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Monitoring behaviour of injecting drug users

ANALYTICAL REPORT

on results of the research

Kyiv 2007

ББК

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Research "Monitoring behaviour of injecting drug users" is conducted with financial assistance from ICF "International HIV/AIDS Alliance in Ukraine" in the frames of "Overcoming HIV/AIDS epidemic in Ukraine" Programme supported by the Global Fund to fight AIDS, tuberculosis, and malaria, as well as the Futures Group International, project USAID/Defining health care policy.

Monitoring behaviour of injecting drug users as a component of second generation epidemiological surveillance / O.M. Balakireva, T.V. Bondar, A.I. Denysuk. – K.: ICF „International HIV/AIDS Alliance in Ukraine", 2007. – 128 p.p.

Results of the survey conducted among injecting drug users (IDUs) are presented in this report, particularly socio-demographic characteristics, awareness of IDUs about HIV/AIDS and prevention methods, information about alcohol abuse and drug use, purchase of synergies, common use of synergies for drug injection. Special attention is paid to sexual behaviour, particularly factors which cause unsafe behaviour are analysed. Current situation and practices of HIV testing among IDUs are discussed as well as factors which cause lack of accessibility to testing are described. Prevention programmes coverage is analyzed.

Results of the research will be useful to representatives of national government and local authorities, professionals (social workers, medical personnel, psychologists, etc.), volunteers of non-governmental organizations, who implement prevention programmes among IDUs and for personnel of HIV/AIDS prevention and treatment centres as well as others involved in implementation of projects for representatives of this target group.

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Introduction

"Monitoring behaviour of injecting drug users (IDUs)" research has been conducted by Ukrainian Institute for Social Research after O. Yaremenko (UISR after O. Yaremenko) in 2007 with financial support of ICF "International HIV/AIDS Alliance in Ukraine" (Alliance-Ukraine) in the frames of "Overcoming HIV/AIDS epidemic" programme financed by the Global Fund to fight AIDS, tuberculosis and malaria (Global Fund) and the Futures Group International, USAID project/Defining health care policy, as well as with the support of the Ministry of Ukraine for Family, Youth and Sport, State Social Service for family, children and youth as well as charity and non-governmental organisations (NGOs), which work with IDUs.

HIV/AIDS epidemic has become one of the most influential factors, which negatively impacts development of human capital and society as well as has lead to life expectancy reduction, increase of demand for medical services, problems of poverty and social inequality.

Spread of HIV in Ukraine continues to be intensive: highest HIV morbidity rates among citizens of Ukraine for all the periods of epidemiological surveillance were registered in 2007 - 38,0 for 100,000 of the population (17500 persons compared to 16 078 persons in 2006). Despite implementation of comprehensive measures aimed at controlling HIV, growth levels remain quite high. The number of new HIV cases has increased in 2006 compared to 2005 on 16,8% and in 2007 compared to previous year growth rate was 9,9%. In 2007 as earlier, part of HIV transmission as a result of injecting drug use remains high and makes up to 40 %. Gradual increase of HIV transmission through sexual relations is observed – almost up to 40 % (38,4%), which demonstrates spread of HIV in general population. Use of infected injecting drug instruments remain major source of HIV transmission. 7127 HIV-positive IDUs have been officially registered in 2006, in 2007 – 7084 HIV-positive IDUs have been registered. **Despite the fact that the number of IDUs among new HIV cases is decreasing, stabilization of the epidemic in this group is not observed**[1]. According to results of the research in 2004[2], 8% of the interviewed informed about HIV-positive status (N = 3542).

[1] HIV-infection in Ukraine: Info. bullet. / MoH of Ukraine, Ukrainian centre for HIV/AIDS prevention and treatment, the Institute of Epidemiology and infectious diseases named after L.V. Gromashevskiy, Central Sanitary-Epidemiological service of the Ministry of Health of Ukraine. –2008. – № 29. – 45 p.

[2] Monitoring behaviour of injecting drug users as a component of second generation epidemiological surveillance/ Artur O. R., Balakireva O. M., Bochkova L. V., Galych U. P., Galustyan U. M., Dikova-Farovska D. M., Zlobina O. G.,

Thus, identification of real situation on HIV prevalence among IDUs in Ukraine is high on the agenda at the moment.

Aim of the research:

– to collect data for calculating national indicators;

– to collect data for HIV infection risk factors analysis, analysis of links between risk behaviour and HIV-status based on results of linked research conducted in six cities of Ukraine: Kyiv, Luzk, Novovolynsk in Volyn oblast, Dnipropetrovsk, Krivyi Rig of Dnipropetrovsk oblast and Lugansk.

Objectives of the research:

– to collect data for the analysis of HIV infection risk factors;

– to study awareness about HIV/AIDS, sexual practices and behavioural models;

– to collect data for indicators included in the list of National indicators for monitoring and evaluation of effectiveness of measures which ensure control of HIV/AIDS epidemic[3];

– to evaluate influence of HIV prevention programmes on IDUs;

– to develop recommendations for further prevention interventions among IDUs.

Target group of the research: injecting drug users.

Criteria for inclusion in the target group: IDUs who have used injecting drugs during last 30 days before the survey.

Organisation of the research. Coordination work has been done by the experts of UISR after O. Yaremenko.

Academic support has been provided by consultants from Alliance-Ukraine, the Futures Group International, USAID project/Defining health care policy, Ukrainian Centre for HIV/AIDS prevention and treatment, the Ministry for Family, Youth and Sport.

A working group has been formed in each city and consisted of chief interviewers of stable interviewers' network of UISR after O. Yaremenko, workers of centres for HIV/AIDS prevention and treatment, representatives of NGOs who work with IDUs.

In 2007 the research has combined two components: behavioural research of IDUs (conducted by research team of UISR after O. Yaremenko) and epidemiological surveillance

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Levchuk N. M., Lutiy V. P., Marzinovska V. A., Mykytuk T. P., Morozov V. F., Petrovskiy O. M., Shamota T. S., Yaremenko O. O. – K.: ICF „International HIV/AIDS Alliance in Ukraine", 2005. – 68 p.

[3] MoH Order № 280 from 17.05.2006 on approval of national indicators for monitoring and evaluation of effectiveness of measures which ensure control of HIV/AIDS epidemic and Instruction on calculation of these indicators.

(conducted by the Ukrainian centre for HIV/AIDS prevention and treatment in cooperation with oblast centres for HIV/AIDS prevention and treatment).

Implementation of the project required close and constructive cooperation between organizers in oblast and employees of oblast HIV/AIDS centres.

Trainings on organization and implementation of the linked research have been conducted for organizers and interviewers by UISR after O. Yaremenko. Ukrainian centre for HIV/AIDS prevention and treatment conducted trainings for regional HIV/AIDS centres.

Ukrainian centre for HIV/AIDS prevention and treatment have provided funding for participation of medical workers situated in the same place where the interview was taking place in order to conduct counselling before and after the interview as well as testing with rapid tests. Medical workers have been using „Instruction for employees of voluntary HIV counselling and testing projects who work with representatives of vulnerable groups with the use of rapid tests "Orgenics Double check gold HIV *1&2* Whole blood", provided by the Ukrainian HIV/AIDS centre.

Trainings on organization and implementation of the survey among IDUs have been conducted for all participants of the project. Trainings also covered sampling methodology of IDUs on city level. Instructions on appropriate recruitment of respondents according to RDS[4] methodology have been shared.

Survey regions and cities: According to epidemiological situation in Ukraine and different levels of HIV prevalence, the following regions and cities have been chosen for the survey – the AR of Crimea (Simferopol, Yalta, Sevastopol), Kyiv city, Volynska oblast (Luzk, Novovolynsk), Dnipropetrovska oblast (Dnipropetrovsk, Kryvyi Rig, Dniprodzergynsk), Donezka oblast (Donezk, Mariupol, Makiivka), Kirovogradska oblast (Kirovograd, Znamyanka), Luganska oblast (Lugansk), Mykolaivska oblast (Mykalaiv, Voznesensk), Odeska oblast (Odesa), Poltavska oblast (Poltava), Sumska oblast (Sumy), Kharkivska oblast (Kharkiv), Khersonska oblast (Kherson, Kahovka), Cherkaska oblast (Cherkasy, Smila).

Sampling. A sample for each city has been identified based on experts' (representatives of NGOs who work with IDUs) opinions about openness and accessibility of

[4] RDS methodology has been developed in 1990-s by professor Douglas Heckathorn. Particularity of this methodology is that selection of respondents is conducted according to social networks of members of the target groups which take part in formation of the sample.

the target group. Planned sample for Yalta, Sevastopol, Novovolynsk, Mariupol, Makiivka, Kirovograd, Voznesensk, Kahovka and Smila included 100 respondents; for Luzk, Kryvyi Rig, Dniprodzergynsk, Znyamyanka, Poltava, Sumy, Kharkiv the sample included 150 respondents; in Simferopol, Dnipropetrovsk, Donezk, Mykolaiv, Kherson, Cherkasy the sample consisted of 200 respondents, in Lugansk – 250, in Odesa – 300 respondents and in Kyiv – 400 respondents.

Recruitment of respondents has been done according to RDS (Respondents Driven Sampling) methodology – sample which is guided and implemented by respondents themselves. According to this methodology *primary* respondents are selected by the research team. Primary respondents undertake recruitment of other respondents, defined as *secondary* respondents. Mapping of the city with definition of the places of most frequent presence of the target group representatives has been conducted to provide access to IDUs. Primary respondents have been selected with careful consideration of different socio-demographic characteristics (age, social status and level of education), districts/micro-districts to ensure comprehensive coverage by various representatives of the target group.

The number of primary respondents has been defined for each city separately (with the calculation that, on average, one primary respondent can provide recruitment of 40 secondary respondents) and made up to: 3 persons for the sample of 100 respondents, 4 persons for the sample of 150 respondents, 6 persons for the sample of 200 respondents, 7 persons for the sample of 250 respondents, 8 persons for the sample of 300 and 400 respondents.

Primary respondents recruited secondary respondents according to the equal opportunities principle: each respondent has received no more than three invitations for the secondary respondents. Each secondary respondent as well recruited next round of secondary respondents according to the same equal opportunities principle.

Because in some cities the development of secondary respondents sample has been interrupted at a certain stage, which has been recorded by invitation system of RDS methodology, the number of primary respondents needed to be increased. Thus, the number of primary respondents has been increased in Yalta - from 3 to 8, in Kirovograd – from 3 to 4 and Donezk - from 6 to 7.

Interview methodology: personal „one-to-one" interview with invitation of potential respondents to particular interview locations. Separate offices are necessary for management

of database according to RDS methodology as well as conducting pre- and post- rapid test counselling. Premises of NGOs and specialized buses have been used for interviewing IDUs.

Data characteristics: 4143 IDUs from 13 years old and older have participated in the research. Standard deviation with valid 95 percent and ratio of variables from 0,1 : 0,9 to 0,5 : 0,5 makes up to 0,93% –1,55%.

When comparing results on different city levels, it is important to take into consideration confidence interval, which is defined by standard square deviations (see table A).

Table A

Standard square deviations of the sample with 95% valid depending on the number of respondents and percentage indicators

Num. of respondents	For elements, close to				
	10%/90%	**20%/80%**	**30%/70%**	**40%/60%**	**50%**
100	6,0%	8,0%	9,2%	9,8%	10,0%
150	4,9%	6,5%	7,5%	8,0%	8,2%
200	4,2%	5,7%	6,5%	6,9%	7,1%
250	3,8%	5,0%	5,8%	6,2%	6,3%
300	3,5%	4,6%	5,3%	5,7%	5,8%
350	3,2%	4,3%	4,9%	5,2%	5,4%
400	3,0%	4,0%	4,6%	4,9%	5,0%
450	2,8%	3,8%	4,3%	4,6%	4,7%
500	2,7%	3,6%	4,1%	4,4%	4,5%

Duration of field research: 8 June – 15 August, 2007.

Research methodology. Questionnaire for interviewing IDUs has been developed based on the Guiding principles of key indicators development[5] as well as Methodological recommendations for monitoring behaviour of IDUs as a component of second generation epidemiological surveillance (prepared by expert group of International HIV/AIDS Alliance in Ukraine); instructions, methodological and field documents for research implementation, such as recommendations on gathering information about the target group, sampling as well as instructions for interviewer and recruiter have been prepared.

Report structure. Socio-demographic characteristics (age, marital status, social mobility, employment, education, etc.) of respondents are presented in the *first* chapter of the

[5] Monitoring the Declaration of Commitment to HIV/AIDS: guidelines on calculating core indicators: 2008 reporting.

report. Knowledge of IDUs about HIV/AIDS and STIs are analysed in the *second* chapter of the report. Information about sexual behaviour of IDUs, particularly, factors which influence unsafe sexual behaviour, is presented in the *third* chapter. Coverage levels of IDUs by prevention programmes is analysed in the *fifth* chapter. *Sixth* chapter includes information about test results of IDUs, who participated in the linked research.

Conclusions and recommendations aim to improve HIV prevention among IDUs. Results of the research will be useful for representatives of the national government as well as local authorities, professionals (social workers, medical personnel, psychologists, etc.), NGO workers who implement prevention programmes among IDUs and for personnel of HIV/AIDS prevention and treatment centres.

More detailed information on research methodology, questionnaire for IDUs, linear distribution of respondents' answers on the questionnaire can be obtained on the web-site of UISR after O. Yaremenko (http://www.uisr.org.ua) and Alliance-Ukraine (http://www.aidsalliance.org.ua).

Authors express gratitude to Alliance-Ukraine (Saluk T.O, Shvab I.A.), the Futures Group International, USAID project/Defining health care policy (Semeryk O.U., Yaremenko O.O., Nikolko M.V.), consultants of the Ministry of Ukraine for family, youth and sport (Pinchuk I.M., Sanovska V.A), specialists of UISR after O. Yaremenko (Dmytruk D.A., Romanovska L.S., Sosidko T.I., Bondar O.V., Kolomydra E.O.), international charity organisation „AIDS Foundation East-West" (Sarankov Y.), All-Ukrainian Network of people living with HIV/AIDS (Polyanzev P.) as well as gratitude is expressed to Anatoliy Vievskiy and Svitlana Sydak who helped to plan and implement the research as well as prepare the analytical report.

This research became possible thanks to cooperation of a big number of people, among them regional coordinators of stable interviewers' network of UISR after O. Yaremenko, employees of state organizations and NGOs which work with IDUs, particularly: CF "Nadia and Poryatynok" (Simferopol), NGO "Youth centre of women initiatives" (Sevastopol), NGO "Community centre" (Yalta), Rehabilitation centre "Virtus" (Dnipropetrovsk), CF "Impuls" (Dniprodzergynsk), NGO "Gromadske Zdorovya" (Kryviy Rig), Civil Association "Piklyvanya" (Mariupol), NGO "Amikus" (Makiivka), NGO "Krok za krokom" (Kyiv), NGO "People living with HIV/AIDS" (Kirovograd), NGO "Way home" (Kirovograd), CF "New Century" (Mykolaiv), NGO "Krok Nazystrich (Sumy), NGO "Chance" (Sumy), CF

“Mangust” (Kherson), CF “Insight” (Cherkasy), Volyn oblast narcological dispensary, Kryviy Rig city centre for HIV/AIDS prevention and treatment, Donezk oblast centre for HIV/AIDS prevention and treatment, Donezk city dermato-venerological dispensary, Kirovograd oblast centre for HIV/AIDS prevention and treatment, Lugansk oblast centre for HIV/AIDS prevention and treatment, Lugansk oblast hospital (necrology department), Mykolaiv oblast infectious hospital, primary care centres № 4 (“poliklinika” in Ukrainian) in Poltava, Kharkiv city Centre of social services for family, children and youth, Kharkiv oblast centre for HIV/AIDS prevention and treatment.

Short overview of the main results

HIV/AIDS epidemic has become one of the most dangerous factors, which has a negative impact on population growth and development of Ukrainian society. Currently injecting drug use remains one of the major sources of HIV transmission, particularly through heterosexual relations.

Behavioural research on groups with high HIV infection risk, particularly, among injecting drug users (IDUs) has been conducted before. This research aims at collecting data for calculating national indicators, analysing HIV infection risk factors, evaluating the influence of prevention, treatment, care and support programmes on the target group, providing strategic data for planning further prevention activities among the target group. *Survey methodology:* personal "one-to-one' interview. Overall 4143 IDUs from 13 years old and older have been interviewed in 12 oblasts of Ukraine (Volynska, Dnipropetrovksa, Donezka, Kirovogradska, Luganska, Mykolaivska, Odeska, Poltavska, Sumska, Kharkivska, Khersonska, Cherkaska), the AR of Crimea and Kyiv city.

Target group characteristics. The survey has been implemented according to RDS (respondent-driven sampling) methodology. The sample has been guided and constructed by respondents themselves. Overall among all respondents there have been 2,7% of primary respondents (recruitment is conducted by representatives of different institutions who have access to the target group through professional channels and 96,1% of secondary respondents (recruited by respondents-IDUs themselves), 1,2% of IDUs have been selected by other than RDS methodology.

Women to men ratio is about 1:3 (average indicator in all oblasts). Majority of interviewed IDUs belong to the age groups of 25–29 and 30–39 years old – 26,1% and 34,5% of all the interviewed respectively. 57% of all interviewed IDUs work, 35,7% of all the interviewed do not work, 7% study. 80,4% define themselves inhabitants, 19,6% identify themselves as new-comers to the cities, where they are currently living.

59,1% or respondents have completed general secondary (or vocational education) or have incomplete higher education. 45,3% of all respondents are either not married or do not live with the sexual partner.

During last 90 days, 43% of all the interviewed had 1 sexual partner, 16,6% had from 3 to 5 partners, 12% had 2 partners and another 11,4% had 6 and more partners. Average number of sexual partners during last 90 days ranges from 4 to 5. 76% of all those who had

sexual partners during last 90 days had stable partners, 41% had occasional partners, 9% provided commercial sexual services and 4% have been receiving them.

Awareness about HIV/AIDS and prevention methods. High risk of HIV transmission among IDUs is caused by injecting drug use mode and unsafe sexual behaviour.

► National indicator "Percentage of IDUs, who correctly identify HIV prevention methods and know how HIV is not transmitted" makes up to 46,7% of all IDUs; 45% among IDUs at the age from 15 to 24 years old and 48,6% among IDUs of 25 years old and older; among female-IDUs and male-IDUs (44,7% and 47,4% respectively). Compared to monitoring results of previous years, improvement of this indicator is observed: in 2004 it made up to 44% and in 2000 –21%.

Taking measures to prevent HIV during sexual contacts. 97,3% of all the interviewed had sexual contacts at least once in a lifetime. Majority of the sexual contacts among IDUs happens by the age of 17 years old. Average age during the first sexual experience is 16 years old. *During last 12 months,* 84% of all interviewed IDUs had sexual contacts, 74,2% had sexual contacts *during last month.* 78% of IDUs had sexual contacts with stable partners, 40% had them with occasional or random partners, 9% and 7% of all the interviewed respectively had sexual relations with commercial sex partners to whom they have given or from whom they have received renumeration.

► National indicator "Percentage of IDUs who informed about condom use during last sexual intercourse" makes up to 54,9% of all IDUs, 55,7% and 55,4% among women and men, 62,3% among 15–24 years old and 52,2% among 25 years old and older IDUs. Current indicator made up to 20% in 2004, and in 2006 it has been 53% among all IDUs.

Among IDUs, most popular places for condom purchase are pharmacies. IDUs most often receive free condoms at needle exchange points (41,8% of respondents), from NGO representatives (27,2%) and social workers (24,3%). 51,5% of the interviewed indicated that during last year have received free condoms.

Overall during last 12 months 46% of all interviewed IDUs had the practice of condom non-use with stable sexual partner, 21% had such practice with an occasional partner, and 6% had such experience with a commercial partner.

Alcohol abuse and injecting drug use. Almost three fourth of all the interviewed (74,1%) abused alcohol during *last 30 days.* Among those who have abused alcohol *during*

last month, 25% have done so every day, 46% 1–2 times per week, and 26% 1–2 times per month. Thus, it is possible to declare existence of double (narcotic and alcohol) addiction.

Among interviewed IDUs 32% use injecting drugs for more than 10 years, 29% use drugs for 6–10 years, 21% do so during 3–5 years. 9% of respondents use injecting drugs from one to two years, drug use experience to less that one year have 7% of the interviewed. Most of the participants started injecting drug use at the age of 18–20 years old.

During *last month* 26% of respondents used injecting drugs on average once a day, 19,6% used drugs 2–3 times per week and 2–3 times per day, 9,9% – 4–6 times per week, 8,8% – on average once per week, 8,4% – 2–3 times per month, 4,2% – once a month, and 2,6% – at least 4 times per day. Two groups of drugs are most widespread among IDUs in Ukraine: opiates and ephedrine derivatives. Results of the research have demonstrated that combination of drugs and alcohol is quite widespread.

During *last year* new free syringe has been received by 67,3% of all the interviewed (in needle exchange points, from representatives of NGOs and other IDUs). On average more than a half of syringes (54%) received by one IDU during last month have been received for free. 64% of respondents have used shared ware for drug distribution/preparation.

12,7% of respondents had overdose *during last year.* Overdose most often has been happening once during the year.

►National indicator „Percentage of IDUs, who used sterile injection materials during last injection" makes up to 84% among all IDUs; 81,3% among women, 85% among men; 83,3% among IDUs at the age from 15 to 24 years old, 84,3% among IDUs at 25 years old and more.

Use of services for HIV prevention, treatment and care for people living with HIV.

87,7% know where it is possible to receive HIV counselling, 83,1% indicated that have the opportunity to test for HIV anonymously and for 86,3% of IDUs HIV testing is accessible. 9,3% of respondents indicate that do not have access to HIV testing.

►National indicator „Percentage of the population at the highest risk who tested for HIV during last 12 months and know test results" makes up to 29,3% among all IDUs (in 2004 this indicator made up to 27%, in 2006 it was 21,5%): 30,2% – among women and 28,9% – among men, 22,7% – among IDUs at the age from 15 to 24 years old, 31,6% – among IDUs older than 25 years old.

►National indicator „Percentage of persons at the highest risk covered by HIV

prevention programmes". Affirmative answers on three questions, based on which this national indicator is calculated have been given by 46,1% of all interviewed IDUs (in 2004 this indicator made up to 38%, in 2006 – 61% (excluding mass media) and 91% (including mass media), 50% – among women and 45% – among men, 41% – among IDUs at the age from 15 to 24 years old, 48% – among IDUs older than 25 years.

Results of linked research among IDUs. Behavioural surveys together with HIV blood tests have been conducted in the cities with high HIV prevalence, particularly in Kyiv, Luzk, Novovolynks (Volynska oblast), Dnipropetrovsk, Kriviy Rig (Dnipropetrovska oblast) and Lugansk. 1103 IDUs have participated in the research. Test results have been shared in 79% of the cases. Among respondents whose test results are positive, 54% knew their HIV status before. Respondents have been informed about negative results in 91% of the cases. There is statistically significant link between definition of individual HIV infection risk as realistic and HIV test results. Results demonstrate that there is the link between age of the interviewed IDUs and rapid test results; duration of injecting drug use and HIV test results; frequency of injecting drug use and test results; test results and requests for assistance to organizations/structures for HIV testing. Dangerous behaviour practices of injecting drug use (injection from filled up syringe, use of shared injection instruments, use of shared ware for distribution/preparation of the drug, filling the syringe from ready-made narcotic substance from the common ware) increase probability of HIV positive test result on statistically significant level.

Conclusions. Socio-demographic portrait of the IDU can be described as the following: predominantly men at the age from 25 to 39 years old, with complete general secondary or incomplete higher education, not married, however, have a stable sexual partner.

Almost a half of all interviewed IDUs (46,2%) consider individual risk of HIV infection as high. Higher risk evaluation is widespread among IDUs who do not always use condom with commercial sexual partners as well as IDUs who practice unsafe injecting drug use.

Alcohol abuse is widespread among IDUs: three fourth of the respondents abused alcohol during *last month.* Moreover, approximately for the half of all interviewed IDUs alcohol abuse is a routine practice.

Most widespread injecting drug is opium alkaloids extract prepared in household conditions from poppy seeds material. On the second place, according to the frequency of use,

is the group of drugs related to kanabioids – hemp substances.

More than a half of IDUs have been receiving injection from the filled-up syringe during *last month.* During last injection shared instruments have been used by every seventh of the interviewed.

Although the majority of respondents know where HIV test can be taken and consider it accessible, almost every tenth respondent find difficulties in taking the test (does not know where the relevant organization is situated and/or consider testing not accessible because of different reasons).

Among IDUs, whose HIV test result is negative, majority practice safe behaviour compared to IDUs who have positive test result.

Recommendations. Recommendations are provided to different institutions, which work with IDUs (central, local authorities, NGOs, HIV/AIDS centres and other medical structures, international organizations and mass media) on cooperation, financing, management, information and prevention activities.

Chapter 1. Target group characteristics

1.1. Recruitment of respondents

RDS (respondent-driven sampling) methodology have been used for IDUs sampling. This methodology included limited number of primary respondents and planned number of respondents from each city. There have been 2,7% of primary respondents and 96,1% of secondary respondents among the interviewed. 1,2% of IDUs have been selected by other than RDS methodology. Table 1.1.1 presents information on sampling of the research conducted in 2007.

Table 1.1.1

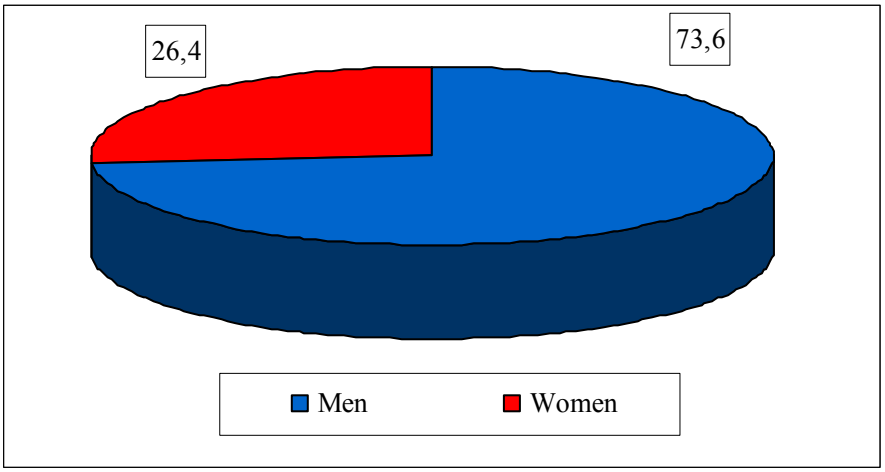
City where interviews have been conducted	Number of primary respondents	Number of secondary respondents	All respondents in oblast
Simferopol	5	200	205
Yalta	8	92	100
Sevastopol	2	98	100
Luzk	4	146	150
Novovolynsk	3	97	100
Dnipropetrovsk	6	193	199
Kriviy Rig	4	146	150
Dniprodzerzhinsk	4	146	150
Donezk	7	193	200
Mariupol	3	97	100
Makiivka	3	97	100
Kyiv	8	348	405 (49 of them have been selected by other than RDS methodology)
Kirovograd	4	106	110
Znamyanka	3	140	143
Lugansk	6	244	250
Mykolaiv	4	196	200
Voznesensk	3	97	100
Odesa	8	295	303
Poltava	3	147	150
Sumy	4	148	152
Kharkiv	4	147	151
Kherson	6	195	201
Kahovka	3	103	106
Cherkasy	6	213	219
Smila	3	96	99
Overall	**114**	**3980**	**4143** (49 of them in Kyiv have been selected by other than RDS methodology)

1.2. Socio-demographic characteristics of respondents

The survey has been conducted among IDUs in 12 oblasts of Ukraine (Volynska, Dnipropetrovska, Donezka, Kirovogradska, Luganska, Mykolaivska, Odeska, Poltavska, Sumska, Kharkivska, Khersonska, Cherkaska), the AR of Crimea and Kyiv city. General number of the interviewed is 4143 IDUs.

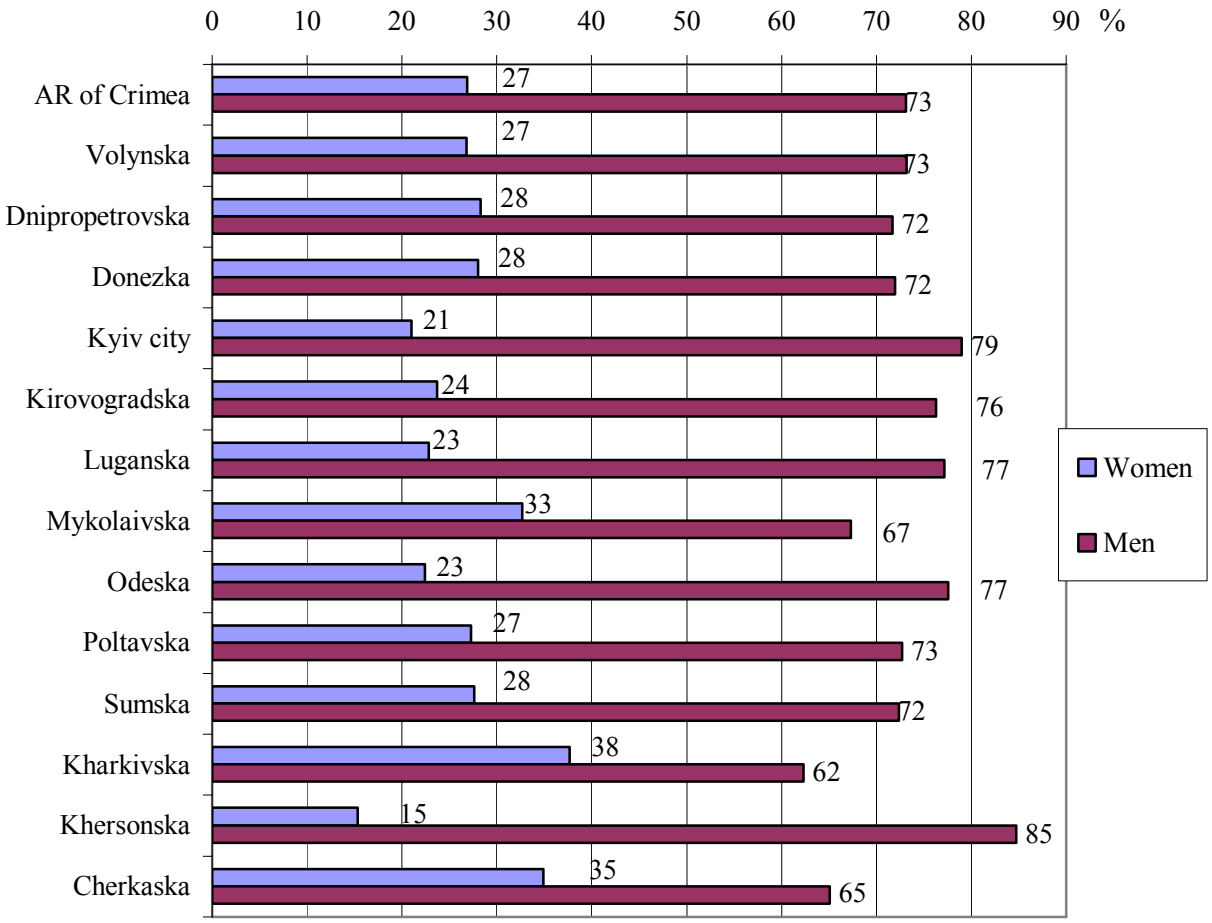
Gender distribution

There have been 73,6% of males and 26,4% of females among all IDUs interviewed. Thus women to men ratio is approximately 1:3 (average indicators in all oblasts) (pic. 1.2.1).



Pic. 1.2.1. **Distribution of respondents according to sex,** %

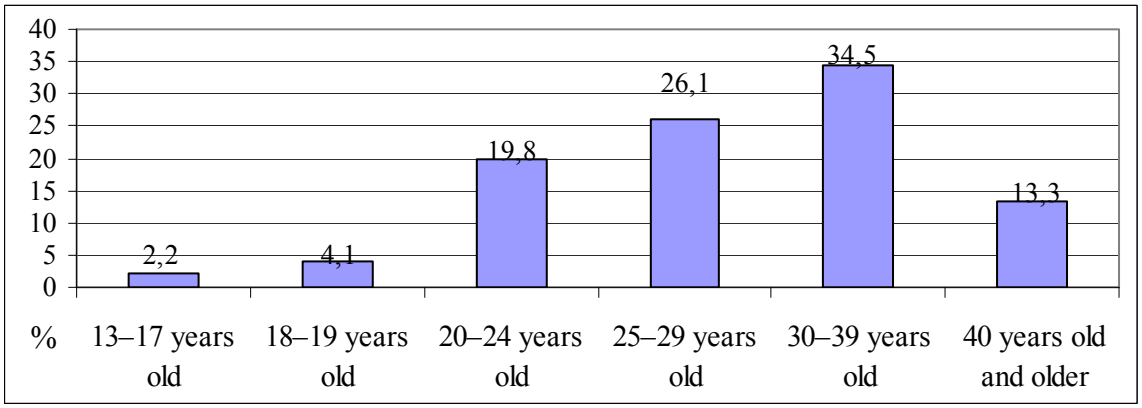
Women make up to more than a half among IDUs in Kharkivska (38%), Cherkaska (35%) and Mykolaivska oblasts. Men make up to more than a half in Khersonska oblast (85%) and Kyiv city (79%) (pic. 1.2.2).



Pic. 1.2.2. **Sex distribution in the regions,**
% of respondents in the region

Age characteristics

Majority of the interviewed IDUs belong to the age groups of 25–29 and 30–39 years old – 26,1% and 34,5% of all the interviewed respectively (pic. 1.2.3). IDUs who at the moment of the interview have been 20–24 years old make up to 19,8%. 13,3% are respondents at the age of 40 years and older. 18–19 years old IDUs make up to 4,1%. There are 2,2% of underage in the population. Maximum age of the interviewed IDUs is 65 years old.



Pic. 1.2.3. **Age distribution of the respondents,** *%*

Part of underage IDUs (13–17 years old) is highest in Kirovogradska (4% of all the interviewed here), Kharkivska (4%) and Sumska (4%) oblasts. Biggest number of 18–19 years old is in Kharkivska oblast (14%) (see table 1.2.1). Biggest number of 20–24-years old are in Kyiv city and Kharkivska oblast (35% and 33% respectively), whereas biggest number of 25–29 years old is in Luganska and Sumska oblasts (39% and 34% respectively). IDUs at the age from 30 to 39 years old prevail in Poltavska (53%), the AR of Crimea (43%) as well as in Dnipropetrovska and Volynska oblasts (42% and 40% respectively). 40 years old and older IDUs make up the biggest number of respondents in Odeska oblast (38%).

Table 1.2.1

Respondents distribution according to the age in regional dimension, *%*

	13–17 years	18–19 years	20–24 years	25-29 years	30–39 years	40 years and older
AR of Crimea	3	3	11	20	43	20
Volynska	1	0	16	28	40	15
Dnipropetrovska	1	2	11	20	42	24
Donezka	3	5	27	29	30	6
Kyiv city	3	6	35	31	21	4
Kirovogradska	4	6	24	30	28	8
Luganska	2	4	23	39	28	4
Mykolaivska	0	4	18	24	36	18
Odeska	1	5	10	10	36	38
Poltavska	1	2	12	18	53	14
Sumska	4	5	17	34	35	5
Kharkivska	4	14	32	26	21	3
Khersonska	1	2	17	27	43	10
Cherkaska	3	4	25	36	28	4

Biggest number of women are among 18–19 years old IDUs (38% of the interviewed in this age group), smallest number is among 40 years old and older (18%). Respectively, biggest number of men are among respondents of 40 years old and older (82%), smallest number is among 18–19 years old (62%).

Social status

Employed IDUs prevail among the interviewed – 57% of all respondents (35,8% of the interviewed have occasional income and 21,2% have full-time job). 35,7% of IDUs do not work (among them 27% are unemployed, 6% are involved in household tasks, 3% have the disability), 7% study (in schools, vocational education schools and universities). Details are presented in the table 1.2.2.

Table 1.2.2

IDUs distribution according to social status, %

High-school student	0,8	**6,8% *study***
Vocational education school student	1,2	
Vocational technical education school student	1,6	
University student	3,2	
Full-time employment	21,2	**57% *work***
Occasional income	35,8	
Unemployed	27,2	**35,7% *neither study nor work***
Involved in household tasks	5,5	
Disabled	3,0	
Other	*0,5*	

Among underage majority of IDUs (70% of all the interviewed in this group) study, almost a quarter (23%) neither work nor study and only 7% work. Majority of 18–19 years old IDUs study (39%), majority among 20–24 years old work (55%). Employed IDUs also prevail among 25–29 years old (65%), among 30–39 years old (60%) and among 40 years old and older (55%). IDUs who neither work nor study prevail among 40 years old and older (45%).

Among male IDUs, majority (62%) work, and among females 47% of IDUs neither work nor study.

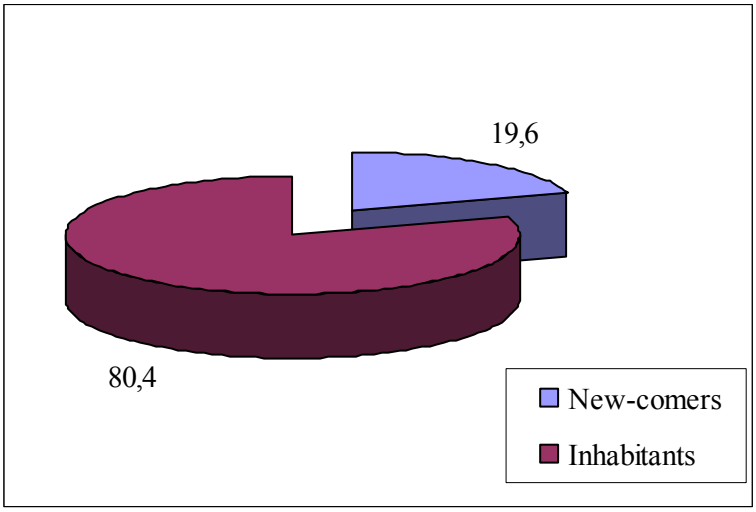
According to the regional distribution, IDUs who study prevail in Kharkivska oblast (19% of all respondents here) and Kyiv city (13%); employed IDUs prevail in Luganska and Cherkaska oblasts (73% and 65% respectively); IDUs who neither work nor study prevail in Poltavska oblast (50%).

Residence

80,4% of all respondents identify themselves as inhabitants, 19,6% are respectively new-comers (pic. 1.2.4).

New-comers can be classified according to the migration nature: 4,9% of all respondents arrive from time to time, 1,3 % of interviewed IDUs live in the city for less than 1

year. 3,4% of the interviewed live in the city from 1 to 5 years. 7,3% of the interviewed live in the city for more than 10 years.



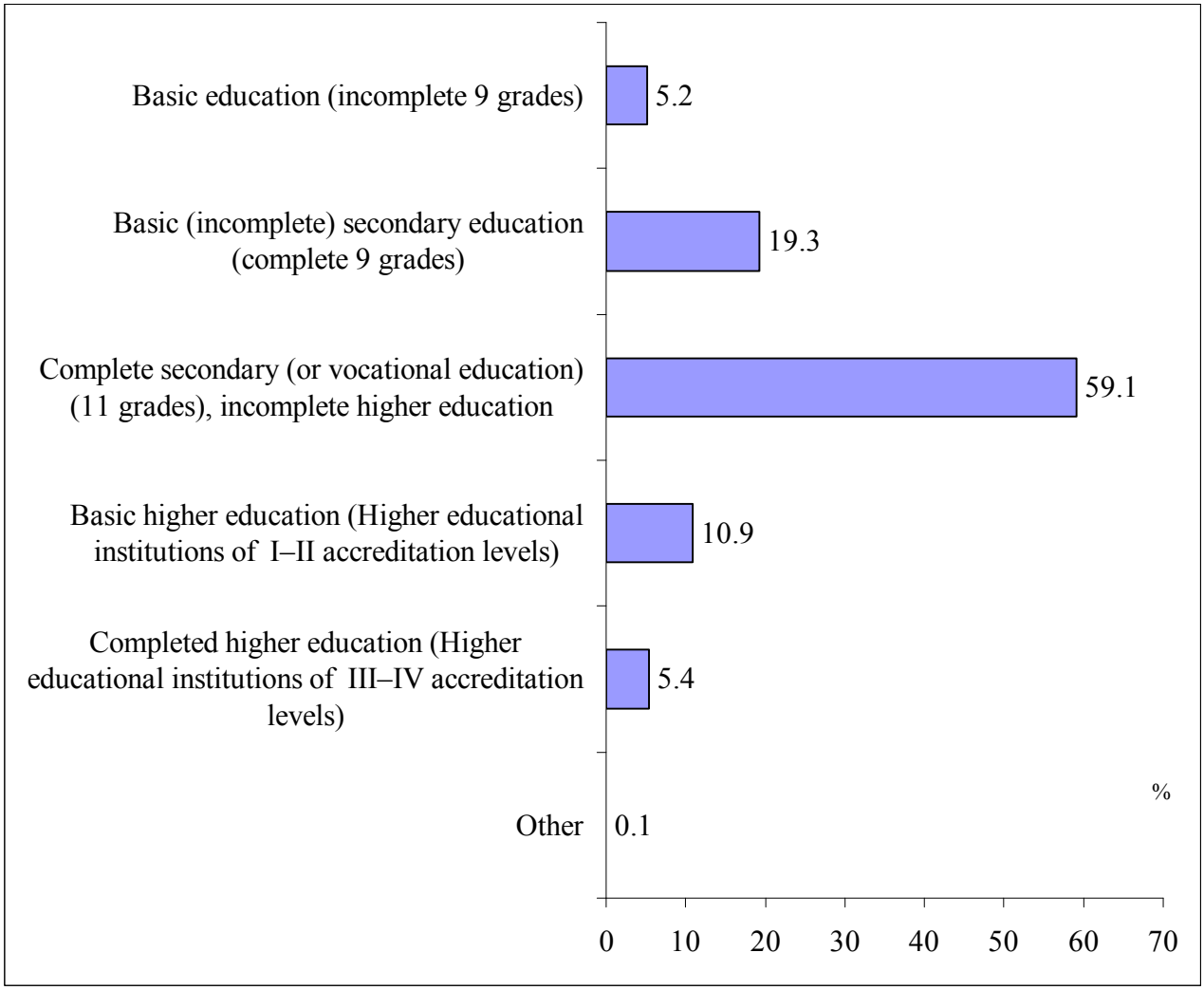
Pic. 1.2.4. **Distribution of respondents according to duration of residence,** *%*

Biggest number of new-comers IDUs is observed in Luganska (30% of all the interviewed here), Cherkaska (26%) and Kharkivska oblasts (20%). Inhabitants prevail in Poltavska (97%), Volynska (96%) and Dnipropetrovska oblasts (94%).

New-comers are more often observed among IDUs at the age of 20–24 years (19% of all the interviewed in this age group). Inhabitants prevail in all age groups and make up to 88% among 13–17 years old respondents, 85% among 18–19 respondents, 81% among 20–24 years old, 86% among 25–29 years old, 90% among 30–39 years old as well as 40 years old and older.

Education level

According to results of the research, majority of respondents (59,1%) have received secondary (or vocational) or incomplete higher education. Basic secondary education (full 9 grades) has been received by 19,3% of the respondents. Interviewed IDUs who have basic higher education (vocational technical school or higher educational institutions of I–II accreditation levels), make up to 10,9%. 5,4% of respondents have received higher education and 5,2% have basic education (incomplete 9 grades) (pic. 1.2.5).



Pic. 1.2.5. **Distribution of IDUs according to education levels,** *%*

Regional differences in IDUs educational characteristics are observed. Biggest number of IDUs with complete higher education (higher educational institutions of III–IV accreditation levels) are observed in Sumska (11%), Kharkivska (9%) and Donezka (9%) oblasts (see table 1.2.3). IDUs with basic higher education (higher educational institutions of I–II accreditation levels) are most often observed in Cherkaska (26%) and Sumska (22%) oblasts. Respondents who at the moment of the interview have received complete secondary (or vocational) education (11 grades), prevail in Volynska (73%), Poltavska (67%) and Kharkivska (66%) oblasts. Respondents with basic secondary education (complete 9 grades) prevailed in Luganska (28%), Mykolaivska (25%) and Dnipropetrovska (24%) oblasts. IDUs with elementary educational level are most often observed in the AR of Crimea (10%) and Poltavska (7%) oblast.

Table 1.2.3

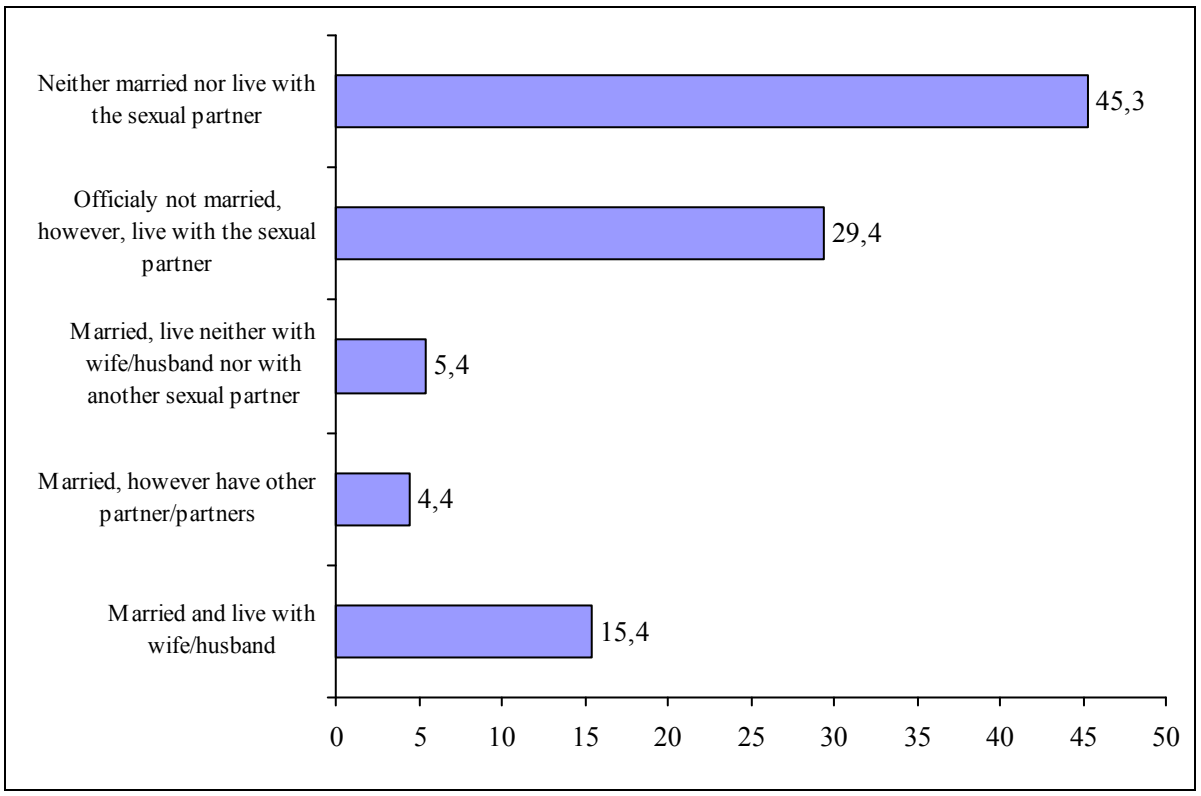
Distribution of respondents according to education levels in regional dimension, %

	Elementary education	Basic secondary education	General secondary education	Basic higher education	Complete higher education
AR of Crimea	10	18	61	9	2
Volynska	5	16	73	2	4
Dnipropetrovska	1	24	58	11	6
Donezka	4	19	58	10	9
Kyiv City	6	16	65	8	5
Kirovogradska	5	19	63	11	2
Luganska	3	28	58	6	5
Mykolaivska	6	25	53	12	4
Odeska	6	20	57	10	7
Poltavska	7	11	67	8	7
Sumska	2	11	54	22	11
Kharkivska	6	7	66	12	9
Khersonska	7	22	56	11	4
Cherkaska	4	19	46	26	5

Basic education level is common for more than a third of the underage IDUs (33% of all respondents in this age group), whereas almost a half (43%) of 13–17 years old have received incomplete secondary education, and a quarter (24%) have received complete secondary education. IDUs with basic secondary education prevail among 18–19 years old (30%). IDUs with complete secondary education prevail among 30–39 years old (63%). Basic higher and complete higher education mostly have IDUs at the age of 40 years and older (15% and 8% respectively).

Marital status

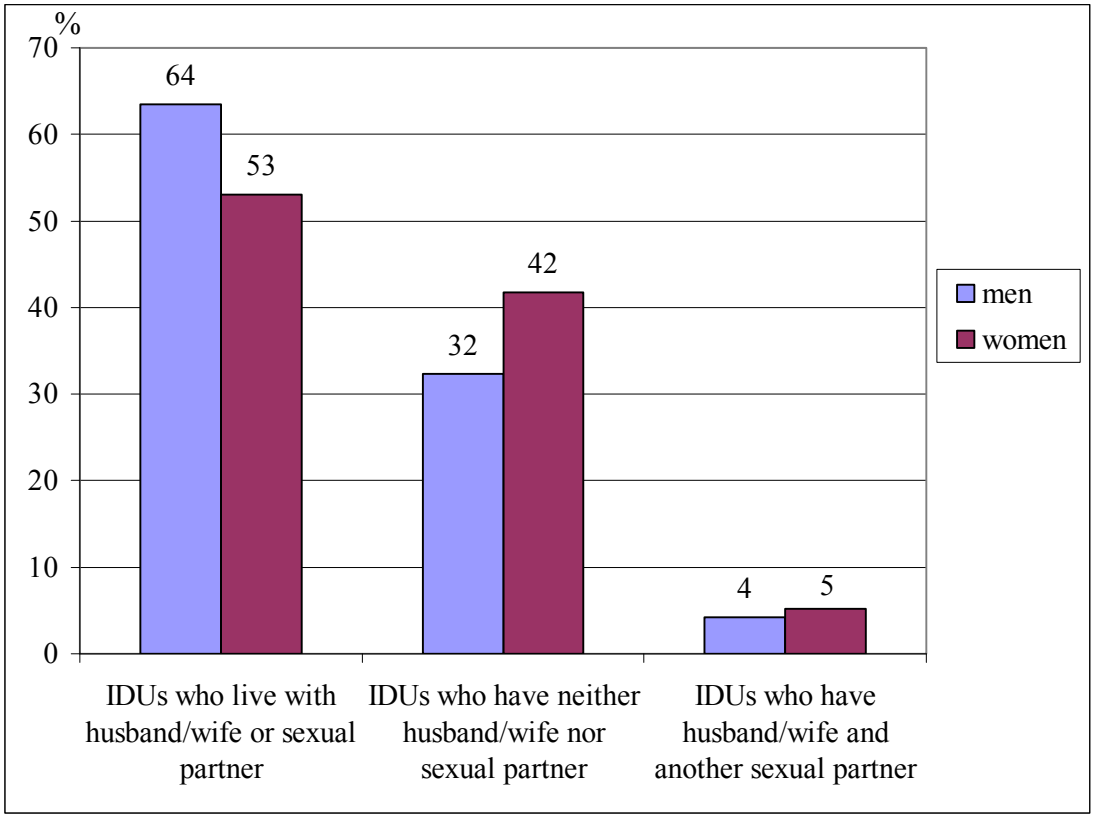
45,3% of all interviewed IDUs are neither married nor live with the sexual partner. Those who are not married officialy, however, live with the sexual partner make up to a third of the interviewed. Married IDUs who live with husband/wife make up only 15,4%. Women more often than men have unofficial, however, stable relations with sexual partners (36%), whereas men most often are not married and do not to live with the sexual partner (48%) (pic.1.2.6).



Pic. 1.2.6. **Distribution of IDUs according to the marital status,** *%*

Underage IDUs (13–17 years old) most often live with the sexual partner (95% of all respondents in this age group). Majority of 25–29 years old and 30–39 years old IDUs (40% in each group) do not have husband/wife and do not live with the sexual partner. 30–39 years old IDUs most often (6%) have husband/wife and live with the sexual partner.

Among men there are more than among women those who do not live with husband/wife or sexual partner, (64% and 53% respectively), and among women majority are those who do not have a husband and do not live with sexual partners (42% among women in comparison with 32% among men in similar situations). Differences are significant on the level of 1% (pic. 1.2.7).



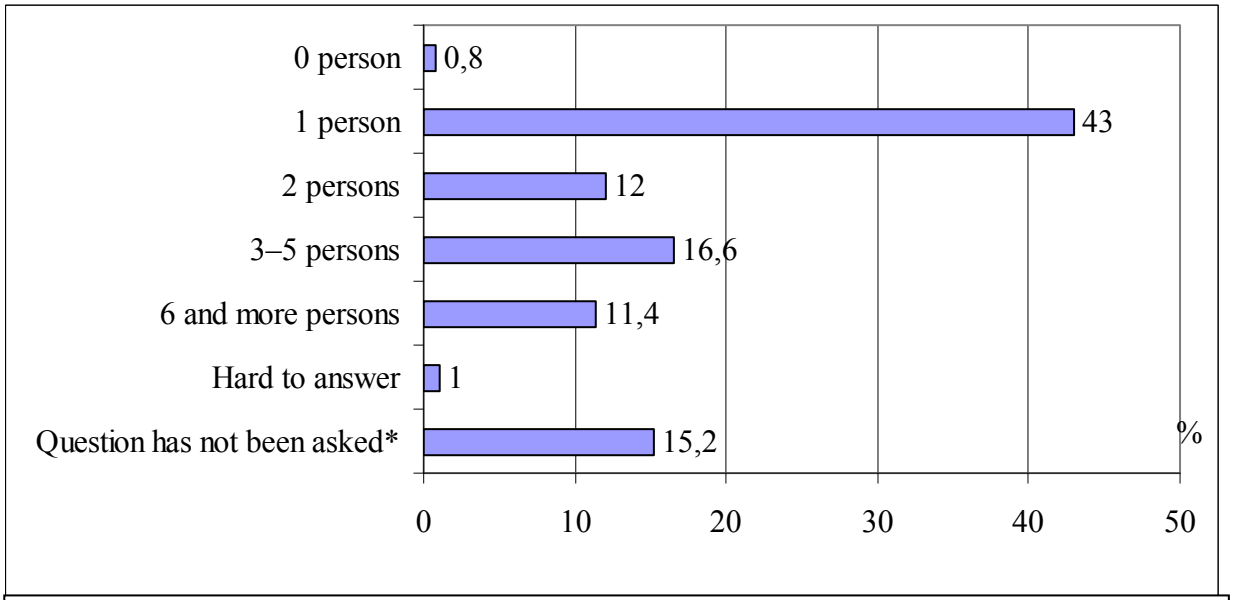
Pic. 1.2.7. **Distribution of IDUs according to the marital status depending on the sex, %**

IDUs who live together with husband/wife or sexual partner prevail in Volynska (68% of all the interviewed here), Donezka (68%), Kharkivska (67%) and Odeska oblasts (66%). Majority of IDUs who live with husband/wife and have another sexual partner are among respondents in Sumska and Luganska oblasts (11% and 8% respectively). IDUs who neither have husband/wife nor live with the sexual partner prevail in Mykolaivska (42%), Poltavska (41%) and Cherkaska (41%) oblasts.

1.3. Structure of IDUs according to behaviour patterns and sexual contacts

Categories of sexual partners

Overall, majority (43% of all respondents) of IDUs had 1 sexual partner during last 90 days, 16,6% had from 3 to 5 partners, 12% had 2 partners and another 11,4% had 6 and more partners (see pic. 1.3.1). Average number of sexual partners during last 90 days is 4–5.

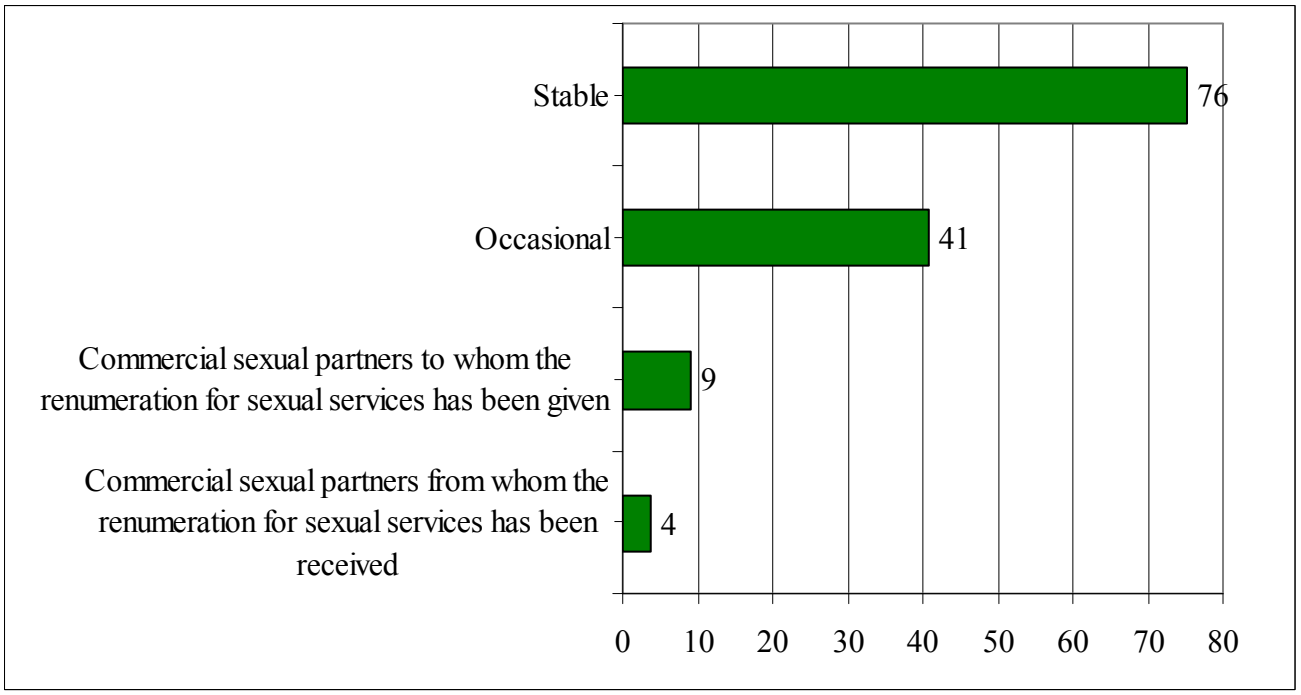


** % of those, who have never had sexual partners and those who during last 12 months did not have sexual partners.*

Pic. 1.3.1. **Distribution of respondents according to number of sexual partners,** *%*

During last 90 days majority of IDUs (78,4% of all respondents) had sexual contacts with stable, occasional or commercial sexual partners; respectively 21,6% of respondents did not have such partners or never had sexual relations.

Three fourth of the interviewed had stable sexual partners (76% of those who had sexual partners during last 90 days), 41% of interviewed IDUs had occasional partners (see pic. 1.3.2). Looking at commercial partners, respondents more often had those to whom they have given compensation (9%), than those from whom they have received it (4%).



%

Pic. 1.3.2. **Respondents according to the category of sexual partners,** *%*
(among those who had sexual partners during last 90 days, N=3249)

More than a half of IDUs (53% among those who had sexual partners during last 90 days) had only stable partners; a fifth of respondents (20%) had only occasional partners; another 14% had both stable and occasional partners, 13% had commercial partners (see table 1.3.1).

Respondents who had commercial partners to whom they have given compensation, also had sexual relations with stable, occasional or stable and occasional partners (3% of all who had sexual partners during last 90 days).

Table 1.3.1

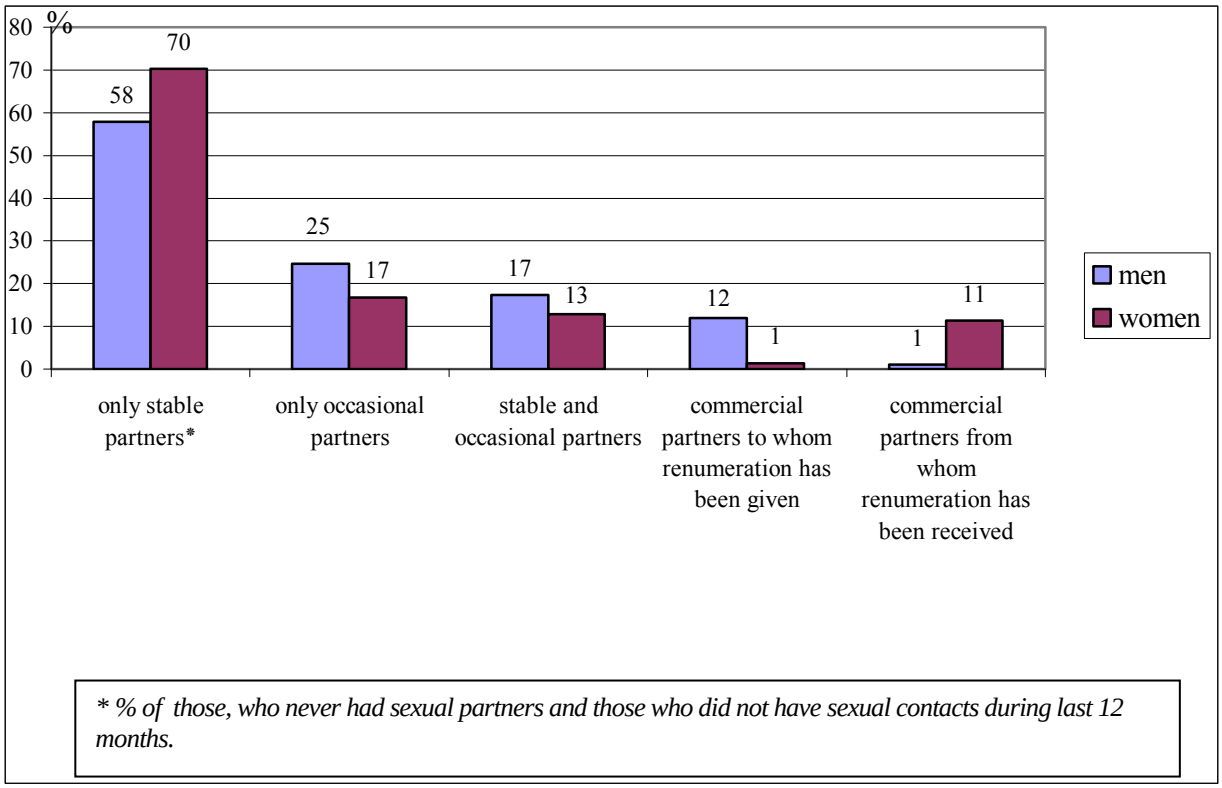
Distribution of respondents according to the category of sexual partners, %
(among those who had sexual partners during 90 days, N=3249)

Only stable	**53**
Only occasional	**20**
Stable and occasional	**14**
Commercial	**13**
Including:	
Stable and occasional partners who have been given renumeration	3
Occasional and commercial partners who have been given renumeration	3
Stable and occasional partners who have been given renumeration	3
Stable and commercial partners from whom renumeration has been received	1
Only commercial partners to whom renumeration has been given	1
Stable, occasional and commercial partners from whom renumeration has been received	1
Only commercial partners from whom renumeration has been received	1

Among women-IDUs most often were those who had only stable sexual partners (70% of those who had sexual partners during last 90 days), and among men-IDUs there have been 58% of those (see pic. 1.3.3).

Men-IDUs more often had occasional partners (25%), unlike women-IDUs, who had 17% of such partners. Stable and occasional partners had 17% of the interviewed men and 13% of women-IDUs among those who had sex during last 90 days.

12% of men-IDUs among those who had sexual partners during last 90 days have given remuneration for sexual services to commercial sex partners. There have been 1% of those among women-IDUs. 1% of men- and 11% women-IDUs have been receiving remuneration for sexual services.



Pic. 1.3.3. **Women- and men-IDUs according to sexual partners category,** *%*
(among those who had sexual partners during last 90 days, N=3249)

Looking at age distribution, majority of older age groups has only stable partners: 72% among 40-years old and older, 68% among 30–39 years old and 63% among 25–29 years old (of those who had sexual partners during last 90 days). Around a third (31%) of the underage respondents has stable partners.

Sexual relations only with occasional partners are common among underage (60% of all who had sexual partners during last 90 days). With the age, the number of IDUs who have such sexual partners decreases: among 30–39 years old and 40 years old and older only 17% and 15% respectively have only occasional partners.

IDUs who have stable and commercial partners are common among 20–24 years old and 18–19 years old (20% and 19% respectively from those who had sexual partners during last 90 days).

Predominantly underage have been receiving remuneration for sexual services (13% of all those who had sexual partners during last 90 days), most often 25–29 years old and 20–24 years old (11% and 10% respectively) have been providing remuneration for such services.

According to the regional distribution, IDUs who have only stable partners prevail in Odeska (80% of all those who had sexual partners during last 90 days here), Poltavska (72%), Mykolaivska (71%) and Kirovogradska oblasts (70%). Interviewed IDUs in Khersonska (29%), Luganska (29%) and Donezka oblasts (28%) have predominantly occasional partners. Respondents who have sexual relations both with stable and occasional partners prevail in Sumska and Kharkivska oblasts (30% and 26% respectively). IDUs who have provided remuneration for sexual services most often have been observed among representatives of Luganska oblast (21%), and those who have been receiving remuneration prevail in Sumska oblast (8%).

Conclusions to Chapter 1

According to the research conducted in 2007 in the capital city and 13 oblasts, IDUs in Ukraine are characterized by the following socio-demographic features:

- According to sex distribution men prevail among IDUs (74% of all the interviewed).
- Majority among IDUs are persons at the age of 25–29 and 30–39 years old – 26% and 35% of all the interviewed respectively.
- Biggest number of women are among 18–19 years old IDUs (38% of all the interviewed in this age group), smallest number is among 40 years old and older (18%). Respectively, biggest number of men are among respondents at the age of 40 and older (82%), smallest number is among 18–19 years old (62%).
- Majority of IDUs (59%) have completed secondary (vocational) education or have incomplete higher education.
- According to the marital status, almost a half of the respondents (45%) are not married and do not live with the sexual partners.
- Looking at the sexual contacts, a half of respondents has only stable sexual partners (53% of those who had sexual partners during last 90 days); a fifth of the interviewed IDUs (20%) had only occasional partners and another 14% had both stable and occasional; 13% of respondents had commercial partners.

Chapter 2. Awareness about HIV/AIDS and prevention methods

High HIV infection rate is caused both by the mode of drug use as well as unsafe sexual behaviour.

Consequently, awareness of IDUs about ways of HIV transmission and prevention methods becomes of a great importance.

Increasing awareness about HIV/AIDS, ways of HIV transmission, person protection methods as well as realistic evaluation of individual HIV-infection risk should contribute to the decrease of IDUs risk behaviour.

Awareness about ways of HIV transmission

Analysis of respondents' responses on HIV prevention demonstrates high level of IDUs awareness about this topic. Respondents to the biggest extent agree with the statement that "it is possible to get HIV during use of the needle which has been utilized by another person" (94,8% of all the interviewed agreed with this statement) and "person who looks healthy can have HIV" (82,6%) (table. 2.1).

Respondents are least informed about mother-to-child HIV transmission. A third of the interviewed IDUs (33%) did not give correct answer about HIV transmission during breast-feeding by HIV positive mother. A quarter of respondents could not give correct answers about HIV transmission from HIV positive mother to child during pregrancy and labour (24% and 25% of respondents respectively).

85,5% know that the statement "person can get HIV when drinking in turn from the glass with person living with HIV" is false. 83% did not agree that "person can get HIV during common use of toilet, swimming-pool and sauna with person living with HIV". 82,7% of respondents consider the statement that "HIV infection is transmitted through mosquito bite" false (table 2.1).

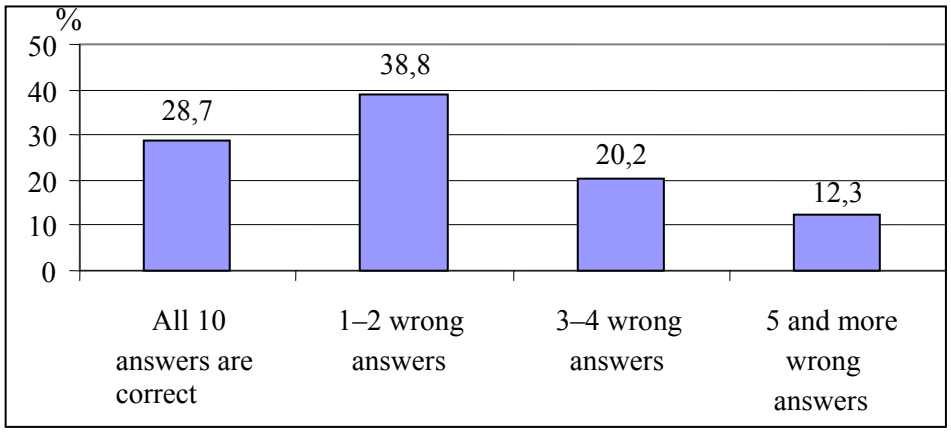
Table 2.1

Distribution of IDUs answers on the question „How much do you agree with the following statements about HIV/AIDS?", %

	Yes	No	Do not know/hard to answer

Correct statements			
Getting HIV can be avoided when having sex only with one faithful non-infected partner	79,3	16,1	*4,6*
Risk of getting HIV can be reduced, when using condom correctly during each sexual intercourse	74,4	20,1	*5,5*
Person who looks healthy can have HIV	82,6	9,6	*7,8*
It is possible to get infected with HIV, from the needle used by another person	94,8	2,9	*2,3*
HIV can be transmitted from HIV positive mother to child during pregnancy	74,0	7,3	*18,7*
HIV can be transferred from HIV positive mother to child during labour	75,5	3,9	*20,6*
HIV can be transferred from HIV positive mother to child during breastfeeding	67,0	8,6	*24,4*
False statements			
It is possible to get infected with HIV through mosquito bite	6,7	82,7	*10,6*
Person can get HIV when drinking from the same glass with HIV positive person	6,1	85,5	*8,4*
Person can get HIV during common use of toilet, swimming pool and sauna with HIV positive person	6,5	83,0	*10,5*

28,7% of respondents among all the interviewed gave correct answers on all 10 statements presented (see pic. 2.1). Mistake has been made in 1–2 cases by 38,8% of the respondents. False answers have been given in more than 3–4 cases by 20,2% of the interviewed. More than a half of wrong answers have been given by 12,3% of respondents.



Pic. 2.1 Distribution of respondents according to the number of selected wrong answers on statements about HIV/AIDS, %

The number of correct answers on correct and false statements about ways of HIV/AIDS transmission increases with the higher level of respondents' education (Pirson coefficient – 0,1; correlation is significant on the level of 0,01). Respectively, whereas among respondents with the basic level of education 21% gave correct answers on all 10 statements, among respondents with basic higher education there have been more than a third of those (32%).

According to regional distribution, majority of respondents who gave correct answers on all 10 statements are from Volynska and Cherkaska oblasts (46% and 41% respectively). Those who have chosen more than a half of wrong answers are from Kharkivska and Luganska oblasts (33% and 28% respectively).

National indicator "Percentage of IDUs, who correctly identify HIV prevention methods and know how HIV is not transmitted"

National indicator on HIV infection awareness and percentage of those who correctly identify ways of sexual HIV transmission and know how HIV is not transmitted makes up to 46,7% of all IDUs; 45% are among IDUs at the age from 15 to 24 years old and 48,6% are among IDUs of 25 years old and older. Among women-IDUs and men-IDUs this percentage is 44,7% and 47,4% respectively.

Improvement of this national indicator is observed compared to results of previous years: in 2004 it made up to 21%, and in 2006 it was 44%.

Calculations of this indicator are presented in the table 2.2.

Table 2.2

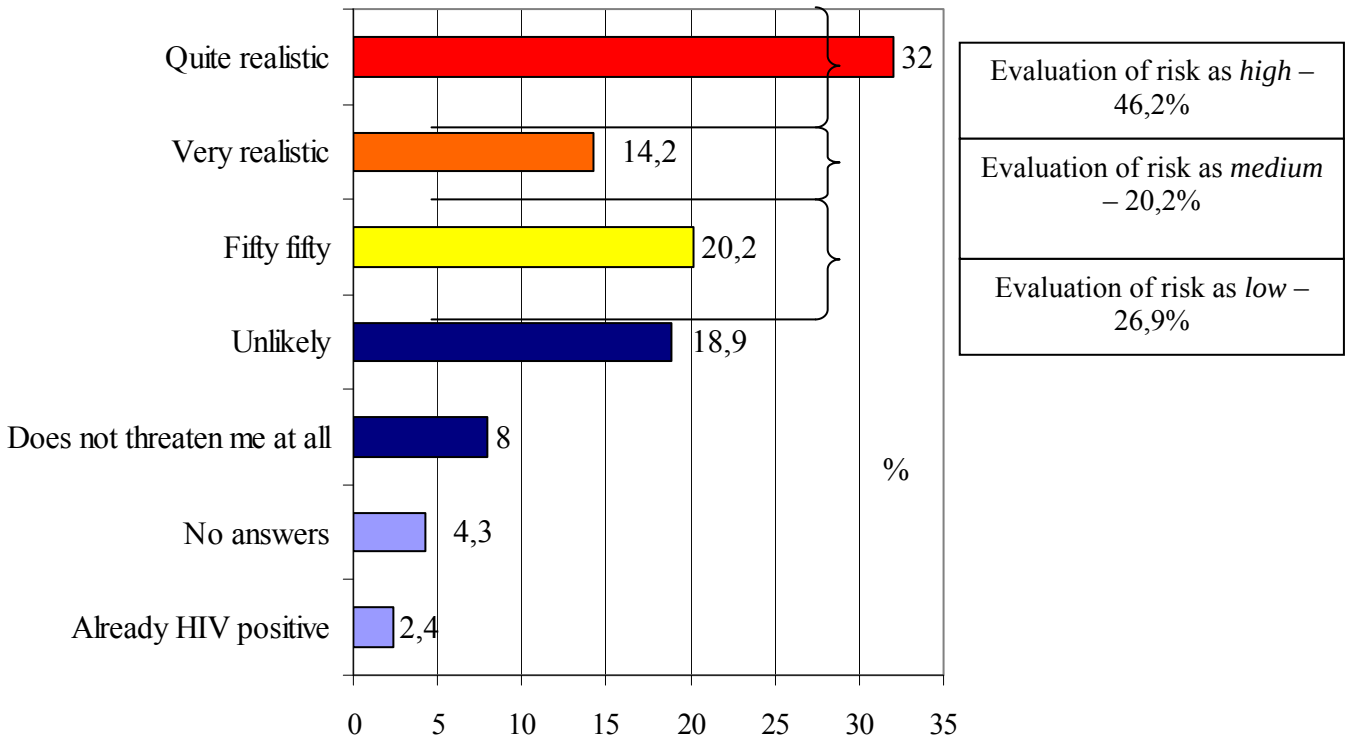
Calculation of the indicator on HIV prevention awereness, *%*

***Numerator**: the number of respondents who gave correct answers on all 5 questions*	N=1933		**Among all IDUs**	***According to sex***		***According to age groups***	
***Denominator:** the number of respondents who gave answers, including "don't know" on all 5 questions*	N=4140			**Among women-IDUs**	**Among men-IDUs**	**Among IDUs of 15–24 years old**	**Among IDUs of 25 years old and older**

Value of the indicator, %	**46,7**	**44,7**	**47,4**	**45,0**	**48,6**
Correct answer on question 1: Is it possible to reduce the risk of HIV transmission when having sexual contacts with only one faithful non-infected partner?	79,3	79,0	79,4	76,6	80,2
Correct answer on question 2: Is it possible to reduce the risk of HIV transmission when using condoms?	74,4	72,9	75,0	72,7	75,0
Correct answer on question 3: Can person, who looks healthy, have HIV?	82,6	81,3	83,0	79,7	83,6
Correct answer on question 4: Can person get HIV through common use of toilet, swimming pool or sauna with HIV positive person?	82,9	82,8	83,0	78,8	84,4
Correct answer on question 5: Can person get HIV when drinking in turn from the same class with HIV positive person?	85,5	86,8	85,0	80,9	87,1

Individual evaluation of IDUs about the risk of HIV infection

Almost a half of IDUs (46,2% of all the interviewed) evaluate individual risk of HIV infection as high: 32% estimate it as “quite realistic”, another 14,2% evaluate it as “very realistic” (see pic. 2.2). More than a quarter of the interviewed (26,9%) consider individual risk of HIV infection as low. Answers “it is improbable” and “this does not threaten me at all” have been chosen by 18,9% and 8% of respondents respectively. 20% of the interviewed IDUs evaluated individual HIV infection risk as medium (“fifty fifty” answer).



Pic. 2.2. **Distribution of answers on the question: "How realistic for you personally is the risk of getting HIV?",** *%*

There is no significant difference between individual HIV infection risk evaluation by men and women.

Among IDUs of older group (25 years old and older) majority are those who evaluate the risk of HIV infection as high compared to 15–24 years old. For example, 40% of 15–24 years old and 48% of IDUs at the age from 25 years old and older (of all the interviewed in these age groups) consider the risk of HIV infection as high, whereas 31% and 25% of IDUs of those two groups respectively evaluate individual risk of HIV infection as low (see table. 2.3).

Table 2.3

Individual HIV infection risk evaluation among IDUs according to the age, *%*

	15–24 years old	25 years old and older
Risk evaluation as high	40	48
Risk evaluation as medium	22	20
Risk evaluation as low	31	25
Hard to answer	*6*	*4*
Already HIV positive	*1*	*3*

Individual risk evaluation correlates with the level of IDUs education: the higher the level of respondents' education is, the lower individual risk of HIV infection is estimated (Pearson correlation coefficient 0,1) (table 2.4). Among IDUs with basic level of education a half of respondents (50% of all the interviewed in this group) evaluate individual risk of HIV infection as high and among IDUs with complete higher education there is only a third of those (31%). And vise versa, 40% of IDUs with complete higher education estimate risk of HIV infection as low and there are 24% of those among IDUs with basic level of education.

Table 2.4

Distribution of IDUs' answers on the question "How realistic for you personally is the risk of getting HIV?", depending on education level, *%**

	Basic education	Basic secondary education	Complete secondary education	Basic higher education	Complete higher education
Risk evaluation as high	50	49	46	46	31
Risk evaluation as medium	18	22	20	20	24
Risk evaluation as low	24	23	27	27	40
Hard to answer	*5*	*4*	*4*	*5*	*4*
Already HIV positive	*3*	*2*	*3*	*2*	*1*

*Pirson correlation coefficient 0,1 (correlation is significant on the level 0,01 (1-sided)).

According to the regional distribution, low estimation of individual HIV infection risk is common among representatives of Khersonska (33% of all the interviewed here), Dnipropetrovska oblasts (30%) and the AR of Crimea (30%), high estimation of individual HIV infection risk is widespread among representatives of Volynska and Poltavska oblasts (68% and 63% respectively). Biggest number of respondents who evaluate individual HIV

infection risk as medium is observed in Sumska and Mykolaivska oblasts (28% in each oblasts).

Conclusions to Chapter 2

- Currently IDUs are characterized by high awareness about HIV/AIDS prevention. According to research results conducted this year (2007), national indicator "Percentage of IDUs, who correctly identify HIV prevention methods and know how HIV is not transmitted" makes up to 47%.
- Difficulties with the choice of correct and wrong answers, first of all, have been caused by the following question on HIV prevention: "Is it possible to reduce the risk of HIV transmission when having sexual contacts with only one faithful non-infected partner?" and "Is it possible to reduce the risk of HIV transmission when using condoms?".
- Almost a half of respondents from all the interviewed (46%) consider individual risk of HIV infection as high.
- Besides, more that a quarter of the interviewed (27%) consider the risk as not probable or absent at all.

Chapter 3. HIV prevention methods during sexual contacts

3.1. Sexual activeness of IDUs

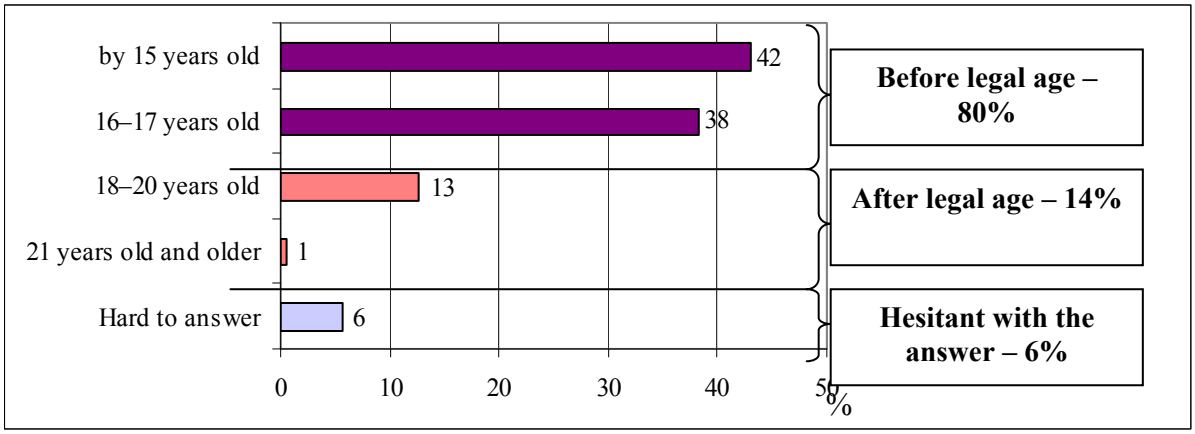
Sexual activeness of IDUs becomes important in the light of high HIV prevalence among representatives of this group.

Analysis of respondents' answers about sexual experience demonstrates that almost all the interviewed (97,3% of respondents) at least once in lifetime had sexual relations, 2,4% never had sexual contacts and 0,3% refused to answer.

Age during first sexual contact

Most often IDUs have first sexual contact at the age of 15 years old (42% of all those who had sexual contacts) and from 16 to 17 years old (37%) (pic. 3.1.1). 13% of IDUs had first sexual contact at the age of 18–20 years old. Respondents who had first sexual contact at the age older than 21 years old make up to 1% of respondents. Overall, majority of the interviewed (81%) had first sexual contact before becoming of legal age, 14% had such experience after being of legal age and another 6% did not remember or were hesitant with the answer.

On average, the first sexual experience happened at the age of 16 years old.



Pic 3.1.1. **Distribution of respondents according to the age of the first sexual experience, %**

(among those who had sexual contacts, N=3803)

According to age distribution, majority of 13–17 years old IDUs (73% of all those who had sexual contacts in this age group) had first sexual experience before 15 years old, whereas 27% of the underage had sexual contacts at the age of 16–17 years old (see table 3.1.1). More

than a half of 18–19 years old and 20–24 years old interviewed IDUs (59% and 54% respectively) has first sexual contact before 15 years old. Among 25–29 and 30–39 years old there is less than a half of those (47% and 40% respectively). Majority of those who had sexual contacts at the age from 16 to 17 years old are between 30–39 and 40 years old as well as older (43% and 41% respectively).

Table 3.1.1

Distribution of respondents of different age groups according to the age of the first sexual experience, *%*

(among those who had sexual contacts, N=3803)

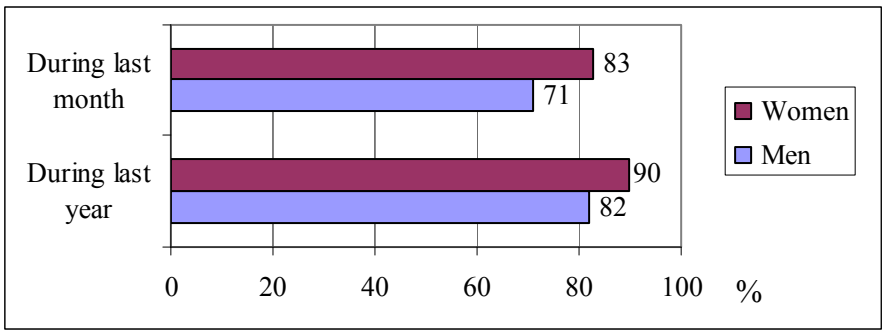
Age groups of interviewed IDUs	Age during the first sexual contact			
	6–15 years old	16–17 years old	18–20 years old	21 years old and older
13–17 years old (y.o.)	73	27		
18–19 y.o.	59	40	1	
20–24 y.o.	54	38	8	0
25–29 y.o.	47	40	12	1
30–39 y.o.	40	43	16	1
40 y.o. and older	35	41	22	2

According to the regional distribution, respondents who had the first sexual contact before 15 years old prevail in Kyiv city (54% of all the interviewed here who had sexual contacts), Dnipropetrovska and Odeska oblasts (50% and 49% respectively). Those who had first sexual experience at the age of 16–17 years old prevail in Volynska (48%), Cherkaska (46%) and Sumska oblasts (45%). Those who had sexual experience at the age of 18 years old and older prevail in Volynska oblast (31%).

Sexual contacts during last year and last month

During last 12 months 84% of all interviewed IDUs had sexual contacts, 74,2% had sexual contacts *during last month.*

Women-IDUs are more sexually active than men-IDUs. Among women 90% of all the interviewed had sexual contacts during last 12 months, and 83% had them during last month; 82% and 71% respectively had such experiences among men (see pic. 3.1.2).



Pic 3.1.2.Distribution of affirmative answers of respondents on the question "Did you have sexual contacts during last month? During last year?", *%*

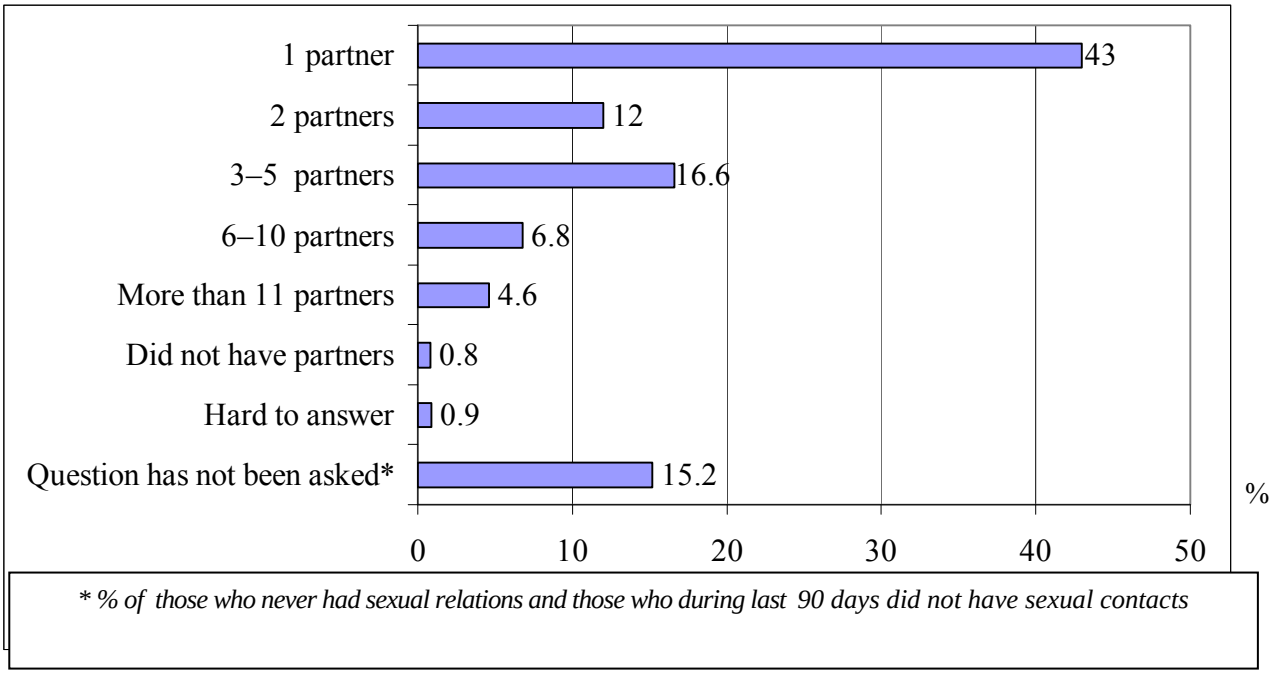
Among respondents who had sexual contacts *during last 12 months*, 65% indicated that *during last three months* had sexual contacts with a stable sexual partner. However, it is important to pay particular attention that 4% has sexual contacts with occasional and random sexual partners, 9% had contact with commercial sexual partners to whom remuneration for sexual services has been given and 7% had sexual relations with sexual partners from whom remuneration has been received.

During last month 78% had sexual contacts with stable partners, 40% had contacts with occasional and random partners, 9% and 7% of the interviewed respectively have been providing or receiving remuneration for sexual services.

According to results of the research, it is possible to observe high level of sexual activeness of IDUs, acceptability for some part of IDUs occasional and random sexual partners and availability of sexual relations for remuneration, however, more often on the occasional rather than systematic basis (see chapt. 1, table 1.3.1).

Number of sexual partners

During last 90 days majority of the interviewed IDUs (43% of all respondents) had 1 sexual partner (see. pic. 3.1.3). A sixth of respondents had from 3 to 5 partners, and another 12% of respondents had 2 partners. From 6 to 10 sexual partners had 6,8% of the respondents. Sexual relations with more than 11 partners during last 3 months had 4,6% of the IDUs. Insignificant number of respondents did not have sexual partners during this period of time (0,8%) or have been hesitant with the answer (0,9%).



Pic. 3.1.3. **Distribution of respondents according to the number of sexual partners *during last 90 days, %***
(among all respondents)

Among women compared to men there are more of those who *during last 90 days* had 1 sexual partner (47% among interviewed women compared to 41% among men) (see table. 3.1.2.), as well those who had 11 and more sexual partners (11% among women and 2% among men). However, among men there are more of those who during *last 90 days* had 2 (13% among men and 10% among women) and 3–5 partners (18% among men and 13% among women). Indicated differences are significant on the level of 1%.

Table 3.1.2

Distribution of respondents according to sex and the number of sexual partners *during last 90 days, %*

Number of sexual partners	Men, N = 3046	Women, N = 1095
1 partner	41	47
2 partners	13	10
3–5 partners	18	13
6–10 partners	7	7
More than 11 partners	2	11
Did not have partners	1	1
It is hard to answer	1	1
Question has not been asked*	17	10

** % of those who never had sexual partners and those who during last 90 days did not have any sexual partners*

Average number of sexual partners during 3 months is 4 for sexually active IDUs.

According to the regional distribution, biggest number of IDUs sexual partners during last 90 days prevail in Dnipropetrovsk oblast (8,2 partners) and the AR of Crimea (7,3 partners), smallest number of sexual partners is observed in Poltavska oblasts (1,8 partners) (see table 3.1.3).

Table 3.1.3

Average number of sexual partners among sexually active IDUs during last 90 days, according to the regions, *persons (average value)*

	AR of Crimea	Volynska	Dnipropetrovska	Donezka	Kyiv city	Kirovogradska	Luganska	Mykolaivska	Odeska	Poltavska	Sumska	Kharkivska	Khersonska	Cherkaska
Average number of sexual partners	7,3	6,6	8,2	3,9	3,1	3,2	3,7	3,3	2,0	1,8	2,9	5,0	2,5	3,5

Stable sexual partners

Majority of IDUs (55,5% of all respondents) had one stable sexual partner, a fifth of respondents (22,1%) did not have such partners during last 90 days, however, had them earlier (during last year), and 6,3% of the interviewed had 2–3 of such partners (see table 3.1.4).

Among men and women prevail those who during last three months had 1 stable sexual partner (53% and 62% of all the interviewed respectively).

The number of respondents who had 1 stable partner prevail in Mykolaivska (67% of all the interviewed here) and Donezka (62%) oblasts; those who had 2–3 stable partners prevail in Odeska oblasts (10%); those who did not have such partners prevail in Volynska and Donezka oblasts (28% in each).

Table 3.1.4

Distribution of IDUs according to the number of stable sexual partners, *%*
(among all the interviewed and among those who had sexual contacts during last 90 days)

		Among all the interviewed	*Among those who had sexual contacts during last 90 days, N = 3249*
Stable sexual partners (men/women or another person with whom you had long-term relations)	0 person	22,1	25
	1 person	55,5	68
	2 persons and more	6,3	6
	Hard to answer	*0,8*	1
	*Question has not been asked**	*15,2*	

** % of those who never had sexual relations and those who during last 90 days did not have sexual contacts*

Occasional sexual partners

During *last 90 days* 38% of all respondents had occasional sexual partners. Majority of respondents had from 2 to 3 of such partners (13,9% of all the interviewed) (see table 3.1.5). As well during this time 10,6% of all respondents had 1 occasional partner, and 9,5% had from 4 and more partners.

Both men and women have approximately the same number of partners during last 90 days. 11% of men and 9% of women had 1 partner; 15% of men and 11% of women had 2–3 partners, 10% of women and 9% of men had 4 and more partners.

According to the regional distribution, part of respondents who had 1 occasional partner during last 90 days prevails in Donezka oblast (15% of all the interviewed here), 2–3 partners prevail in Luganska oblast (27%), from 4 partners and more had most of respondents in Kharkivska oblast (24%).

Table 3.1.5

Distribution of IDUs according to the number of occasional sexual partners, *%*
(among all respondents and those who had sexual contacts during last 90 days)

		Among all the interviewed	*Among those who had sexual contacts during last 90 days, N = 3249*
Occasional and random sexual partners (unstable sexual partners)	0 person	48,2	58
	1 person	10,6	13
	2–3 persons	13,9	17
	4 persons and more	9,5	11
	Hard to answer	1,5	1
	*Question has not been asked**	*15,2*	

** % of those who never had sexual relations and those who during last 90 days did not have sexual contacts.*

Commercial sexual partners

Among those who have given remuneration to sexual partners, majority (83% among those who had sexual partners during last 90 days, or 6% of all the interviewed) had from 1 to 3 of such partners and a sixth of IDUs during last 3 months who provided remuneration to sexual partners (14%) had from 4 to 10 partners (see table 3.1.6). The rest of respondents (2% of all the interviewed, or 3% among those who had sexual partners during last 90 days) had more than 11 of such partners.

Among those who have been receiving remuneration from sexual partners most often were IDUs who had more than 11 or from 1 to 3 of such partners (35% and 34% among those who had such sexual partners during last 90 days). Another third part of the respondents (31%) had from 4 to 10 commercial partners from whom remuneration has been received.

Table 3.1.6

Distribution of IDUs according to the number of sexual partners, *%*
(among all the interviewed and those who had such sexual partners during last 90 days)

		Among all the interviewed	*Among those who had such sexual partners during last 90 days*	
Commercial sexual partners to whom you have been giving remuneration **for sexual services**	0 person	77,5		
	1–3 persons	1,9	83	*N = 320*
	4–10 persons	1,7	14	
	11 persons and more	2,0	3	
	*Question has not been asked**	16,9		
Commercial sexual partners who have been giving you remuneration **for sexual services**	0 person	75,4		
	1–3 persons	6,4	34	*N = 229*
	4–10 persons	1,1	31	
	11 persons and more	0,2	35	
	*Question has not been asked**	16,8		

** % of those who never had sexual relations and those who during last 90 days did not have sexual contacts*

84% of men- and 75% of women-IDUs had 1–3 commercial partners during last 90 days to whom remuneration has been given. Men-IDUs (14,5% among men and 6,3% among women) more often had from 4 to 10 of such partners. Women-IDUs (2% among men and 19% among women) more often had more than 11 partners. Looking at commercial sexual partners from whom remuneration has been received, 67% of men and 29% of women have from 1 to 3 partners; a third of men (30%) and women (31%) have around 4–10; 3% of men 40% of women have more than 11 partners.

According to the regional distribution representatives of Donezka and Dnipropetrovska oblasts (92% and 91% respectively among all those who had such partners during last 90 days) had from 1 to 3 commercial partners, to whom remuneration for sexual services has been given. Majority of representatives from Khersonska oblast (75%) and Kyiv city (73%) had partners from whom remuneration has been received. Respectively "4–10 partners" answer prevails in Kharkivska oblast (38%) among those who provided remuneration and in Luganska oblast (6,7%) among those who received remuneration for sexual services. More than 11 partners during last 90 days predominantly had representatives of Volynska oblast

among those who provided and received remuneration for sexual services (8% and 67% respectively).

3.2. Condom use practices during heterosexual contacts and evaluation of HIV and STI infection risks

Protected safe practice: last sexual contact

National indicator "Percentage of IDUs who used condom during last sexual contact"

National indicator "Percentage of IDUs who used condom during last sexual contact" makes up to 54,9% among all IDUs, 55,7% and 55,4% among women and men, 62,3% among 15–24 years old and 52,2% among 25 years old and older IDUs. This indicator in 2004 made up to 20%, and in 2006 – 53% among all IDUs (see table. 3.2.1).

Higher indicator is in Voznesensk of Mykolaivska oblasts (67%), city of Novovolynsk in Volynska oblasts (57%) and Simferopol (51,2%). Lowest percentage of IDUs who informed about condom use during last sexual intercourse is in Sevastopol (19%), Sumy (27%) and Dnipropetrovsk (29,1%).

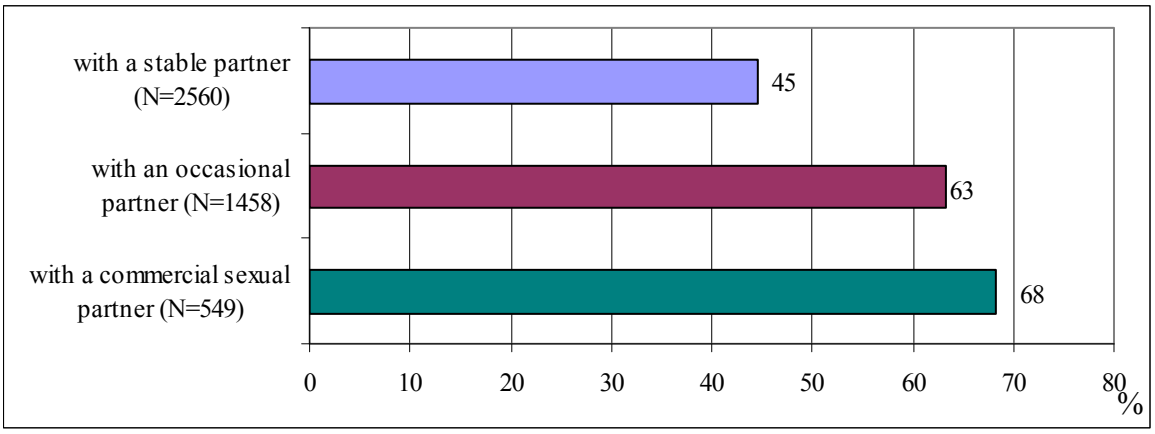
Table 3.2.1

Calculation of indicator on condom use during last sexual contact, *%*

			According to sex		***According to age groups***	
***Numerator**: the number of respondents who indicated that used condoms during last sexual contact*	N=1688	**Among all IDUs,%**	**Among women-IDUs**	**Among men-IDUs**	**Among IDUs 15–24 years old, %**	**Among IDUs 25 years old and older, %**
Denominator: the *number of respondents who indicated that have had sexual contacts during last 12 months*	N=3072					
Value of the indicator, %		**54,9**	**55,7**	**54,6**	**62,3**	**52,2**

During *last sexual contact* with a stable partner condom has been used by 45% of the interviewed among those who had such partner. With occasional and random partner condom

has been used by 63% of the respondents among those who had such contacts and it has been used with commercial partners by 68% (of all IDUs who had commercial sexual partners).



Pic. 3.2.1. **Part of respondents who during last sexual contact used condom, according to the category of sexual partner, %**
(among all those who had stable (N=2560), occasional (N=1458) or commercial (N=549) sexual partners)

During last sexual contact *among underage* (13–17 years old) 63% of IDUs (of all who had such partner) used condom with a stable partner, 55% – with an occasional partner, and 86% of respondents used condom with a commercial sexual partner (see table 3.2.2). Looking at IDUs of the *legal age*, 45% used condom during last sexual contact with a stable partner, 66% used condom with an occasional partner and 75% used condom with a commercial partner. Thus underage IDUs more often used condom with a stable and commercial partner whereas IDUs of legal age more often used condom with an occasional partner.

Table 3.2.2

Part of respondents who during last sexual contact used condom, according to the age and category of sexual partners, %
(among all those who had stable (N=2560), occasional (N=1458) or commercial (N=549) sexual partners)

	With stable partner	With occasional partner	With commercial partner
Underage (13–17 years old)	63	55	86
IDUs of legal age (18 years old and older)	45	66	75

According to geographical distribution, the part of respondents who used condom during last sexual contact with a stable partner prevails in Mykolaivska and Khersonska oblasts (57% and 56% respectively of all those who had such partner here). Smallest number is in Donezka oblast (27%). Respondents who during last sexual contact used condom with an occasional partner were more often observed among representatives of Khersonska (70%), Odeska (69%) and Volynska oblasts (69%), more rare in Kharkivska oblast (47%). Sexual contact with commercial partner was most often observed among representatives of Khersonska oblast (91%), it has been found more rare among representatives of Kharkivska oblast (62%).

Stability of protected sexual practice: contacts during last year

23% of IDUs who have a stable sexual partner *always* used condom with the partner during last year. 18% used condom in more than a half of such cases, 17% – in less than a half of cases, 9% – approximately in a half of cases, and 3% did not remember or were hesitant with the answer (see table 3.2.3). 30% of interviewed IDUs *never* used condom with stable partners during last year.

With an occasional partner 42% (of all the interviewed who had those) *always* used condom during the year, 23% used condom in more than a half of cases, 13% – in a half of cases, and 13% - in less than a half of cases. 8% of respondents *never* used a condom. 2% of the interviewed IDUs did not remember or were hesitant with the answer.

47% of the respondents who have commercial sexual partners *always* used condom during the year, a quarter of the interviewed (25%) used it in more than a half of cases, 8% – in a half of cases, 6% – in less than a half of cases, and 4% have *never* used it. 10% of the interviewed IDUs did not remember or were hesitant with the answer.

To sum up, sexual relations with stable partners without condom use is a widespread practice among IDUs. With commercial and occasional partners condom has been always used in 47% and 41% of cases respectively.

Table 3.2.3

Part of respondents who during last year used condom, according to sexual partner category, %

(among all those who had stable (N=2560), occasional (N=1458) or commercial (N=549) sexual partners)

	Always	Not always but in more than a half of cases	Approximately in a half of cases	In less than a half of cases	Never	Do not know/do not remember
With stable partner	23	18	9	17	30	3
With occasional partner	41	23	13	13	8	2
With commercial partner	47	25	8	6	4	10

In 2006, 77% of the interviewed IDUs had safe sexual relations with a stable partner (among those who had such a partner), 59% – with an occasional partner and 53% – with a commercial sexual partner.

Women more often than men participated in a risky sexual behaviour during last year. During this period of time, unsafe sex practice with stable partner had 79% of women and 76% of men, with occasional partner – 63% of women and 55% of men, and with commercial partners – 53% of women and 43% of men (see table. 3.2.4).

Table 3.2.4

Part of respondents who had unsafe sexual practice during last year, according to sex and partners category, *%*

(among all those who had stable (N=2560), occasional (N=1458) or commercial (N=549) sexual partners)

Sex	***Stable partner***	***Occasional partner***	***Commercial partner***
Men	76	55	43
Women	79	63	53

Among underage, unlike 18 years old and older, there are more of those who did not use condom with occasional or commercial partner during last year: 66% of underage and 57% of 18 years old and older had unsafe sex with occasional partner, and 71% and 47% respectively – with commercial partner (of all who had such partners) (see table 3.2.5). 47% of the

underage and 77% of 18 years old and older did not always use a condom with a stable partner during last year.

Table 3.2.5

Part of respondents who had unsafe sex during last year, according to the age and sexual partner category, %

(among all those who had stable (N=2560), occasional (N=1458) or commercial (N=549) sexual partners)

Age groups	***Stable partner***	***Occasional partner***	***Commercial partner***
Underage	47	66	71
18 years old and older	77	57	47

According to the regional distribution, respondents who during last year have not always used condom with stable partner prevail in Sumska and Luganska oblasts (90% among those who had such a partner here), with occasional partner – in Kharkivska and Sumska oblasts (74% and 71% respectively), and with a commercial partner – in Volynska oblast (78%).

Evaluation of individual HIV infection risk among IDUs who practice unsafe sex

Overall during last 12 month 46% of all the interviewed IDUs did not use a condom with a stable partner. 21% has such practice with occasional partners and 6% with commercial partners. Because of such unsafe behaviour these groups of interviewed IDUs are defined as the groups of higher infection risk.

Among all respondents who practice unsafe sex higher evaluation of individual HIV infection risk is among IDUs who practice unsafe sex with a commercial partner: 65% of the interviewed in this group consider such risk as high, whereas among IDUs who practice unsafe sex with stable partner there are 47% of those, and among IDUs who practice unsafe sex with occasional partner there are 48% of such respondents (see table 3.2.6).

Higher evaluation of individual HIV infection risk among IDUs who do not always use condom with a commercial partner is explained by a higher percentage of their coverage by prevention programmes and higher awareness about HIV/AIDS. Among IDUs who practice unsafe sex with commercial partner, 74% (of all the interviewed in this group) approached NGOs during lifetime and 83% believe that a stable condom use decreases HIV infection risk. Among IDUs who practice unsafe sex with a stable partner, similar indicators make up to 56% and 79% respectively, and among IDUs who practice unsafe sex with an occasional partner – 46% and 71% respectively.

Table 3.2.6

Distribution of HIV individual infection risk evaluation among IDUs who practice unsafe sex, according to partner category, %

	Risk evaluation as *high*	Risk evaluation as *medium*	Risk evaluation as *low*
IDUs who practice unsafe sex with *stable* partner (N=1918)	47	22	31
IDUs who practice unsafe sex with *occasional* partner (N=860)	48	26	26
IDUs who practice unsafe sex with *commercial* partner(N=230)	65	21	14

3.3. Reasons for condom use refusal

High level of sexual activeness and risky sexual behaviour (without condom use) is common among IDUs. Understanding risky behaviour of IDUs and analysing reasons for refusal to use condoms during sexual contacts is important.

Looking at the contacts with *stable* partners, among those who have not used condoms, most widespread refusals (**first rank group** – most significant reasons) are, firstly, that "condom use decreases sensitivity" (38% of respondents who have not used condom during last sexual contact with stable partner) and, secondly, „I did not think that this is necessary" (28%) (table 3.3.1).

Among most widespread reasons for refusals of condom use during sexual contacts with *commercial* partner prevail assurance that „condom use decreases sensitivity" (32% of respondents who did not use condoms during last sexual contact with commercial sexual partner), as well as other reasons: „have been under drug effects" (26%) and „partner insisted on condom non-use" (24%). In the case of contact with a stable partner this belongs to the second and third ranking group respectively.

Looking at refusal of condom use during sexual contacts with *occasional* partners, main reasons for refusal are the following: "have been under drug effects" (24% of respondents who have not used condom during last sexual intercourse with occasional or random partner) and "did not have condom/anywhere nearby" (22%).

To **second rank group** according to significance of reasons for condom non-use in case of contact with a *stable partner,* the following reasons have been mentioned: "somehow

did not think about this" (15% of all who did not use condom with this partner category) and "partner insisted on condom non-use" (11%). With *occasional* partner – "its use decreases sensitivity" (17%), "somehow did not think about this" (14%) and "I did not think that this is necessary" (11%). Alcohol intoxication as a reason for condom non-use appears in second rank group in case of contacts with *commercial* and *occasional* partners (11% and 12% respectively). 17% of IDUs did not have unsafe sexual intercourse with commercial partner because of unavailability of condom at hand.

Third rank group consists of the reasons which influence non-use of condoms to the smallest extent. In case of contact with all sexual partners such reasons include: "condom is too expensive" (2% with stable partners , 2% with occasional partners and 4% of all those who did not use condom because of these reasons with commercial partners), as well as "I became victim of sexual violence" (0% in case with stable partners, 2% with occasional and 6% with commercial sexual partners). IDUs who did not use condom with *stable* partners presented such reasons as influence of drugs and alcohol as well as absence of condom at hand; respondents who had unsafe sex with *occasional* partner named "partner insisted on condom non-use" as one of the reasons. 10% of IDUs did not use condom with *commercial* partner because did not consider it necessary and 7% have not thought about it.

Table 3.3.1

Distribution of answers on the question "Indicate why during last sexual contact you did not use the condom?",
according to the category of sexual partner, %
(among those who did not use condom with stable, occasional or commercial sexual partner during last sexual intercourse)
(sum of answers exceeds 100%, because respondent could choose several variants of the answer)

	Among those who did not use condom during last sexual contact with a stable partner, N =1438	*Among those who did not use condom with occasional partner during last sexual contact, N=548*	*Among those who did not use condom with commercial partner during last sexual contact, N=193*
1st rank group (21% and more)	Condom use decreases sensitivity (38)	Was under drug effect (24)	Condom use decreases sensitivity (38)
	I did not think that this is necessary (28)	Did not have condom/at hand (22)	Was under drug effect (32)
			Partner insisted on condom non-use (24)
2nd rank group (10%– 20%)	Somehow did not think about it (15)	Condom use decreases sensitivity (17)	Did not have condom/at hand (17)
	Partner insisted on condom non-use (11)	Somehow did not think about it (14)	Was in the state of alcohol intoxication (11)
		Was in the state of alcohol intoxication (12)	
		I did not think that this is necessary (11)	
3rd rank group (9% and less)	Did not have condom/at hand (9)	Partner insisted on condom non-use (7)	I did not think that this is necessary (10)
	Was under drug effect (7)		
	Was in the state of alcohol intoxication (3)		Somehow did not think about it (7)
	Condom is too expensive (2)	Condom is too expensive (2)	I became victim of sexual violence (6)
	I became victim of sexual violence (0)	I became victim of sexual violence (2)	Condom is too expensive (4)

According to the regional distribution of most widespread reasons for condom non-use, IDUs who do not use condoms with stable partners because it decreases sensitivity are most often observed in Kirovogradska oblast (61% among all in this group interviewed); and respondents who did not consider it necessary to use condoms with this category of sexual partners prevail in Donezka oblast (42%).

The number of IDUs who practiced unsafe sex with occasional partners because of being under drug effects is biggest in Volynska oblast (17% of all the interviewed in this group). The number of those who did not use condom because of partner insistence is highest in Luganska oblast (24% of all the interviewed in this group).

3.4. Condom purchase

Most popular places for condom purchase among IDUs are pharmacies (32,8% of IDUs of all the interviewed have been purchasing condoms here during last month), as well as shops, kiosques or trade points (15%). Most often IDUs receive free condoms at needle exchange points (here free condoms have been received by 41,8% of respondents), from NGO representatives (27,2%) and from social workers (24,3%) (table 3.4.1).

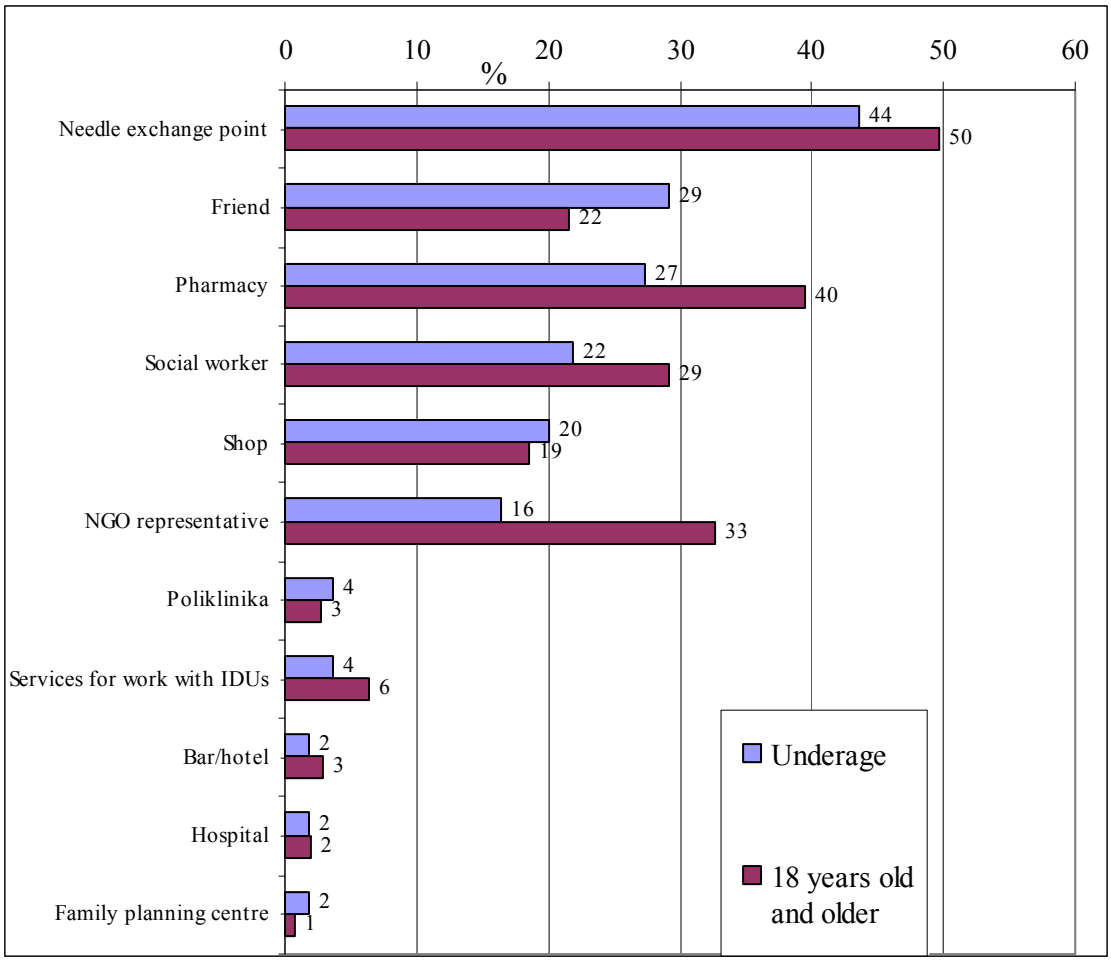
Overall among respondents more than a half (51,5%) indicated that during last year had the opportunity to receive free condoms.

Table 3.4.1

Distribution of answers about places for condom purchase *during last 12 months*, %

Places for purchase	**Bought**	**Received for free**
Pharmacy	32,8	0,5
Bar/hotel	1,7	0,8
NGO representatives	0,3	27,2
Poliklinika	1,5	0,8
State services for work with IDUs (communal enterprise “Dovira” until 2005)	0,1	5,3
Hospital	1,0	0,7
Friend	1,0	17,4
Needle exchange point	0,2	41,8
Shop, trading point, kiosque	15,0	0,7
Social worker	0,2	24,3
Family planning centre	0	0,7

Looking at the regional distribution, according to monitoring results underage IDUs (13–17 years old) more often buy or receive free condoms at needle exchange points (44% of all the interviewed in this age group), and from a friend (29%), in a pharmacy (27%) and from a social worker (22%) (see pic. 3.4.1). A fifth part of the interviewed among 13–18 years old more often buy condoms in the shop, and every sixth (16%) receive them for free in NGOs. Among 18 year old and older, unlike younger group of IDUs, majority are those who buy condoms in pharmacies (40% of all respondents in this age group), as well as receive them for free from social workers or NGOs (29% and 33% respectively). The rest from both age groups of respondents had experience of condom purchase or receipt for free in polikliniks, services for work with IDUs, bars, hotels or family planning centres.



Pic 3.4.1. **Distribution of answers on the question "Where exactly did you buy or receive condom during last 30 days", according to the age, %**

During last month every second (52%) condom has been received by IDUs for free.

On average one IDUs spends 8,7 UAH monthly on condoms and buys 2–3 condoms every time.

For IDUs from the younger age group (13–17 years old) it is common to purchase 1–2 condoms per time and to spend 6–7 UAH monthly. 18 years old and older IDUs, as a rule, during last month have spent 9–10 UAH and bough 3–4 condoms every time.

According to the regional distribution, average level of monthly expenses on condoms (costs of one IDU) is highest in Kyiv (18 UAH), Odeska (16,5 UAH), Poltavska and Luganska olbasts (12,6 and 10,7 UAH respectively) and is lowest in Kharkivska oblast (5,2 UAH) (see table 3.4.2). Average number of purchased condoms by one IDU during one time varies from 1 to 4 items: biggest number is in Mykolaivska oblast (4 items) and smallest number is in Kirovogradska oblast (1 item).

Table 3.4.2

Average monthly expenses of IDUs on condoms and average number of condoms bought during last time in regional dimension, UAH, items

	Spent on condoms during last month, UAH	The number of condoms bought last time, items
AR of Crimea	9,7	3
Volynska	5,9	2
Dnipropetrovska	7,5	1–2
Donezka	5,3	1–2
Kyiv city	18,0	2–3
Kirovogradska	5,4	1
Luganska	10,7	2–3
Mykolaivska	9,0	4
Odeska	16,5	3
Poltavska	12,6	2
Sumska	6,8	2
Kharkivska	5,2	1–2
Khersonska	6,3	2
Cherkaska	4,0	1–2

Conclusions to Chapter 3

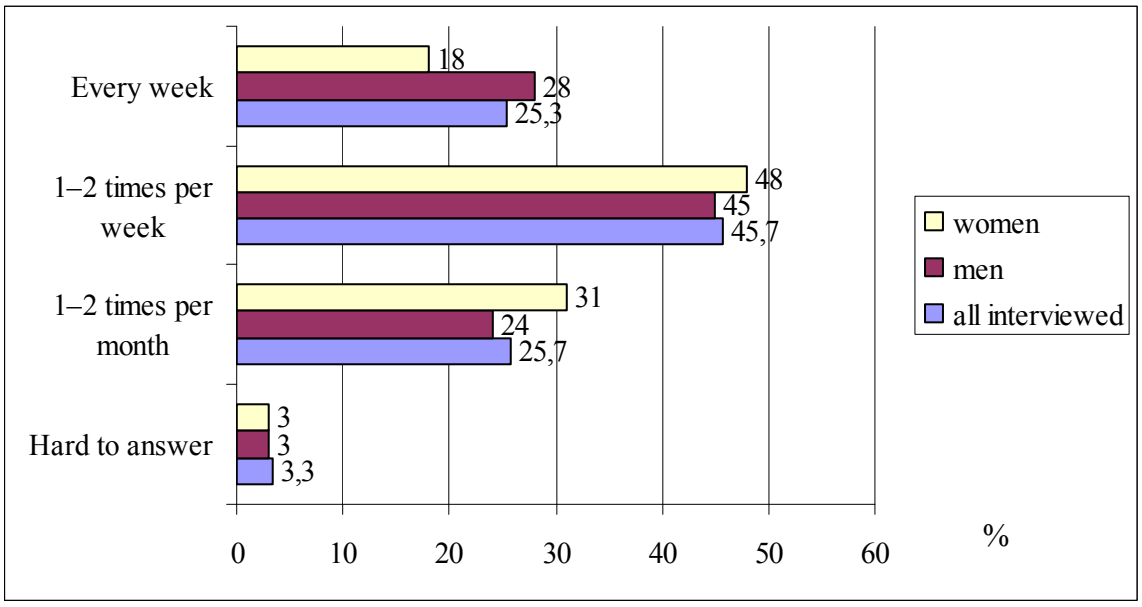
- According to results of the research, majority (81% of all the interviewed) of IDUs had first sexual experience before being of legal age and almost a half of them (43%) before being 15 years old.
- National indicator "Percentage of IDUs who used condom during last sexual contact" makes up to 55% among IDUs, who had sexual contacts during last 12 months.
- The following tendency is observed: interviewed IDUs more often had unsafe sexual contacts with stable partner than with occasional or commercial partners. With commercial partners respondents used condom more often than with occasional. Thus, during last year, 75% of the interviewed IDUs had unsafe sexual practice with stable partner (among those who had such a partner), 56% – with occasional partner (among those who had such a partner) and 42% – with commercial partner (among those who had such a partner).
- Reasons for risky behaviour vary according to sexual partner category. Among those who did not use condom with *stable* partners, the following are priority reasons: „condom use decreases sensitivity" (38% of respondents who did not use condom during last sexual intercourse with a stable partner) and „I did not think that this is necessary" (28%). Among most widespread reasons for condom use refusal during sexual contacts with *commercial* partners are the following: „was under drug effects (26%)" and „partner insisted on condom non-use" (24%). Being under drug effects is one of the main reasons of unsafe sex during contacts with *occasional* partners (24% of the respondents who did not use condom during last sexual contact with occasional or random partner).
- Needle exchange points (42% of all the interviewed) and NGOs (27%) prevail among places of free condoms receipt. Condoms are most often bought in pharmacies (33%).
- From the whole number of condoms the part of free condoms received during last month makes up to more than a half (52%). This demonstrates high level of condom accessibility for IDUs. On average one IDU spends 8,7 UAH for condom purchase monthly and buys 2–3 condoms each time.

Chapter 4. Alcohol abuse and injecting drug use

4.1. Alcohol abuse

Almost a three fourth of all respondents (74,1%) abused alcohol during *last 30 days*. Among men-IDUs during last month alcohol has been abused by 74,2%, among women-IDUs 72% have done so. Among representatives of the younger IDUs group (from 15 to 24 years old) 75% informed that abused alcohol during *last month,* and among IDUs of 25 years old and older there have been 72% of those.

Among those who abused alcohol during *last month,* 25% have done so every day, 46% – 1–2 times per week and 26% have done so 1–2 times per month (pic. 4.1.1). And among all the interviewed IDUs those who during *last month* regularly abused alcohol (not less than 1-2 times per week) make up to 53%. Thus it is possible to declare the existence of double addiction problem– narcotic as well as alcohol.



Pic.4.1.1. **Frequency of alcohol abuse during last month,**

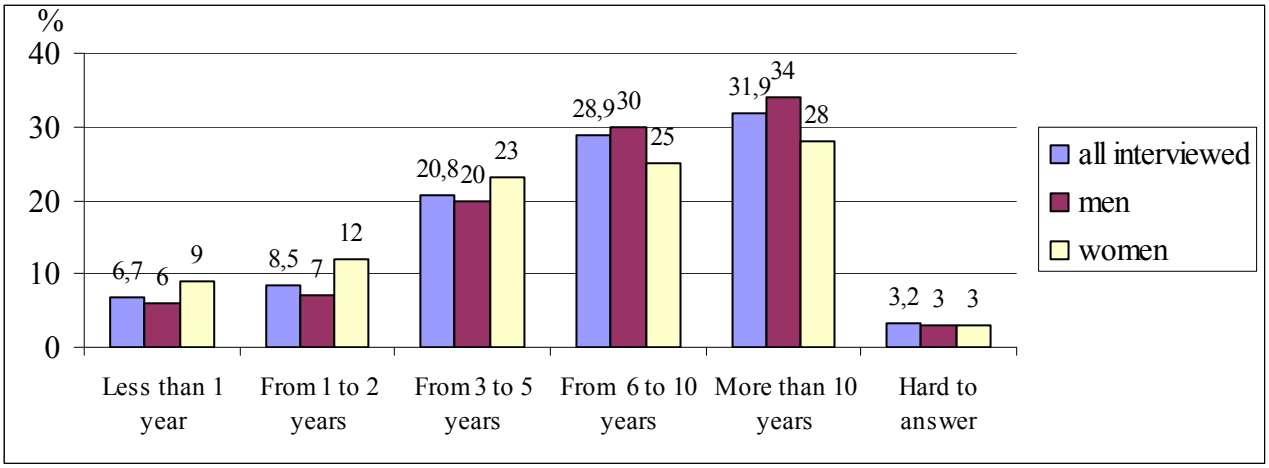
% among those who abused alcohol during last month

Drug abuse has been most often indicated by IDUs in Kyiv city (41% among city respondents who abused alcohol during last month), 1–2 times per week – in Sumska oblast (72%), and 1–2 times per month – in Volynska oblast (47%).

4.2. Drug use

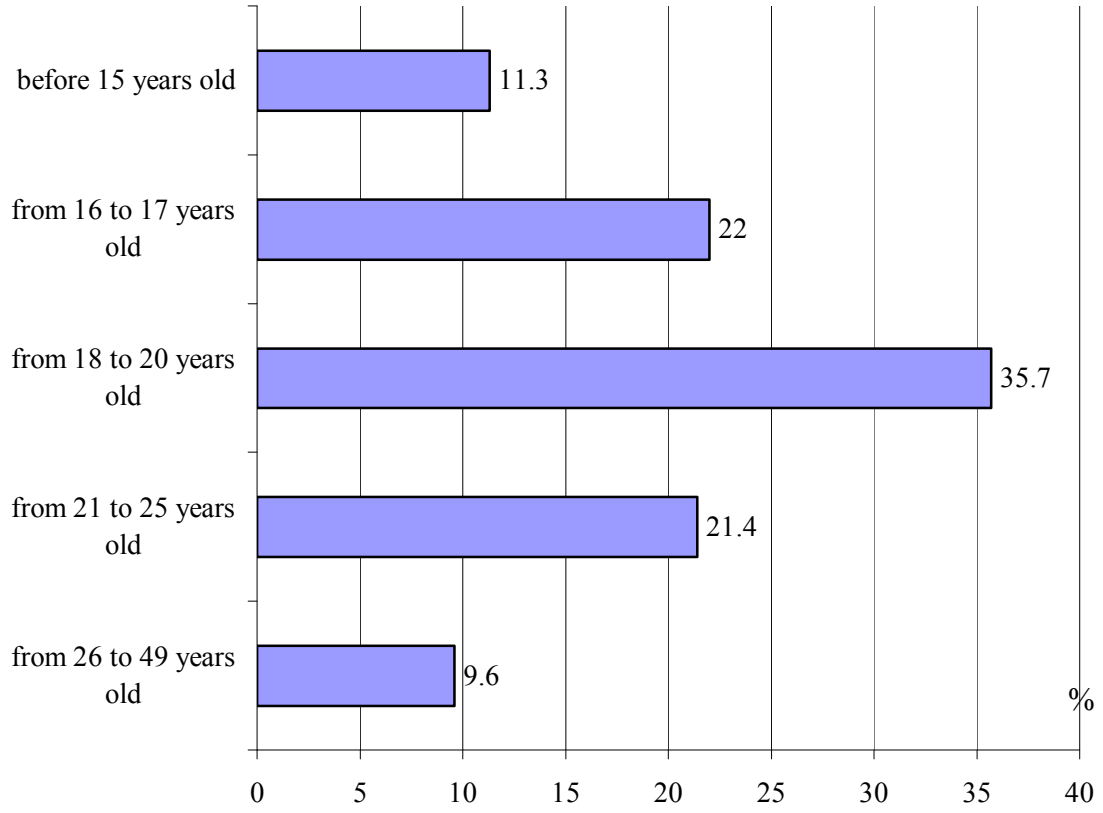
Duration of drug use

Among interviewed IDUs 32% use injecting drugs during more than 10 years, 29% during 6–10 years, 21% – during 3–5 years. 9% of respondents use injecting drugs from one to two years, 7% of respondents use drugs during less than a year (pic. 4.2.1).



Pic. 4.2.1. **Duration of injecting drug use,** *%*

Injecting drug use has been started at the age of 18–20 years old by the majority of IDUs. Approximately the same number of respondents indicated that started to use injecting drugs at the age from 17 to 18 years old (21,9%) and from 21 to 25 years old (21,3%). 19% of the interviewed started to use drugs at the age from 6 to 16 years old. Smallest number of cases of drug use start is at the age from 26 to 40 years old (pic. 4.2.2). Average age for the start of injecting drug use is from 20 years.

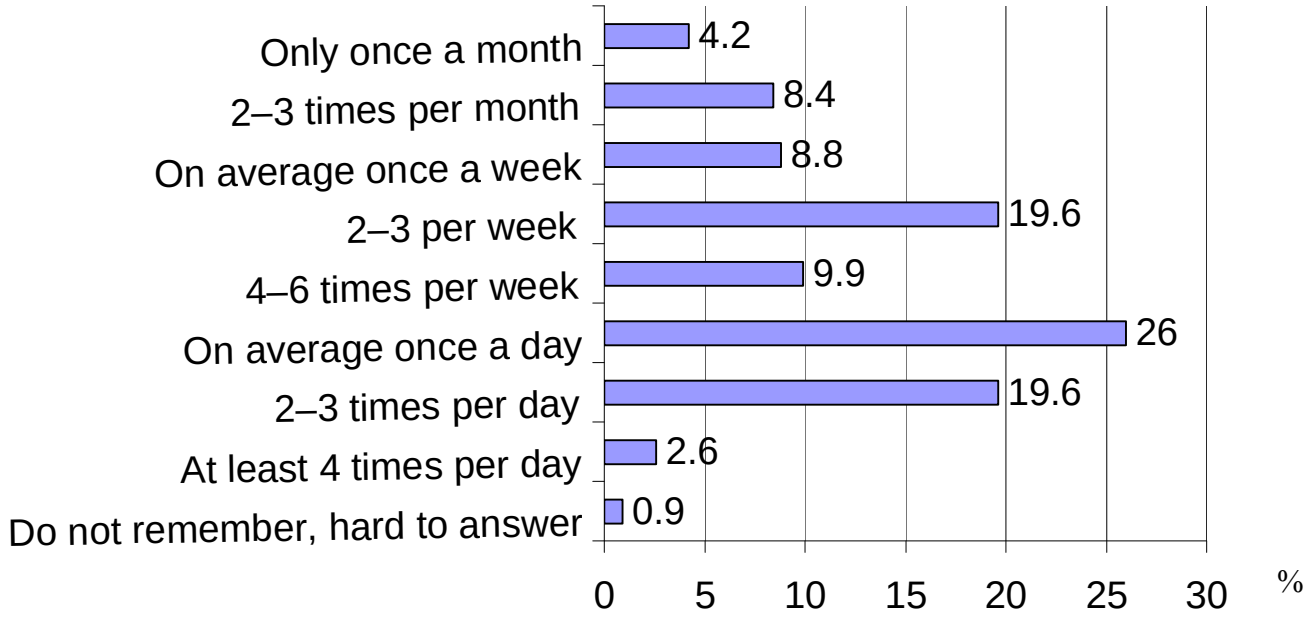


Pic. 4.2.2. **Distribution of IDUs according to the age when they injected drugs for the first time, %**

Among IDUs of Odeska oblast, compared to other regions, there is a majority of those who have started to use injecting drugs at the age before 15 years old (20% of all the interviewed IDUs here). 33% of IDUs of Cherkaska oblast tried injecting drugs for the first time at the age of 16–17 years old (highest indicator compared to other regions where the survey has been conducted). Biggest number of IDUs who tried injecting drugs for the first time at the age of 18–20 years is in Mykolaivska oblast (44%), 21–25 years – in Sumska oblast (45%), and at the age older than 26 years – in Odeska oblast (20%).

Frequency of drug use

During *last month,* 26% of respondents used injecting drugs on average once a day, 19,6% used 2–3 times per week and 2–3 times per day, 9,9% – 4–6 times per week, 8,8% – on average once a week, 8,4 % – 2–3 times per month, 4,2% – once a month, and 2,6% – at least 4 times per day.

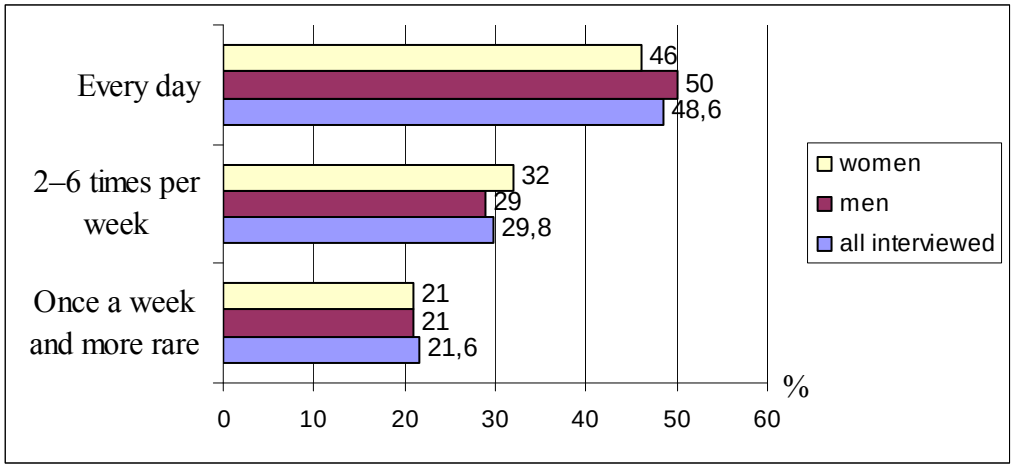


Pic. 4.2.3. **Frequency of injecting drug use during last month,** *%*

Let us divide respondents in groups according to drug use frequency based on European classification *:

- did not use drugs during last month /from time to time (did not participate in the survey);
- used once a week or less (used only once a month, 2–3 times per month, on average once a week) – 21,6% of all respondents;
- 2–6 times per week (2–3 per week, 4–6 times per week) – 29,8% of respondents;
- used drugs every day (on average once a day, 2–3 times per day, at least 4 times per day) – 48,6%.

* EMCDDA SCIENTIFIC REPORT // Treatment demand indicator // Standard protocol 2.0:Technical annex.



Pic. 4.2.4. **Frequency of injecting drug use during last month,** *%*
(of those who have answered, N = 3016)

Among men-IDUs, compared to women, there are more of those who use injecting drugs every day (50% in comparison with 46% respectively, difference is significant on the level of 5%).

Looking at dependence of drug use frequency from the age, among representatives of younger age group (15–24 years old) drug use is more common, compared to IDUs of 25 years old and older. This group injects drugs once a week and more rare (30% compared to 19%) and 2–6 times per week (35% compared to 28% respectively). Among IDUs of older age, there are more of those who use injecting drugs every day (53% compared to 36%). Differences are significant on the level of 1%.

Biggest part of respondents who use injecting drugs once a week and more rare are in Luganska (39% of oblast respondents), Donezka (29%) oblasts and Kyiv city (29%). 2–6 times per week injecting drug use during last month prevail in Mykolaivska, Sumska (47% in each) and Kharkivska (46%) oblasts. Everyday drug use is mostly widespread in the AR of Crimea (71%), Cherkaska (69%) and Poltavska (66%) oblasts (table 4.2.1).

Table 4.2.1

Regional distribution according to the frequency of injecting drug use during last month, ***% (among respondents of the region)***

Region	Injection once a week and more rare	Injection 2–6 times per week	Injection every day
AR of Crimea	11	18	71
Volynska	31	21	48
Dnipropetrovska	15	21	64
Donezka	29	44	27
Kyiv city	29	31	40
Kirovogradska	13	29	58
Luganska	39	31	30
Mykolaivska	19	47	34
Odeska	28	36	36
Poltavska	16	18	66
Sumska	21	47	32
Kharkivska	20	46	34
Khersonska	28	21	51
Cherkaska	7	24	69

Types of narcotic substances and use by IDUs

Two groups of drugs are mostly widespread among IDUs in Ukraine: opiates and ephedrine derivatives.

Opiates include psychoactive substances which can be produced from poppy seeds. Opium includes different alkaloids – morphine, codeine, papaverin, etc. Main effects of pharmacological use of opiates are euphoria and pain relief effect. During continuous use of opiates habit and later physical and psychological dependence on substances is formed. Abstinence syndrome is characterised by depression, insomnia, pain in joints and muscles as well as cold sweating. It is important that in the state of severe substance dependence lack of necessary HIV and hepatitis prevention measures does not stop users from doing the injection.

Most widespread injecting drug is opium alkaloids extract produced in household conditions from poppy seeds straw. In IDUs community it is called „shyrevo"/„chorne" ("black" in Ukrainian). According to results of the research, 82,2% of IDUs used this drug during last month. Most popular way of use is injection, this is how it was used by 81,4% of the respondents.

On the second place, according to the frequency of use, is the group of drugs related to cannabioids – "hemp substances". This group includes anasha ("plan" in Russian), hashish,

marihuana. According to results of the research, during last month (before the research) these types of drugs have been used by 51,1% of the respondents. Particularly of these types of drugs is that they are predominantly used not by injection mode. However, results of the research demonstrated that 6% of IDUs injected kanabioids.

"Stimulants", name derived from its effect mechanisms, has been given to ephedrine and its derivatives (amphetamines, metamphetamines). Popular substances of this group are the following drugs: ephedrine, "effect", koldakt; as well as pervitin, ephedron and „ecstasy". Substances of this group stimulate psychical and physical attraction, followed by increase of the sexual appetence. Psychical dependence from this substance develops quickly. These types of substances are used through injection as well as other modes. According to results of the research, 34,5% used this type of drugs, particularly, 32,3% by injecting mode. Almost every third respondent in all age groups used stimulants. It is particularly important that the risk of HIV infection for this group of drug users is particularly high: through injecting as well as heterosexual modes of transmission.

27,5% of respondents indicated that during last month have used medical narcotic analgetics (ampouled morphine, omnopon, promedol, buprinorphine, tramadol, methadone, tramal and tramalgine). Besides, 10,8% of respondents used these narcotic substances through injection.

Another group of drugs "somnolents" – group of narcotic substances which include tranquilizers and barbiturates. According to results of the research, 17% of IDUs used these substances, 6,6% (a third from this category) through injecting mode.

Such narcotic substances as cocaine (used during last month by 2,2% of the interviewed, 1,2% by injecting mode), hallucinogens (LSD) (4,5%, 1,8% by injecting mode), anesthesia substances and inhalants (1,4% and in 0,5% of cases used by injecting mode) are not very widespread among IDUs. Part of those who have used these drugs is relatively small.

It is important to emphasize that quite frequently a combination of different drugs is used. Part of those who combine different types of drugs makes up to 37,1%. 33,9% of respondents combined drugs and injected them.

Results of the research demonstrated that quite widespread is combination of drugs and alcohol abuse: 35,7% of respondents during last month used drug in such a way and 17,3% combined alcohol and drug use (table 4.2.1.).

Table 4.2.1

Types of narcotic drugs and their use among IDUs, *%*

	Which narcotic drugs have been used during last 30 days?			**Which ones have been injected?**		
	Yes	**No**	***H/a****	**Yes**	**No**	***H/a****
Opiates (home made – poppy seeds extract ("shyrevo", "chorne")/ decoction of poppy straw, heroin	82,2	17,8	*0,0*	81,4	17,8	*0,8*
Medical narcotic analgetics –ampouled morphine, omnopon, promedol, buprinorphine, tramadol, methadone, tramal, tramalgine	27,5	72,3	*0,2*	10,8	88,9	*0,3*
Cannabioids – hemp substances (anasha, hashish, marihuana, "plan", "travka", „drap", „shmal", „gan'ch")	51,1	48,8	*0,1*	6,0	93,4	*0,6*
Stimulants (amphetamines, „ephedrine", "effect", koldakt; pervitin (metamphenatime), „vint", „ecstasy")	34,5	65,2	0,3	32,3	67,3	*0,4*
Cocaine	2,2	97,7	*0,1*	1,2	98,5	*0,3*
Inhalants (volatile liquids)	1,4	98,2	*0,4*	0,5	98,9	*0,6*
Somnolents (tranquilizers)	17,0	82,9	*0,1*	6,6	93,1	*0,3*
Hallucinogens (LSD– „kyslota", „marky", barbiturates)	4,5	95,4	*0,1*	1,8	97,8	*0,4*
Anesthesia substances (fentanil; calypso, ketamin; GHB-Na, „Ksuta", „oksik")	4,4	95,5	*0,1*	3,3	96,4	*0,3*
Combination of different drugs (poppy seeds extract + somnolents, poppy seeds extract + tranquilizers, poppy seeds extract + dimedrol; heroin + cocaine; heroin + „crack", „speedball")	37,1	62,9	*0,0*	33,9	65,6	*0,5*
Combination of alcohol with different drugs (alcohol + opiates; alcohol + stimulants; alcohol + cannabioids; alcohol + dimedrol, alcohol + taren)	35,7	64,1	*0,2*	17,3	81,9	*0,8*

* *Hard to answer.*

Opiates are most widespread among IDUs of Volynska (used by 98% of respondents in the oblast) and Poltavska (97%) oblasts, medical narcotic analgetics, cocaine and hallucinogens are most popular among IDUs of Kyiv city (50,5% and 14% respectively), cannabioids – in Luganska oblasts (79%), stimulants – in Kharkivska oblast (62%), inhalants and anesthesia substances – in Kirovogradska oblasts (6% and 12% respectively), somnolents – Volynska oblasts (35%), combination of different kinds of drugs in more than a half of cases (56%) is used by IDUs of Sumska oblast, combination of alcohol and drugs is most often observed in Kyiv city (57%).

Particularities of injecting drug use among IDUs according to the age and sex can be described in the following way:

- among men to a bigger extent than among women, opiates, medical narcotic analgetics and combination of different drugs as well as alcohol with different drugs is common, whereas among women stimulants are more popular (difference is significant on the level of 1%) (table 4.2.2);
- in older IDUs age group (older than 25 years old) to a bigger extent than among representatives of younger group (15–24 years old) opiates, combination of different drugs as well as combination of alcohol with different drugs is widespread, whereas among younger IDUs group, compared to the older groups, stimulants are more popular (difference is significant on the level of 1%) (table 4.2.2).

Table 4.2.2

Use of injecting narcotic substances *during last 30 days among IDUs groups according to age and sex*, %

Types of narcotic substances	Age groups		Sex	
	15–24 years old, N = 1077	25 years old and older, N = 3063	Men, N = 3063	Women, N = 1095
Opiates (home made – poppy seeds extract ("shyrevo", "chorne")/ decoction of poppy straw, heroin	70	85	83	78
Medical narcotic analgetics – ampouled morphine, omnopon, promedol, buprinorphine, tramadol, methadone, tramal, tramalgine	12	11	12	9
Cannabioids – hemp substances (anasha, hashish, marihuana, "plan", "travka", „drap", „shmal", „gan'ch")	8	6	6	5
Stimulants (amphetamines, „ephedrine", "effect", koldakt; pervitin (metamphenatime), „vint", „ecstasy")	41	29	31	37
Cocaine	1	1	1	1
Inhalants (volatile liquids)	0	1	1	0
Somnolents (tranquilizers)	5	7	7	6
Hallucinogens (LSD– „kyslota", „marky", barbiturates)	2	2	2	2
Anesthesia substances (fentanil; calypso, ketamin; GHB-Na, „Ksuta", „oksik")	4	3	3	3
Combination of different drugs (poppy seeds extract + somnolents, poppy seeds extract + tranquilizers, poppy seeds extract + dimedrol; heroin + cocaine; heroin + „crack", „speedball")	28	36	35	32
Combination of alcohol with different drugs (alcohol + opiates; alcohol + stimulants; alcohol + cannabioids; alcohol + dimedrol, alcohol + taren)	14	19	18	15

4.3. Purchase of synergies: main channels and evaluation of HIV infection risk

Overall it is possible to state that new syringies are available for IDUs. Syringies can be received for free as well as there is a variety of places where they can be bought as well as received for free. During *last year* 67,3% of all the interviewed have received a free syringe (at needle exchange points, from NGO representatives and other IDUs).

Places where free syringies have been received *during last* month were needle exchange points (58,8%), NGOs (38%), other IDUs (22,4%) and friends (22,2%) (table 4.3.1). Among places where respondents most often bought syringies during last month were pharmacies (70,2%) and drug dealers (13%) (table 4.3.1)

Table 4.3.1

Places where IDUs bought/received free condoms during last month, *%*

	Bought	**Received for free**
Pharmacy (pharmacy kiosque)	70,2	0,7
NGO	0,0	38,0
Friend	1,4	22,2
Hospital	3,4	2,2
On the street (trade points, street traders)	1,9	1,3
Drug dealer	13,0	12,6
Needle exchange point	0,7	58,8
Sexual partner	0,8	13,7
Family member/relative	0,4	6,7
Another injecting drug user	2,3	22,4
Other trade point (kiosque, general store)	3,5	1,0
Other	*0,1*	*0,9*

Regional distribution of free syringies receipt has some particularities. Majority of IDUs in the AR of Crimea (94%), Volynska (85%) and Kirovogradska (82%) oblasts have received free syringies *during last year.* In three to one ratio syringies have been received by IDUs of Kyiv city (78% of IDUs from this region have received them, 22% have not received), Poltavska (received by 77%, not received by 23%), Dnipropetrovska (received by 74%, not received by 26%) and Cherkaska (received by 73%, not received by 27%) oblasts; in two to one ratio – Sumska and Mykolaivska oblasts (received by 70%, not received by 30%). In Khersonska oblast 63,7% of IDUs interviewed received new syringies and 36% have not received them. Answers of respondents in Donezka and Odeska oblasts have been divided in half, however, in Odeska oblast syringies have been received for free by 56% of respondents, and have not been received by 44%. In Donezka oblast the situation is different – 49% have

received, and 8% have not received them. In Kharkivska oblast free condoms have been received for free only by 39%, and have not been received by 61%. In Luganska oblast – there is one to two ratio (30% have received, and 70% have not received condoms for free).

Representatives of Luganska oblast have been buying condoms most often in the pharmacies (96% of oblast respondents who have been buying syringies during last month). This has taken place as well in Odeska (89%) and Donezka (84%) oblasts. Syringies have been more often bought from drug dealers by IDUs of Cherkaska (41%), Donezka (31%) and Odeska (28%) oblasts. Free syringies have been received from drug dealers in the AR of Crimea (31%) and Kharkivska oblast (25%). Majority of IDUs who received free syringies in needle exchange points are in the AR of Crimea, Kirovogradska (79% in each oblast where free syringies have been received *during last month*) and Poltavska (77%) oblasts. Syringies have been received from NGO representatives in Odeska (54%), Poltavska (51%) and Dnipropetrovska (50%) oblasts; from friends – in Sumska (41%), Kharkivska (40%) and Donezka (33%) oblasts; from other IDUs – in Kharkivska (38%); Odeska (34%) and Donezka (31%) oblasts.

Let us look at different ratios of bought and received free condoms. Every fourth IDUs (24,5% of all the interviewed) indicated, that *during last month* 100% of all new syringies have been received for free. Another quarter (26,3%) indicated that the part of received free condoms is in the interval of 41%–80%. Almost every sixth IDUs (13,7%) received for free 1%–40% of syringies, and every tenth – 81%–99%. None of free new syringies have been received *during last month* by respondents in a quarter of cases (24,4%).

Looking at the part of bought syringies, every fourth interviewed IDUs (25,6%) indicated that it makes up to 40%, every fifth – 41%–80% (21,2%), 4,2% bought during *last month* 81%–99% of syringies. A quarter of respondents (25,4%) have not bought any syringies *during last month* and another quarter of respondents (23,5%) informed that all syringies obtained (100%) have been bought.

Among IDUs of the younger age group (15–25 years old) 58% received new syringies for free, whereas 42% have not received them. Among representatives of older age group of IDUs (older than 25 years old) majority of respondents (72%) have received free syringies, 28% have not received them. Thus significant difference (on the level of 5%) is observed among representatives of different age groups in terms of free syringies receipt.

Depending on the age of IDUs some difference are observed in terms of prioritisation of places for purchase/receipt of condoms (table. 4.3.2).

Highest rank position (classified in a first rank group) in all age groups belong to pharmacies (pharmacy kiosques) and needle exchange points. Among IDUs of 25 years old and older receipt of new syringies from NGOs is popular.

Friends, drug dealers and other IDUs have been classified as sources of syringies by all age groups into a second rank group. Representatives of NGOs are classified by IDUs of 25 years old and older to the first rank group, by respondents of two younger IDUs groups NGOs have been classified into a second rank group.

Widest range of sources for receipt of condoms (sexual partners, street trades, other trading points, hospital and family members) is among IDUs of 15–19 years old. Sexual partners and family members (relatives) are in a third rank group according to answers of 20–24 years old. Among representatives of older age group sexual partners, family members and hospitals are in the third rank group. In the frames of the third rank group sexual partners as the source of syringies are at the top, however, for the younger IDUs, unlike for other groups, street trading points (street traders) and other trading points (kiosques, general stores) are in this rank group. For representatives of other age groups these sources are not so popular and are included in a fourth rank group.

Table 4.3.2

Distribution of IDUs answers according to the age on the question„Where have you bought/received syringies during last 30 days?", *% according to age groups*

	15–19 years old	**20–24 years old**	**25 years old and older**
1st rank group (over 41%)	1.1. Pharmacy (pharmacy kiosque) (72%)	1.1. Pharmacy (pharmacy kiosque) (73%)	1.1. Pharmacy (pharmacy kiosque) (73%)
	1.2. Needle exchange point (47%)	1.2. Needle exchange point (51%)	1.2. Needle exchange point (51%)
			1.3. NGO (42%)
2nd rank group (20–40%)	2.1. Friend (34%)	2.1. NGO (30%)	2.1. Drug dealer (25%)
	2.2. Drug dealer (27%)	2.2. Drug dealer (26%)	2.2. Friend (22%)
	2.3. Other IDU (27%)	2.3. Other IDU (27%)	2.3. Other IDU (24%)
	2.4.NGO (20%)	2.4. Friend (25%)	
3rd rank group (6–19%)	3.1. Sexual partner (16%)	3.1. Sexual partner (14%)	3.1. Sexual partner (15%)
	3.2. On the street (trade points, street traders) (7%)	3.2. Family member /relative (6%)	3.2. Family member /relative (8%)
	3.3. Other trading point		3.3. Hospital (6%)

	(kiosque, general store) (7%)		
	3.4. Hospital(6%)		
	3.5. Family member /relative (6%)		
4th rank group (5% and less)		4.1. Hospital (5%)	4.1. Other trading point(kiosque, general store) (4%)
		4.2. Other trading point (kiosque, general store) (5%)	4.2. On the street (trade points, street traders) (3%)
		4.3. On the street (trade points, street traders) (3%)	

On average, more than a half of syringies (54%), received by one IDU during last month, have been received for free. Each IDUs who has been buying syringies *during last month*, on average has spent 17,65 UAH, and the number of syringies bought *last time* makes up to 4–5 items.

Major regional differences are in the average sum spent and average number of syringies received (table 4.3.3). Average sum spent by IDU on the purchase of syringies during last month is in Poltavska (39,71 UAH) and Cherkaska (28,25 UAH) oblasts as well as in Kyiv city (24,80 UAH). Smallest average sum spent on syringies purchase is found among respondents from Volynska oblast (7,22 UAH). Average number of syringies bought last time is highest in Cherkaska oblast (7 items), as well as this indicator is high in Kirovogradska, Luganska, Odeska, Poltavska and Sumska oblasts. 6 purchased syringies is the average number here. Smallest number of average quantity of syringies bought during last time (2–3 items) is observed in Volynska and Donezka oblasts.

Table 4.3.3

Average sums spend on syringies and the number of syringies bought during last time (in oblasts), *UAH*

Oblast	Sum spent on purchase of syringies during last month, UAH, average sum	The number of syringies bought during last time, items, average number
AR of Crimea	20,67	3
Volynska	7,22	2–3
Dnipropetrvoska	17,05	3–4
Donezka	10,60	2–3
Kyiv city	24,80	5
Kirovogradska	20,60	6
Luganska	14,56	6
Mykolaivska	10,95	3
Odeska	19,88	6
Poltavska	39,71	6
Sumska	13,09	6
Kharkivska	11,55	4
Khersonska	18,67	4
Cherkaska	28,25	7

Depending on the age of respondents, slight differences are observed in monthly sum spent on syringies as well as the number of syringies bought. Among 13–17 years old IDUs average sum spent on syringies purchase is 19,62 UAH. Average number of syringies bought *last time* is 5 items.

Average expenses of 18–19 year old respondents on syringies is – 14,62 UAH. Average number of syringies bought *last time* is 5 items.

Among respondents of 20–24 years average sum spent on syringies *during last month* is 18,62 UAH, among respondents of 25–29 years – 18,34 UAH. Average number of syringies bought *last time* in both groups is 5 items.

Among IDUs of 30–39 years average sum spent on syringies during *last month* is 17,65 UAH. And average number of condoms bought *last time* is 4.

For IDUs older than 40 years, average sum spent on syringies *during last month* is 18,21 UAH, on average *during last time* IDUs from this age group bought 4–5 syringies.

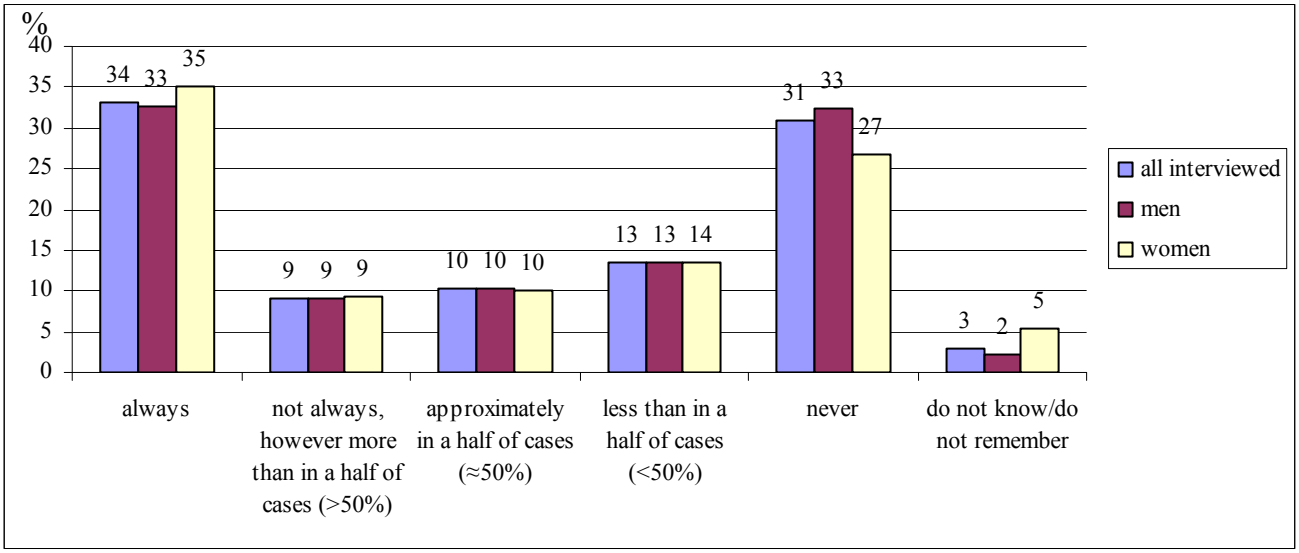
To conclude, during *last year* new free syringe has been received by 67,3% of all respondents, among places where IDUs during *last month* received free syringies prevail needle exchange points (58,8% of all the interviewed), NGOs (38%), other IDUs (22,4%) and friends (22,2%). Pharmacies (70,2%) and drug dealers (13%) were places where respondents most often bought syringies during *last month.*

4.4. Use of shared ware and instruments for injecting drug use

Almost a two third of all interviewed IDUs (64%) used common ware for distribution/preparation of the drug, a third (31%) always used common ware for such purposes (pic. 4.4.1). 64% of men-IDUs and 69% of women-IDUs used shared ware during *last month* for distribution/preparation, it has been always used by 31% of men and 35% of women.

Among IDUs of younger age group (respondents of 15–24 years old) shared ware has been used during *last month* by 68% of the interviewed. In the older age group (older than 25 years) 65% have done so.

Analyzing regional particularities, biggest percentage of respondents who used shared ware for distribution/preparation of the drug during *last month,* is in Odeska (85% of oblast respondents), Sumska (81%) and Donezka (81%) oblasts. Shared ware has been more often used by respondents in Odeska (73%), Cherkaska (57%) and Donezka (38%) oblasts.

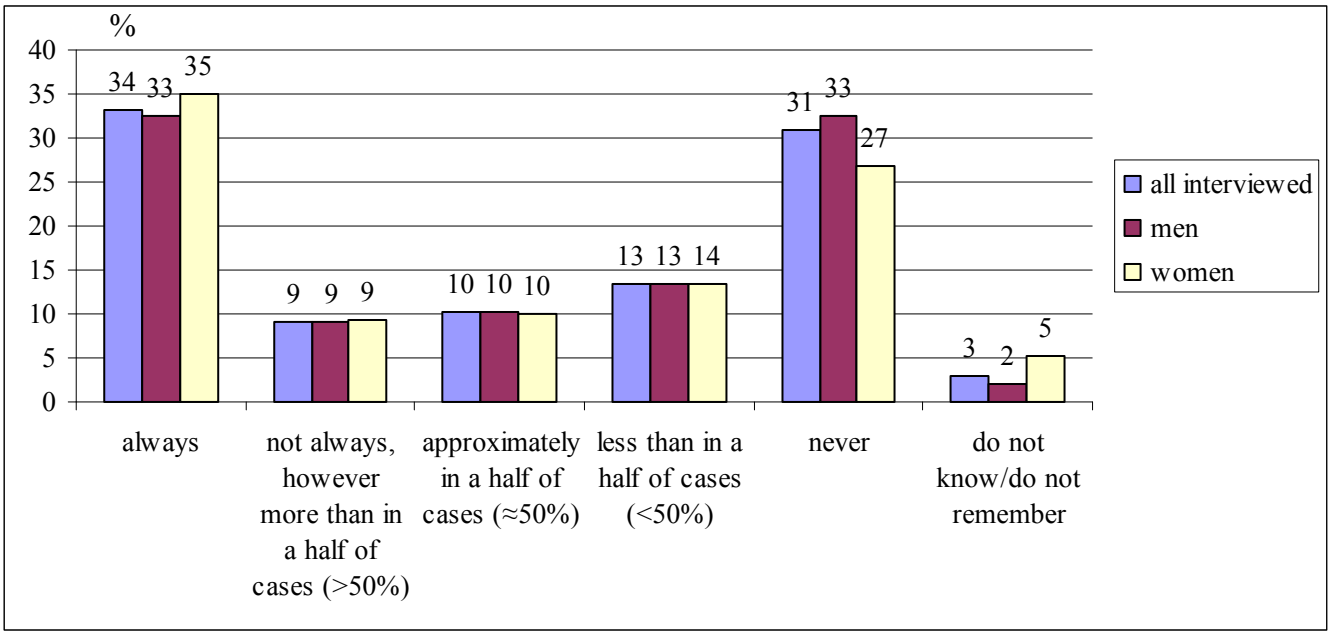


Pic. 4.4.1. **Commom ware use for distribution/preparation of drug during last month**, *%*

Prepared drug liquid from the common ware has been taken by 66% of IDUs during *last month* and a half of them indicated that always do so (pic. 4.4.2). Among women drug liquid has been taken from common ware by 35%, among men by 33% of the respondents.

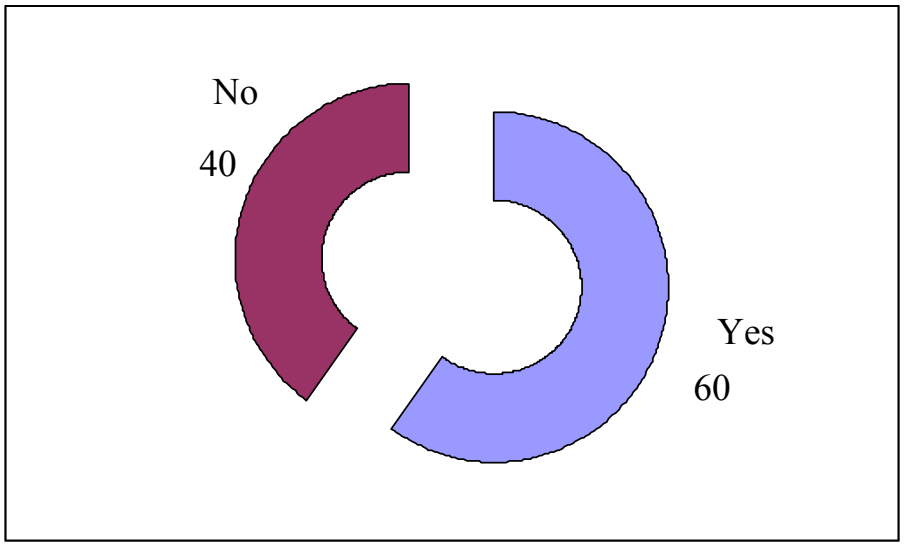
69% of respondents from the younger age group were filling up syringe from common ware *during last month* as well as 68% from the older group. 34% of respondents from the younger group and 31% from older group indicated that have used shared ware for filling up the syringe with drug liquid.

In the regional dimension, this practice is most widespread among IDUs from Odeska (87% of respondents), Sumska (81%) and Kharkivska (80%) oblasts. Biggest number of respondents who always were filling up the syringe with drug liquid from the common ware during *last month,* is in Odeska (74%), Cherkaska (58%) and Dnipropetrvoska (42%) oblasts.



Pic. 4.4.2.* Frequency of filling up the syringe from the shared ware, *%

During last month more than a half of IDUs (60% of interviewed) received injection from a filled syringe (pic. 4.4.3.). Among women – 64%, among men – 59 %. In Odeska (78% of respondentsi in the oblast), Donezka (67%) and Mykolaivska (65%) oblasts highest percentage of IDUs who received injection from a filled syringe is observed. Among respondents of different age groups (15–24 years old and older than 25 years) there are no significant differences in injection from a filled syringe. The part of those who injected in this way makes up to 60%.



Pic. 4.4.3. **Injection *during last month* from already filled syringe (have not seen how the syringe is filled up),** *%*

During *last injection* almost every seventh respondent (14,4%) used shared injection instruments. During last month a quarter of respondents (24%) used shared injection instruments. Among those who had such practice, 67% used it with a friend or a close person, 36% – together with stable sexual partner. Practice of shared injection instruments use exists with occasional and random partners (14%), drug dealers/traders (12%), random persons who have not been sexual partners (13%), as well as with wife or husband (11%) (table 4.4.1).

Table 4.4.1

Distribution of answers on the question „ Have you used shared syringe with … <u>during last 30 days</u>”, *%*

	Among those who used shared injection instruments during last 30 days, (N = 1001)
Stable sexual partner	36
Occasional or random sexual partner	14
Random person who has not been the sexual partner	13
Friend, well-known person	67
Drug dealer/trader	12
Wife/husband	11
Another person	*3*

Among men-IDUs shared instruments during *last injection* have been used by 14%, shared injection instruments practice during *last month* had almost a quarter (23%) of them.

17% of women-IDUs used shared instruments *during last injection*, 29% had such practice *during last month*.

Women and men most often used shared instruments together with a stable sexual partner (50% of women and 32% of men among those who had such practice) as well as with a friend (72% of men and 64% of women).

According to results of the research, biggest number of IDUs who during *last injection* have used shared instruments are in Luganska (29% of respondents in the oblast), Kharkivska (26%) and Odeska (21%) oblasts, during *last month* – in Luganska (45%), Kharkivska (34%), and Donezka (37%) oblasts. Highest percentage of respondents who did not practice shared injection instruments at all during *last* month is in Volynska (93%), Poltavska (88%) and Kirovogradska (86%) oblasts.

16% of respondents among IDUs of younger group (15–24 years) shared injection instruments during last injection, in the older group (25 years old and older) – 14% have done so. During *last month* shared injection instruments use practiced 25% of respondents from the younger age group and 24% from the older group.

During *last month* syringe has been shared together with the sexual partner by respondents from Volynska (67% of all interviewed IDUs here who shared injection instruments with others), Sumska (57%) and Mykolaivska (55%) oblasts. Among women such practice had 49% of respondents, and among men-IDUs - 30%. In age group of 15–24 years old, this indicator makes up to 32%, 25 years old and older – 40%.

Shared syringe use with random and occasional partner is common among IDUs of Kharkivska oblast (25% of respondents who had such practice), the AR of Crimea (23%) and Sumska oblast (22%). Among women there are 17% of those who had such practice, among men there are 13% of those. Among representatives of younger age groups 23% had this practice, among older group, there are 11% of those.

Use of shared injection instrument with random person who has not been a sexual partner is mostly widespread in the following regions: Khersonska oblast (29% of respondents who during *last month* had such practice), the AR of Crimea (28%) and Dnipropetrovska oblast (19%). According to sex – 14% among both men and women. 15% of 15–24 years old respondents and 14% of respondents aged 25 years old and older indicated that *during last month* used shared injection instruments with random persons who have not been their sexual partners.

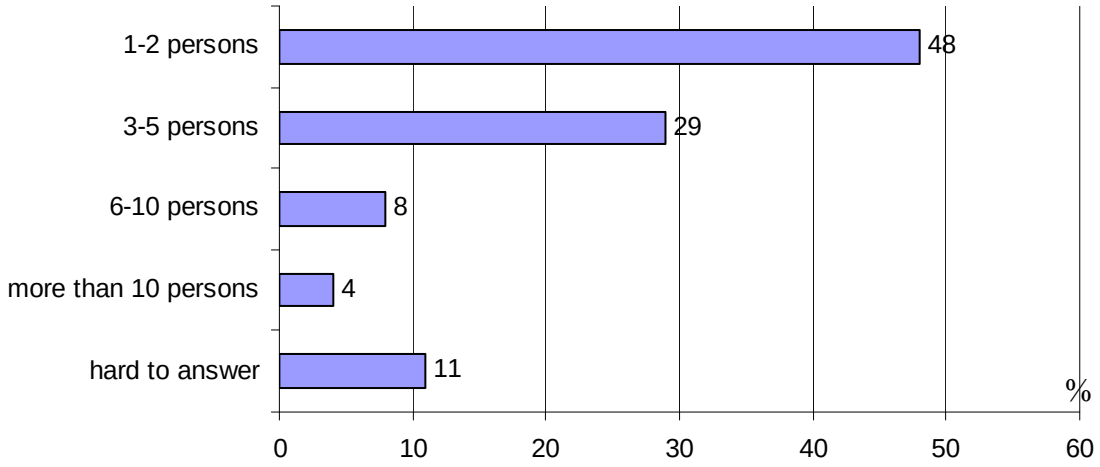
Together with a friend, common injection instruments have been most often used by IDUs in Kharkivska (86% of respondents who had such practice), Odeska (83%) and Luganska (81%) oblasts, among men – 72,1%, among women – 63,8%. Among IDUs aged 15–24 years –75%, 25 years and older – 67%.

Most often IDUs used shared instruments with drug dealers *during last month* in the AR of Crimea (35%), Luganska (32%) and Khersonska (18%) oblasts. 15% of men and 9% of women have done so. In different age groups significant differences have not been noticed – 12% in younger and older group respectively.

Shared instruments have been most often used by married couples – IDUs in Dnipropetrovska (19%), Volynska (18%) and Donezka (17%) oblasts. 15% of women 10% of men had such practice. 6% among younger IDUs and 14% from older groups.

The variant of shared injection drug use with the person not included in the presented classification has been most often chosen by respondents from the AR of Crimea (11%), Kyiv city (10%) and Volynska oblast (7%). Differences between women and men as well as IDUs from different age groups in this case are not significant (3% and 4% in groups according to sex; 3% according to age respectively).

Among those who during *last month* used shared injection instruments, almost a half (48%) shared instruments with 1–2 IDUs, around a third with 3–5 persons, 11% – with more than 5 persons, and every tenth could not answer this question (pic. 4.4.4).



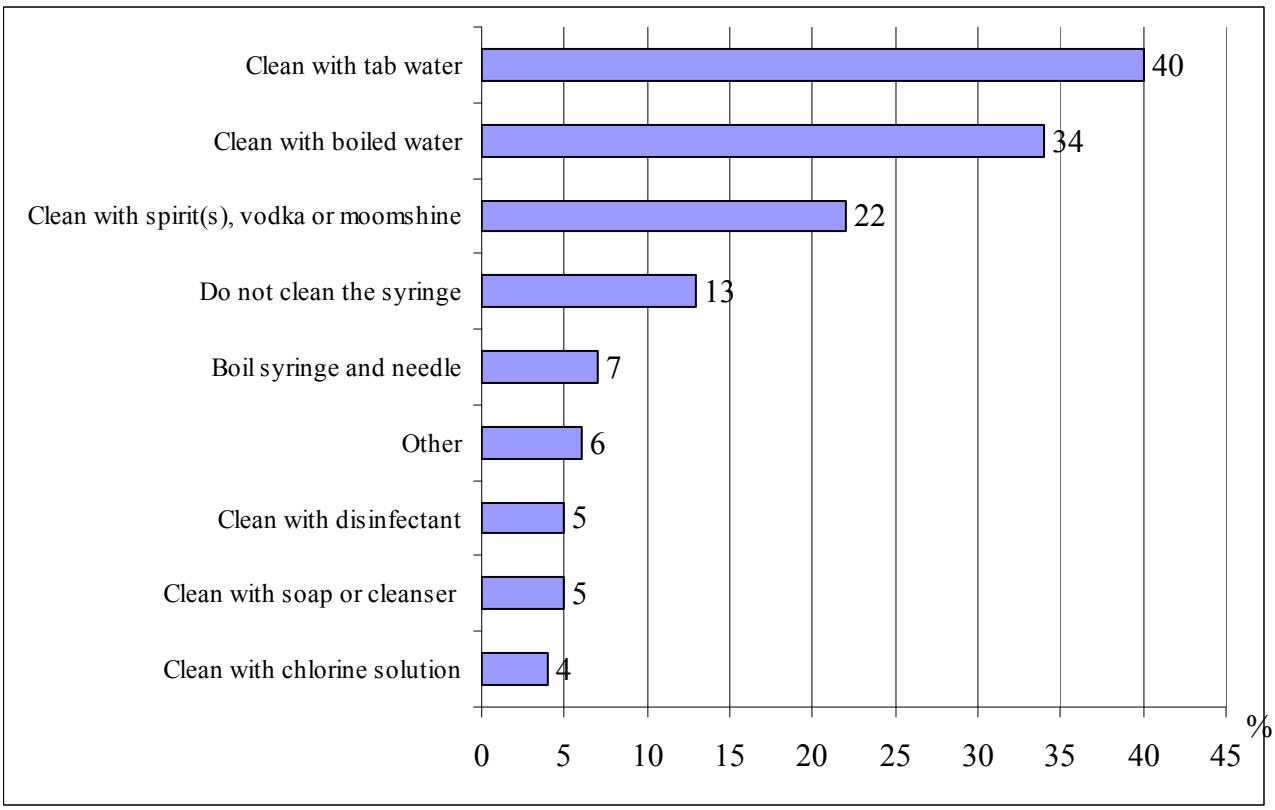
Pic. 4.4.4. **Distribution of answers on the question „Name approximate number of other IDUs, with whom you have shared injection instruments during last 30 days?",** *% (among those who during last month used shared injection instruments, N=1001)*

Among men who answered the question on the number of IDUs with whom injection instruments have been shared during *last 30 days,* around a half (51%) indicated that the number was 1–2 persons. 36% of interviewed men indicated that use syringies together with other 3–5 other IDUs, 9% – with 6–10 persons, 4% share with more than 10 persons. Thus on average, the number of persons with whom instruments have been shared by men-IDUs makes up to 3–4 persons. 61% of women share syringe together with 1–2 persons, 27% – with 3–5 persons, 9% – with 6–10 persons, 3% share with more than 10 persons. The average number of persons with whom women-IDUs used syringe together (from the number of respondents who had such practice) makes up to 3 persons.

On average, biggest number of IDUs, with whom respondents shared syringes are in Khersonska (8 persons), Dnipropetrovska (5 persons) and the AR of Crimea (4–5 persons). Smallest number is in Poltavska, Volynska, Sumska, Kirovogradska and Donezka oblasts. Here average number of persons with whom respondent have shared a syringe is 2 persons.

18% of respondents during *last month* had experience of syringe disinfection before its use together with other persons, however only a third of respondents do it on a regular basis.

After injection 40% of those who during last month used shared injection instrument, cleaned it with the tab water, 34% – boiled water, 22% – spirit(s), vodka or moonshine, and 13% do not clean the syringe at all (pic. 4.4.5).



Pic. 4.4.5. **Distribution of answers on cleaning modes of needle or syringe after injection,**

% (among those who shared injection instruments, N = 1001)

Among respondents who have done shared injections with other persons and gave answer on the question about disinfection, part of respondents who *during last month* have never disinfected instruments is highest in the AR of Crimea (68% in the region), Volynska (47%) and Sumska (33%) oblasts, as well as in Kyiv city (33%). Biggest number of respondents who during *last month* always disinfected instruments is in Poltavska (94%), Kirovogradska (94%) and Khersonska (92%) oblasts.

Among those who used shared injection instruments, different ways of cleaning have been applied. The number of respondents who cleaned it with a tab water is biggest in Khersonska (53%), Kharkivska (53%) and Luganska (47%) oblasts, it has been cleansed with boiled water in the AR of Crimea (61%), Luganska (55%) and Dnipropetrovska (40%) oblasts. Syringe and needles have been boiled in Poltavska oblast (18%), Kyiv city (15%) and Mykolaivska oblast (13%). They have been cleaned with the soap and cleansers in Luganska (17%), Sumska (11%), and Kharkivska (10%) oblasts. They have been cleaned with disinfectant in Mykolaivska (20%) and Kirovogradska (11%) oblasts. They were cleaned with chlorine solution in Luganska oblast (20%), Kyiv city (7%) and Volynska (6%) oblast. Spirit,

vodka or moonshine have been used in Khersonska (45%), Donezka (39%) and Sumska (38%) oblasts. Syringies have not been cleaned at all in Volynska (44%), Cherkaska (24%) and Sumska (22%) oblasts.

Significant differences (on 5% level) between women- and men-IDUs are observed in terms of modes of injecting instruments cleaning. Cleaning with boiled water prevails among IDUs-women (39%) compared to men (32%), as well as boiling of syringe and needle prevails among men-IDUs (8%), among women this indicator is lower (4%). Difference in cleaning with disinfectant is significant on the level of 1%: among women this mode of cleaning has been used by 8% last month, among men it has been used by 3%.

15% of all the interviewed IDUs gave, borrowed or sold syringe after use to other IDUs during last month (table 4.4.2). Biggest part of respondents who during last month used shared instruments and confirmed its handing over to others is in Kharkivska (94%), Luganska (86%) and Donezka (84%) oblasts. Biggest part of IDUs who during last month did not give their injection instruments to other IDUs are in Kyiv city (69%), the AR of Crimea (62%) and Volynska oblast (53%). Always or in more than a half of cases instruments has been handed over by IDUs prediminantly in Kharkivska (35%) and Luganska (33%) oblasts. Differences among various age groups are significant on the level of 5%. Among respondents of the younger age group more than among representatives of the older group (72% compared to 65%), were those who gave, borrowed or sold needle or syringe to another person after injection has been done. Difference between men and women is not significant.

Table 4.4.2

Distribution of answers on the question „How often during last 30 days you gave, borrowed or sold need or syringe to another person after you have done the injection?", %

	Among all the interviewed		*Among those who used shared injection instruments during last 30 days (N = 1001)*
Always	0,7	***had such practice – 15,4%***	3
Not always, however in more than a half of cases (>50%)	2,2		9
Approximately in a half of cases (≈50%)	3,3		14
In less than a half of cases (<50%)	9,2		38
Never	7,6		31

Do not know/do not remember	*1,2*		*5*
The question has not been asked (% of those who during last 30 days have not used shared instruments or does not know about this)	*75,8*		

Self-evaluation of individual infection risk among IDUs who practice unsafe drug use

To the group of IDUs who practice unsafe drug use belong those who use shared instruments (24,2% of all the interviewed during last month had such practice), ware (66%) or have received injection from the filled up syringe (thus do not know how it was filled up) (59,2%). Only 18,8% never used shared instruments or ware, as well as have not received injection from the filled syringe (safe drug use).

Differences in self-evaluation of individual HIV infection risk is mostly observed among groups of IDUs who practice safe and unsafe drug use. Among groups of IDUs who practice different unsafe drug use practice, evaluations are similar. 52% among interviewed IDUs who use shared ware and instruments and those who received injection from the filled syringe evaluated individual risk as high whereas among IDUs who practice safe drug use there have been 41% of those (see table. 4.4.3).

Thus IDUs who practice safe drug use are prone to lower evaluation of individual infection rate, unlike those who have unsafe drug use practices.

Table 4.4.3

Distribution of individual evaluations of HIV infection risks among IDUs who practice unsafe and safe drug use, %

		Risk evaluation as *high*	Risk evaluation as *medium*	Risk evaluation as *low*
IDUs who practice unsafe drug use (N=3365)	*IDUs who use shared instruments* (N=1001)	52	23	25
	IDUs who use shared ware (N=2735)	52	22	26
	IDUs who inject from the filled syringe (N=2451)	52	22	26
IDUs who practice safe drug use (N=778)		41	22	37

National indicator „Percentage of IDUs who used sterile injection materials during last injection"

Looking at the national indicator of injecting drug use in terms of safe injection practice, part of IDU who used sterile injection materials during last injection makes up to 84% of all interviewed IDUs, 81,3% among women, 85% among men, 83,3% among IDUs at the age from 15 to 24 years old, 84,3% – among IDUs aged 25 and older.

Highest percentage of IDUs who used sterile injection materials during last injection are in Znamyanka of Kirovogradska oblast (97,9%), Kahovka of Khersonska oblast (95,3%) and Yalta in the AR of Crimea (94%). Lowest is in Smila of Cherkaska oblast (68,7%), Mariupol of Donezka oblast (72%) and Kharkiv (72,2%).

Calculation of this indicator is presented in the table 4.4.4.

Table 4.4.4

Calculation of the indicator „Percentage of IDUs who used sterile injection materials during last injection"

***Numerator**: the number of respondents who indicated that have used sterile injection instruments during last injecting drug use*	N=3479	**Among all IDUs**	***According to age groups***		***According to sex***	
			Among IDUs of 15–24 years old	**Among IDUs aged 25 and more**	**Among women-IDUs**	**Among men-IDUs**
***Denominator:** the number of respondents who indicated that used injecting drugs during last month*	N=4140*					
Value of the indicator, %		**84,0**	**81,3**	**85,0**	**83,3**	**84,3**

* Respondents from 15 years old and older are separated from other respondents for evaluation of national indicators which describe knowledge, behaviour and coverage of IDUs by services. As a result, from all of the interviewed (N=4143) there are 4140 of the relevant persons.

4.5. Overdose among injection drug users

Overdose is the consequence of the drug use control loss. 12,7% of respondents gave affirmative answer on the question whether they had overdose during *last year;* most often overdose have been happening once a year, twice – among a quarter who had overdose experience, and more than three times – approximately in a sixth part (1,6% of all the interviewed IDUs) (table 4.5.1).

Biggest part of IDUs who had overdose are among respondents of Kharkivska oblast (23%) and Kyiv city (21%). Major differences in terms of sex and age are not observed.

Part of those who had one overdose *during last year* is biggest among IDUs of Poltavska (86% among those who had overdose), Khersonska (73%) and Mykolaivska (70%) oblasts. Two overdoses during last year had IDUs from Cherkaska (40%), Sumska (35%) and Luganska (34%) oblasts. Three and more overdoses had respondents from Cherkaska (25%), Volynska (23%) oblasts and Kyiv city (20%). Among respondents of different age groups certain differences are observed: among representatives of older age group there were more

cases when overdose during the year happened twice as often as in the older group (respectively 18% and 28%). Differences are significant on the level of 1%. Significant differences in the number of overdoses are absent between women and men.

Table 4.5.1

Distribution of answers on the question ”Can you please tell me whether you had overdoses during last 12 months”?, *%*

Yes				12,7
	How many times?	1 time	7,1	
		2 times	3,1	
		More than 3 times	1,6	
		Hard to answer	*0,9*	
No				86,2
Do not remember				*1,1*

Conclusions to Chapter 4

- Alcohol abuse is widespread among IDUs: three fourth of the interviewed used alcohol during *last month,* for a half of all respondents alcohol abuse is a regular practice.
- Around a third of respondents has more than a ten-year experience of drug use, a quarter of respondents (26%) indicated, that *during last month* used drugs every day.
- Most widespread injecting drug is opium alkaloids extract prepared in household conditions from poppy seeds material. On the second place according to the frequency of use is the group of drugs related to kanabioids – hemp substances.
- New syringies are completely accessible for IDUS, during *last year* free new syringe has been received by 67% of the interviewed (in needle exchange points, from NGO representatives, etc.).
- Almost two third of all interviewed IDUs (64%) used shared ware for drug distribution/preparation *during last month.*
- Prepared drug liquid has been taken by 66% of respondents from the shared ware during last month.
- During *last month* more than a half of IDUs (60%) received injection from already filled syringe and during last injection shared instruments have been used by every seventh respondent (14%).
- Among syringe and needle cleaning after injection prevail cleaning with tab water (40% among those who use shared injection instruments), boiled water (34%) and spirit, vodka or moonshine (22 %).
- National indicator „Percentage of IDUs who used sterile injection materials during last injection" in 2007 makes up to 84%.
- 13% of the interviewed *during last year* had overdose, most often – once during the indicated period.

Chapter 5. Use of HIV prevention services

5.1. Use of health care services by IDUs

57,7% of respondents approached medical institutions and organizations with requests for assistance. Respondents-IDUs used services of polikliniks, family doctor centres or hospitals/treatment-prevention institutions/medical centres (21,1% of all the interviewed), hospitals (16,3%), AIDS centres (14,2%), narcological dispensaries (13,8%), other medical organizations and services (table 5.1.1).

When looking at behaviour of IDUs, it is interesting to analyze requests for assistance to different medical organizations depending on the region, age category and sex of the respondents. Differences between various IDUs age categories are not significant. Differences among men and women are significant on the level of 1%. Among women the number of those who approached different medical institutions is higher than among men (25% and 20% respectively). Biggest part of IDUs who approached polikliniks, family doctor centres or hospitals/treatment-prevention institutions/medical centres are from Kharkivska (33%), Luganska (24%) and Odeska (24%) oblasts.

Biggest part of requests for assistance to hospitals are observed in the AR of Crimea (28%), Khersonska (24%) and Mykolaivska (22%) oblasts. Significant on the level of 1% differences are observed among age groups of IDUs: among IDUs aged 15–24 years part of those who approached hospitals to receive assistance or consultation makes up to 11%, among IDUs of 25 years old and older – 18%. Looking at requests for assistance from IDUs of different sexes, significant differences are not identified.

Another key place which IDUs approach for consultation and medical care are AIDS centres. Biggest part of respondents who approaches them are from the AR of Crimea (37% of the interviewed here), Volynska (28%) and Khersonska (18%) oblasts. Significant on the level of 1% differences are observed according to the age and sex: among IDUs from the younger age group 9% approached AIDS centres which is significantly lower than the number of requests from the older age group. 16% representatives from the older group approach AIDS centres. 14% of men and 16% of women approached AIDS centres.

IDUs in Volynska (39%), Mykolaivska (22%), Cherkaska (21%) oblasts, as well as the AR of Crimea (21%) approached narcological dispensaries most often. 9% of IDUs from younger age group (15–24 years old) approached narcological dispensaries during last *three months,* which is significantly lower compared to the part of IDUs of the older age (25 years

and more), which makes up to 16%. Men approached narcological dispensaries for assistance more often than women (15% and 11% respectively). Differences are significant on the level of 1%.

Table 5.1.1

Organisations and structures which IDUs approached to receive medical care and consultations during last three months, *%*

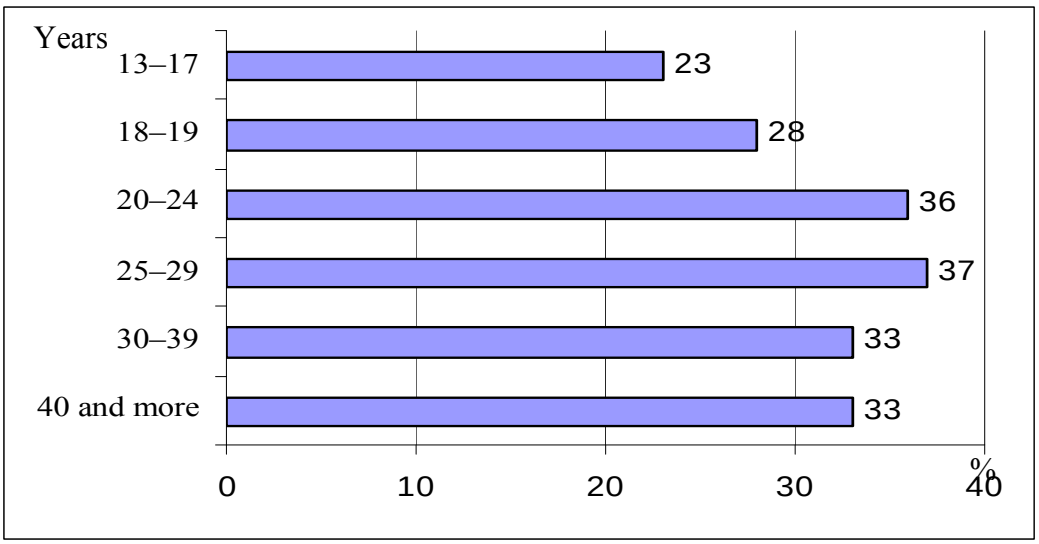
Poliklinika, family doctor centre or hospital/treatment-prevention institution/medical centre	21,2
Hospital	16,3
AIDS centre	14,2
Narcological dispensary	13,8
Consultation centres ("Kabinet doviry" in Ukrainian)/voluntary counselling and test cabinet (VCT cabinet)	9,9
Anti-tuberculosis dispensary	9,2
Women consultation	6,8
Emergency	6,3
Private consultations from the known or „recommended" medical worker	5,3
Dermato-venerological dispensary	4,8
Private poliklinika	2,1
Psychiatric dispensary	1,9
Private hospital	1,4
Private labolatory	0,9
Maternity hospital or department	0,6
Other	1,9
Percentage of those who requested assistance from any organization	**57,7**
Percentage of those who did not receive assistance from any organization	**42,3**

According to the answers of respondents, on average *last request* for medical assistance cost 144,7 UAH. Average expenses on medical drugs, bandage material, single-use gloves, etc.– 109,3 UAH, for laboratory research – 22,1 UAH, for medical consultation – 15,8 UAH as well as other expenses on average made up to 29,8 UAH.

Smallest sum charged during *last* request for assistance for medical care is observed in Sumska oblast (25,85 UAH). Highest average sums, spent by respondents during last request for assistance for medical care is observed in Odeska (290 UAH), Kirovogradska (227 UAH), Khersonska (175 UAH) oblasts as well as Kyiv city (179 UAH). Respondents from the younger group on average have spent 129,66 UAH., and the older – 149,36 UAH. Average sum, spent by men, made up 158,88 UAH, by women– 113,35 UAH.

During last year sexually transmitted diseases (further on - STI) diagnostics have been done by 34% of the respondents. Quantity of those who have done STI diagnostics is smaller

among men than among women (31% among men compared to 44% among women). Difference is significant on the level of 1%. Among different age groups biggest number of those who did STI diagnostics is higher among age groups of 20–24 years (36% among respondents from this age group) and 25–29 years old (37%), and smallest – among underage IDUs (23%) (pic. 5.1.1).

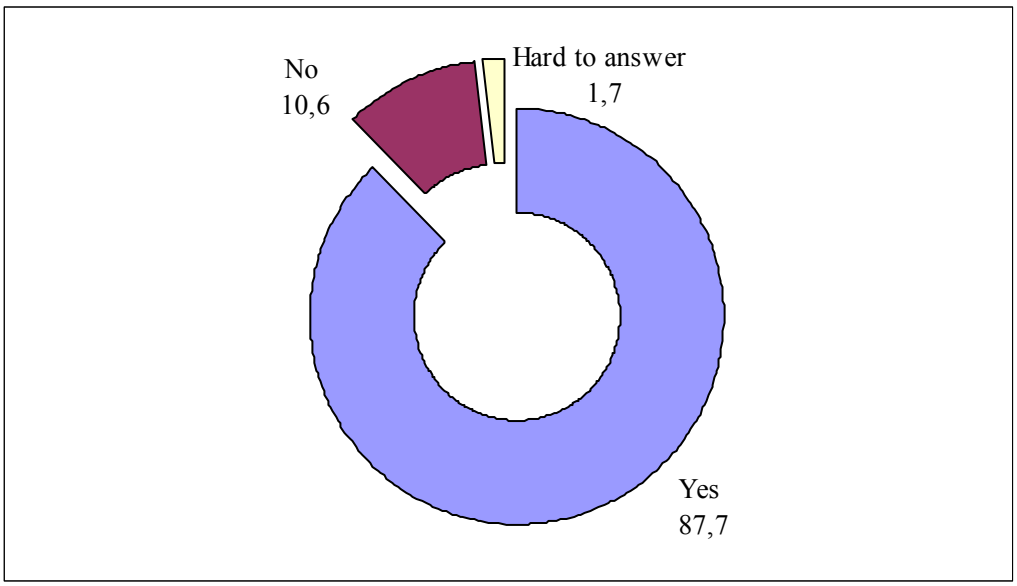


Pic. 5.1.1. **The number of IDUs who did STI diagnostics** ***during last 12 months****, %*

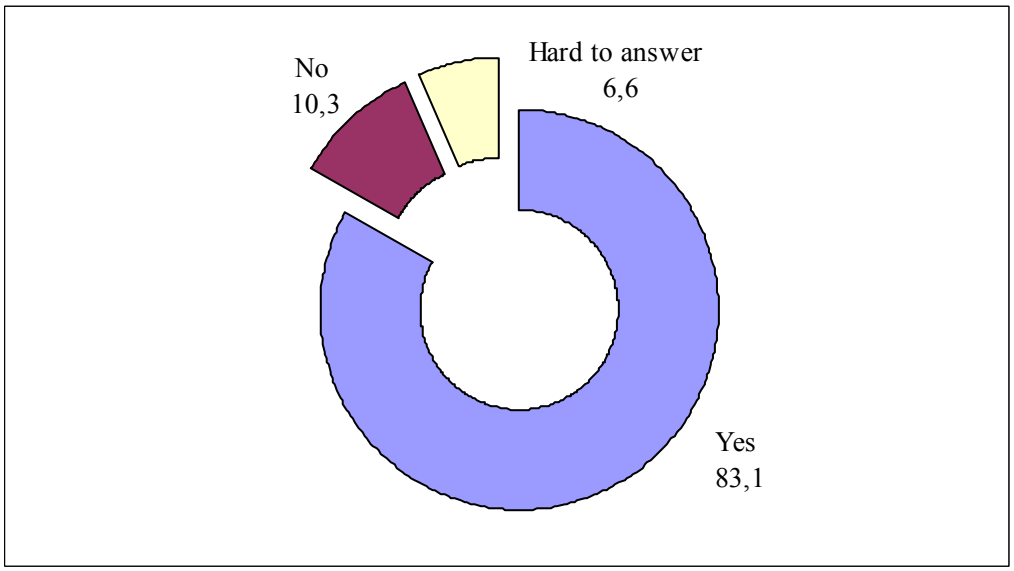
5.2. Accessibility to pre-test counselling for IDUs and requests for tests

Accessibility of IDUs to HIV testing is on the agenda, particularly taking into consideration that IDUs remain at higher risk of HIV infection compared to other groups.

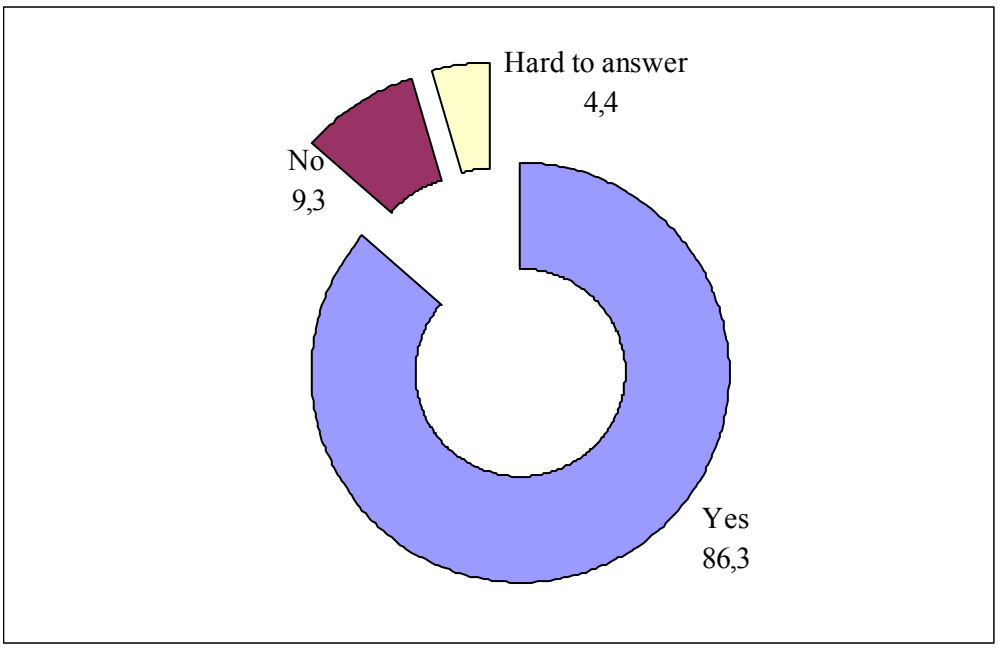
87,7% of respondents know where to get HIV counselling (pic. 5.2.1), 83,1% indicated, that have the opportunity to do anonymous HIV test (pic. 5.2.2). For 86,3% of IDUs HIV testing is accessible. 9,3% of respondents indicate that do not have access to HIV testing (pic. 5.2.3).



Pic. 5.2.1. **Knowledge about HIV test locations, *%***



Pic. 5.2.2. **Possibility to test for HIV anonymously, *%***



Pic. 5.2.3. **Accessibility to HIV testing of respondents,** *%*

Biggest part of respondents who know where to take HIV counselling are in Volynska (99% of the interviewed here), Khersonska (95%) and Luganska (92%) oblasts, biggest number thos who do not know such places are in Kharkivska (26% of respondents do not know where to receive counselling), Sumska (17%) and Odeska (17%) oblasts.

Biggest number of IDUs who gave affirmative answer on the question about possibility to do HIV test anonymously are in Kyiv city (98%), Poltavska (96%) and Vonynska (96%) oblasts.

Differences in knowledge about HIV test locations and opportunities for anonymous HIV counselling between respondents of different sex and age are not significant.

Highest accessibility to HIV testing is indicated by respondents in Volynska oblast (98%), Kyiv city (96%) and Poltavska oblast (96%). Biggest part of respondents who indicated that HIV testing is not accessible are in Kharkivska (18%) and Luganksa (17%) oblasts. Highest level of HIV testing accessibility among IDUs is in Volynska (indicated by 98% of respondents in the region), Poltavska (96%) oblast and Kyiv city (96%). Highest number of cases when HIV testing is indicated as not accessible by IDUs-respondents is in Kharkivska (18%), Luganska (17%) and Mykolaivska (13%) oblasts (table. 5.2.1).

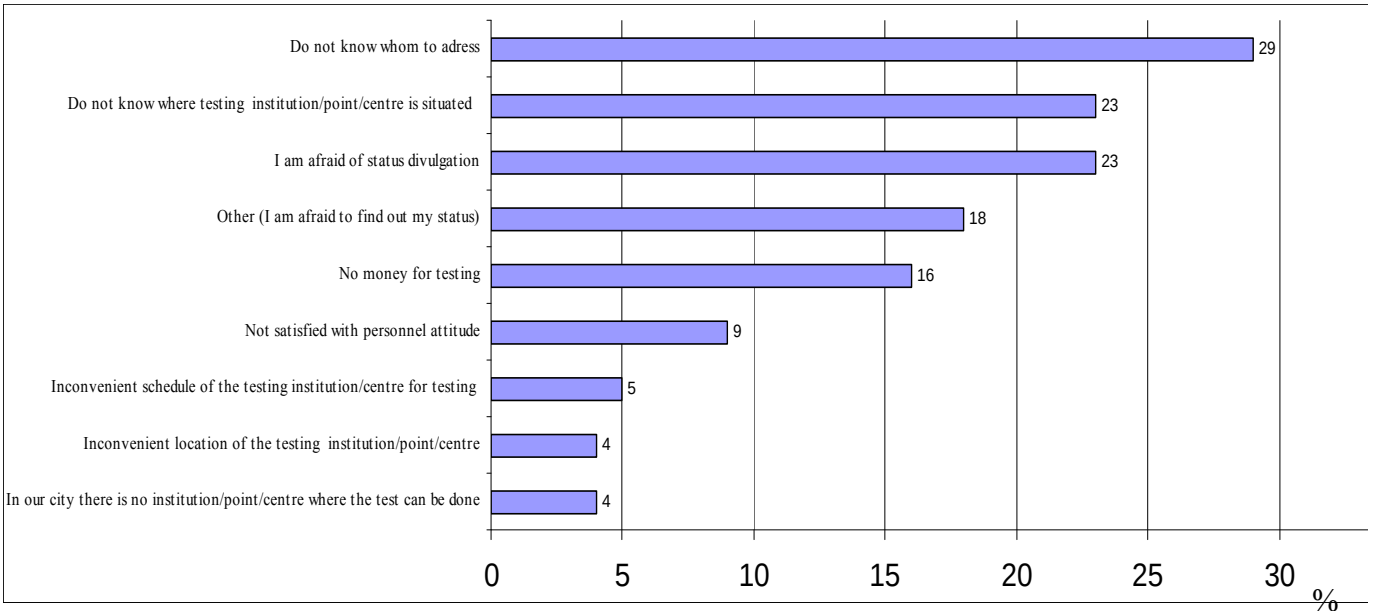
Table 5.2.1

Distribution of answers on the question: „Is HIV testing accessible to you?”, *%*
(according to the regions)

Region	Is HIV testing accessible to you?

	Yes	No	Hard to answer
AR of Crimea	85	12	3
Volynska	98	1	1
Donezka	88	10	2
Kyiv city	96	2	2
Kirovogradska	91	5	4
Luganska	75	17	8
Mykolaivska	80	13	7
Odeska	87	12	1
Poltavska	96	3	1
Sumska	80	11	9
Kharkivska	70	18	12
Khersonska	87	7	6
Cherkaska	79	13	8
All respondents	87	9	4

Among reasons why HIV testing is not accessible, respondents most often mentioned, for example, the following „I do not know whom to approach" (29% of those for whom HIV testing is not accessible), „do not know where is HIV test location" (23%), „I am afraid of status divulgation" (23%), „I have no money for testing" (16%), „I am not satisfied with attitudes of the personnel" (9%), „schedule of work is not convenient" and „inconvenient location of the institution where the test can be done" (5% and 4% respectively), as well as "in our city there are no establishment/point/centre where the test can be done" (4%) (pic. 5.1.4).



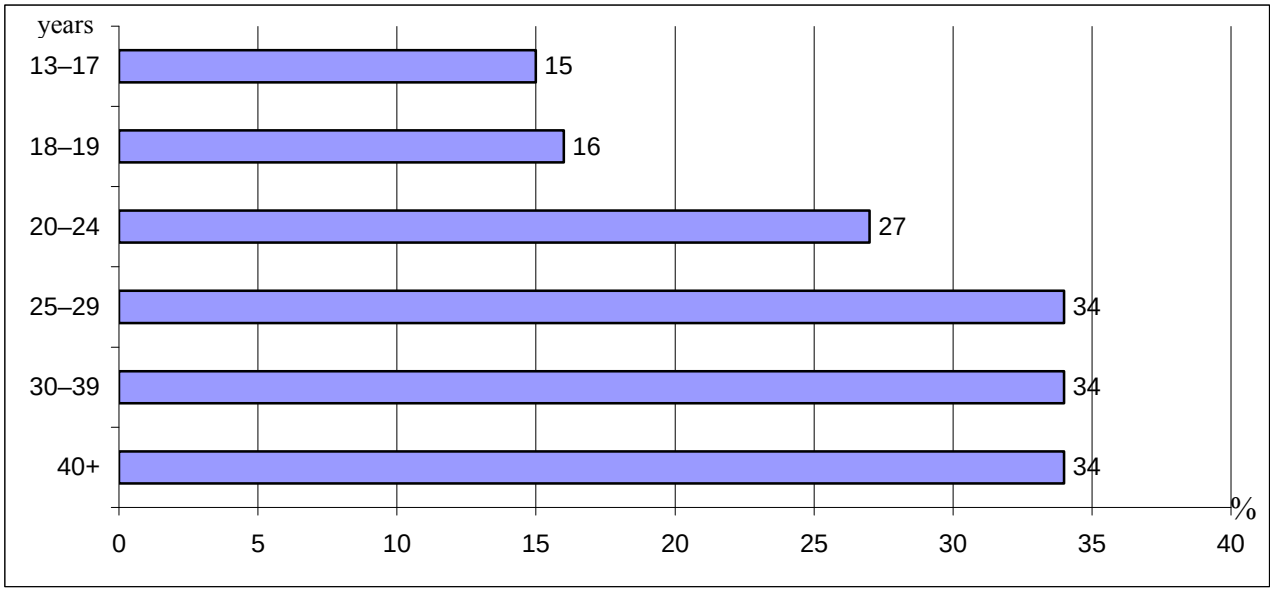
Pic. 5.2.4. **Reasons for inaccessibility to HIV testing,**
% among those who consider HIV testing inaccessible, N = 387
(respondents had opportunity to name more than one reason, thus the sum of percents exceeds 100%)

Differences between men and women are not significant. Analysing age particularities of HIV testing inaccessibility the following major differences are identified: IDUs from younger groups more often than from the older groups name lack of knowledge about location of HIV testing structure/point/centre as the reason of HIV testing inaccessibility (34% of IDUs of 15–24 years old compared to 17% of IDUs 25 and more years old). Difference is significant on the level of 1%. Among IDUs of 25 years old and older more often than among younger IDUs the following reasons are presented: being afraid of status divulgation (26% of IDUs of older age compared to 17% of IDUs of younger age) and not satisfied with medical personnel attitude (11% compared to 5%). Differences are significant on the level of 5%.

Lack of knowledge whom to approach is widespread among respondents of Odeska (68%), Kharkivska (49%) oblasts and Kyiv city (42%). Lack of knowledge about HIV test centre location has been most often named by respondents of Sumska (28%), Kirovogradska (40%) and Kharkivska (28%) oblasts. Biggest concerns about status divulgation exist among respondents of Khersonska (55%), Donezka (44%) and Mykolaivska (37%) oblasts.

With the overall high access to HIV testing only 51,7% of IDUs approached relevant structures and organizations to test for HIV and only 50,5% of the interviewed have done so. A quarter of the interviewed, which makes up to more than a half (61%) of those who have

tested for HIV have done so *during last year*. Test results have been received by 95% of respondents who has taken it. In Kirovogradska, Sumska and Kharkivska oblasts all who has taken the test, received its results.



Pic. 5.2.5. **Number of IDUs who tested for HIV during last 12 months**, *%*

Biggest number of IDUs who tested for HIV *during last 12 months* are among respondents of 25 years and older (34% among respondents of this age), smallest number is among respondents of 13–17 years old (15%) and 18–19 years old (16%). This demonstrates insufficient understanding of individual infection risk taking into consideration short experience of injecting drug use among representatives of this IDUs group.

Biggest number of IDUs, who during *last* year tested for HIV is in Kirovogradska (55% among respondents of the oblast), Volynska (47%) and Khersonska (42%) oblasts, smallest number is in Kharkivska (17%), Sumska (18%) and Luganska (20%) oblasts. Taking into consideration high risk of HIV infection among IDUs, received data causes a lot of concern.

HIV test procedures in Ukraine include obligatory pre- and post-test counselling.

Analysing the quality of voluntary testing it is important to indicate that according to the data of preliminary survey, among those who have approached institutions/organizations to test for HIV, pre-test counselling has been conducted for 83,6% of respondents. It is important not to underestimate the importance of pre-test counselling because 99% of those who received counselling have been willing to take the test. In Kharkivska oblast pre-test counselling has been done for IDUs who approached institutions/organisations for taking HIV test. In Odeska and Kirovogradska oblast 98% of such respondents tested in each oblast. The

indicator is lowest in Mykolaivska oblast (here pre-test counselling has not been conducted for a third (34,9%) of IDUs who approached relevant institutions/organizations to test for HIV), as well as in Luganska and Dnipropetrovska oblasts where a quarter of respondents have not received necessary counselling services (27% and 25% respectively).

Post-test counselling has been conducted for 76% of respondents who tested for HIV. Biggest number of respondents who have received post-test counselling are in the AR of Crimea (96% of respondents in oblast who tested for HIV) as well as in Kirovogradska and Odeska (94% in each) oblasts. Significant part of respondents who tested, have not received post-test counselling in Mykolaivska, Luganska and Poltavska oblasts (43%, 40% and 36% respectively). Thus, results of the research conducted show that pre-test and, particularly, post-test counselling has not been conducted for all IDUs who tested for HIV.

National indicator „Percentage of IDUs who during last 12 months requested HIV test and have received the result"

Looking at the national indicator of HIV testing among groups at the highest risk of HIV, percentage of IDUs who tested for HIV during last 12 months and know their results, makes up to 29,3% among all IDUs (in 2004 this indicator made up to 27%, in 2006 – 21,5%). It is 30,2% – among women and 28,9% – among men, 22,7% – among IDUs at the age from 15 to 24 years old, 31,6% – among IDUs older than 25 years.

Highest indicator is found in the city of Znamyanka of Kirovogradska oblast (69,9%), Luzk (49,3%) and the city of Makiivka in Donezka oblast (48%). The lowest indicator is in the city of Mariupol of Donezka oblast (0%), the city of Yalta in the AR of Crimea (7%) and in Dnipropetrvosk (14,1%).

Calculation of this indicator is presented in the table 5.2.2.

Table 5.2.2

Calculation of the indicator „Percentage of IDUs who during last 12 months requested HIV test and have received the result", *%*

***Numerator**: number of respondents at the*	N=1212		**Among all**	***According to age groups***	***According to sex***

highest risk at the age from 15 to 49 years who tested for HIV during last 12 months and know the results		**IDUs**	**Among IDUs of 15–24 years old**	**Among IDUs older than 25 years**	**Among women–IDUs**	**Among men–IDUs**
Denominator: *number of persons at the highest risk included in the sample*	N=4140*					
Indicator, %		**29,3**	**22,7**	**31,6**	**30,2**	**28,9**

* Respondents from 15 years old and older are separated from other respondents for evaluation of national indicators which describe knowledge, behaviour and coverage of IDUs by services. As a result, from all of the interviewed (N=4143) there are 4140 of the relevant persons.

HIV test result know 94% of respondents who tested for HIV. Among them three fourh (73%) agreed to communicate their HIV-status. Highest regional indicators on informing HIV status are in Sumska (94% of respondents in the oblast who tested for HIV), Kharkivska (92%) oblasts and the AR of Crimea (92%). Smallest part of IDUs who agreed to inform their result is in Cherkaska (41% of IDUs in the olbast informed about their status among those who tested for HIV), Luganska (46%) and Mykolaivska (52%) oblasts.

31% among those who tested for HIV and know the result communicated their HIV-positive status. In older age group (25 years and older) the number of IDUs who informed about HIV-positive status makes up to 34%. This (on 1% significance level) is much higher than among IDUs of the younger age group (among them 18% informed about HIV-positive status).

84% among those who informed HIV-positive status have been on the records of AIDS centre. All respondents who informed HIV-positive status have been on the record in Luganska, Volynska, Poltavska, Sumska and Kharkivska oblasts. Smallest number of HIV-positive IDUs listed in AIDS centres is observed in Kyiv city (62% of HIV-positive respondents are listed here) and Donezka oblast (74%).

5.3. HIV prevention services

Significant increase in coverage by HIV prevention services among general population as well as as high risk groups, including IDUs, is among strategic priorities of response to HIV in Ukraine.

55,9% of IDUs *during the lifetime* approached NGOs which work with IDUs and commercial sex workers. 49,6% of IDUs have approached NGOs *during last 12 months* and 38,1% have done so *during last 30 days* (table. 5.3.1). During last request for assistance full package of necessary services have been provided to 45,4% of respondents. Overall 81% among those who approached NGOs to receive assistance during lifetime have received full package of services. Every eighth IDU who approached NGOs to receive services thinks that services have not been provided to the satisfactory extent and 2% indicate that necessary services have not been provided at all.

Table 5.3.1

Requests for assistance from IDUs to NGOs which work with commercial sex workers or injecting drug users, *%*

	During lifetime	**During last 12 months**	**During last 30 days**
Yes	55,9	49,6	38,1
No	41,9	2,4	7,5
No answer	*2,2*	*3,9*	*10,3*
The answer has not been asked (% of those who has not approached NGOs to receive assistance during lifetime)		*44,1*	*44,1*

Part of respondents who *during* lifetime have approached NGOs is highest in the AR of Crimea (79% of respondents who answered the question on this), Poltavska (77%) and Cherkaska (74%) oblasts. *During last 12 months* – in Volynska oblast (100% of respondents who have answered this question in the questionnaire), the AR of Crimea (99%) and Poltavska oblast (98%). Part of respondents who approached *NGOs during last month* is highest in Volynska oblast (99%), Kyiv city (97%), Dnipropetrovska oblast (97%) and the AR of Crimea (97%).

Differences in requests for assistance are observed among various age groups of IDUs. Differences, significant on 1% level, between younger (15–24 years old) and older (25 years old and older) IDUs age groups are observed in terms of requests to NGOs *during lifetime* (among representatives of older age group – 62% of respondents *during lifetime* have approached relevant NGOs to receive assistance and among IDUs from the younger age group

there have been 44% of those). Significant differences between male and female respondents in terms of requests for assistance to NGOs are not identified.

Among respondents who approached NGOs to receive assistance, biggest number of those who have received full package of services is in Kharkivska (98% of respondents who gave answer on this question), Volynska (92%) and Mykolaivska (89%) oblasts. 46% of respondents have received peer educational services. Highest indicators on the use of peer education programmes is in the AR of Crimea – 81% of respondents, Odeska oblast – 65%, Volynska oblast – 58% of respondents. Respondents from the younger age group (42%) to the smaller extent than the older (49%) group participate in this kind of educational programmes.

Looking at STIs prevention, information materials have been received by 68% of respondents *during last 12 months,* 76% have received such information about HIV/AIDS, 71% have received information on drugs (including safe drug use) and overdoses. 51% of interviewed IDUs have been informed by mass media (TV, radio, newspapers) about STIs during *last 12 months,* 74% of the interviewed IDUs have received information on HIV/AIDS, 49% have received information on drugs (including safe drug use practices) and overdoses.

Part of IDUs who have received information materials during last year is higher in Kirovogradska and Volynska oblasts as well as in the AR of Crimea compared to other regions. It is lowest in Donezka, Luganska and Kharkivska oblasts.

Level of information dissemination on the indicated questions is higher among IDUs of Volynska, Poltavska, Kirovogradska and Odeska oblasts. This information is received by the smallest number of IDUs in Kharkivska, Luganska, Donezka and Khersonska oblasts.

National indicator „Percentage of IDUs covered by HIV/AIDS prevention programmes"

Affirmative answers on three questions which define this national indicator[6] (know which organization to approach in order to test for HIV; have received condoms during last 12 months), gave 46,1% among all interviewed IDUs. 50% – among women and 45% – among men, 41% – among IDUs at the age from 15 to 24 years old, 48% – among IDUs older than 25 years old.

This indicator is highest in Simferopol of the AR of Crimea (84,9%), Znamyanka of

[6] Methodology of this indicator calculation has been changed in 2007. That is why comparison with previous years is not appropriate. Additionally: in 2004 coverage indicator of IDUs by prevention programmes makes up 38%, in 2006 – 61% (not including mass media) and 91% (including mass media).

Kirovogradska oblast (71,3%) and Makiivka of Donezka oblast (66%). The indicator is lowest in the city of Lugansk (22,4%), Odesa (22,8%) and Kirovograd (28,2%).

Calculation mechanism of this indicator is presented in the table 5.3.2.

Table 5.3.2

Calculation of the indicator
„Percentage of IDUs covered by HIV/AIDS prevention programmes”, *%*

***Numerator**: the number of respondents who have answered “yes” on all three questions*	N=1908	**Among all IDUs**	***According to sex***		***According to age groups***	
***Denominator:** the number of respondents who gave answers, including “I do not know”, on all three questions*	N=4140*		**Among women-IDUs**	**Among men-IDUs**	**Among IDUs of 15–24 years old**	**Among IDUs at the age of 25 years old and older**
Value of the indicator, %		**46,1**	**50,1**	**44,6**	**40,7**	**48**
“Yes” on question 1: Do you know which organization to approach in order to test for HIV?		87,7	88,5	87,4	81,6	89,8
“Yes” on question 2: Have you received condoms during last 12 months? (for example, through information-educational services on the ground, reference centres without preliminary appointment, reproductive health centres)		51,4	55,5	50,0	47,5	52,8
“Yes” on question 3: Have you received sterile needles or syringies during last 12 months? (for example through the person involved in information-educational work on the ground or educational programmes in a close circle, or through needle exchange programmes)		67,2	68,2	66,9	56,9	70,9

* Respondents from 15 years old and older are separated from other respondents for evaluation of national indicators which describe knowledge, behaviour and coverage of IDUs by services. As a result, from all of the interviewed (N=4143) there are 4140 of the relevant persons.

Conclusions to chapter 5

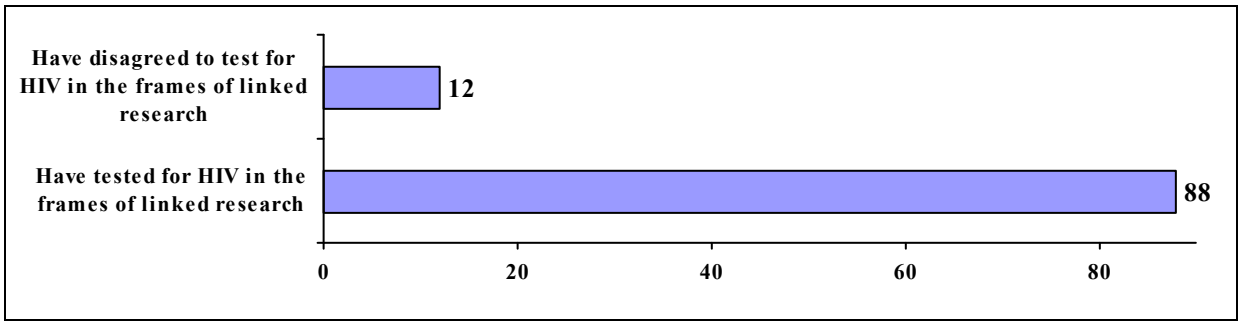
- More than a haf of respondents have approached medical institutions, particularly poliklniks, general doctors' practices, hospitals, AIDS centres, etc.
- 34% of respondents have tested for STIs during *last year*. Moreover, among women there are more of those who have done STIs diagnostics, than among men (44% among women and 31% among men). Among different age groups biggest number of those who have done STI diagnostics is among respondents of 20–24 years old (36% among respondents of the age group) and 25–29 years old (37%), and smallest number is among IDUs before 18 years old (23%).
- Although majority of respondents know where it is possible to test for HIV and consider it accessible, almost every tenth of the interviewed find certain difficulties in testing (do not know where the relevant institution is situated, consider testing as not accessible because of different reasons).
- Overall, accessibility to HIV testing can be evaluated as high. However, only a half of the interviewed (52%) have approached organizations in order to test for HIV.
- National indicator „Percentage of IDUs who during last 12 months requested HIV test and have received the result" in 2007 makes up to 29%.
- Pre- and post-test counselling do not always happen. There are certain regional differences in accessibility to such consultations.
- Around a half of the interviewed *during last year* have approached NGOs, which work with IDUs, for services. In the majority of cases (81% among those who have approached NGOs for services during lifetime) the full package of services have been provided.
- National indicator „Percentage of IDUs covered by HIV/AIDS prevention programmes" in 2007 makes up to 46%.
- Majority of respondents have received information materials on STIs prevention, HIV/AIDS and drug abuse (68%, 76%, 71% among all respondents to each question respectively), around a half of the interviewed have received information on these questions through mass media (51%, 74% and 49% among all respondents on each of the indicated questions respectively).

Chapter 6. Results of linked research among IDUs

6.1. Evaluation of HIV prevalence among IDUs

It was decided that it is feasible to supplement behavioural surveys with HIV testing in the cities with high HIV prevalence. This makes it possible to investigate the link between behaviour practices of IDUs and HIV status of respondents on the empirical level.

All respondents have been proposed to test for HIV with counselling in six cities: Kyiv, Luzk, Novovolynsk (Volynska oblast), Dnipropetrovsk, Kriviy Rig (Dnipropetrovska oblast) and Lugansk. Each respondent who agreed to take part in the research received pre-test counselling and had the opportunity (if wished) to receive information about test result or participate in the interview without receiving results of the test. After test result is received, post-test counselling is conducted with the respondent. 88% of respondents in six cities have agreed to participate in the research and tested (pic. 6.1.1). Overall 1103 respondents tested for HIV.



Pic. 6.1.1. **The number of IDUs in six cities who agreed to participate in HIV testing after the survey,** *%*

Among 250 interviewed IDUs in Lugansk, 149 have agreed to participate in testing. In Kyiv among 405 respondents, 335 tested for HIV. In Luzk, Novovolynsk (Volynska oblast), Dnipropetrovsk, Kriviy Rig (Dnipropetrovska oblast) 100% of respondents agreed to test.

Pre-test counselling has been conducted in 1079 of cases (98%) and in 54% cases it has been done by NGO representatives. In 43% of cases it has been done by medical workers and in 3% of cases it has been indicated that pre-test counselling has been done by "another person". Similarly, in Kyiv all counselling has been conducted by NGO representatives and in Luzk, vice versa, pre-test counselling has been done by medical personnel. In Luzk, Nonovolynsk, Dnipropetrovsk and Kriviy Rig pre-test counselling has been conducted by both NGO representatives and medical workers.

Test results of IDUs in the frames of linked research in geographical dimension is presented in the table 6.1.1. In 51 cases test result has been identified as unclear. The biggest number of HIV test results are among respondents in Kriviy Rig (115 of cases from 131 of outcome tests or 88%), significantly smaller number is in Novovolynsk (31 of cases from 97 outcome tests or 32%), Luzk (43 of cases from 150 outcome tests or 29%), Dnipropetrovsk (47 of cases from 195 outcome tests or 24%), smallest number is among respondents-IDUs in Kyiv (47 cases from 335 outcome tests or 14%) and Lugansk (15 cases from 144 outcome tests or 11%). In sum, in all the cities where research has been conducted from 1103 IDUs tested for HIV in the frames of the research, 298 of positive cases have been found (or 27%).

The use of RDS AT programme which makes it possible to reach general sample implementation according to RDS methodology, provides edited results which theoretically can be applied to the whole general sample of IDUs community in the cities where research has been conducted (see table 6.1.1). For example, HIV infection rate among IDUs in Lugansk has been identified as 6,1% with interval limits from 2,9% to 10,8%. In Kyiv city – 12,7% of HIV positive with possible interval from 7,7% to 17,7%. In Dnipropetrvosk – 16,4% of HIV-positive with interval limits from 11,3% to 22,1%. In Luzk– 27,1% of HIV-positive with possible intervals from 17,8% to 37,2%. In Novovolynsk– 34,4% of HIV-positive with interval limits between 25,7% and 43,3%. In Kriviy Rig – 87,1% of HIV-positive with possible interval from 76,4% to 94,3%.

Table 6.1.1

Results of IDUs HIV testing in the frames of the linked research

Oblast, city	Quantity						According to results of the research in SPSS programme: % of HIV positive among outcome tests	According to results of the analysis, RDS AT among outcome tests			
	All respondents	All tests	Unclear tests	Outcome tests	Negative tests	Positive tests		% of HIV-positive	Lower limit	Higher limit	Haemophilia
Luzk	150	150	0	150	107	43	28,7	27,1	17,8	37,2	0,03
Novovolynsk	100	100	3	97	66	31	32,0	34,4	25,7	43,3	-0,121
Dnipropetrovsk	199	199	4	195	148	47	24,1	16,4	11,3	22,1	0,194
Kriviy Rig	150	150	19	131	16	115	87,8	87,1	76,4	94,3	0,149
Kyiv	405	355	20	335	288	47	14	12,7	7,7	17,7	0,059
Lugansk	250	149	5	144	129	15	10,4	6,1	2,9	10,8	0,181

Received results demonstrate that IDUs group in Ukraine is a group with high HIV prevalence and remains the main group in which new HIV cases occur. This group has a big influence on the epidemic.

79% of respondents from the number of those who tested for HIV in the frames of the research wanted to know test results. 54% of respondents found out their HIV positive result. 91% of respondents have been informed about the negative result.

Rapid test results in the frames of the research have been compared with information from IDUs, if they have agreed to provide it, on results of previous testing if such has occurred. From 1103 IDUs who tested in the frames of the research, 390 tested before and agreed to inform about the result. Comparative analysis of answers about the status and test results in the frames of the research shows that among those IDUs who received positive results according to rapid tests, 95% informed about their positive result before. 31 persons had negative result before, however, have received positive result with the rapid test. The number of „new cases" (percentage of positive results among those who before had a negative result) made up to 11%.

6.2. Link between HIV test results and behaviour patterns

More than a third of IDUs (70%) who in the frames of the survey tested for HIV and appeared to be HIV positive consider individual infection risk as "quite realistic" (49%) and „very realistic" (21%); around a fifth (18%) estimated infection risk as „fifty fifty"; 7% estimated the risk as „not very probable", 5% indicated that this „does not threaten me at all". Thus, there is a link between defining the individual risk as "realistic" by respondents and results of HIV testing (significance of hi-square criteria is equal to 0,000; Pearson correlation coefficient is 0,055) (see table 2.1).

Table 6.2.1

Comparison of individual evaluations of HIV infection risk among groups of IDUs with positive and negative HIV test results, *%*

Groups of IDUs with:	**Quite realistic**	**Very realistic**	**Fifty fifty**	**Not very probable**	**This does not threaten me at all**
• Positive rapid test result	49	21	18	7	5
• Negative rapid test result	42	13	21	20	4

It is possible to state that individual evaluation of HIV infection risk, similarly to test results, is connected with real behavioural practices of respondents.

To search links between HIV test results and behavioural practices, analysis of a number of variables, which characterize behaviour of IDUs, has been undertaken. This is not the first research in Ukraine which allows to do such analysis. There is a close link between HIV infection and use of shared ware for preparation of the drug liquid by IDUs: dishes, cotton wool, filters, dishes for cleaning, etc. Almost similar close link has been found during analysis between possibilities of HIV infection and practice of drug use in open dens, where different groups of IDUs rotate.[7]

We consider it necessary to present received results on links found and on behavioural indicators which have not shown in this research links between behaviour and test results on statistically significant level.

[7] Situation on injecting drug use in Kharkiv: WHO research on injecting drug use. Second phase / O.M. Balakireva, U.L. Belousov, M. U. Varban et al. – K.: Ukrainian Institute for Social Research, 2003. – 65–67 p.p.

Results showed presence of the link between the age of the interviewed and rapid test result (see table 6.2.2): age structure of those who have received positive result is scued to the older age group (hi-square is significant and is equal to 0,000; Pearson correlation – 0,148).

Table 6.2.2

Distribution of IDUs who participated in the linked research according to age and HIV test result, *%*

	Among IDUs who had positive test result	Among IDUs who had negative test result	Among all IDUs who tested
15-19 years old	3	7	5
20-24 years old	17	24	22
25-29 years old	23	26	25
30-34 years old	22	17	19
35+ years old	36	26	29

Received data shows availability of link between injecting drug use and test results (table 6.2.3). Significance of hi-square criteria is equal to 0,000, Pearson coefficient correlation makes up to 0,145. Among men the link is also available between duration of injecting drug use and test result (hi-square significance is equal to 0,001; Pearson correlation coefficient– 0,139) (table 6.2.4). Among women the link between duration of injecting drug use and HIV test result is not so strong (significance of hi-square criteria is equal to 0,093; Pearson correlation coefficient – 0,181) (table 6.2.5). Among IDUs, who have received positive result, 2/3 have experience of injecting drugs use for more than 6,5 years.

Table 6.2.3

Experience of injecting drugs use depending on HIV test results, *%*

	Among IDUs who had positive test result	Among IDUs who had negative test result	Among all IDUs who tested
Up to a year (<12 months)	1	6	5
1-2,5 years (12-30 months)	6	13	12
2,5–4,5 years (31-54 months)	12	13	13
4,5–6,5 years (55-78 months)	15	15	15
6,5 + years (79+months)	66	53	55

Table 6.2.4

Experience of injecting drugs use depending on HIV test results, *% among men*

	Among IDUs who had positive test result	Among IDUs who had negative test result
Up to a year (<12 months)	1	6
1-2,5 years (12-30 months)	6	12
2,5–4,5 years (31-54 months)	13	12
4,5–6,5 years (55-78 months)	16	16
6,5 + years (79+months)	64	54

Table 6.2.5

Experience of injecting drugs use depending on HIV test results, *% among women*

	Among IDUs who had positive test result	Among IDUs who had negative test result
Up to a year (<12 months)	4	8
1-2,5 years (12-30 months)	8	16
2,5–4,5 years (31-54 months)	11	16
4,5–6,5 years (55-78 months)	13	13
6,5 + years (79+months)	64	47

Among IDUs who had positive test result more than among those whose result appeared to be negative there are those who used injecting drug every day (once or several times) (table 6.2.6). Received results indicate availability of the link between the frequency of injecting drug use and HIV test results (hi-square significance is equal to 0,000; Pearson correlation – 0,125).

Table 6.2.6

Frequency of injecting drug use depending on HIV test result, *%*

	Among IDUs who had positive test result		Among IDUs who had negative test result		Among all IDUs who tested	
Only once per month	5		9		8	
2-3 times per month	12		10		11	
On average once a week	4		9		7	
4-6 times per week	13		19		17	
2-3 times per week	7		8		8	
On average once a day	27	*59*	23	*45*	24	*49*
2-3 times per day	29		20		23	
At least 4 times per day	3		2		2	

Among IDUs interviewed in 6 cities, whose HIV test results appeared positive, 65% have been receiving injections from already filled syringe *during last 30 days*. This is higher than among respondents whose test results appeared to be negative (49%) (table 6.2.7). The link is present between HIV test result and injection practice from already filled syringe *during last 30 days* (significance of hi-square criteria is equal to 0,000, Pearson correlation – 0,144).

Table 6.2.7

Injection from the filled syringe during last 30 days depending on HIV test result, *%*

	Among IDUs who had positive test result	Among IDUs who had negative test result
Received	65	49
Have not been received	35	51

The link between result of the test and the practice of correct syringe cleaning is available (significance of hi-square criteria is equal to 0,050; Pearson correlation – 0,142) (table 6.2.8)

Table 6.2.8

Mode of syringe cleaning depending on HIV test result, *%*

	Among IDUs who had positive test result	Among IDUs who had negative test result
Correct	6	16
Incorrect	94	84

Among IDUs with positive result there are more of those who during last 30 days used shared ware for drug distribution/preparation (63%). There are 56% of those among HIV-negative persons (table 6.2.9). Significance of hi-square criteria is equal to 0,006, Pearson correlation – 0,098. Thus link between the use of common ware for drug distribution/preparation practice and HIV test results is present.

Table 6.2.9

Use of shared ware for drug distribution/preparation during last 30 days depending on HIV test result , *%*

	Among	Among IDUs	Among all

	IDUs who had positive test result	who had negative test result	IDUs who tested
Always	34	25	28
Not always, but in more than a half of cases (>50%)	8	8	8
Approximately in a half of cases (=50%)	11	8	8
In less than a half of cases (<50%)	10	15	14
Never	37	44	42

Shared injection instruments practice had 24% of IDUs during last 30 days who had positive test result and 17% of IDUs whose test result appeared to be negative (significance of hi-square is equal to 0,035; Pearson correlation coefficient makes up to 0,038).

Table 6.2.10

Use of shared injection instruments during last 30 days depending on HIV test result, *%*

	Among IDUs who had positive test result	Among IDUs who had negative test result	Among all IDUs who tested
Always	1	1	1
Not always, but in more than a half of cases (>50%)	5	3	3
Approximately in a half of cases (=50%)	4	3	3
In less than a half of cases (<50%)	14	10	12
Never	76	83	81

75% of respondents with a positive result filled up the syringe with the prepared drug liquid from the shared ware during last 30 days and 60% among respondents with the negative test result (table 6.2.11). Hi-square significance is equal to 0,000, Pearson correlation – 0,211. The link between the practice of filling up the syringe with already prepared drug liquid from the shared ware and HIV test result is available.

Table 6.2.11

Filling up the syringe with the prepared drug liquid from the shared ware during last 30 days depending on HIV test result, *%*

	Among IDUs who had positive test result	Among IDUs who had negative test result	Among all IDUs who tested
Always	49	27	32
Not always, but in more than a half of cases (>50%)	11	10	10

Approximately in a half of cases (=50%)	7	9	8
In less than a half of cases (<50%)	8	14	12
Never	25	40	38

In the table 6.2.12 comparative analysis of the influence of unsafe (particularly, receipt of injection from the filled syringe, use of shared injection instruments, use of shared ware for drug distribution/preparation, filling up the syringe with prepared drug liquid from the common ware) and safe (those who do not practice any of the unsafe behaviours) behavioural practices among separate groups of IDUs on test result is presented (table 6.2.12). Test result is closely connected with the following safe behaviour during injecting drug use.

Table 6.2.12

Influence of unsafe and safe injecting drug use behaviour on test result among some groups of IDUs, *%*

Behaviour practices	**IDUs who tested for HIV with rapid tests in the frames of the research, outcome tests N = 1052**		**IDUs who tested for HIV before the survey and informed about their status, N = 1432**	
	Positive result, N = 298	Negative result, N = 754	Positive result, N = 449	Negative result, N = 983
Received injection from the filled syringe during last 30 days	65	49	71	57
Used common injection instruments during last 30 days	24	16	29	17
Used shared ware for distribution/preparation of the drug during last 30 days	63	56	69	67
Filled up the syringe with the prepared drug liquid from the common ware during last 30 days	75	60	72	67
Followed safe practices during injecting drug use during last 30 days	16	29	12	20

Among respondents whose test results have shown HIV positive status, average number of commercial sexual partners during *last 3 months* was 3 persons, occasional – 1–2 persons. Among those whose test results appeared to be negative – 1–2 commercial partners and 1–2 occasional sexual partners (table 6.2.13).

Table 6.2.13

Average number of sexual partners during last 3 months depending on HIV test result, *persons*

	How many commercial sexual partners	How many occasional and random sexual partners	How many partners overall during last 3 months
Among IDUs who had positive test result	3	1–2	5
Among IDUs who had negative test result	1–2	1–2	4
Among all IDUs who tested	2	1–2	4

During *last 30 days* among respondents with negative test result, who had commercial sexual partners, average number of such partners was 9 persons and among those whose test result appeared to be negative – 5–6 persons (table 6.2.14).

Table 6.2.14

Average number of commercial sexual partners during last 30 days depending on HIV test result, *persons*

Among IDUs who had positive test result	9
Among IDUs who had negative test result	5–6
Among all IDUs who tested	6–7

The link between test results and requests for assistance from respondents to institutions/organizations to test for HIV is present. Significance of hi-square criteria is equal to 0,001; Pearson correlation coefficient – 0,101 (table 6.2.15).

Table 6.2.15

Requests to institutions/organizations to test for HIV depending on HIV test result, %

	Among IDUs who had positive test result	Among IDUs who had negative test result	Among all IDUs who tested
Requested assistance	61	50	56
Have not requested assistance	39	50	44

Conclusions to Chapter 6

- 1103 persons among respondents-IDUs in six cities (Kyiv, Dnipropetrovsk, Krivyi Rig of Dnipropetrovska oblast, Luzk, Novovolynsk of Volynska oblast, Lugansk) have agreed to take part in the linked research (survey and testing). This makes up to 88% of the respondents in these cities. 1052 test results have been received.
- In 98% of cases pre-test counselling has been conducted.
- 79% of respondents wanted to receive test result.
- Biggest number of respondents whose HIV test result appeared to be positive is among respondents of Kriviy Rig Dnipropetrovska oblast (115 cases from 131 outcome tests or 88%). It is significantly smaller among the interviewed in Novovolynsk of Volynska oblast (31 cases from 97 outcome tests or 32%), in Lugansk (43 cases from 150 outcome tests or 29%), in Dnipropetrovsk (47 cases from 195 outcome tests or 24%). Smallest number is among respondents-IDUs in Kyiv (47 cases from 335 outcome tests or 14%) and Lugansk (15 cases from 144 outcome tests or 11%). Overall in all cities where research has been conducted, from 1103 IDUs, who tested for HIV in the frames of the research, 298 positive cases (or 27%) have been found.
- The link between presence of commercial sexual partners and HIV test result is present.
- The link is present between identification of HIV infection risk as “realistic” and HIV test result.
- Received data shows presence of the link between the age of interviewed IDUs and rapid test results; duration of injecting drug use and HIV test results; frequency of injecting drug use and test results; HIV test results and requests to institutions/organizations to test for HIV.
- Unsafe behaviour of injecting drug use (receipt of injection from the filled syringe, use of shared injection instruments, use of shared ware for drug distribution/preparation, filling up the syringe with prepared drug liquid from the common ware) increases the probability of HIV positive test result on a statistically significant level.

Conclusions

⇒ Survey results show the following socio-demographic characteristics of the interviewed IDUs: predominantly men at the age from 25 to 39 years old, with complete secondary or incomplete higher education, not married and do not live with a sexual partner.

⇒ A half of the interviewed had only stable sexual partners (53% from all those who had sexual contacts during last 90 days). A fifth of IDUs (20%) had only occasional partners and another 14% had both stable and occasional partners. 13% of respondents had commercial partners.

⇒ Received results demonstrate high level of knowledge of IDUs about HIV transmission modes. In 2007 national indicator "Percentage of IDUs who correctly identify how to prevent heterosexual HIV transmission and know how HIV is not transmitted" made up to 47% for all interviewed IDUs. Difficulties with the choice of correct and wrong answers, first of all, have been caused by the following questions on HIV prevention: "Is it possible to decrease the risk of HIV transmission when having only one faithful non-infected partner?" and "Is is possible to decrease the risk of HIV transmission during condom use?".

⇒ Majority (81% of all respondents) of IDUs had first sexual contact before becoming of age.

⇒ IDUs had first sexual contact before becoming of age, almost a half of them (43%) before 15 years old.

⇒ National indicator "Percentage of IDUs who used condom during last sexual contact" made up to 55% among IDUs who had sexual contacts during last 12 months.

⇒ The following trend is observed: interviewed IDUs more often had unsafe sexual contacts with stable, than occasional and random partners. Respondents more often used condom with commercial, than occasional partners. During last year, 75% of the interviewed IDUs had unsafe sexual practice with stable partners (among those who had such partner), 56% – with occasional and 43% – with commercial partner. The choice of unsafe sexual behaviour in case with a stable partner is defined particularly by motivation of IDUs (28% among IDUs who had such a partner named "I did not think that this is necessary" as the reason for such behaviour). With occasional and commercial partner behaviour is defined by motivation of the partner (24% have chosen the answer „partner insisted on condom non-use") as well as drug intoxication state (26%).

⇒ Among places of free condom receipt, needle exchange points and NGOs (42% and 27% respectively among all the interviewed) prevail. Pharmacies are most popular places for condom purchase (33%). Accessibility of condoms for IDUs is quite high. The evidence for this is that the part of free condoms received by IDUs during last month makes up to more than a half (52%).

⇒ Alcohol abuse is common among IDUs: a three fourth of respondents abused alcohol *during last month*. Moreover, for a half of the respondents alcohol abuse is a regular practice.

⇒ Around a third of the respondents have more than a ten-year experience of drug use.

⇒ Almost a half of all respondents (46%) consider individual risk of HIV infection as high. Besides, more than a quarter of the interviewed (27%) consider the risk as not very probable or absent. Higher evaluation of risk is common for IDUs who do not always use condom with commercial sexual partners as well as IDUs who practice risky drug use.

⇒ Most widespread injecting drug is opium alkaloids extract prepared in household conditions from poppy seeds material. On the second place, according to the frequency of use, is the group of drugs related to kanabioids – hemp substances.

⇒ New syringies are quite accessible for IDUs. During last year free new syringe has been received by 67% of the interviewed (most often – in needle exchange points and from NGO representatives).

⇒ National indicator „Percentage of IDUs, who used sterile injection materials during last injection" in 2007 makes up to 84%.

⇒ Almost two third from all interviewed IDUs (64%) used shared ware for drug distribution/preparation *during last month*; 66% of respondents filled up the syringe with prepared drug liquid from the common ware; 60% of respondents received injection from the filled up syringe and every seventh respondent (14% from the general number of respondents) used shared injection instruments *during last injection.* Instruments most often have been cleaned with a tab water, boiled water or alcohol as well as vodka or moonshine.

⇒ 13% of respondents had overdoses during last year.

⇒ More than a half of respondents approached medical institutions and organizations, for a example, polikliniks, general doctor practices, hospitals and AIDS centres. 34% of respondents have done STI diagnostics.

⇒ Overall, accessibility to HIV testing is high, however, only a half of respondents (52% among all the interviewed) approached relevant organizations and institutions to test for HIV. Necessary for HIV test pre- and post-counselling have not been always done.

⇒ National indicator „Percentage of IDUs who during last 12 month requested to test for HIV and have received the result" in 2007 makes up to 29%.

⇒ Around a half of respondents approached NGOs to receive services *during last* year, in most of cases a full package of services has been provided.

⇒ Majority of respondents received information materials about STI prevention, HIV/AIDS and drug abuse. Around a half of respondents received such information from mass media.

⇒ National indicator „Percentage of IDUs covered by HIV/AIDS prevention programmes" in 2007 made up to 46%.

⇒ Linked research has been conducted in the frames of the survey research. Participants from six cities have participated in this research. Pre-and post-test counselling and HIV rapid test has been conducted with them. 1103 persons agreed to take part in the linked research and 1052 test results have been received. 79% among those who participated in the linked research wanted to receive their test results.

⇒ In all cities where the research has been done from 1103 IDUs who tested for HIV 298 positive cases (or 27%) have been found in the frames of the research.

⇒ Data indicates the link between test results and risky behaviour practices (particularly, receipt of injection from the filled syringe, use of shared injection instruments, use of shared ware for drug distribution/preparation, filling up the syringe with prepared drug liquid from the common ware). Among respondents who received positive test result, there are more of those among whom risky behaviour practices are widespread.

⇒ There is a link between availability of commercial partners and HIV test result.

⇒ The link is present between identification of the individual HIV infection risk as "realistic" and HIV test results.

⇒ The age of respondents and duration of injecting drug use increase the risk of HIV positive test result.

⇒ Data received indicates availability of the link between HIV test result and requests for assistance to institutions/organizations to test for HIV.

Recommendations

To state institutions and organizations

- To the Ministry of Health of Ukraine - to take measures in order to enable NGOs to test HIV representives from the most vulnerable groups, including injecting drug users. This will increase the number of IDUs who test for HIV, enable regular testing of IDUs for HIV as well as provide more efficient monitoring of HIV epidemiological situation among IDUs.
- To the Ministry of Health of Ukraine - to take measures in order to enable allocation of information stands about prevention of HIV/AIDS and STI in medical institutions aimed at IDUs.
- To medical institutions which provide HIV voluntary counselling and testing (VCT):
    - to strengthen information and educational support to testing as well as overcome perception among IDUs about absence of testing confidentiality and fear to receive the result;
    - to take into consideration behavioural particularities of IDUs during VCT;
    - to take into consideration that VCT practices could be significantly improved in case of closer co-operation with NGOs, which work with this target group. This will make it possible to increase trust from the side of IDUs to institutions which conduct the testing;
    - to organize and enable participation of medical personnel in trainings, seminars and other events on sexual health and medical needs of groups at high risk of HIV infection, including IDUs.
- To the Ministry of family, youth and sport of Ukraine and local state administrations - to provide financial support to NGOs, which work with groups at high risk of HIV infection, including IDUs.
- To the Ministry of Science and Education of Ukraine - to enable allocation in educational institutions information stands about HIV/AIDS, pre- and post-test counselling and testing for HIV, prevention and treatment of STIs as well about institutions and different organizations which provide services for risk groups, including IDUs.
- For the Committee on Counteraction to HIV/AIDS and other socially dangerous diseases of the Ministry of Health of Ukraine together with Alliance-Ukraine - to include to

methodological recommendations on monitoring behaviour of IDUs the guideline on provision of representation in sampled population the age group of IDUs younger than 19 years old (as a minimum from 15 to 19 years old) to enable secondary HIV risk analysis among young adults from risk groups.

To HIV-service non-governmental organizations

- To support development of unified standards of social services provision for IDUs and implementation of unified coding system of clients from the social projects.
- To organize trainings for medical workers on provision of medical services for IDUs.
- To create efficient co-ordination mechanism of activities, exchange of experience and project implementation with other organizations which work with risk groups, including, IDUs as well as organize mutual support, evaluation of efficiency and success of the running projects.
- To establish and develop systematic co-operation with local co-ordination councils on prevention of HIV/AIDS.
- To publish regular reports on results of project implementation aimed at IDUs, including research publications.
- To take measures to increase awareness of IDUs about services provided by NGOs, implemented by IDUs themselves according to peer education methodology, including those in the frames of outreach work.
- Develop projects and programmes aimed at health promotion of IDUs, taking into consideration use of different drugs, alcohol and smoking habits of IDUs. Particularly, promotion of active leisure time and sport activities is important in this kind of projects.
- During development of information materials to take as the basis the lowest possible level of awareness about HIV/AIDS and STI and consider that a certain part of IDUs have low educational level.
- To develop clear mechanism for involvement of new clients among IDUs and their motivation to regular participation in the projects, taking into consideration low awareness of IDUs about such projects.
- To motivate IDUs for participation in educational programmes, individual search for information in order to decrease risk behaviour to less risky.

- To develop co-operation with cultural and leisure time institutions, oriented at IDUs, to implement part of social work activities on their territory or to involve their resources.
- To inform IDUs about different HIV risk levels during sexual contacts as well as insist on condom use.
- Provide IDUs with information on different strategies of avoiding or decreasing HIV infection risks (use of sterile injection instruments, sexual contacts with one stable partner, condom use with all occasional partners, keeping personal hygine, etc.).
- To improve referral system of IDUs to AIDS centres as well as other institutions and organizations which provide necessary HIV prevention and treatment services.
- To elaborate strategy for development of HIV-service activities in small cities and villages taking into consideration that in such locations outreach work is, mostly, unfeasible and not possible. This rises the necessity for finding other forms of work with IDUs – inhabitants of such locations.
- To start and develop in the frames of current activities work with underage (before 18 years), provide them with necessary services on information about HIV/AIDS and STI.

To international organizations which support projects for risk groups, including IDUs

- To enable systematic, continuous financing of projects on HIV/AIDS prevention among IDUs.
- To support exchange of experience among organizations which implement prevention programmes aimed at formation of adequate evaluation of individual HIV infection risk and STI among IDUs.
- To support qualitative research of IDUs community to identify specific motivations, needs and behaviour patterns, etc.
- To support implementation of regular evaluation of effectiveness of existing programmes on HIV/AIDS prevention in order to identify most appropriate forms, types and methods of prevention work among IDUs.

To academic and other organizations which conduct research of IDUs

- Disseminate research results:
    - by publishing reports and obligatory mailings to libraries and specialized academic institutions of Ukraine;

    - by publicizing results in Internet with the possibility to leave comments and discuss information;
    - by publishing academic articles on particular aspects of relevant research in specialized academic publications or preparations of chapters for academic publications on a particular topic;
    - by participation in conferences, „round tables", seminars etc., aimed at prevention of HIV infection.
- Together with NGOs which work with IDUs to agree unified terminology and specialized wordings for use in the research papers.
- To intensify academic dialogue *with* and *among* representatives of academic science on injecting drug use in all the aspects – sociological, legislative, psychological, medical and policy, etc.
- To improve methodology for identification of the sample to reach higher level of representation, particularly:
    - To conduct mapping in order to construct the sample, which reflects the picture of territorial location of IDUs in Ukraine.
- Continue work on research of characteristics of the IDUs sample in Ukraine.
- When forming surveys for sociological research:
    - discuss and agree question formulations with experts from HIV-service organizations;
    - together with narcologists, experts of Ukrainian harm reduction association and NGO representatives, which work with IDUs to develop unified approach on evaluation of drug substances structure (agree use of titles, groups according to type of narcotic drugs, etc.).

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Appendix 1

National indicators on monitoring and evaluation of effectiveness of measures which control HIV/AIDS epidemic among IDUs

Number of the indicator	Name of the indicator	Among all IDUs, %	Among IDUs 15-24 years, %	Among IDUs older than 25 years old, %	Among IDUs-women, %	Among IDUs-men, %
Indicator 8	**Percentage of IDUs during last 12 month who requested to test for HIV and have received the result**	29	23	32	30	29
Indicator 9	**Percentage of IDUs covered by HIV/AIDS prevention programmes**	46	41	48	50	45
Indicator 14*	**Percentage of IDUs who correctly identify how to prevent heterosexual HIV transmission and know how HIV is not transmitted**	47	41	49	45	47
Indicator 20	**Percentage of IDUs who used condom during last sexual intercourse**	55	62	52	56	55
Indicator 21	**Percentage of IDUs, who used sterile injection materials during last injection**	84	83	84	81	85

* According to new Methodology for calculation of national indicator instead of statements "Person can get HIV through mosquito bite" and "Person can get HIV when eating common food with HIV-positive person" the following statements have been added: "Person can get HIV during common use of toilet, swimming pool and sauna with HIV-positive person"; "Person can get HIV when drinking in turn with HIV-positive person from the same glass".

	Indicators have been estimated based on answers to the following questions:
Indicator № 8	"Have you tested for HIV during last 12 months?" (quantity of those who said "yes") and "I do not want to know the results, however, have you received results of this test?»
Indicator № 9	"Do you know which organization to approach if you want to test for HIV?" and "Have you received condoms during last 12 months?"
Indicator № 14	*Correct answers on statements:* • "HIV infection can be avoided if to have sex only with one faithful not-infected partner" • "The risk of HIV infection can be decreased if to use condom correctly during each sexual intercourse" • "Person who looks healthy can have HIV" • "Person can get HIV during common use of toilet, swimming pool, sauna with HIV-positive person" • "Person can get HIV if drinking in turn with HIV-positive person from the same glass"
Indicator № 20	"Have you used condom during last sexual contact?" (number of those who said "yes")
Indicator № 21	"Have you used sterile injection instruments during last occasion of injecting drug use?" (number of those who said "yes")

Appendix 2

National indicators of monitoring and evaluation of effectiveness of measure which provide response to HIV/AIDS epidemic among IDUs, estimated according to RDS AT methodology at city levels

Percentage of IDUs who during last 12 months requested HIV testing and have received the result

City	All respondents, quantity	Indicator, %	RDS indicator	Lower limit	Higher limit	Hemophilia
Simferopol	205	23,4	22,0	16,2	27,9	0,08
Yalta	100	7,0	2,9	0,8	5,4	-1,0
Sevastopol	100	26,0	30,2	16,8	43,0	0,023
Luzk	150	49,3	56,9	45,8	66,7	-0,182
Novovolynsk	100	37,0	31,5	24,4	38,9	-0,048
Dnipropetrovsk	199	14,1	16,5	11,0	23,5	-0,09
Krivyi Rig	150	26,0	29,9	19,4	41,2	0,071
Dniprodzergynsk	150	42,0	33,5	26,8	47,8	0,23
Donezk	200	30,0	23,5	16,3	30,9	0,336
Mariupol	100	0,0				
Makiivka	100	48	46,9	38,4	57,6	0,021
Kyiv city	405	31,1	33,7	26,8	40,2	0,148
Kirovograd	110	35,5	36,1	25,6	47,2	0,117
Znamyanka	143	69,9	79,6	71,3	86,9	-0,042
Lugansk	250	19,2	13,4	9,8	17,4	0,105
Mykolaiv	200	27,5	18,9	14,0	24,7	0,154
Voznesensk	100	17,0	17,9	10,1	24,1	0,025
Odesa	303	37,0	35,6	29,0	41,7	0,035
Poltava	150	31,3	26,7	19,7	34,4	0,039
Sumy	152	18,4	15,5	9,9	21,7	0,13
Kharkiv	151	16,6	12,7	6,8	20,7	0,372
Kherson	201	44,3	48,0	39,7	56,2	-0,136
Kahovka	106	34,0	55,9	39,8	70,5	0,169
Cherkasy	219	19,6	14,7	9,8	19,6	0,044
Smila	99	17,2	18,2	10,5	27,7	-0,082

Percentage of IDUs covered by HIV/AIDS prevention programmes

City	All respondents, quantity	Indicator, %	RDS indicator	Lower limit	Higher limit	Hemophilia
Simferopol	205	84,9	89,3	84,9	93,2	-0,056
Yalta	100	45,0	46,2	37,0	56,0	0,005
Sevastopol	100	33,0	40,2	27,0	52,8	-0,02
Luzk	150	65,3	67,7	54,5	79,1	0,349
Novovolynsk	100	58,0	57,0	48,2	66,5	0,05
Dnipropetrovsk	199	50,3	43,3	34,6	53,0	0,249
Krivyi Rig	150	40,0	33,3	23,7	43,4	0,052
Dniprodzergynsk	150	60,7	39,3	31,9	53,1	0,405
Donezk	200	43,5	33,0	22,2	43,0	0,551
Mariupol	100	0,0				
Makiivka	100	66,0	55,7	42,4	66,3	0,267
Kyiv city	405	52,6	47,9	40,5	55,6	0,138
Kirovograd	110	28,2	20,9	13,4	29,7	0,073
Znamyanka	143	71,3	78,6	69,6	86,6	-0,067
Lugansk	250	22,4	17,5	13,1	22,7	0,134
Mykolaiv	200	46,0	36,2	27,1	43,6	0,146
Voznesensk	100	55,0	49,0	37,4	58,7	0,164
Odesa	303	22,8	20,4	15,4	26,6	0,135
Poltava	150	46,0	43,1	32,4	53,3	0,278
Sumy	152	29,6	22,0	16,0	28,9	0,185
Kharkiv	151	29,8	22,1	6,7	40,4	0,759
Kherson	201	50,7	52,0	42,7	61,2	0,181
Kahovka	106	49,1	43,0	31,4	55,9	0,359
Cherkasy	219	54,8	50,8	43,8	58,1	0,079
Smila	99	46,5	37,2	28,2	49,7	0,176

Percentage of IDUs who correctly identify ways to prevent sexual HIV transmission and know how HIV is not transmitted

("HIV can be transmitted through mosquito bite" is included to the list of statements)

City	All respondents, quantity	Indicator, %	RDS indicator	Lower limit	Higher limit	Hemophilia
Simferopol	205	58,5	62,7	54,8	69,7	0,071
Yalta	100	65,0	72,9	62,5	83,6	0,131
Sevastopol	100	29,0	41,3	24,9	56,2	0,179
Luzk	150	78,0	69,0	58,0	80,0	0,246
Novovolynsk	100	45,0	41,9	34,0	49,9	-0,074
Dnipropetrovsk	199	64,3	71,8	64,5	78,7	-0,079
Krivyi Rig	150	56,0	62,2	51,3	72,3	-0,105
Dniprodzergynsk	150	38,0	27,0	18,0	38,9	0,258
Donezk	200	70,0	51,7	37,8	61,5	0,586
Mariupol	100	19	19,0	11,9	26,3	-0,473
Makiivka	100	47,0	40,7	32,7	50,6	0,063
Kyiv city	405	47,2	52,1	44,8	59,0	-0,113
Kirovograd	110	56,4	58,1	45,0	67,8	0,167
Znamyanka	143	68,5	72,8	65,2	80,2	-0,117
Lugansk	250	31,2	33,3	26,5	40,5	0,07
Mykolaiv	200	53,5	46,4	37,6	55,6	0,16
Voznesensk	100	46,0	44,6	36,0	53,0	-0,206
Odesa	303	58,1	539	47,8	60,1	0,085
Poltava	150	57,3	57,1	50,2	65,1	-0,089
Sumy	152	46,1	37,7	29,0	47,2	0,34
Kharkiv	151	45,0	45,4	31,9	58,4	0,508
Kherson	201	49,8	56,2	47,6	65,1	0,004
Kahovka	106	35,8	30,8	16,8	45,8	0,395
Cherkasy	219	57,5	49,7	42,0	57,7	0,257
Smila	99	43,4	54,5	41,5	62,7	-0,294

Percentage of IDUs who correctly identify ways to prevent sexual HIV transmission and know how HIV is not transmitted

(Instead of the statement that "HIV can be transmitted through mosquito bite" the statement about possibility of HIV transmission in household conditions is included to the list of statements)

City	All respondents, quantity	Indicator, %	RDS indicator	Lower limit	Higher limit	Hemophilia
Simferopol	205	58,5	58,9	51,4	66,5	0,071
Yalta	100	60,0	63,9	53,1	73,4	0,024
Sevastopol	100	28,0	45,8	28,8	59,0	0,231
Luzk	150	78,7	73,3	62,4	83,8	0,245
Novovolynsk	100	48,0	44,3	36,4	52,5	-0,033
Dnipropetrovsk	199	71,9	77,9	72,0	83,7	-0,082
Krivyi Rig	150	58,0	63,8	52,1	74,4	-0,024
Dniprodzergynsk	150	44,7	34,5	23,1	46,5	0,266
Donezk	200	69,0	56,9	46,5	66,1	0,449
Mariupol	100	22,0	21,9	14,1	29,4	-0,429
Makiivka	100	53,0	44,5	35,5	54,8	0,143
Kyiv city	405	48,1	53,1	45,4	60,3	-0,059
Kirovograd	110	60,0	53,2	41,5	62,2	0,127
Znamyanka	143	67,8	72,3	64,4	79,5	-0,128
Lugansk	250	33,6	34,1	27,2	41,0	0,011
Mykolaiv	200	53,0	46,8	38,3	56,1	0,171
Voznesensk	100	46,0	45,3	36,7	54,0	-0,166
Odesa	303	60,4	56,9	50,2	63,9	0,152
Poltava	150	54,7	55,6	48,3	63,6	-0,079
Sumy	152	44,7	36,9	28,0	46,3	0,331
Kharkiv	151	45,0	47,9	34,7	60,3	0,482
Kherson	201	57,7	60,3	52,0	68,4	0,009
Kahovka	106	38,7	39,6	24,7	54,1	0,244
Cherkasy	219	57,1	53,0	44,7	60,5	0,22
Smila	99	44,4	53,3	40,8	61,4	-0,348

Percentage of IDUs who used condom during last sexual contact

City	All respondents, quantity	Indicator, %	RDS indicator	Lower limit	Higher limit	Hemophilia
Simferopol	205	51,2	79,0	73,7	83,9	-0,119
Yalta	100	36,0	92,9	86,8	98,6	0,371
Sevastopol	100	19,0	88,5	81,3	93,6	-0,058
Luzk	150	34,7	91,6	81,7	96,6	0,416
Novovolynsk	100	57,0				
Dnipropetrovsk	199	29,1	85,5	80,2	90,5	-0,04
Krivyi Rig	150	30,7	91,1	85,5	95,2	-0,069
Dniprodzergynsk	150	42,0	93,0	87,8	97,2	-0,044
Donezk	200	34,5	77,5	70,9	83,3	-0,033
Mariupol	100	35,0	76,4	70,2	83,1	-0,062
Makiivka	100	39,0	87,1	79,9	94,3	0,196
Kyiv city	405	49,9	86,9	81,2	91,7	0,137
Kirovograd	110	38,2	84,8	76,3	92,5	0,284
Znamyanka	143	45,5	99,5	98,7	99,9	-0,01
Lugansk	250	39,6	76,1	70,2	81,4	-0,071
Mykolaiv	200	45,5	84,5	78,2	91,5	0,217
Voznesensk	100	67,0	82,6	75,2	89,4	0,104
Odesa	303	31,4	72,2	66,7	78,0	0,16
Poltava	150	43,3	91,1	85,5	96,2	0,122
Sumy	152	27,0	90,3	84,9	95,0	0,026
Kharkiv	151	39,1	70,6	60,3	79,6	0,211
Kherson	201	41,3	83,4	76,5	89,5	0,114
Kahovka	106	50,0	97,4	94,5	99,6	-0,016
Cherkasy	219	51,1	89,8	85,3	94,0	-0,012
Smila	99	35,4	66,1	56,6	77,4	-0,046

Percentage of IDUs who used sterile injection materials during last injection

City	All respondents, quantity	Indicator, %	RDS indicator	Lower limit	Higher limit	Hemophilia
Simferopol	205	73,7	42,0	34,4	48,8	0,03
Yalta	100	94,0	37,4	28,2	47,2	-0,056
Sevastopol	100	83,0	23,2	12,9	35,0	0,04
Luzk	150	93,3	39,4	28,0	50,6	0,034
Novovolynsk	100	92,0	58,5	48,9	67,0	0,016
Dnipropetrovsk	199	82,4	26,2	18,4	34,0	-0,095
Krivyi Rig	150	83,3	19,8	12,7	28,5	-0,016
Dniprodzergynsk	150	88,7	35,4	24,7	47,1	-0,041
Donezk	200	76,5	38,3	33,0	44,7	-0,148
Mariupol	100	72,0	28,2	20,4	37,5	0,096
Makiivka	100	90,0	37,3	26,2	48,0	0,073
Kyiv city	405	88,4	37,8	30,9	44,9	0,143
Kirovograd	110	88,2	33,9	21,2	46,6	0,206
Znamyanka	143	97,9	46,8	38,7	57,0	-0,88
Lugansk	250	70,4	43,6	36,3	50,6	-0,266
Mykolaiv	200	88,0	36,6	29,0	45,6	0,155
Voznesensk	100	84,0	57,6	48,4	69,7	0,093
Odesa	303	78,5	24,5	19,2	29,8	0,02
Poltava	150	92,7	42,4	35,1	50,1	-0,143
Sumy	152	87,5	24,1	17,1	31,5	0,122
Kharkiv	151	72,2	39,6	28,7	50,0	0,173
Kherson	201	84,1	34,9	27,7	42,9	0,079
Kahovka	106	95,3	44,6	34,8	56,1	-0,062
Cherkasy	219	89,0	43,9	37,0	51,3	-0,049
Smila	99	68,7	25,6	16,7	34,9	0,032

Percentage of IDUs who started to adhere to behaviour which decreases the risk of HIV transmission[8]

(those who use sterile injection materials and condoms)

City	All respondents, quantity	Indicator, %	RDS indicator	Lower limit	Higher limit	Hemophilia
Simferopol	205	37,6	54,2	46,2	60,0	-0,039
Yalta	100	33,0	39,7	30,4	49,6	-0,046
Sevastopol	100	17,0	25,6	15,1	36,9	0,009
Luzk	150	32,7	42,5	31,3	52,7	-0,099
Novovolynsk	100	55,0	60,1	50,6	68,3	-0,015
Dnipropetrovsk	199	25,1	30,4	22,3	39,0	0,008
Krivyi Rig	150	25,3	22,0	15,0	30,7	0,063
Dniprodzergynsk	150	38,0	36,5	26,2	48,4	-0,021
Donezk	200	30,0	43,0	35,3	49,8	-0,096
Mariupol	100	31,0	32,0	24,2	41,1	0,08
Makiivka	100	38,0	38,1	27,3	49,0	0,06
Kyiv city	405	43,5	47,7	40,2	55,5	0,11
Kirovograd	110	34,5	39,6	27,4	52,0	0,131
Znamyanka	143	44,8	47,0	39,0	57,3	-0,099
Lugansk	250	34,8	47,5	40,3	54,4	-0,199
Mykolaiv	200	42,0	39,4	31,5	48,7	0,217
Voznesensk	100	56,0	71,4	61,3	80,3	0,11
Odesa	303	26,4	31,0	25,0	36,1	-0,007
Poltava	150	42,0	43,7	36,3	51,4	-0,134
Sumy	152	24,3	25,8	18,7	33,6	0,136
Kharkiv	151	34,4	45,1	34,5	55,0	0,144
Kherson	201	37,3	40,2	31,8	48,7	0,078
Kahovka	106	50,0	44,6	34,7	55,9	-0,062
Cherkasy	219	46,6	47,6	40,4	55,0	0,01
Smila	99	29,3	33,7	23,1	43,6	0,045

[8] This indicator has been estimated in 2004 and 2006 on the national level.