



**Report**  
**on the explorative study**  
**of the access of Women who use drugs**  
**to sexual and reproductive health, HIV and harm reduction services**

In July 2018 – January 2019 Club “Svitanok”<sup>1</sup> undertook an explorative study of the access of women who use drugs (WUD) to sexual and reproductive health (SRH), HIV and harm reduction services, and barriers they experience in access to such services. Study is a part of the project “Addressing specific sexual and reproductive health needs and rights of marginalized women in armed conflict affected areas in Ukraine” aimed to improve mental, physical and social well-being of highly vulnerable and inadequately served women in Donetsk and Lugansk oblast, Ukraine<sup>2</sup>.

The study has been organised in several steps:

- Developing the study methodology (in partnership with the Eurasian Harm Reduction Network<sup>3</sup>);
- Developing the safety protocol for data collection, exchange and storage (with *pro bono* support of Fabriders.com<sup>4</sup>);
- Selection and training of interviewers in data collection, safety skills and basics of research ethics;
- Pilot data collection (10 structured interviews and 2 in-depth interviews) and review of questionnaire;
- Data collection;
- Primary data analysis (in partnership with the Eurasian Harm Reduction Network);
- Full data analysis and report writing (ongoing).

**Goal of the study:** to examine the social, cultural and legal barriers to obtaining sexual and reproductive health services for women who use drugs living near the conflict zone in Ukraine.

**Study population:** women who have experience of drug use, and living near the temporarily occupied territories of Donetsk and Lugansk region, Ukraine.

**Conceptual framework**

The research team comes from the notion that women who use drugs have specific social vulnerabilities that limit their access to essential services, interfere with social integration and increase the risk of interpersonal violence and violence from law enforcement and military forces. These vulnerabilities are related, on the one hand, to state drug policies that for many years have contributed to the criminalization of people who use drugs (PUD) and have stigma of PUD, and, on the

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<sup>1</sup> <https://club-svitanok.org.ua/>

<sup>2</sup> Supported by the Doctors of the World

<sup>3</sup> <https://harmreductioneurasia.org/>

<sup>4</sup> FabRiders was founded in 2012 by Dirk Slater, building on his experience supporting social justice movements in over 30 countries. FabRiders was involved in technical support provision for Open Society Foundations projects in Eastern Europe and Central Asia. In 2013-2015, FabRiders provided support to EHRN campaign “Women Against Violence”, EC-funded overdose prevention project etc. For the current project FabRiders provided support for developing instruments for the safety of research team and research participants and data protection.

other hand, to the low level of autonomy of women in making decisions about their sexual and reproductive health. In case of women who use drugs, drug policy/criminalization related stigma interplays with gender stereotypes dominating in the post-Soviet space, attributing to women roles of a wife and/or a mother exclusively. In Ukraine and in other Eastern European countries, there have been studies documenting issues faced by women who use drugs that included discrimination in the health care system, domestic and police violence, unlawful deprivation of parental rights and other cases of abuse by the state<sup>5, 6, 7, 8</sup>.

It is known that the armed conflict that unfolded in the eastern regions of Ukraine has had an impact on the degree of vulnerability of women from sexual, physical and economic violence<sup>9, 10</sup>. It is also known that the armed conflict has had a negative impact on the access of people who use drugs to essential health, including HIV prevention and opioid substitution therapy - despite the fact that full empirical studies have not been conducted, there are documentary evidence of interruptions in access to treatment HIV and with access to opioid substitution therapy<sup>11</sup>. However, studies of the situation of women who use drugs in Eastern Ukraine have not been conducted, and there is no information either at country or international level about the extent to which access to medical care has deteriorated, how much the risk of HIV transmission has increased, how the vulnerability to violence has changed, how the socioeconomic status of WUD has changed as a result of the armed conflict and how this affects the key health outcomes of this population group.

**Research questions:**

- How has the situation of armed conflict affected the lives, health and safety of women who use drugs?
- What is the current socioeconomic status of WUD living in the conflict zone changed, and how does this affect stigma and the degree of social exclusion?
- What is the access to essential health services (HIV, SRH, harm reduction) among WUD?
- Has the autonomy level of WUD changed in making decisions about reproductive and sexual health?
- Has there been a change in services for WUD and, if so, how did this affect their wellbeing?
- How does life in border to occupied territories affect the protection of WUD from violence?
- Has the level of criminalization of PUD women changed and their vulnerability to police abuse?

An empirical research has been organised based on mix methods, that is, using quantitative and qualitative methods for data collection and analysis. This approach has been selected to provide a deep insight into the causal relationships between the situation of armed conflict, drug policy, women's health and safety, and explore the access of WUD to health and social services and their vulnerability to violence.

**Research Authors:**

Svitlana Moroz, Club Svitanok, Ukraine

Dasha Matushina-Ocheret, Eurasian Harm Reduction Association, Lithuania

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<sup>5</sup> <https://harmreductioneurasia.org/wp-content/uploads/2018/10/Women-and-Drug-Policy.pdf-Eurasian-Harm-Reduction-Network.pdf>

<sup>6</sup> <https://rm.coe.int/improving-the-management-of-violence-experienced-by-women-who-use-psyc/168075bf22>

<sup>7</sup> [http://scholar.google.com/scholar\\_lookup?title=The%20impact%20of%20drug%20policy%20on%20women&author=K.%20Malinowska-Sempruch&author=O.%20Rychkova&publication\\_year=2014](http://scholar.google.com/scholar_lookup?title=The%20impact%20of%20drug%20policy%20on%20women&author=K.%20Malinowska-Sempruch&author=O.%20Rychkova&publication_year=2014)

<sup>8</sup> <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-018-0259-1>

<sup>9</sup> <http://eca.unwomen.org/en/news/stories/2018/03/feature-rural-women-in-eastern-ukraine-build-resilience-in-conflict-affected-communities>

<sup>10</sup> <https://fba.se/en/newspress/nyhetsarkiv/2018/the-osce-draws-attention-to-violence-against-women-in-ukraine/>

<sup>11</sup> <https://www.bmj.com/content/348/bmj.g3118>

## **Methods**

The study utilized three data collection methods:

- Structured interviews with WUD
- In-depth interviews with WUD
- Inquiries to public health authorities on healthcare provision.

### **Structured interviews**

Structured, questionnaire-based interviews were conducted with **150 WUD**, each interview of around 60 minutes of duration.

The questionnaire included over 100 questions grouped in the following blocks:

- General socio-demographic information
- History of drug use
- Access to HIV prevention and treatment services and treatment of co-infections
- Sexual and reproductive health
- Sex work
- Violence.

*Inclusion criteria:* female, at least 18 years of age, injecting drug use or OST during the last 12 months, actual residence at the border with temporarily occupied territories of Ukraine.

*Exclusion criteria:* acute mental health issues.

Questionnaires were filled in by peer consultants of Club Svitanok who got special training on data collection, research ethics and safety. Data from questionnaires has been inserted in a specially designed excel form and analysed using the method of statistical analysis.

### **In-depth interviews with WUD**

15 in-depth (unstructured) interviews with WUD were conducted, during which women's personal stories were documented. Questions included childhood, family relationships, drug use and drug dependence treatment, infectious diseases and their treatment, violence and trauma, experience related to criminal prosecution and imprisonment, intimate relations, birth and upbringing of children. Particular attention in the interview was paid to the changes that occurred as a result of the armed conflict in Ukraine, and its impact on the autonomy of women and their access to resources, as well as interpersonal relations and in contacts with state institutions. Each interview took 40 to 60 minutes.

*Inclusion criteria:* female, at least 18 years of age, injecting drug use or OST during the last 12 months, actual residence at the border with temporarily occupied territories of Ukraine.

*Exclusion criteria:* acute mental health issues, recent suicide attempts.

Interviews were recorded, transcribed and analysed using the method of thematic content analysis.

## **Provisional results**

The results below are based on the primarily statistical analysis of the structured interviews.

### **Socio-demographic characteristics**

**Age:** average 38 years, min. age 18 years, max. age 58 years

**Language:** For 84,67% Russian was the primary language, and with an exception of one person the others spoke mainly Ukrainian at home.

**Place of residence:**

- 91.33% lived in urban settings;

- 14% of respondents changed their place of residence due to the conflict and moved to another city, and 4% changed their residence within the same city;
- 12,67% have status of displaced person, but one quarter of them have no documents to prove it;
- More than two thirds of displaced person have not received any support as displaced.

**Marital status**

- 14.66% married
- 36.66% unofficial marriage
- 16% widows

**Children**

- 68,67% of respondents had children
- There were 1-2 children average, one woman had 4 children, and one woman had 6 children

**Education level**

- 18% not finished secondary school
- 21.33% secondary school
- 14.67% professional college
- 22% technical college
- 2% unfinished higher education
- 3.33% higher education.

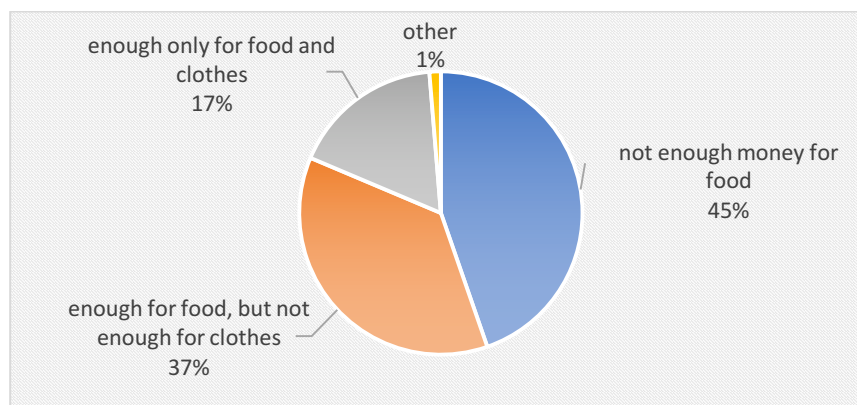
**Work experience:**

Work status at the moment of the interview:

- 56,7% unemployed,
- 7,3% formally employed,
- 16% informally employed,
- other – 18% (includes 14,7% who never worked).

**Financial status:**

- Monthly wage 1200 – 15000 UAH (43 – 541 USD), 3867 UAH (142 USD) average
- 44.67% of respondents did not enough money for food;
- 36.67% - enough for food, but not enough for clothes;
- 17.33% - enough only for food and clothes;
- 1.3% - other.



## Drug use and drug treatment

**Minimal age** of starting drug use 12 years, average age of drug use initiation - 20 years old.

### Last drug used

- Opioids 48%;
- Amphetamine types stimulants (ATS) 12.5%;
- 'Pharmacy drugs' 16%;
- Others used a combination of drugs at the moment of the last drug use.

**Overdose** - 29.3% has experienced opioid overdose at least once

### Drug treatment

- 49.33 % were on "drug registry" at the moment of the interview, and 6.67% were on the registry before;
- 57.33% never received drug treatment;
- 28,67% currently received OST at the moment of the interview, and 3 persons were OST program clients before but did not receive treatment at the time of the interview.
- 10 persons (a quarter of clients) had to interrupt OST because of the armed conflict.
- 12% were denied medical treatment because of drug use

## HIV and hepatitis C

### HIV testing

- Only 1 of 150 respondents never had HIV test
- Only 1 person had self-testing for HIV as the latest test
- Only 6 persons (4%) had their HIV testing by an outreach worker
- 4 persons do not know their HIV test
- Among 66 respondents who indicated that they were HIV negative, 84,85% got testing during the last 12 months
- 5 persons of 66 respondents who indicated that they were HIV negative haven't got an HIV test since April 2014

**52,67% of respondents are living with HIV**

### ARV treatment (data on the respondents living with HIV)

- 3 persons have not ever been offered ARV treatment;
- 12.66% of PLHIV (10 persons) have never received ARV treatment;
- 38 persons (48.1% of PLHIV) have at least once stopped taking ARV treatment, 33 of them stopped taking treatment for some time after 2014
- 18 persons (22.78% of PLHIV) have never been tested for viral load
- 62 persons (78.48% of PLHIV) have never been tested for HIV drug resistance

### Hepatitis C

- 56% of respondents indicated that they currently had hepatitis C;
- 22% persons don't know if they have HCV.

### Hepatitis C treatment

- Only 1 person have got treatment free of charge,
- 4 persons got treatment for out-of-pocket payments,
- 91.86% of respondents who knew that they ever had had hepatitis C had never been treated.

### Harm reduction

- 11.33 % of respondents did not receive any harm reduction services during the last 12 months
- Only 6 persons (4%) received naloxone during the last 12 months
- Only 5 persons received food through harm reduction services during the last 12 months.

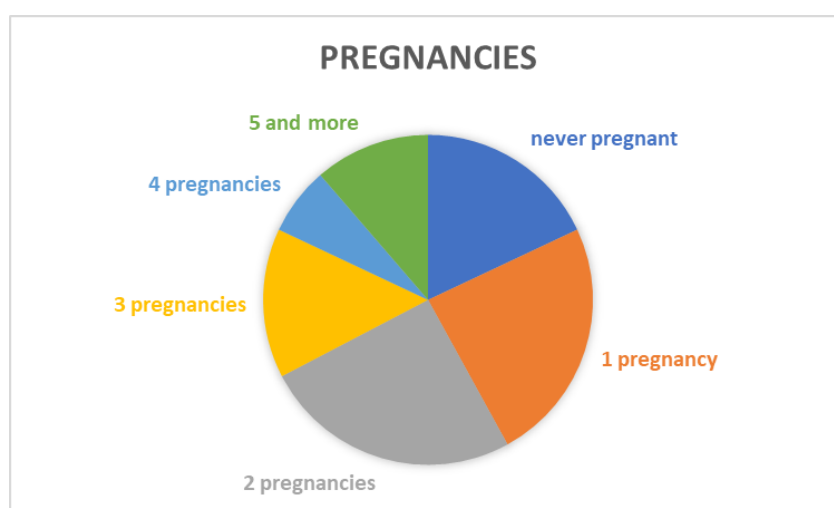
### Reproductive health

#### STI testing and treatment

- 39.33% have been never tested for STIs
- Only 10% of those who have been ever tested for STIs, have had their latest STI testing for free
- 79.33% of respondents have never received STI treatment
- None of those who received STI treatment received it free of charge
- 13 persons (8.6% of all respondents) reported that they had non-medically assisted self-treatment.
- 33% haven't used any contraception methods during the last 12 months.

**Pregnancies** - 82% of women has pregnancy during their lifetime, and among those who were ever pregnant:

- 29,27% had 1 pregnancy;
- 30,8% had 2 pregnancies;
- 17,88% had 3 pregnancies;
- 8,13% has 4 pregnancies;
- 13,82% had 5 pregnancies or more (up to 9).



34.67% of respondents reported that they had **abortion**, among which:

- 8 persons were recommended (by doctors) to have abortion because of drug use,
- 1 - because she was receiving OST,
- 1 - because of HIV positive status.

86.17% of respondents who were pregnant before accessed maternity clinic during their last pregnancy free of charge, 5.69% had to pay for the visits and 4,08% didn't have access because they didn't have permanent registration.

Three women started **OST during pregnancy**, 10 persons continued to be OST during pregnancy (they started to receive treatment before it), and 1 person interrupted OST during pregnancy because of doctors advice. 16 women (13.01%) didn't accessed OST during pregnancy because they either didn't receive doctor's advice to do so or because OST was not available in the place of their residence.

### **Child custody**

- 6 persons decided to withdraw from child custody (*qualitative nature of the structured interview doesn't allow make distinction between voluntary withdrawal of parental rights or doing so under the social and financial circumstances*)
- Another 8 persons were denied or limited in their parental rights and in four cases authorities made attempts to do so
- 7 were trying to get their children back,
- 3 succeeded in getting their children back.

### **Sex work**

- 36 persons (24% of participants) have sex worker experience
- 20% of participants exchanged sex for money, drugs or food during the last 7 days
- Out of 36 persons who were ever involved in sex work, 8 persons have ever provided sex for the police and 6 – for military
- 24 out 36 who were ever involved in sex work were at least once forced to provide sexual services, and 4 persons indicated that it was done by the police
- 17 persons were physically abused while providing sexual services.

### **Violence**

#### **Intimate partner violence**

- 35.33% experienced physical violence from their intimate partner
- 14% experienced sexual violence from their intimate partner
- 37 persons (67.27% of those who experienced any form of violence from intimate partner) have called police in case of violence.

#### **Non-intimate partner violence**

- 47 persons (31.33%) experienced physical violence (other than intimate partner) but only 7 persons turned to police in this case
- 30 persons (20%) experienced sexual violence (other than intimate partner) but only 3 persons called police in this case.

**Crisis centres for women** - None of women who experienced violence ever got support from a crisis centre for women or even asked such centre for help.

## *In-depth Interviews*

### **Deprivation or restriction of parental rights**

“After the divorce, my husband, through the social welfare services, initiated the collection of documents about me being in OST program. When I used street drugs, he could not prove that I was a drug addict. Then, when I started taking OST, he managed to get a certificate from the drug registry. The Committee decided in father’s favor. In fact, my OST treatment was the only reason they did it. I had housing, I could provide everything necessary for the child’s wellbeing. Before the commission meeting, I was asked one question: "How long have you been drug dependent?"

Taniana, Lisichansk, Lugansk oblast

### **Non-protection from police violence**

«... the doctors registered that I was beaten and called the police, because this was the procedure. And when the police arrived, one of them was the same one who beat us. When he saw that it was me, he said: Do you understand that we can take you out of the hospital now and just shoot you? And I will explain later that you are a separatist.

In the morning I called, I understood that someone from senior positions, and said: What do you want with your statement? What do you need to do to take it away? Maybe an apology is enough for you? I said no, that I want my complaint to go through the whole procedure, as it should be, for those who are guilty to carry the responsibility. ... There was not even an answer. I was in Donetsk, and this is already uncontrolled territory, no one ever called me about it, no answer came to me»

Svetlana, Kramatorsk, Donetsk oblast

### **Torture and illegal detention due to drug use/OST**

“.. packs on the head, beat strongly and on Mashokhedzh. It was in 2014, in October. There were beatings, and hammers ... They used hammers to beat my fingers off... Yes, I was pregnant. ... They didn’t give me any food or drink ... My fingers don’t move... I had the surgery then, and the joint was removed. Feet ... there was a wound. (They did it because you have drug dependence?) Yes, because I am on OST ... Well, they beat so much that ... First, our hands were tied behind with the wire and you can’t get rid of it ... We were kept in is the boiler room on the floor, we had nothing at all, no mattresses, nothing, nothing. We spent 10 days there such that ...

(What about your pregnancy?) Well, miscarriage ... I didn't have any undamaged piece of me. Not on the face, nowhere, my whole body was so blue... And then there was the second basement, for 13 days...

Elena, Severodonetsk, Lugansk oblast

### **Methodological Considerations**

- Non-randomised sampling (snowball sampling),
- Non-representative sampling for all the population of WUD in East Ukraine - but rather draws a portrait of the most vulnerable subgroup of WUD with HIV prevalence (over 50%), lowest social status and highest vulnerability for structural violence,
- Results could be use to guide planning and implementation of SRH and other health.