



Rhetoric and Risk

Human Rights Abuses Impeding Ukraine's Fight against HIV/AIDS

Glossary of Key Terms	1
I. Summary	3
II. Key Recommendations	7
To the Government of Ukraine	7
On HIV/AIDS	7
On narcotic drugs and drug users	7
On law enforcement conduct	7
To the United Nations and Member States	8
III. Methods	9
IV. Background	10
HIV/AIDS in Ukraine	10
Injection Drug Use and HIV/AIDS in Ukraine	14
Policing and HIV Risk	19
Health Care Delivery in Ukraine	23
V. Police Abuse	26
Police Abuse of Injection Drug Users	27
Severe violence and ill-treatment	27
Planting evidence	30
Drug users as informants and official "witnesses"	31
Using drug addiction to coerce testimony	33
Direct Police Interference with HIV Prevention Information and Services for Drug Users	34
Harassment of drug users at needle exchange points and at pharmacies	35
Harassment of outreach workers	39
Police Abuse of Sex Workers	40
VI. Abuses in the Health Care System	44
Health Care Services Denied	44
Discriminatory and Degrading Health Care Provision	46
Specific Obstacles to Care for Drug Users	48

Illegal Demand for Payment for Medication and Services.....	50
Barriers to Tuberculosis Treatment for People Living with HIV/AIDS	51
Abuses against Women with HIV/AIDS in Reproductive Health Care	
Provision	53
Inadequate Protection of Confidential Information	57
VII. Barriers to Drug Treatment and Antiretroviral Therapy for Injection	
Drug Users.....	60
Barriers to Substitution Therapy	60
Barriers to Antiretroviral Therapy.....	67
VIII. HIV/AIDS, Injection Drug Use, and the Human Right to Health.....	72
The Right to Obtain Health Services without Fear of Punishment.....	72
The Right to Nondiscrimination in Access to Health Care and Health	
Services	73
IX. Recommendations.....	76
To the Government of Ukraine	76
On HIV/AIDS	76
On narcotic drugs and drug users	77
On law enforcement conduct	78
To United Nations Bodies.....	80
To all State Parties to International Drug Conventions	81
To the European Union.....	82
To Other European Intergovernmental Bodies.....	82
To the Council of Europe Secretary General, Committee of Ministers and	
Parliamentary Assembly (PACE)	82
To the PACE.....	82
To the Organization for Security and Co-operation in Europe (OSCE).....	83
To the United States Government.....	83
To International Financial Institutions.....	83
Acknowledgments.....	84

Glossary of Key Terms¹

Backloading/frontloading: “Backloading” and “frontloading” refer to a practice whereby one syringe is used to prepare the drug solution, which is then divided into one or more syringes for injection. The drug solution is shifted from one syringe into another with the needle (frontloading) or plunger (backloading) removed. HIV, hepatitis, and other infectious agents can be transmitted if the preparation syringe has been contaminated.

Buprenorphine: A medication used in opioid substitution therapy programs. It is included in the World Health Organization (WHO) Model List of Essential Medicines.

Harm reduction: Refers to a set of interventions designed to diminish the individual and societal harms associated with drug use, including the risk of HIV infection, without requiring the cessation of drug use. In practice, harm reduction programs include syringe exchange, drug substitution or replacement therapy using substances such as methadone, health and drug education, HIV and sexually transmitted disease screening, psychological counseling, and medical care.

Injection equipment: Items such as syringes, cottons, cookers, and water used in the process of preparing and injecting drugs. Each of these can be contaminated and transmit HIV or hepatitis. The broader term “drug paraphernalia” comprises injection equipment as well as items associated with noninjection drug use, such as crack pipes.

Methadone: A medication used in opioid substitution therapy programs. It is included in the WHO Model List of Essential Medicines.

Needle or syringe exchange points: Programs that provide sterile syringes in exchange for used ones. In addition to exchanging syringes, needle exchange points often provide HIV prevention information and screening, primary health care, and referrals to drug treatment and other health and social services.

Shirka: The popular name for one of the most commonly injected opiate derivates used in Ukraine, a homemade preparation of acetylated or extracted opium. In the Odessa region, *shirka* refers to a homemade amphetamine derivate known elsewhere in the country as *vint* or *perventin*.

Substitution or replacement therapy: Substitution therapy is the administration of a psychoactive substance pharmacologically related to the one creating substance dependence to substitute for that substance. Substitution therapy seeks to assist drug

¹ Information in this glossary is drawn from a number of sources, including United Nations Office of Drugs and Crime, “Glossary of Terms,” [online] http://www.unodc.org/pdf/report_2000-11-30_1.pdf (retrieved December 8, 2005); World Health Organization, United Nations Office of Drugs and Crime, Joint United Nations Programme on AIDS, “Position Paper: Substitution Maintenance Therapy in the Management of Opioid Dependence and HIV/AIDS Prevention” (Geneva: WHO, UNODC, UNAIDS, 2004); and E-mail communication from Konstantin Lezhentsev, M.D., program officer, International Harm Reduction Development Program, January 20, 2006.

users in switching from illicit drugs of unknown potency, quality, and purity to legal drugs obtained from health service providers or other legal channels, thus reducing the risk of overdose and HIV risk behaviors, as well as the need to commit crimes to obtain drugs.

Syringes or needles: The main components of a syringe are a needle, a tubular syringe barrel, and a plastic plunger. Graduated markings on the barrel of a syringe are used to measure the water or saline solution used to dissolve a solid substance into liquid form. Syringes and needles vary in size and do not always come as one piece; a syringe with the needle attached is often referred to as an “insulin syringe.” While disinfection of syringes is possible, public health authorities recommend a new sterile syringe for every injection.

Ties or tourniquets: Items used to enlarge or “plump up” veins to facilitate injection. Blood on a tie can also be a source of infection. Common ties include a piece of rope, a belt, a rubber hose, and a piece of bicycle inner tube.

Vint or Perventin: The popular names for an injected homemade amphetamine derivate.

Withdrawal: Clinical symptoms associated with ceasing or reducing use of a chemical agent that affects the mind or mental processes (i.e., a “psychoactive” substance). Withdrawal usually occurs when a psychoactive substance has been taken repeatedly and/or in high doses.

I. Summary

Ukraine stands at an important crossroads in its effort to contain its deadly HIV/AIDS epidemic. Ukraine is home to the worst HIV/AIDS epidemic in Europe and one of the fastest growing epidemics in the world. As many as 416,000 people—1.7 percent of all Ukrainian adults age fifteen to forty-nine—are estimated to be living with HIV/AIDS. Driven largely by injection drug use and sex work, the epidemic disproportionately affects people who live at the margins of society and who face a high risk of police violence and abusive treatment in the health care system. Unless immediate and concerted action is taken, these human rights abuses could undo many of the important and well-intentioned steps Ukraine has already taken to stop its HIV/AIDS epidemic.

This report is based on the direct testimony of 101 people living with, or at high risk of, HIV/AIDS in Ukraine. They represent a small fraction of those affected by HIV/AIDS in the country, yet their stories reveal a common theme: physical and psychological abuse and violations of due process by police, coupled with widespread discrimination by health care providers, leave already vulnerable individuals with no place to turn for HIV prevention and treatment services.

In interviews with Human Rights Watch, drug users and sex workers said that Ukrainian police subjected them to physical and psychological violence as a means to extort money or information from them. Drug users reported that police had planted drugs on their person, forced them to sign false confessions, or threatened them or their family members with violence, if they did not pay them or provide information to them.

Police abuse, sometimes rising to the level of torture, is a chronic and widespread problem in Ukraine extending beyond the context of HIV/AIDS. Yet drug users and sex workers are often the victims of such abuse, as their marginalized status makes them easy targets for police seeking to fulfill arrest quotas. Police use drug addiction as a tool to coerce testimony from drug users: when faced with painful withdrawal symptoms, drug users are especially vulnerable and more likely to submit to police pressure. And since drug users and sex workers are widely regarded as socially undesirable, police face little risk of censure for their actions.

Drug users said they were identified for arrest based on their efforts to obtain information and sterile needles from legal needle exchange sites, in direct contradiction to Ukrainian policies supporting needle exchange, and despite stated support for this from high-level police officials. Drug users and service providers gave accounts of police harassing, arresting, and severely beating drug users merely for possessing syringes

at or near the syringe exchange sites. Police interfered with outreach workers' efforts to provide HIV/AIDS information to drug users, sometimes by detaining or beating them. Where access to sterile syringes was impeded by police presence at the exchange, injection drug users would share and reuse syringes, placing themselves, their sex partners, and their children at significant risk of HIV infection.

Human Rights Watch also found that health care providers widely discriminated against people living with and at high risk of HIV/AIDS in Ukraine. People living with HIV/AIDS and injection drug users were turned away from hospitals, summarily discharged when their HIV status became known, or provided poor quality care that was both dehumanizing and debilitating to their already fragile health status. Ambulances refused to transport drug users and people living with HIV/AIDS. In some cases, care could be negotiated only through payment for services that should have been provided free of charge. Denial of care was identified by people living with HIV/AIDS, physicians specializing in AIDS care, and AIDS service workers as a particular problem for people seeking treatment at tuberculosis clinics. Tuberculosis is widespread in Ukraine, easily transmitted, and a major cause of death for people living with HIV/AIDS; refusal to treat people living with HIV/AIDS for tuberculosis threatens to jeopardize their lives and the health of thousands of other Ukrainians.

Access to health care for drug users was further impeded by official registration by health care and drug treatment providers, who provide drug user names to the police. Narcology centers, state facilities providing treatment for drug addiction, are required to record the names of drug users referred to them for treatment at the facility. Drug users said that they avoided seeking health care or drug treatment out of fear that health care workers would report their drug use to police or that information relayed to their employers would result in their dismissal.

Each of the abuses documented in this report threatens to be exacerbated by proposed changes in Ukraine's drug policies, which would criminalize possession of smaller amounts of narcotics than are currently prohibited. The fear of arrest for trace amounts of drugs threatens to accelerate HIV infection rates by driving those most vulnerable to HIV infection away from HIV prevention services and by increasing incarceration rates for drug users. Prisons, in turn, pose serious health risks for drug users. There, many continue drug use, and HIV prevention and effective drug treatment are limited, heightening the risk of contracting HIV, while exposure to other infectious diseases (such as tuberculosis) can aggravate existing HIV infection.

Ukraine has taken a number of positive steps against its HIV epidemic, chiefly in the area of legislative and policy reform. The country's national HIV/AIDS legislation, now recognized as a model in the region, was amended in 1998 and again in 2001 to incorporate human rights protections and evidence-based policies essential to an effective response to HIV/AIDS. These amendments include the abolition of mandatory HIV testing and guarantees of the right to HIV/AIDS information and to confidentiality of HIV/AIDS test results. Ukraine's national AIDS law provides an explicit commitment to provide HIV prevention services for drug users, including the establishment of syringe exchange programs. Its national HIV/AIDS program has identified the implementation of a substitution therapy program linked with HIV prevention, care, and treatment programs as one of its main goals. The Ukrainian parliament also has recommended implementing substitution therapy to prevent and treat HIV/AIDS among drug users. In September 2005, Ukraine began to implement substitution therapy programs with buprenorphine for HIV-positive drug users in seven cities, with the goal of enrolling 200 people by the end of 2005 and 6,000 people by 2008.

These steps draw on international experience showing that targeted interventions for injection drug users such as the provision of sterile injecting equipment and opiate substitution therapy (often referred to as "harm reduction") can be highly effective in preventing HIV transmission and other adverse consequences of drug use. It is a tragic and deadly irony that for most Ukrainians, these protections exist only on paper and are systematically undermined by chronic human rights abuse within the criminal justice and health systems.

As of January 2006, international donors had pledged more than U.S.\$100 million to support Ukraine's fight against HIV/AIDS. In 2004, with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and working closely with civil society, the nongovernmental organization (NGO) the International HIV/AIDS Alliance launched an antiretroviral program to treat people living with HIV/AIDS. Between April 2004 and December 1, 2005, more than 2,600 people began antiretroviral treatment under this program. While this program has been said to be the most rapid treatment expansion in all of Eastern Europe, it still reaches only a fraction of the 17,300 people in urgent need of antiretroviral therapy. The examples of widespread discrimination within the health care system documented by Human Rights Watch illustrate some of the obstacles that prevent Ukraine from realizing its goals of expanding antiretroviral treatment.

In pledging to provide harm reduction services to drug users, and in its efforts to expand access to antiretroviral therapy to people living with HIV/AIDS, the Ukrainian

government has shown an important commitment to protecting the human rights of those living with and at highest risk of HIV/AIDS. But the Ukrainian government's commitments at the policy level will be undermined without immediate measures to ensure that they are realized in practice.

For Ukraine's efforts to fight AIDS to be effective there must be political support to securing the rights to HIV/AIDS-related prevention and information from all parts of the government, not just the Ministry of Health. The Ministry of Interior, in particular, has a critical role to play. It must sanction or dismiss law enforcement officers whose abusive practices violate Ukrainian and international legal standards, and take immediate measures to ensure that law enforcement officers do not obstruct HIV prevention efforts. Ukrainian political leaders must speak out strongly in favor of HIV prevention, care, and treatment services for drug users and take urgent steps to hold accountable those responsible for committing abuses. They must also implement the broad protections already in Ukrainian law and policy, and thus give meaning to the range of human rights protections for people living with and at high risk of HIV/AIDS to which Ukraine has committed itself on paper. Donors who support HIV interventions in Ukraine should voice concern that their investments are being undermined by widespread human rights abuse against those living with and at highest risk of HIV.

II. Key Recommendations

To the Government of Ukraine

On HIV/AIDS

- End discrimination in health care services to drug users and people living with HIV/AIDS
- Respect the rights of people in Ukraine to complete, accurate information about HIV/AIDS and to obtain HIV/AIDS information and services without fear of punishment or discrimination.
- Provide training on HIV/AIDS, harm reduction, and drug use to all personnel in health care facilities.

On narcotic drugs and drug users

- Expand and enhance the scope of and support for humane treatment services for drug addiction, including in prison, according to international standards, which would include the prompt implementation of substitution therapy with methadone and buprenorphine.
- Reject the proposal by the Ministry of Health Committee on Narcotic Drugs Control to amend Ukraine's drug classification tables to criminalize possession of very small amounts of certain narcotics, which would exacerbate the problem of HIV/AIDS among drug users.

On law enforcement conduct

- Cease and publicly repudiate the unlawful use of force and other ill-treatment by police and other agents of the state against drug users and sex workers.
- Cease and publicly repudiate interference by police and other agents of the state with efforts to provide harm reduction services.

To the United Nations and Member States

- Affirm the rights of all individuals to access to the full range of HIV prevention services, including syringe exchange and opiate substitution therapy, without fear of arrest or punishment, as part of the right to the highest attainable standard of health.
- Support amendment of the international drug conventions to call explicitly for the legalization and promotion of the full range of strategies to reduce drug-related harm, and to encourage states parties to adopt public health approaches to drug use, including expanded access to syringe exchange services and opiate substitution therapy.