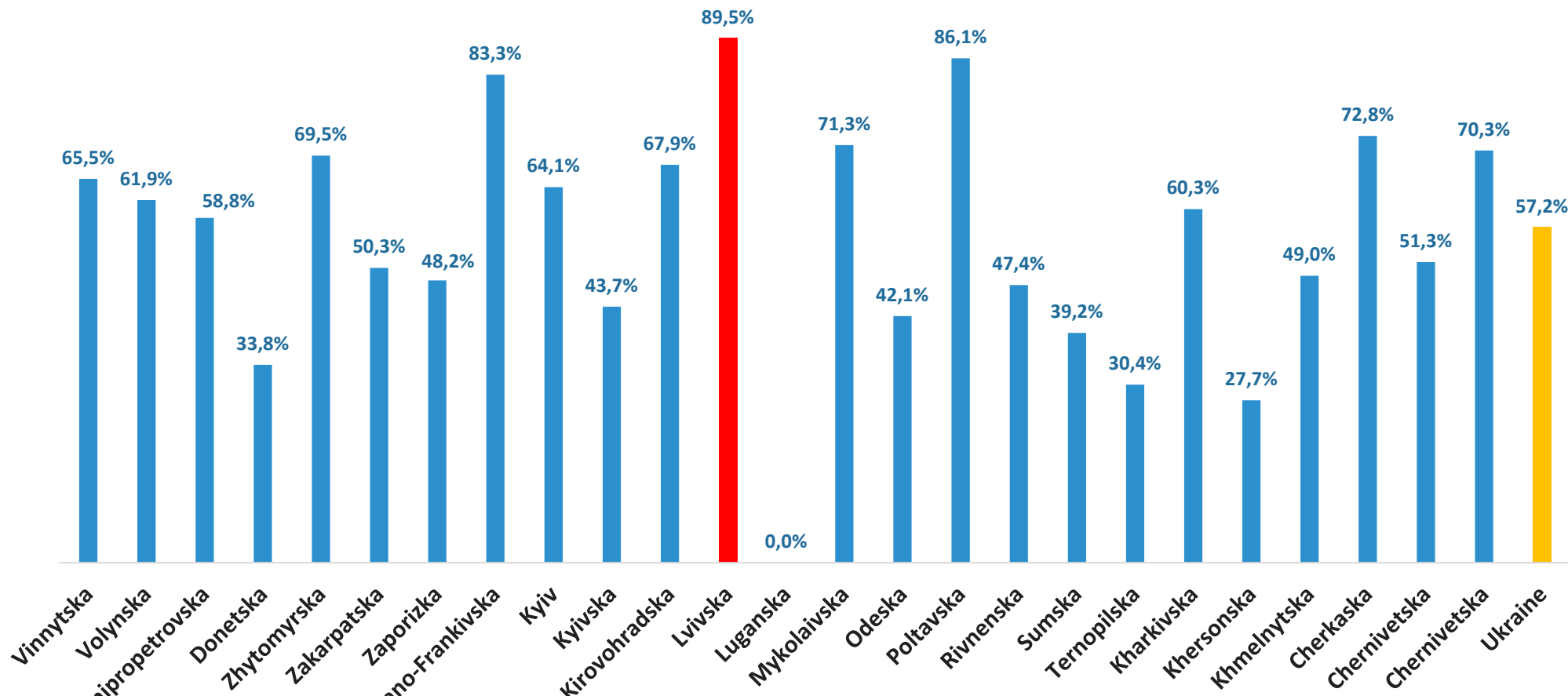
Conflict of interest disclosure

I have no relevant financial relationships with ineligible companies to disclose.

OAT c coverage in Ukraine

Expansion of OAT targets achieved as of March 31, 2024

(state OAT sites)



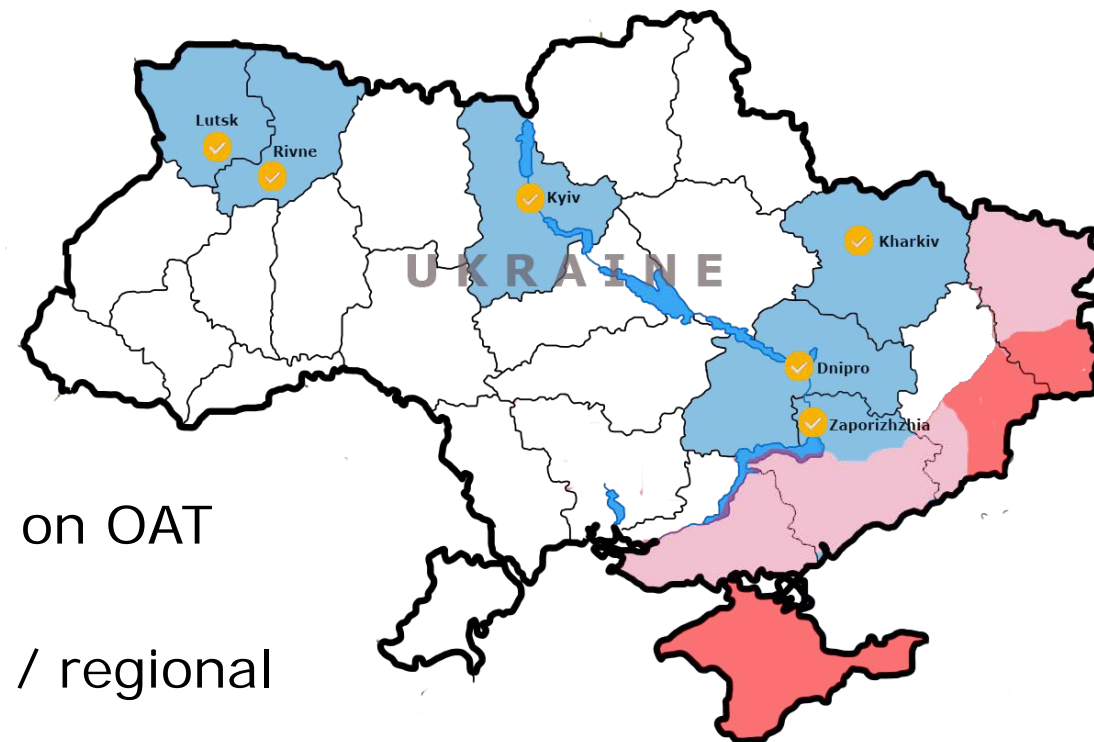
Study of factors affecting access to and retention in OAT

Aim of the study

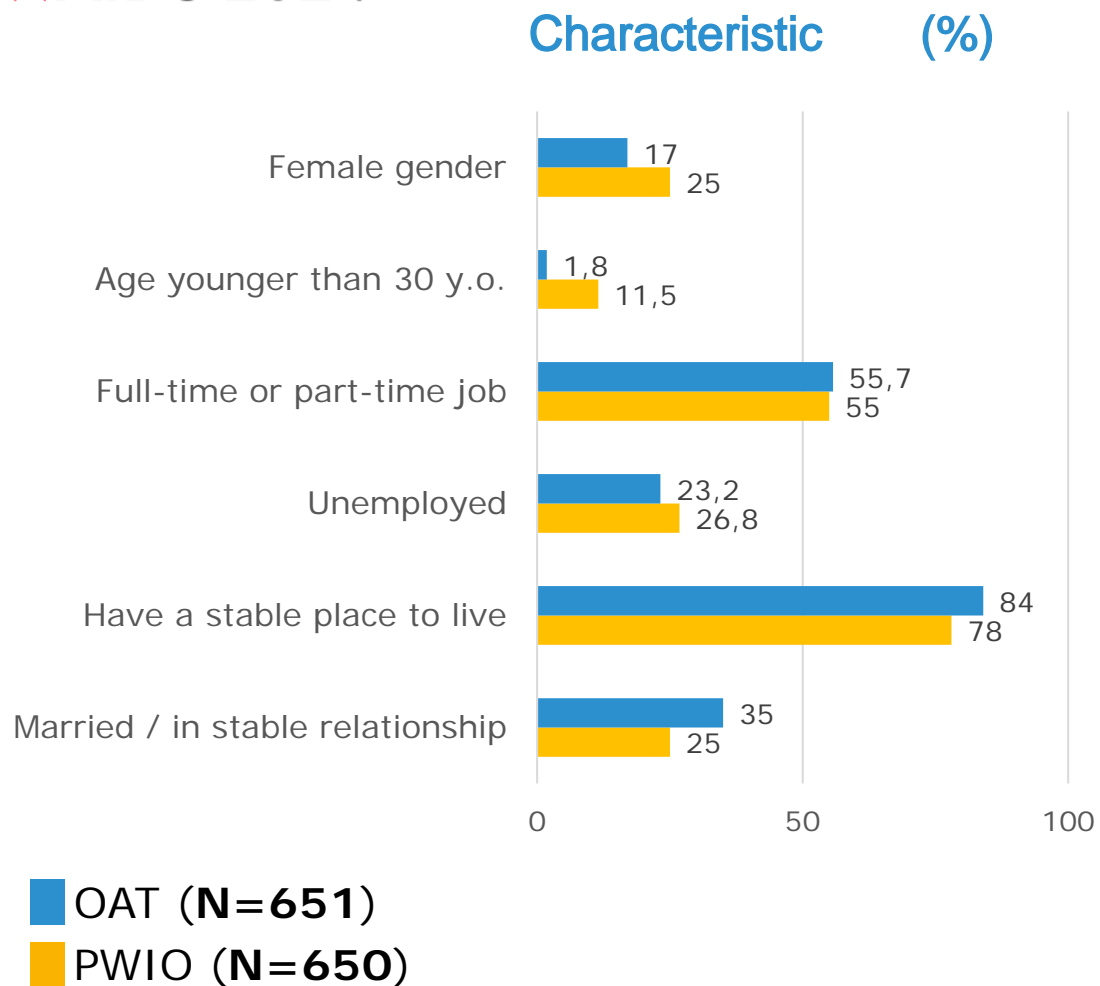
Identify key barriers to access to opioid agonist treatment (OAT) in Ukraine for people who inject opioids (PWIO)

Mix -method study

- **A survey** among people on OAT and PWIO not on OAT (Aug – Dec 2021)
- **Semi-structured interviews** among national / regional experts (Dec 2021 – Jan 2022)
- **6 regions:** Kyiv, Dnipro, Zaporizhzhia, Lutsk, Rivne, Kharkiv



Study participants

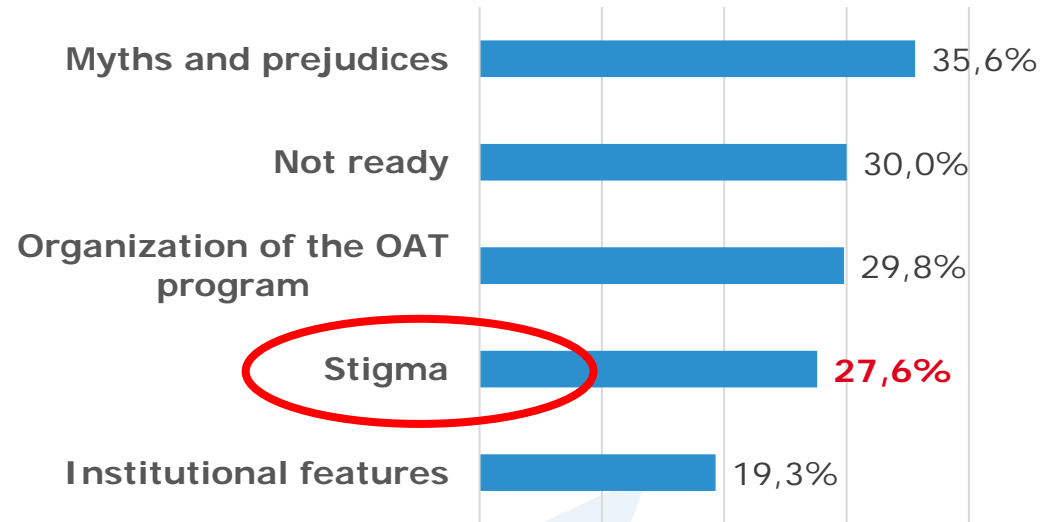


Interview participants:

- **5** national experts
- **18** regional experts
(addiction treatment centers, ID hospitals, NGOs)

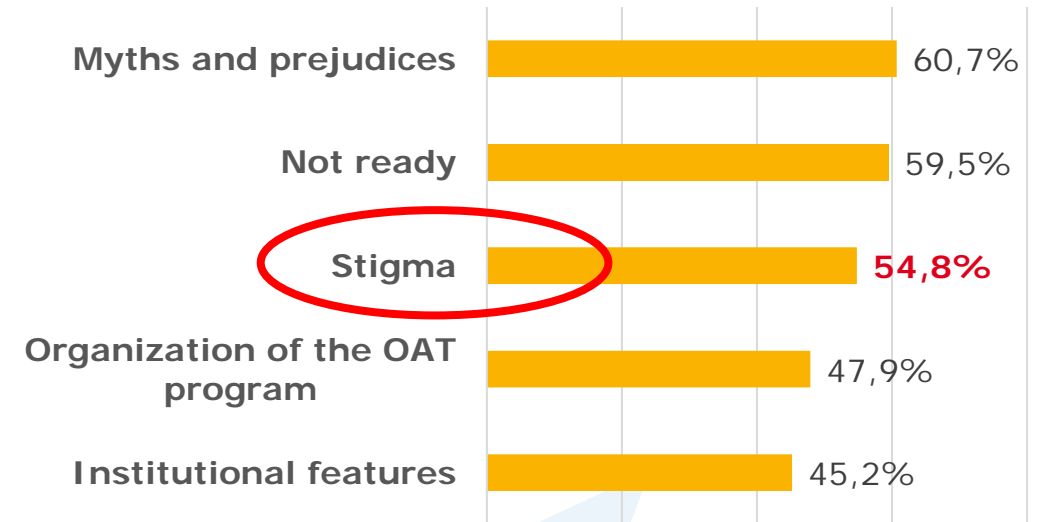
Barriers to starting an OAT program

OAT group



Average % by group

PWIO group



Average % by group

Main barriers to OAT (survey results)

Myths and prejudice

- OAT just substitutes one drug for another
- OAT will not help to cope with addiction
- Quitting OAT harder than quitting drugs
- OAT is bad for your health

Not ready to start OAT

- Do not want to quit using drugs
- I can stop using drugs whenever I want

Stigma

- People will think badly of me
- I might lose my job
- My family will not support me

Organization of the OAT program

- Daily attendance
- Other strict requirements

Institutional features

- Do not want to be in “drug user registry”
- Confidentiality
- Poor attitude of OAT program staff

Main barriers to OAT scale-up (expert interview results)

- up

” *The national targets for OAT scale-up are realistic, but implementation is unsatisfactory.*

Main reasons for not reaching indicators:

- Impact of COVID-19
- Failure of OAT program in PHC
- Negative attitude of healthcare workers to OAT
- Failure of NGOs to be an entry point to OAT and to provide accurate information on OAT

Organization of services at OAT site:

- Limited number of OAT sites
- Strict procedures for entering the program
- Requirements to visit OAT site daily
- Other requirements, attempts to “educate” and “punish” OAT patients

Facilitators:

” ***Integrated services at OAT site*** (ART, psychosocial support, treatment of mental disorders and of hepatitis C) make OAT more attractive to PWIO and ensure retention.

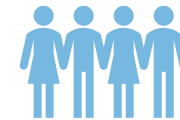
Main barriers to OAT (expert interview results)

Stigma towards OAT and OAT patients

- Stigma towards mental disorders and drug use in society
- People do not see the difference between illegal drug use and OAT
- Negative personal attitude of some providers to people with addiction

Individual barriers of PWIO

- Lack of understanding of OAT goals
- Myths and prejudices about OAT
- Insufficient work of NGOs



Conclusions

- Multiple barriers to OAT access. Stigma is not the main one.
- The main barriers are related to the misconceptions about OAT.

” *Efforts to inform potential patients about OAT are insufficient.*

Conclusions and implications

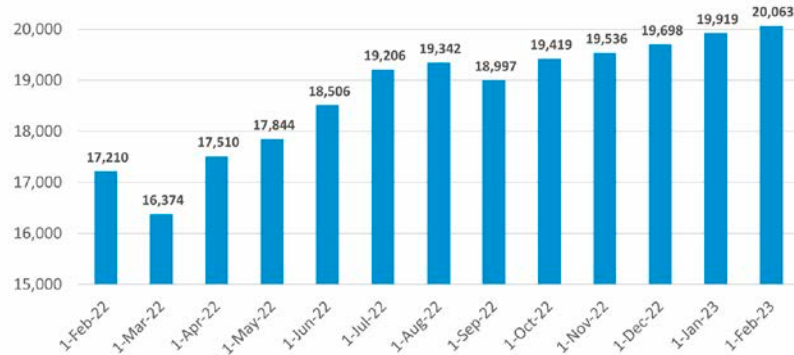
Necessary steps:

- ensure integrated services at OAT sites
- train staff of OAT sites, NGOs, health care to counter myths and stigma twds people with addiction and to develop communication skills
- NGOs working in HR and HIV prevention – to focus on providing reliable information

GoU efforts to keep OAT program on track after Russian invasion

All OAT programs shut down in the occupied territories. Switch to the donor support of OAT medication supplies.

Number of OAT patients in governmental clinics:
Jan 2022 – Jan 2023



Morozova et al., *Int Journal of Drug Policy*, 2023

Immediate mobilization of efforts:

- patients provided with medication supplies; ~10% internally displaced
- legislative changes: take-home doses for 30 days
- facilitated patient transitions between OAT sites
- medication supplies redistribution; temporary dosing reductions

Results: Majority of patients retained. Number of patients in governmental clinics grew from **16,374** in March to **19,206** in July, 2022. One year into the war, the number of OAT patients increased by **17%**.



National Children's Specialized Hospital OKHMATDYT in Kyiv
July 8, 2024

No matter what, we continue to resist

Many thanks to our donors.

We are grateful to the global community for the strong support we feel.

Special thanks to our doctors, nurses and social workers – they are our heroes.

Very special thanks to the Ukrainian Army defending the fundamental principles of democracy.



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Thank you!



AIDS 2024

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