

INFORMATION REGARDING DRUG USE WITH RESPECT TO OF AIDS PREVENTION

In this article the AIDS situation in Ukraine is described. Since nearly 80 per cent of HIV-infected persons are drug users, the methods that have been recommended by European Monitoring Centre for Drug and Drug Addiction (EMCDDA) on estimating drug use and risk taking behaviour are reviewed. Some conclusions on applicability of these methods and discussion on further steps on elaboration of research project on drug issues/phenomenon with respect to national AIDS prevention strategies in Ukraine have been presented.

HIV/AIDS in Ukraine: the Spread of Disease

The spread of intravenous drug use and the explosive growth of sex business have contributed to a serious increase in sexually transmitted diseases and HIV/AIDS. Until 1995, the World Health Organisation characterised Ukraine as a «low prevalence» country. Its first HIV-positive case was recorded only in 1987. When there were more foreigners than locals infected with virus: 6 HIV positive Ukrainians and 75 foreigners were registered [1].

But by 1988, the first death from AIDS in Ukraine has occurred: an adult and a child. The latest data reveals that HIV is reaching epidemic proportions among risk groups. From drug users, where the disease took hold, it has spread even the rural areas of the country. The highest rate of HIV/AIDS is observed in Eastern Ukraine: Dnipropetrovsk and Donetsk and in the South: Odessa, Mykolayev and Kherson. But compulsory testing is not practised any more.

As of May 1, 2000 nation-wide sero-monitoring has recorded 54,646 HIV-positive results, although only 32,573 people are officially registered. Of those, 75 % or 24,484 are intravenous drug users and more than 1,000 are children — most of them infected at birth. But the true number of HIV-infected is thought by some to be as high as 285,000. Meanwhile, AIDS data show more than 1,425 adult cases — the majority aged 19–29 — and 53 children. By 2008, the number of HIV-infected in Ukraine could reach 500,000 — 1,400,000. One disturbing statistics from UNICEF is that in two regions, the number of children born to HIV-positive mothers in January 2000 was more than for all of 1999. All these numbers add up to make Ukraine the worst affected country in Eastern Europe and the CIS [2].

In Ukraine, HIV/AIDS has become a new challenge for medicine, social work and public opinion as well. Prevention through health education, treatment of sexually transmitted diseases, or through

changes in content of population programmes seem to gained only limited grounds thus far.

It is necessary to mention that HIV+ people in Ukraine are among the most vulnerable and socially excluded citizens.

Theoretically the Law of Ukraine «On Prevention of AIDS Disease and Social Protection of Population» protects the rights of HIV people and their families. Its articles guarantee the confidentiality and right for freedoms, housing, equal medical services, etc. It foresees even compensation for moral and material damage caused by their violation [3]. The Law is declarative rather than operative. There isn't known a single case of any trial although there are enough grounds for it.

Absences of social services, poor information, paternalism and the tendency for forced marginalisation of problematic groups with the population constitute nowadays situation for those who live with HIV+/AIDS. Moreover they suffer from acute (shock) and then chronic (anxiety) stress due to the public stigma [4]. Common people don't see any sense in the testing of HIV: on one hand in Ukraine the disease is not treated, on the other hand, their social status will be destroyed. That's why people prefer not to know their status [5].

Now the WHO regards Ukraine as an epicentre of HIV-epidemic in Europe. The Ministry of Health Care reports that on the 1st of May 2001 there were 38, 637 people who live with diagnosis HIV+/AIDS nearly 80 per cent of HIV-infected persons is intravenous drug users (IDUs) [6]. UNAIDS (July 2001) reports on 240,000 cases of HIV-infection in Ukraine [7].

Although a couple of governmental programmes on the subject have been adopted, the cases of HIV/AIDS infection are growing considerably, especially among risky behaviour groups of IDUs. While Global Strategy Framework on HIV/AIDS states that large-scale prevention programmes have clearly dem-

onstrated that the spread of HIV can be reduced, especially among young people [8]. Appropriate interventions, first of all implementation of behavioural-information model can slow the rate of which infection spreads in Ukraine and reduce the total number of victims. The public education through the media might play a crucial role in prevention the epidemic, because a lot in prevention and respond to the epidemic depends on the media discourse of HIV/AIDS problems, which are multidimensional by nature. Of course, the necessary activities should be undertaken to empower people to take charge of their own well being, draw on local resources and build on local knowledge and values with respect to drug use and safe sex.

To propose a way to decrease the spread of HIV/AIDS epidemic in Ukraine it's necessary to review the governmental programmes, and first of all collect relevant information on risky behaviour. So in order to have effective prevention strategies, it's necessary to answer questions:

— What kind of drug problems are in the country, are they of a major social significance nationally or locally?

— What measures should be taken in order to establish and develop appropriate and effective policies and interventions?

Thus it's important to describe the concrete drug situation using data from scientific studies — direct and indirect methods of both epidemiology and in-depths research. On the basis of this information it's possible to see the overall framework of drug issues and AIDS prevention strategies.

Alternatives/Models in Drug Policy

Generalising European experience, European Monitoring Centre for Drug and Drug Addiction (EMCDDA) describes three distinct drug policy models [9]:

1) *Predominantly punitive and repressive model*. The dominant aim is to suppress all drug use.

2) *Harm reduction model*. The aim is to prevent the potential harmful effects of drug use behaviour and drug distribution.

3) *Cultural integration model*. The main aim is to bring drug use under normal regulatory mechanisms societies have for controlling.

In different European countries drug policy varies. For example, Swiss policy includes four strategies: 1) *prevention*; 2) *therapy and integration*; 3) *harm reduction*; 4) *repression and control* [10].

These models need for different methods of data collection and interpretation of such data to understand the phenomena being studied, investigating the currently available data and data sources more in depth, and examining, and, if possible, mobilising potential sources for future data collection on infectious diseases (HIV/AIDS) among IDUs.

In the *repressive model*, prevalence estimates the «drug addiction» and evaluates short-term success of suppression techniques (e. g. number of drug-overdose use, number of emergency room, etc.).

The *harm reduction model* estimates the number of users of harm reduction services, assistance needs of particular sub-groups based on knowledge about risk patterns in these groups.

The *cultural integration* model estimates how many drug users are treated in the normal care system, how many are still refer to special institutions, has also focus on what social process hinder cultural integration.

The EU Action Plan on Drugs (2000—04) calls for Member States to provide reliable and comparable information on *five key epidemiological indicators* according to the EMCDDA's recommended technical tools and guidelines. The EMCDDA five key indicators are:

prevalence and patterns of drug use among the general population (population surveys);

prevalence and patterns of problem drug use (statistical prevalence/incidence estimates and surveys among drug users);

drug-related infectious diseases (prevalence and incidence rates of HIV, hepatitis B and C in injecting drug users);

drug-related deaths and mortality of drug users (general population mortality special registers statistics, and mortality cohort studies among drug users);

demand for drug treatment (statistics from drug treatment centres on clients starting treatment).

EMCDD has also proposed options for surveillance in order to achieve comparability of drug-related infectious diseases and *data-sources for infection indicators* of rates of infection with HIV and hepatitis B and C. These possible data sources are:

overdose deaths (+non-fatal emergencies),

drugs treatment,

needle exchanges,

prisons / arrests,

STD (sexually transmitted disease) clinics,

pregnant women,

(public health) laboratories,

special studies / sentinel surveillance [11].

Review of Methods of Estimating Drug Use

European Monitoring Centre for Drug and Drug Addiction (EMCDDA) proposes to use the following methods:

Case-Finding Method,

Capture-Recapture Method,

Multiplier Method (MMM),

Nomination Method [12].

It could be combination of methods to validate data and to provide sufficient information to develop proposals for appropriate prevention strategies.

Case-Finding Method

Case-finding is a standard epidemiological method for obtaining an adequate number of cases for observation and research, especially when investigating rare health events in a population. This method is applicable to study drug use because as an illegal activity it's largely hidden.

Although case definition of «drug use» is rather problematic (for example, in Sweden scientists use definition — «every drug user known to have used drugs during the last 12 months», while «heavy drug abuse» is regarded as daily or almost daily use of drugs). Researchers should also pay special attention to sampling procedures and training reporters, as well as consider such issues (complications) as attitudes and perception towards drug users and towards prevailing drug policy misclassification:

subject may be hard to locate and unwilling to be interviewed (non-response);

cultural attitudes towards drug use may influence on reporter perception of a case;

ensuring the safety of the field team.

Capture-Recapture Method (CRM)

CRM affords a means of estimating prevalence indirectly from data on known drug users. The method is based on two lists of samples (random homogeneous and independent samples of «closed» population, e. g. medical care and criminal justice) and clear definition of the disease under study.

Researcher must be aware of traps — attraction/dependence or avoidance and pay special attention to adequacy of registers (e. g. overlap of them).

Multiplier Method (MMM)

The purpose of the MMM is a determination of annual number of drug related death and assumption that these deaths represent a proportion of active users. And also to supplement population surveys.

Using this method it's necessary to consider such issues (complications):

definition of drug-related deaths (overdose; death due to diseases; suicide, accidents; death due to behaviour); it's hard to establish that death is a direct consequence of excessive drug dosage;

definition of multiplier;

MMM is applied to those types on drug use for which mortality rates have been calculated.

Nomination Method

This method is a mean to obtain information about difficult to reach population. It refers to sampling methods which attempt to gather data not just from the respondent to the initial sample, but also from individuals nominated by these respondents (snowball methodology).

The procedure is, characterised by:

a benchmark (the total number of the drug-using population who were in treatment at some point during the year in question);

a multiplier (an estimate from some sample survey of the proportion of drug-using population who were treatment that year).

Researcher should be aware that:

it's necessary to specify exactly what sort of treatment we mean,

it's not possible to provide statistical confidence interval,

it's difficult to decide what mortality rate to apply (a rate of 2—3 per cent per annum will probably provide a reasonable estimate, although the WHO study shows considerable variation over time).

Qualitative Methods

In last years, EMCDDA promotes use of qualitative methods (interviews, focus groups, biography methods, ethnographical method, media discourse, etc.).

The purpose of qualitative methods is to obtain information on reasons and pattern of drug use, network, interrelationship between drug use and different aspects of social exclusion. These methods give special attention to the cultural, educational and social situation of the target group members. Of course, special/standard tools are desirable to carry out evaluation and the reliability and validity of these tools is the key to sound result.

Using these methods it's necessary to consider issues (complications):

it's not easy to interpret information,

it's not correct to extrapolate the information on other groups or countries,

researcher may evaluate situation being bias (too personal or subjective approach).

Lessons Learned and Further Steps

1. Applicability of all methods discussed above should be considered taking into account Ukrainian context. Methods based on snowball sampling (e. g. nominative method) are more preferable for local studies, while for national level the CRM should be considered. Since there are differences between regions it's important to use community-wide sampling of drug-injecting population to put national information in context.

Taking into account failure of AIDS prevention strategies in Ukraine in order to understand in-depth risky behaviour and how it's possible to challenge it the qualitative methods might be used as well.

2. Standards should be developed in Ukraine across all sources of information on IDUs and AIDS (as far as this is possible) relating to: age groups, information on injecting history (e. g. year of first injection, injection in last 6 months), drugs injected, preferred method of blood or saliva sampling, preferred laboratory markers and tests of infection/carriage, detail of geographic breakdown, etc.

3. New AIDS and IDUs prevention strategy should be based on scientific studies. Preparation of Proposals on Possible Research Project in Ukraine on Drug

Issues/Phenomenon with respect to national AIDS prevention strategies must include such activities as identification of key Ukrainian experts; exploratory mapping of potential data sources in Ukraine; strategic reflection on the key indicators (including those been recommended by EMCDDA). Research should combine quantitative and qualitative methods being recommended by EMCDDA and study different legal and cultural aspects (current legal base, administration of treatment and other services, harm reduc-

tion projects, lifestyle of drug-users, media discourse, etc.). Research should provide information for the elaboration of effective prevention plan (including content of prevention trainings, interministeries' coordination, etc.)

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ІНФОРМАЦІЯ СТОСОВНО ВЖИВАННЯ НАРКОТИКІВ, НЕОБХІДНА ДЛЯ ПРОФІЛАКТИКИ СНІДУ

У статті описано ситуацію з поширенням ВІЛ/СНІДу в Україні. Оскільки понад 80 відсотків ВІЛ-інфікованих є ін'єкційними наркоманами, автори розглядають методи, рекомендовані Європейським моніторинговим центром наркотиків та наркозалежності для отримання інформації щодо споживання наркотиків та «ризикової поведінки». Зроблено певні висновки щодо можливостей застосування цих методів та обговорюються подальші кроки у розробленні дослідницького проекту, спрямованого на вивчення феномена вживання наркотиків в Україні для подальшої розробки ефективної політики запобігання поширенню СНІДу.