клуб СВІТЛЯНОК Благодійна організація

FONDATION DES AMIS DE MÉDECINS DU MONDE

Access of women who use drugs to sexual and reproductive health, HIV and harm reduction services in Donetsk and Luhansk oblast

REPORT ON THE EXPLORATIVE STUDY

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RESEARCH METHODOLOGY

INTRODUCTION

In July 2018 – January 2019, the Club "Svitanok" undertook **an explorative study of the access of women who use drugs to sexual and reproductive health** (SRH), HIV and harm reduction services, and barriers they experience in access to such services. This study is a part of the project "Addressing specific sexual and reproductive health needs and rights of marginalized women in the 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.

The study has been organized in several steps:·

- Developing the study methodology (in partnership with the Eurasian Harm Reduction Association);
- Developing the safety protocol for data collection, exchange and storage (with pro bono support of Fabriders.com)[1];
- 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 the questionnaire;
- Data collection;
- Primary data analysis (in partnership with the Eurasian Harm Reduction Association);
- Full data analysis and report writing.

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 oblasts, Ukraine.

RESEARCH TEAM

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DESIGN: ***Alina Yaroslavska,*** CO "Positive women"

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 the state drug policies that for many years have been contributing to the criminalization and stigmatization of people who use drugs, and, on the other hand, to the low level of women's autonomy in making decisions about their sexual and reproductive health. In case of women who use drugs, the drug policy/criminalization related stigma interplays with the gender stereotypes prevalent in the post-Soviet space, prescribing to women only the roles of a wife and/or a mother. Research conducted in Ukraine and other Eastern European countries documented the 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 [2], [3].

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 [4]. It is also known that the armed conflict has had a negative impact on the access of people who use drugs to essential health services, including HIV prevention and opioid substitution therapy – although no full-scale empirical studies have been conducted, there is documentary evidence of interruptions in access to HIV treatment and in access to the opioid substitution therapy [5].

However, the situation of women who use drugs in Eastern Ukraine has not been studied yet; there is no information either at the country or at the international level about the extent, to which access to health care has deteriorated, how much the risk of HIV transmission has increased, how the vulnerability to violence has changed, how the socioeconomic status of women who use drugs has changed as a result of the armed conflict and how this affects the key health outcomes of this population group.

RESEARCH QUESTIONS:

The research team explored the following questions:

- *How has the situation of the armed conflict affected the lives, health and safety of women who use drugs?*
- *What is the current socioeconomic status of women who use drugs living in the conflict zone, 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 women who use drugs?*
- *Has the autonomy level of women who use drugs changed in making decisions about their reproductive and sexual health?*
- *Has there been a change in services for women who use drugs and, if so, how did this affect their wellbeing?*
- *How does living near the occupied territories affect the protection of women who use drugs from violence?*
- *Has the level of criminalization of women who use drugs and their vulnerability to police abuse changed?*

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

METHODS

The study used **three data collection methods:**

- Structured interviews with women who use drugs;
- In-depth interviews with women who use drugs;
- Inquiries to public health authorities on healthcare provision.

Structured interviews:

Structured, questionnaire-based interviews were conducted with **150 women who use drugs**, each interview lasted around 60 minutes.

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.

Women were invited to participate in a survey through harm reduction programs on outreach routes.

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

Exclusion criteria: acute mental health issues.

The questionnaires were filled in by peer consultants of Club Svitanok who got special training on data collection, research ethics, and safety.

Data from the questionnaires was entered in a specially designed Excel form and analyzed using the method of statistical analysis.

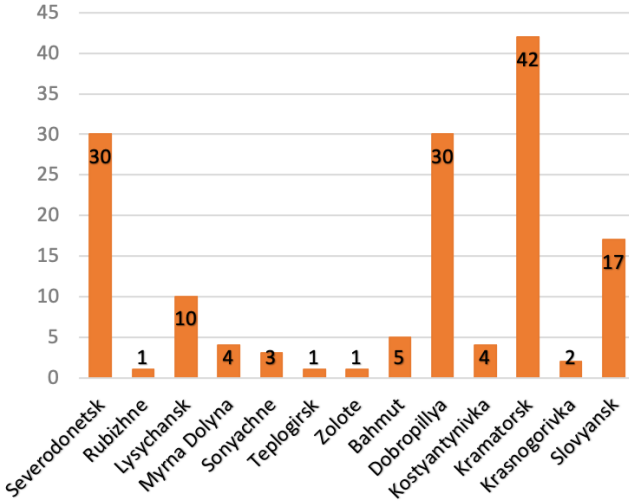

Figure 1. Number of participants by locality

In-depth interviews:

Fifteen in-depth (unstructured) interviews with women who use drugs were conducted, during which women's personal stories were documented. Questions covered 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 raising children.

The interviews paid particular attention to the changes that occurred as a result of the armed conflict in Ukraine, and its impact on women' autonomy of and their access to resources, as well as interpersonal relations and interactions 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 near the temporarily occupied territories of Ukraine.

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

The interviews were recorded, transcribed and analyzed using the method of thematic content analysis.

RESEARCH RESULTS
(quantitative component)

The results below are based on the primary 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 areas
- 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 the status of the internally displaced person (IDP), but one in every four of them have no documents to prove it
- More than two thirds of IDPs have not received any support as displaced persons.

Marital status:
- 14.66% married
- 36.66% in cohabitation
- 16% widows
- 18.67% have never been married
- 1.34% other or refused to answer.

Children:
- 68.67% of respondents have children
- on average, they have 1 or 2 children, one woman has 4 children, and one woman has 6 children

Education level
- 18% unfinished secondary school
- 21.33% secondary school
- 26.67% professional college
- 28% technical college
- 2% unfinished higher education
- 3.33% higher education.

Work experience:
Work status at the time 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** UAH 1,200-15,000 (USD 43-541), 3867 UAH (142 USD) average
- 44.67% of respondents did not have 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.

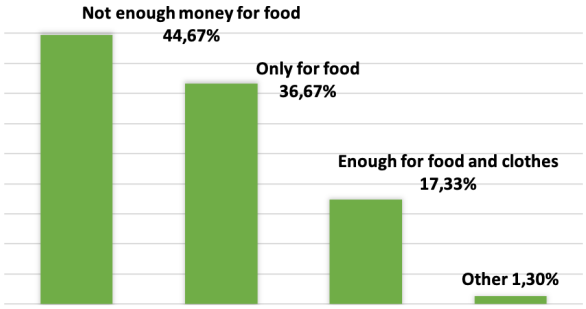

Figure 2. Financial status

DRUG USE AND DRUG ADDICTION TREATMENT

The lowest age of starting drug use – 12 years, average age of starting drug use – 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 time of the last drug use.

Overdose – 29.3% experienced opioid overdose at least once.

Drug addiction treatment

- **49.33 %** were registered with the drug addiction clinic at the time of the interview, and 6.67% were on the registry before;
- 57.33% never received drug addiction treatment;
- 28.67% currently received OST at the time of the interview, and 3 women were OST program clients before but did not receive treatment at the time of the interview.
- **10 women** had to interrupt OST because of the armed conflict.

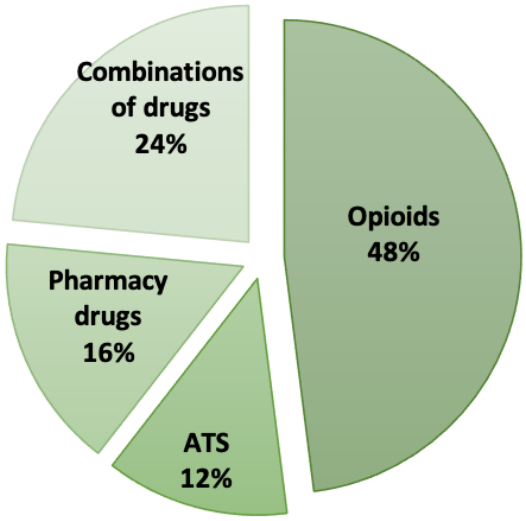

Figure 3. Last drug used

12% were denied medical treatment because of drug use

HIV AND HEPATITIS C

HIV testing:

- Only 1 of 150 respondents never tested for HIV
- Only 1 person self-tested for HIV as the latest test
- Only 6 women (4%) had their HIV test done by an outreach worker
- 4 women do not know their HIV status
- Among 66 respondents who indicated that they were HIV negative, 84.85% got tested during the last 12 months
- 5 women 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 women have not ever been offered ARV-treatment;
- **12.66%** of HIV-positive women (10 women) have never received ARV-treatment;
- 38 women (48.1% of HIV-positive women) have at least once stopped taking ARV-treatment, 33 of them stopped taking treatment for some time after 2014
- 18 women (22.78% of HIV-positive women) have never been tested for the viral load
- 62 women (78.48% of HIV-positive women) have never been tested for HIV drug resistance

Hepatitis C:

- 56% of respondents indicated that they currently had hepatitis C
- 22% women don't know if they have the hep C virus.

Hepatitis C treatment:

- Only 1 person got treatment free of charge
- 4 women paid for their treatment themselves
- **91.86%** of respondents who knew that they ever had had hepatitis C have never been treated.

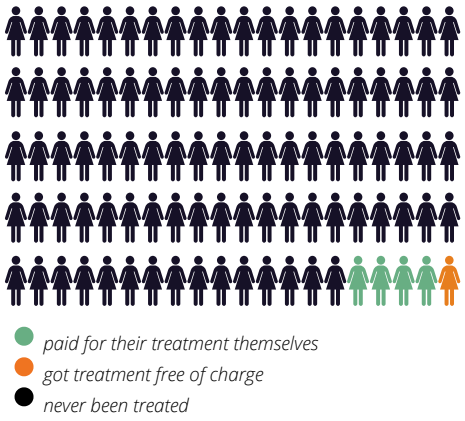

Figure 4. Hepatitis C treatment

HARM REDUCTION

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

REPRODUCTIVE HEALTH

STI testing and treatment:

- **39.33%** have never tested for STIs
- Only 10% of those who have ever tested for STIs, 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 women (8.6% of all respondents) reported that they treated themselves without seeking medical advice
- **33%** haven't used any contraception methods during the last 12 months.

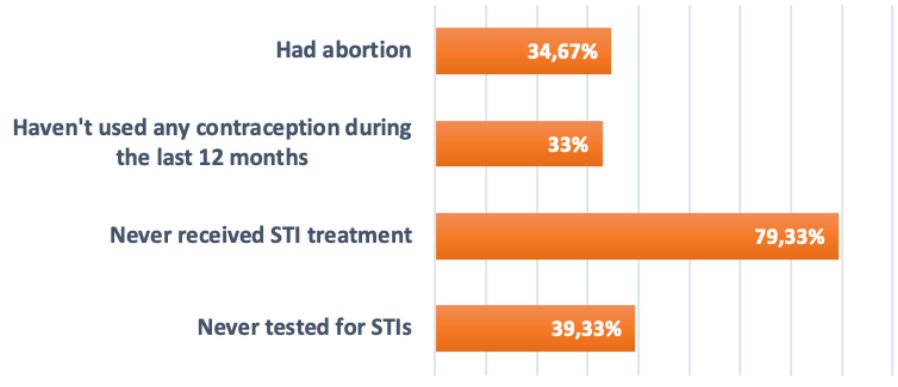

Figure 5. Reproductive health

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 women were recommended** (by doctors) to have abortion because of drug use,
- 1 – because she was receiving OST,
- 1 – because of her 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 women continued to take OST during pregnancy (they started to receive treatment before it), and 1 person interrupted OST during pregnancy because of doctor's advice. 16 women (13.01%) didn't access 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 women gave up child custody (reasons for refusal were not specified)
- 8 women 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 women (24% of participants) have sex work experience
- 20% of participants exchanged sex for money, drugs or food during the last 7 days
- Out of **36 women** who were ever involved in sex work, **8 women** provided sex for the police and 6 – for the military
- 24 out 36 who were ever involved in sex work were at least once forced to provide sexual services, and 4 women indicated that it was done by the police
- 17 women were physically abused while providing sexual services.

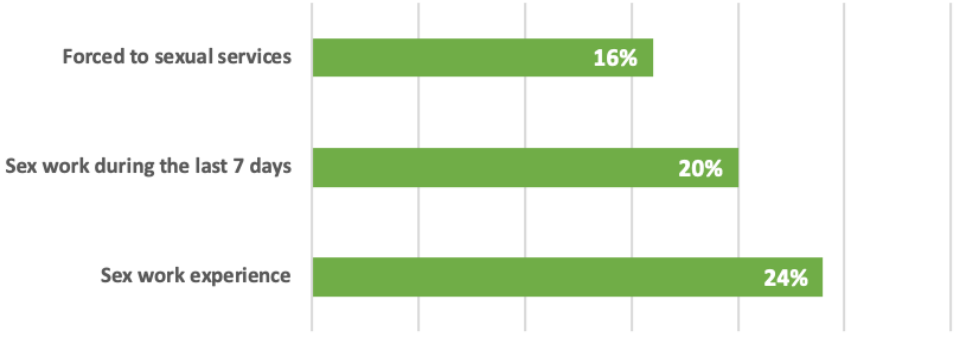

Figure 6. Sex work and sexual

VIOLENCE

Intimate partner violence:

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

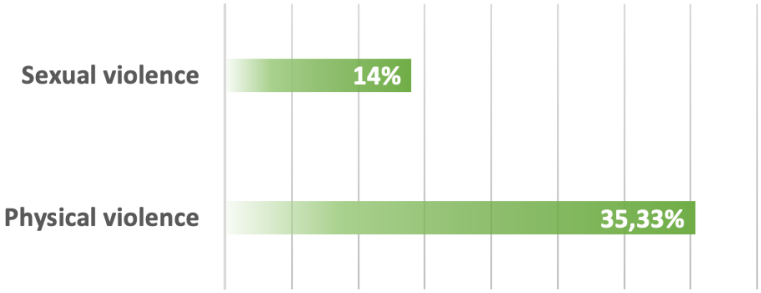

Figure 7. Intimate partner violence

Non-intimate partner violence:

- 47 women (31.33%) experienced physical violence, but only 7 women turned to police in this case
- 30 women (20%) experienced sexual violence, but only 3 women called police in this case.

Protection from violence

None of women who experienced violence ever asked support from a crisis center for

RESEARCH RESULTS: *qualitative component*

Analysis of barriers to access to services based on in-depth interviews with 15 women

STIGMA

Stigma remains the central barrier in receiving HIV testing, timely start of therapy and receiving the social and medical care guaranteed by the state. The issue is the intersecting stigma of HIV and stigma of drug use, which exacerbates the marginalization of vulnerable women and excludes them from the health care system, including ob/gyn care.

«I was pregnant, the attitude of nurses and doctors to me was very bad. … It was because of my HIV infection. … I gave birth to my child, it was caesarean, the nurse was rude, she hurt me when treating my stitches, she threw the band aid, cotton and also said like: ew!. And she left, without a hello or a good-bye. Just clean it up by yourself. And there were very many things like this. When you stay in the box, when the nurse or doctor comes, they could just pass me by, without entering the room». (Tetiana, Kramatorsk)

«In the corridor, the doctor, after calling my narcologist, tried to clarify something… I could barely hear them, I was in the box, but I heard that he called me «methadone bitch», well, just heard «this methadone bitch», I don't know what else was there, couldn't hear. But in general, no one insulted me, but the attitude was very, very bad». (Ania, Lysychansk)

Stigma often grows into **discrimination** – denial of medical care, including narcological:

«… I was first locked up to a prison cell, I violated a bit the regime there, so in short, I was locked up to the punishment cell, when I was going through withdrawal and my jaw was rotting. For a week, just like that. So, I went through my withdrawal there».«… recently my kidneys went bad, and the ambulance took me to the hospital, brought me there. They said it was my withdrawal, and sent me back from there. «She is in withdrawal… we cannot give her an IV linethe treatment… If we cannot give her IV dropper, it means we cannot provide her any treatment. So, get her back». (Yulia, Kramatorsk)

What draws attention is that women take the medical personnel's derogatory attitude to themselves as a matter of course, as a norm:

«…of course, they told me, well, when I was giving birth, they told me do not twitch, god forbid the blood spills on us, you are contagious, well, things like this. Even now, when I get to a hospital with my child, I frankly tell them that I am HIV positive, yes, I do not hide this fact, I tell the people that yes, this is so, well, sometimes a nurse tells me that I am a bad mother, but I try to pay no attention to this». (Svitlana, Kramatorsk)

Stigma also manifests in the family environment, creating additional risk of verbal violence:

«I have constant quarrels [with the significant other], he constantly reminds me that I have AIDS, constant humiliation. That I will die soon, that I have AIDS». (Svitlana, Kramatorsk)

The absence of access to information and to support systems forms conditions for «self-stigmatization» – and, as a consequence, vulnerable women's voluntary social isolation:

«For three years, I haven't had manicure. Do notvisit a dentist. I am afraid. Before, I was afraid to get infected, now I am afraid that I can infect someone else». (Tetiana, Kramatorsk)

Stigma in the society is exacerbated by criminalizing women who use drugs. Being IDPs, they find it harder to rent an apartment:

«…We rented an apartment, we gave the copy of a passport, my husband's and mine. The next day, the landlord comes with a policeman, it was his relative I think, and says: «Why haven't you mentioned that you have a criminal record?». I say: «Well, that's my past, I served my term». (Valeria, Kramatorsk)

Stigma and non-conformity to gender stereotypes and expectations about the behavior of a «good mother» affects relations with other family members, including children:

«(Tell me about your relations with your children). ***Well … this way and that way … first, they are adults already, they haven't seen me for a while they know that I use, used… when I start, for example, some serious talk with them, they, well, the elder one does this mostly, can say: «Listen, what are you trying to teach me, if you yourself are … well, such a stupid one».***

«Well, we lived with his (late husband's) father and his live-in girlfriend, she worked in a hospital. Well, and she there, in the town education department or some other place, she told them that I use… First, she evicted us from the house we lived in. Well, me and my child we left in what we were wearing. My mother also refused to let me in…» (Yulia, Kramatorsk)

«When I was bringing my kid to the kindergarten, the educator once said: come upstairs to the administrator. When I did get to the administrator, she said with this sort of tone: don't think much of it, but your kid, the group, mothers, fathers, they think that you are infected with HIV, or have some other infectious disease». (Ira, Severodonetsk)

VIOLENCE BY PARTHER

Domestic violence against women who use drugs manifests in all forms – psychological, physical, economic, and sexual:

«… With my first husband, it was so that he burned all things, appliances, put a knife to my throat. He forced me to drink, was pouring vodka into my mouth, raped me. I was forced to flee with my 4-year-old child to my mother in Zaporizhia oblast at night. I fled from home. With two T-shirts, my passport, carrying my son. With my second husband, we lived normally for several years. And when we learned the diagnosis, all windows got broken, he beat me, I got concussion. He was taking the child away, abandoned him in some pub». (Tetiana, Kramatorsk)

«I lived with a young man, he used drugs and alcohol. … when he used alcohol, he would go off the rails and he would lock the doors with us inside. He was taking my keys from me and terrorizing me inside – with an axe, with a club bat, he also punched me and burned me with cigarette stubs. I was locked inside, I was yelling, and the neighbors… No one helped, no one called the police» (Lena, Kramatorsk)

Women are forced to choose between their life and being sentenced for self-defense, because self-defense is classified as «inflicting grave bodily harm»:

«I lived with one like this, an aggressive young man, who was very jealous… He beat me often. … Once, as it often happened, we had a fight, and he took a knife, he wanted to … me … he once hit me with that knife. Of course, I did not go to the police, did nothing. And this knife again. Well, I stabbed him in the back. He survived, thank God, but he had to go through intensive care. For this, I got 5 years of prison». (Ania, Lysychansk)

Expecting protection from violence from the police and not getting it, women lose confidence in the possibility to get help and protection:

«…I called them so many times, they [the police] did not help me with anything. Probably, they set me up rather. I asked to hold him, to give me time to pack my children's things, to hide, but he was released in three hours, he was at home already». (Tetiana, Kramatorsk)

«I sought help from the police. I have no one to help me [here], my relatives all live in Kostiantynivka, I am alone here in Kramatorsk. I called the police, policemen were arriving, taking him away. Well, in 2 hours he got released, that's it». (Lena, Kramatorsk)

VIOLENCE BY POLICE

Women using drugs reported unlawful detentions, physical violence, threats, accusations of separatism and blackmail by police officers:

«... they (the police) beat us very hard, and not like the usual, when they beat not to leave trace. They beat us in any way they wanted. And they were saying that they lost their homes because of me... And every one of them could enter and each could at least swear at me and hit my face or my stomach ... horrible. I say, nothing like that happened before or after». (Svitlana, Kramatorsk)

«...Before [the war] ***they never even touched us*** [sex workers]. ***...we were working for ourselves, meaning, we had no protection racket. In Severodonetsk, specifically, everyone worked for themselves, but now, after the war, Luhansk police officers moved here, they are not local police... Now they go to us for information all the time. If you do not give them any information, you will not work here. (And what kind of information do they expect from you?) Turn in someone, you know, like girls set up taxi drivers, like, soliciting of women... like a taxi driver drives me to a client and the cops arrest him for soliciting of women. ... One taxi driver got arrested twice, that's the thing».*** (Alina, Severodonetsk)

«...they [doctors] registered all that [beating] and called the police, because they had a procedure like this. And with the police, one of them came there, the one who was beating us, when he saw it was me, he said: do you understand that we can just take you out of the hospital and just shoot? And I will explain later that you are a separatist. ...in the morning I received a call from some kind of boss of theirs, some type of supervisor or leading officer, and said: what do you expect from your complaint? What can we do for you to withdraw it? Perhaps just an apology could be enough for you? I said, no, I want my complaint to go through the entire procedure, as it should, and affected all people in fault for this, so they are brought to justice. But, of course, the fact that I was leaving the city, it created many options for them. ...did not even respond, I was in Donetsk, and this is not a government-controlled territory, so no one called me about this ever again, no one replied». (Svitlana, Kramatorsk)

CUSTODY OF CHILDREN

The articles of the Family Code inherited since the Soviet times about deprivation of paternal rights based on «chronic alcoholism and substance abuse»[6] and their practical implementation by children protection services and guardian boards take away women's rights to health and to parenthood if they try to get treatment while being a parent. This is a discriminatory norm, so-called legalized stigma, built into the legislation of some countries, is the reason why women refuse to sign up for existing OST programs and other medical services. Drug use or being in the OST program, along with the legalized stigma gives ground to abuse, intimidation, and threats to parenthood rights by family members and social services:

«...After the divorce, my husband, via social services, initiated requests for documents that I am on OST. When I used street drugs, he could not prove that I am an addict. Later, when I started OST treatment, he managed to get a certificate from drug addiction dispensary that I am on drug user registry. The guardian board commission under the executive committee declared that our child will reside with his father. In fact, my OST treatment was the only ground for this decision. I had a place to live, I had all conditions for the child. Before the commission meeting, they asked me: «For how long have you been drug dependent?» (Tetiana, Lysychansk)

«My mother took custody of my child, because I was half-dead. I was saved only be the substitution therapy and support from volunteers, however small it was... I would like to get my child back very much ... I was accompanying the child to the class, was visiting teacher-parents meetings, wanted to get the child back ... when I went to child protection services, I was given the list of documents I need to bring which was totally unrealistic – that I am not on drug user registry , and to get this certificate one needs 5 years, also, for half a year I need to be officially employed, and get salary that is at least higher than minimum wage» (Ira, Severodonetsk)

«Yes, I was summoned, I was visiting (the child protection services). I was told this: your granny filed a complaint against you. … I told them, you can come and take a look how the child lives, what the conditions are. The child has everything – a place to sleep, a place to bathe, toys, all this is available. I do not know what she wants. You see, I have nothing, I have no one, I have no accommodation [of my own], ***no one. And she has it all. She has connections, she has relatives. She can take the child away from me, and I cannot say anything to it, for who am I for them? The mother with HIV, who can harm the child, or so they think».*** (Sveta, Kramatorsk)

CONSEQUENCES OF THE MILITARY CONFLICT

In addition to closing down the OST programs, some women survived beatings and unlawful detentions for drug use and for participation in OST programs by the militants of the self-proclaimed republics, and also harassment and constant inspections by the military and police structures on the territories controlled by the government of Ukraine:

"… bags on the head, beat me heavily and shipped on to Mashkoledzh. It was in 2014, in October. Batman had his «first city prison» there. 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 … even the guys, well, others who were imprisoned there, even they asked: «Give the girl something to eat, even a slice of bread. She, well, the girl, she is pregnant». My fingers don't move… I had the surgery then, and the joint was removed. Legs … they were all wound. (They did it because you have drug dependence?) Yes, because I am on OST … Well, they beat me so much that … First, our hands were tied behind with the wire and god forbid you get your hands free… We were kept in the boiler room on the floor, we had nothing at all no mattresses, nothing, nothing. We spent 10 days there like that … (What about your pregnancy?) ***Well, miscarriage … I didn't have any undamaged spot of me. Not on the face, nowhere, my whole body was so blue… And then there was the second basement, for 13 days… It was in a month … On 13, yet they beat me hard, yes. That they kept me that my bruises passed. Well, that I had no undamaged spot on me.***

«…I was released in 2014, right then. …for like 3 years SSU was dragging me around. And, whenever I got employed, I was fired later. Well, just came, asked some things, and that's all, I get kicked off like that … those 3 years, I was under the watch of those people, after I got released, my release certificate has the stamp of «DPR»…». (Yulia, Kramatorsk)

«…three days before the release, they threw us to the cell for men. They counted on my husband defending me, so he would get killed, and I would get raped … there were 20 men there, and one of me. …we were there for four days … it was just a basement». (Valeria, Kramatorsk)

INTERPRETATION OF RESULTS AND LIMITATIONS OF METHODOLOGY

The small size of the sample and the fact that the study participants were not selected randomly, does not allow extending the obtained results to the entire group of women who use drugs and live near the temporarily occupied territories of Ukraine. In other words, a low level of education and lack of employment, very high prevalence of HIV (52.67%), high coverage with HIV testing and harm reduction programs, and other indicators concerning health and access to services do not necessarily reflect the average indicators among women who use drugs in these areas.

Due to the peculiarities of approach to recruiting the participants (the «snowball» technique, often used for research in marginalized groups), the sample included, mainly, harm reduction program clients, who are prevalently women with a low social status and with a poor social adaptation level, and, due to this, highly vulnerable to violence, infections and discrimination in the health care system.

Therefore, this research data draws **a portrait of a woman from the most vulnerable subgroup of people who use drugs** – and the data is valuable exactly because it identified the combination of social and medical problems that must be taken into account in planning HIV and SRH services and in evaluating their quality and accessibility.

CONCLUSIONS

The study documented challenging socio-economic situations of women who use drugs and live in the zones affected by the armed conflict in Ukraine. At the time of the survey, almost half of the respondents did not have enough financial resources even to buy food; the unemployment rate was significantly higher than the regional averages (56.7% of respondents did not have any job and another 36% worked unofficially, while the average unemployment rate in Donetsk and Luhansk regions were 14.4% and 15.3%, respectively[7]). The plight of women who use drugs was further aggravated by the fact that almost one in five had to change their place of residence due to the military conflict.

All this reflects not only urgent social assistance needs among women who use drugs, but also high access barriers for the healthcare - in cases of partial or full out-of-pocket payments. The study showed that only some of essential health services was provided free of charge - HIV testing and treatment and opioid substitution therapy, while hepatitis C treatment, as well as the diagnosis and treatment of sexually transmitted infections were barely inaccessible or completely inaccessible to women who use drugs. In addition to financial constraints, stigma among medical staff against women who use drugs continued to pose a significant access barrier. The study showed that in a number of cases women were recommended an abortion due to their drug use, HIV infection or being OST clients.

While the region managed to maintain free of charge HIV treatment and OST, the study revealed significant issues of service accessibility and quality. However, these problems existed even before the armed conflict. The majority of respondents did not receive drug dependence treatment either before or after the armed conflict; 12.66% of women living with HIV have never received ARV therapy. At the same time, the armed conflict, most likely, has resulted in ART interruptions - more than 40% of women with HIV interrupted therapy for some time after 2014.

Violence against women who use drugs has been aggravated by the armed conflict. In addition to high levels of domestic violence, there were more frequent and violent assaults by the police and the military, to which women who use drugs have become extremely vulnerable due to stigma and criminalization. At the same time, the system of support for vulnerable women who survived violence was not established in the region even before the armed conflict; this notion is supported by the fact that none of the women interviewed sought specialized assistance in cases of violence.

Despite the small number of respondents, the study demonstrated the scale, severity and persistence of the issues faced by women who use drugs and lived in the zones affected by the armed conflict in Ukraine. Addressing these challenges requires a systematic community-led approach with essential components of social and financial protection, SRH services and assistance in situations of violence.

REFERENCES

[1] FabRiders was founded in 2012 by Dirk Slater, building on his experience supporting social justice movements in over 30 countries. FabRiderswas 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 ad research participants and data protection.

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Club Svitanok is the first organization in Donetsk region, created by HIV-positive people who use drugs. Svitanok won the 2010 Red Ribbon Award in the nomination "Social Support to People Living with HIV, including orphans" for outstanding leadership and community service (UNAIDS / UNDP). Since 2012, the Club has focused on working with marginalized women. The organization took part in the submission of the Alternative Report on the implementation by Ukraine of the Convention on the Elimination of All Forms of Discrimination against Women (VIII Periodic Report).

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