

Briefing to the UN Committee on the Rights of the Child on Ukraine's 4th periodic report on the implementation of the Convention on the Rights of the Child

Injecting drug use, sex work and HIV among children and adolescents at risk

**Submitted jointly by the Eurasian Harm Reduction Network
and the International Harm Reduction Association**

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In most countries, children have not benefited from pragmatic HIV prevention programmes related to substance use, which even when they do exist have largely targeted adults. The Committee wishes to emphasize that policies and programmes aimed at reducing substance use and HIV transmission must recognize the particular sensitivities and lifestyles of children, including adolescents, in the context of HIV/AIDS prevention.

UN Committee on the Rights of the Child, General Comment No. 3

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I. Overview

- The proportion of young injecting drug users in Ukraine is growing. People under 25 may represent around half of all injecting drug users in the country – between 136,500 and 246,500.
- The majority of young males aged 15-19 living with HIV contracted the virus through unsafe injecting, and the majority of girls of the same age through heterosexual contact.
- There is a lack of specialised harm reduction and drug dependence treatment services for children and adolescents at risk.
- There are many legal, policy and attitudinal barriers deterring young drug users and sex workers from coming forward for assistance.
- Children whose parents are drug users and/or living with HIV have been overlooked and require special attention.
- Positive developments, including work by UNICEF and civil society, should be built upon.

People who use illicit drugs are vulnerable to a wide range of negative health consequences, including infection with HIV and hepatitis C. It is well established that unsafe drug injecting practices are a primary driver of epidemics of HIV and other blood borne viruses in many countries, including Ukraine (especially males aged 15-19).¹ This is despite the fact that there exist inexpensive, evidence-based harm reduction² interventions – such as the provision of sterile injecting equipment and the prescription of opioid substitution therapy – that have proven effective in reducing the spread of HIV and improving the overall health of people who inject drugs. The effectiveness of such interventions is clear from the fact that HIV-related harm reduction has been adopted in the policies of, *inter alia*, the United Nations system,³ specific UN programmes and funds,⁴ the European Union,⁵ the Council of Europe,⁶ the African Union,⁷ the International Federation of the Red Cross and Red Crescent Societies⁸ and at least seventy-four countries worldwide.⁹ HIV-related harm reduction is also supported by UNICEF, which has taken a lead in the response to youth injecting in Ukraine.

As recognised by the UN High Commissioner for Human Rights, people who use illicit drugs do not forfeit their rights because of the illegal nature of their activities.¹⁰ Indeed, the High Commissioner, the Special Rapporteur on the Right to Health and the Special Rapporteur on Torture have all raised concerns about the failure of States to meet their human rights obligations vis-à-vis people who use drugs and the negative consequences of this failure on both the individual health of drug users and broader public health concerns. In 2007, the Committee on Economic Social and Cultural Rights recommended in its concluding Observations on Ukraine that the State party “*make drug substitution therapy and other HIV prevention services more accessible for drug users.*”¹¹

For children and young people, however, harm reduction is particularly controversial, not often designed with their specific circumstances and vulnerabilities in mind, and often completely out of reach. This was recognised by the Committee in its General Comment on HIV/AIDS when it noted that “*In most countries, children have not benefited from pragmatic HIV prevention programmes related to substance use, which even when they do exist have largely targeted adults.*”¹²

The proportion of young injecting drug users in Ukraine is growing. People under 25 may represent around half of all injecting drug users in the country – between 136,500 and 246,500. The age of initiation into drug use is under 15, with the average age of first injection being under 18. The majority of males aged 15-19 who are officially registered as living with HIV contracted the virus through unsafe injecting (65%). 89% of

girls of the same age contracted the virus through heterosexual contacts. There are considerable overlaps between injecting drug use and sexual activity, particularly sex work among girls. Some estimates suggest that 10-20% of female sex workers are under the age of 18. There are no official statistics on the number of street children in Ukraine but estimates range from 40,000 to 300,000.

Despite these figures and some important positive developments in recent years, there is a significant lack of specialised harm reduction and drug dependence treatment services for children and young people who use drugs. Those services that do exist are designed primarily for adult opiate users and fail to take into account the dynamics and specificities of drug use among younger people. There are also a range of legal, policy and attitudinal barriers impeding young people's access to those services that do exist, such as the requirement of parental consent for medical care; unclear laws on 'aiding' or encouraging' drug use which can deter service provision; and fear of punishment or registration as a drug user. These factors – combined with the illegal nature of drug injecting and the stigmatization of injecting drug users (IDUs) and sex workers – create an unhealthy risk environment for many most-at-risk adolescents (MARA) and young drug users and contribute to a reluctance to seek health, youth or drug services.

Article 33 of the Convention on the Rights of the Child requires that States parties “*take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances*”. In doing so it is the only core UN human rights treaty to specifically refer to drug use. But the article, of course, cannot be read in isolation. “Appropriate measures” must be read in the light of the other relevant articles of the Convention, including the right to the highest attainable standard of health (Article 24) which points towards the need for evidence based public health interventions, and provisions relating to juvenile justice (Article 40), which point away from a law enforcement or punitive approach. Indeed, article 33 itself has a strong protection focus. The General Principles of the Convention must also underpin the implementation of article 33.

It should be noted also that article 33 does not specify from whose drug use the child should be protected – this suggests that the child should be protected from their own drug use as well as drug use in the community and especially within the family. This report therefore also considers the situation of children whose parents are drug users.

This is a complex area, and one that is often overlooked. It requires specific, focused attention, including by the Committee on the Rights of the Child. The situation in Ukraine is particularly serious, as noted by the Government in its fourth periodic report. This report highlights recent positive developments as well as four key areas of concern:

- **Lack of specialised harm reduction and drug dependence treatment services for children and young people who use drugs**
- **Barriers to accessing existing harm reduction, drug treatment, HIV, and sexual and reproductive health services**
- **Girls, drug use and sex work**
- **Children whose parents are drug users and/or living with HIV**

Nine key recommendations are made that we feel are necessary to better understand and, over time, improve the situation for children and adolescents at risk in Ukraine.

II. Injecting drug use, sex work and HIV: Evidence of a growing health crisis among children and adolescents at risk in Ukraine

Evidence suggests that the proportion of young injecting drug users is growing in Ukraine. Based on the results of behavioural surveillance studies (BSSs) conducted in recent years, it is estimated that young people under the age of 25 years may constitute between 42 to 58 per cent of the injecting drug user (IDU) population in the country.¹³ Ukraine has a population of almost 46 million people, of whom around 10 million are under the age of 18.¹⁴ Taking the national consensus estimate of the size of the IDU population in Ukraine as of 2007 (325,000 to 425,000 IDUs)¹⁵, there may therefore be between 136,500 (low estimate) to 246,500 (high estimate) IDUs in Ukraine who are under 25.

According to a 2006 study, the average age of first injection was 17.7, with the age of initiation of drug taking, including injecting, decreasing to under 15. Case studies have shown that adolescents may become sexually active before age of 15.¹⁶ Overlaps between injecting drug use and sexual activity (especially sex work) increase the risk of HIV and other sexually transmitted infections, particularly among young IDUs and even more so among girls.

Ukrainian children and young people also live in the country with the largest HIV epidemic in Europe,¹⁷ putting them at increased risk. It is difficult to estimate HIV prevalence due to low HIV testing rates among most-at-risk adolescents (MARA), but it is expected to be much higher than official statistics suggest.¹⁸ The majority of males aged 15 to 19 years who are officially registered as living with HIV in Ukraine contracted the virus through injecting drug use (65%); most of the girls of the same age contracted HIV through unprotected heterosexual contacts (89%).¹⁹

There are no official statistics on the total number of children and young people living or working on the streets of Ukraine, but estimates provided by governmental and non-governmental organizations and research institutes vary from 40,000 to 300,000.²⁰ The street environment is particularly risky, rendering street adolescents vulnerable to sexual and labour exploitation and violence, as well as to HIV risk behaviours and HIV infection.

Ukraine is the largest recipient of funds from the Global Fund to Fight AIDS Tuberculosis and Malaria (GFATM) in Eastern Europe for AIDS related activities.²¹ As a result the number and scope of prevention programs is increasing, but the HIV epidemic in the country keeps growing. The National HIV/AIDS Program for 2009 – 2013 has set an ambitious goal of 60% coverage of most at risk groups, including most-at-risk adolescent (IDUs, orphans, homeless children, detained or incarcerated children, children from families in crisis, sex workers, MSM, migrants), but evidence shows that the actual response is way behind target.

III. Positive developments

We would like to outline some of the successes and efforts by the Government, Ukrainian civil society and UNICEF to provide services to children and adolescents at risk:

- Improved policy focus, such as the integration of MARA into the National AIDS Programme 2009 – 2013. The National Strategic Action Plan on MARA and Children affected by HIV/AIDS was drafted through a participatory stakeholder process and awaits endorsement by the National Coordination Council on HIV/AIDS.

- Adaptation of social services to the needs of children, including a growing number of day care centres that provide an alternative to the usual shelters and care and support services for HIV-positive children and members of their families.
- UNICEF and civil society provision of technical support in partnership with the Ukrainian Government. For example, establishing the National Training Centre in Kyiv on Pediatric AIDS and supporting a series of trainings for service providers.
- An increase in evidence-based services including five targeted HIV prevention interventions for MARA piloted throughout the country by UNICEF in cooperation with the State Social Services for Family, Children and Youth of Ukraine in 2009 – 2010. The project's aim is to reduce HIV infections among most at risk adolescents injecting drugs, involved in commercial sex/exploited for sex and those living or working on the streets by increasing their access to services, HIV awareness, HIV testing and the relevant care and support services.
- A UNICEF pilot project in Kiev reached 1137 most-at-risk and vulnerable adolescents aged 10-19 years over 9 months. They have been informed, educated and counselled and have received condoms and information about available harm reduction services. 685 of clients were tested and counselled for HIV and know their HIV status.
- A further UNICEF pilot in Nikolaev reached 117 adolescent girls aged 14-18 involved in sex work. Adolescent FSW are recruited to a community drop-in centre that provides a safe space, group and individual counselling sessions and an entry-point into an extensive referral network of governmental health and social care services and non-governmental organizations. Social workers accompany sex workers to services, as required, including gynaecological and infectious disease specialists, HIV/AIDS treatment centres and legal aid.
- Considerable efforts by local civil society. In Odessa NGO "The Way Home" works with specialists in the local narcology and STI units to facilitate the detoxification of children, taking their needs into account, and providing outreach for street children.

These pilot projects and initiatives should be supported with administrative, budgetary and, where necessary, legislative measures by the Government.

IV. Key areas of concern

a. Lack of specialised harm reduction and drug dependence treatment services for children and young people who use drugs

Most services provided by harm reduction projects and NGOs are designed for adult opiate users, and fail to take into the account the changing dynamic of drug use, especially among children and young people initiating use. Feedback from service providers suggests that the largest proportion of people accessing harm reduction services are over 45.²² Services also do not fully take into account the proportion of young people injecting amphetamine type stimulants (ATS). Opioid substitution therapy, for example, cannot be used for ATS users, and ATS injectors often inject more frequently than opiate injectors. Low price and easy access have made homemade stimulants very popular among young, often poor children and young people. Most ATS injectors are aged between 15–25 and use homemade *boltushka*.²³ A recent study showed that the average age of first use of *boltushka* among a sample group was 16 and none of the young people interviewed reported specific treatment or prevention programs.²⁴ Street children in larger Ukrainian cities also inhale solvents. These differences between young drug users and injectors require specialised and focused harm reduction and drug dependence treatment interventions. As with harm

reduction interventions, where drug dependence treatment do exist, they are not designed for children and young people and do not address drug issues in a comprehensive, holistic manner.²⁵

Initiation into injecting further highlights the need for specialised interventions. Non-injecting drug use seems in most cases to precede the first injection, which appears to be an unplanned event for the majority of IDUs under the age of 18 years. Few buy and prepare their first injections by themselves. Having a spouse or sexual partner who is injecting drugs and drinking alcohol appears to be an important factor in the initiation of girls and young women.²⁶ Preventing initiation into injecting is an important intervention, but there is a lack of expertise and capacity among existing services to address this issue.

b. Barriers to accessing existing harm reduction, drug treatment, HIV, and sexual and reproductive health services

Requirement of parental consent

One of the key barriers in access to drug- and HIV-related services is the legal capacity of adolescents as identified in the Family Code of Ukraine and the need for parental consent to undergo HIV testing.

The legal basis regulating this issue, however, is not entirely clear and there appear to be conflicting provisions. Article 7 of the Law of Ukraine ‘On Prevention of Acquired Immunodeficiency Syndrome (AIDS) and on Social Protection of the Population’ established that: ‘*Medical examination of minors who have not reached 18 years of age, and of persons recognized by the law as legally incapable, can be performed upon request or with the consent of their legal representatives, who have the right to attend such examinations*’.²⁷ But according to Part 3 of Article 284 of the Civil Code of Ukraine, medical assistance to a 14-year-old person can be provided upon his/her consent.²⁸ In reality, health care facilities often won't accept children [adolescents] for HIV testing.²⁹

A draft law is currently being considered which would establish more flexible provisions relating to HIV services and VCT for children from 14 to 18. This is a welcome development and we hope that this will be adopted. However, the government should also consider the provision of services without parental consent to those under 14 as the age of initiation into drug use is decreasing. Under the current draft of the law, children under 14 would still require parental consent regardless of their evolving capacities and level of maturity.³⁰ The government should also consider allowing more flexible parental consent requirements for sexual and reproductive health services.

‘Aiding and abetting’ or ‘encouragement’ laws

According to the current Ukrainian legislation, medical assistance (including needle and syringe exchange) may be provided for minors from the age of 14. However, most services avoid documenting the age of clients due to the fact that harm reduction services such as needle and syringe exchange may be viewed as aiding and abetting or “encouraging” drug use or injection. This is punishable by 2 to 5 years in prison, or, in the case of a minor – from 5 to 12 years.³¹

This law both discourages harm reduction services for young people and renders it difficult to know how many people under the age of 18 are reached by those willing to provide them.

It should be noted that in Ukraine, those NGOs who provide needle and syringe exchange services usually are the only ones that will also provide any kind of support and outreach to street children, regardless of their age.

Fear of punishment or registration as a drug user

Criminalisation of drug use and the consequent threat of arrest and punishment drive drug users underground and towards more risky injecting practices such as sharing of needles and syringes. Children and adolescents are afraid of being arrested by the police or of being put into shelters, which is why they choose the strategy of self-help in case of problems rather than seeking out services and support. As one young injecting drug user said: *“They are afraid perhaps that they will be hacked to the police, will be told at school or parents.”* (Boy-IDU, 16 years).³²

It is noteworthy that the drug threshold amounts for which possession entails criminal liability in Ukraine are quite low – lower than those in the EU and smaller than an average single dose of an ordinary user. The proportion of drug related offences is increasing, with around 20% of drug crimes committed by young people in 2006 and the percentage increasing each year, and the proportion of young people under 18 in prisons exceeding 2% in 2007 (1,8% in 2006)³³.

Government drug treatment centres are obliged by law to put drug dependent persons on the official drug user registry. This applies also to young drug users. This is a major concern and drug users do their best to avoid registration as it imposes various limitations on their lives: they have to regularly show up for medical checkups and confirm their sobriety, in many cases [their official drug user status] prevents them from being employed or receiving a driver's license, and information on such individuals is reported to the police. One young boy was clear about his fears during an interview: *“We are afraid that they will register us, policemen will take us. I'm talking to you right now, but where is the guarantee that you will not tell the policemen?”* (Boy-IDU, 17 years).³⁴

Stigma and discrimination

Although it is estimated that over 1% of the population aged 15 to 49 may be injecting drugs in Ukraine, the general public attitude towards drug dependent persons is overwhelmingly stigmatizing, leading to various forms of discrimination, including within health services. Stigma and hostile attitudes, especially on the part of service providers, often discourage children and young people from seeking help.³⁵ Negative experiences of hostile, indifferent attitudes of the personnel of various services together with a disbelief that anyone can help unselfishly are important factors in young people not seeking help.³⁶

Stigma and prejudices are expressed by some members of the Criminal Police for Minors and of other governmental agencies and institutions.³⁷ They consider MARA boys and girls as 'potential criminals', rather than as the victims that they often are. It is a position that contradicts repeated recommendations by the Committee on the Rights of the Child that children who use drugs should be considered victims and not criminals.³⁸ It is a perception that, in some cases, is also reflected in behaviour towards minors and children living on the streets, including physical or sexual violence.³⁹

c. Girls, drug use and sex work

Data from social research in Ukraine suggest that a significant proportion of female sex workers working on the streets may be under the age of 18.⁴⁰ Some estimates indicate that among female sex workers, 10 to

20 per cent are under the age of 18.⁴¹ Moreover, studies also suggest that sex workers who inject drugs are often younger than those who do not. Female sex workers often sell or trade sex to support their – and often their sexual partners’ – drug dependency, creating overlapping risk and vulnerability for young girls.⁴² Moreover, the barriers that affect young drug users remain for sex workers, and are compounded by stigma, discrimination, and violence (including from police) towards sex workers. Sex workers who inject drugs tend to be at the bottom of the sex work hierarchy and to engage in the most dangerous and marginalized forms of sex work.

There is therefore a need for focused interventions for young female sex workers, including those who use drugs.

The provision of sex for remuneration is now no longer punishable as a ‘crime’, but may be punished by administrative means such as a fine. Exploiting a minor for sex or engaging an adult in sex work remains a crime. While decriminalising sex work was a vital step, it will still take time to change the attitude of society and of law enforcement officers toward sex workers and sexually exploited minors. It will also take time to inform children and young people living on the streets about this change to the law and to encourage them to come forward and seek legal assistance if they have been sexually exploited.

d. Children whose parents are drug users and/or living with HIV

The issues of children born to parents living with HIV are insufficiently addressed in the reports to the Committee. However, evidence shows that such children face discrimination, for example, in terms of being rejected from educational institutions and health services.⁴³ Pregnant HIV-positive women and drug users may be urged to have abortions or to give up custody of their children, leading some women to avoid pre- and post-natal care.⁴⁴ Proper case management services, especially to support PMTCT, and humanitarian assistance (such as baby formula) are often unavailable.⁴⁵ Research shows that in Ukraine, HIV-positive women with a history of drug use are 50% less likely to receive anti-retroviral prophylaxis during pregnancy.⁴⁶

Specific issues facing children born to drug using families are largely unaddressed and have been neglected for a long time. Many of the approaches practiced throughout the region are focused on depriving “unfit” parents (including drug using parents) of custody rather than providing them with the support and services that they need. The Convention on the Rights of the Child, on the other hand, leans towards the protection of the child within the family environment and the provision of assistance to families (e.g. preamble, articles 7.1 and 18.2).

Women who enter drug treatment risk losing custody of their children. As inpatient services do not allow children, women are forced to leave them with relatives or friends or even put them in institutions while they undergo treatment. When they come out of treatment, they are often unable to regain custody because they are registered drug users and thus deemed unfit mothers, even if they have stopped using drugs.⁴⁷ This is a serious disincentive to seek drug treatment that would benefit both mother and child.

A point of major concern is that there is no data on the situation and needs of children whose parents are living with HIV and/or who are drug users - this has never been monitored, no estimates are available, and no responses have been developed.

V. Recommendations

1. Specialised harm reduction and drug dependence services and facilities for children and young people who use drugs must be developed and scaled up as a matter of urgency. The Government should work with UNICEF, the Global Fund to Fight AIDS Tuberculosis and Malaria, health care, social service and low-threshold service providers, civil society and children and young people to accomplish this goal.
2. Successful pilot programmes initiated by UNICEF that have reached MARA should be supported by government policy and funding to ensure their continuation and expansion.
3. Drug laws should be amended to remove criminal prosecution for young people found in possession of drugs for personal use.
4. The practice of drug user registration should be abandoned as an unwarranted barrier to the realization of the right to health and as a barrier to access to existing HIV and drug services.
5. Laws that criminalise aiding or encouraging young people to use drugs should be amended to include specific protection for harm reduction services intended to protect children from drug related harms.
6. Urgent action is required to ensure that young sex workers are aware of existing services available, aware of their rights, and made to feel safe and secure in coming forward for medical and sexual and reproductive health services and legal assistance.
7. There is much more need, as part of the national response to the HIV epidemic, to ensure that the representatives of health services and law enforcement are educated about drug use and are trained in how to approach highly stigmatised populations, especially children living on the streets, using drugs or involved in sex work to prevent driving children and adolescents underground, away from already limited services.
8. There is an urgent need for the collection of data on the situation and needs of children whose parents are drug users and/or living with HIV. The same legal and policy barriers that impede access to services, however, may also impede such data collection. A safe legal and policy environment for parents to come forward without fear of prosecution or loss of custody due to drug use must be created.
9. Official, appropriately disaggregated data are required to better understand the situation and needs of street children.

Endnotes

¹ See International Harm Reduction Association, the Global State of Harm Reduction 2008: Mapping the response to injection driven HIV and hepatitis C epidemics <http://www.ihra.net/GlobalStateofHarmReduction>

² <http://www.ihra.net/Whatisharmreduction>

³ UN General Assembly, Declaration of Commitment on HIV/AIDS, 2 August 2001, UN Doc No A/RES/S-26/2, paras 23, 52, 62 <http://www.un.org/ga/aids/docs/aress262.pdf>

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http://www.unodc.org/pdf/document_2002-04-25_1.pdf

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<http://daccessdds.un.org/doc/UNDOC/GEN/V03/837/76/PDF/V0383776.pdf?OpenElement>

Commission on Narcotic Drugs Resolution 47/2, Prevention of HIV among drug users

http://www.unodc.org/pdf/resolutions/cnd_2004_47-2.pdf

Commission on Narcotic Drugs Resolution 48/12, Expanding the capacity of communities to provide information, treatment, health care and social services to people living with HIV/AIDS and other blood-borne diseases in the context of drug abuse and strengthening monitoring, evaluation and reporting systems

<http://daccessdds.un.org/doc/UNDOC/GEN/V05/912/35/PDF/V0591235.pdf?OpenElement>

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<http://www.who.int/hiv/pub/advocacy/en/transmissionprisonen.pdf>

⁵ EU Drugs Action Plan 2005-2008

http://eur-lex.europa.eu/LexUriServ/site/en/oj/2005/c_168/c_16820050708en00010018.pdf

EU Drugs Strategy 2005-2012

http://ec.europa.eu/justice_home/fsj/drugs/strategy/fsj_drugs_strategy_en.htm

⁶ Council of Europe, Parliamentary Assembly Resolution 1576 (2007) For a European convention on promoting public health policy in the fight against drugs

<http://assembly.coe.int/Main.asp?link=/Documents/AdoptedText/ta07/ERES1576.htm> Council of Europe, Recommendation R(98)7 of the Committee of Ministers to Member States Concerning the Ethical and Organisational Aspects of Healthcare in Prison, adopted 8 April 1998, 627th Meeting of the Ministers' Deputies; Council of Europe, Recommendation R(93)6 of the Committee of Ministers Concerning Prison and Criminological Aspects of the Control of Transmissible Diseases including AIDS and Related Health Problems in Prison, adopted 18 October 1993, 500th Meeting of the Ministers' Deputies; Council of Europe, P.A. Standing Committee, Recommendation 1080 (1988) On a Co-ordinated European Health Policy to Prevent the Spread of AIDS in Prison; Council of Europe, Recommendation R(2006)2 of the Committee of Ministers on the European Prison Rules, adopted 11 January 2006, 952nd Meeting of the Ministers' Deputies

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- ¹² General Comment No, 3, para 39
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- ²⁵ Комитет по правам человека (2008). Рассмотрение докладов, представленных государствами – участниками в соответствии со статьей 44 конвенции. Третьи и четвертые периодические доклады государств-участников, подлежащие представлению в 2008 году. Украина.
- ²⁶ Ukrainian Institute for Social Research (2008).
- ²⁷ 'Vidomosti Verkhovnoi Rady Ukrainy', – 1998 – # 35 – p. 235.
- ²⁸ Reference data: The Family Code of Ukraine relates the occurrence of a range of legal facts when the age of 14 is reached:
– according to Part 4 of Article 152 'Child's Right to Appropriate Parental Care', a child has a right to appeal directly to the court to protect his/her rights and interests after he or she has reached 14;
– if parents live separately, the place of residence of a child who has reached 14 years of age is determined by that child himself/herself (Part 3, Article 160);
– after reaching the age of 14, a person who was adopted receives the right to receive information regarding his/her adoption (Part 3, Article 226);
– a patronage agreement shall be terminated, if a child who has reached 14 years of age waives it (Part 1, Article 256).
- ²⁹ Ukrainian Institute for Social Research (2008). *Current State of Policy and Legislation on the Provision of Medical and Social Services to Most-at-Risk Children and Adolescents*. Analytical Review by M.V. Buromenskyi, V.M. Steshenko for Ukrainian Institute for Social Research/ UNICEF.
- ³⁰ Law of Ukraine On amendments in the Law of Ukraine "On AIDS prevention and social security of population" Draft.
- ³¹ Article 315 Criminal Code "Inducement to use narcotics, psychotropic substances or their analogues"
1. Inducement of any person to use narcotics, psychotropic substances or their analogues, - shall be punishable by restraint of liberty for a term up to five years, or imprisonment for a term of two to five years.
2. The same action, if repeated, or committed in respect of two or more persons, or in respect of a minor, or by a person who had previously committed any of the criminal offenses created by Articles 307, 308, 310, 314, and 317 of this Code, -

shall be punishable by imprisonment for a term of five to twelve years.

³² Analytical report "Existence and availability of HIV prevention services for most at risk adolescents"(On the results of qualitative research that was held in 4 regions of Ukraine: Kyiv, Dnipropetrovsk, Donetsk, Mykolaiv, Ochakiv and Voznesensk Mykolaiv oblast), 2008.

³³ King's College London. World Prison Brief.

http://www.kcl.ac.uk/depsta/law/research/icps/worldbrief/wpb_country.php?country=168.

³⁴ Analytical report "Existence and availability of HIV prevention services for most at risk adolescents"(On the results of qualitative research that was held in 4 regions of Ukraine: Kyiv, Dnipropetrovsk, Donetsk, Mykolaiv, Ochakiv and Voznesensk Mykolaiv oblast), 2008.

³⁵ A. A. Serdyuk, 'Overview of injecting drug use among Kharkiv youth' [electronic resource] // Ukrainian Psychiatry News. – Kharkiv, 2002. Available at <http://www.psychiatry.ua/articles/paper047.htm>.

³⁶ Analytical report "Existence and availability of HIV prevention services for most at risk adolescents"(On the results of qualitative research that was held in 4 regions of Ukraine: Kyiv, Dnipropetrovsk, Donetsk, Mykolaiv, Ochakiv and Voznesensk Mykolaiv oblast), 2008.

³⁷ AIDS Foundation East-West and UNICEF (2006), *Children and young people living or working on the streets: the missing face of the HIV epidemic in Ukraine*, Kyiv. Related comments were also made by some representatives of the Criminal Police for Minors, the departments for children, social services and child-care facilities during the strategic planning process initiated by UNICEF in the MARA Project sites in 2008

³⁸ e.g. Concluding Observations, Denmark, 2005 para 55(e)

³⁹ Ukrainian Institute for Social Research/UNICEF (2008) Most-at-risk adolescents: the evidence base for strengthening the HIV response in Ukraine (2008)

⁴⁰ ECPAT International and Ukrainian Institute of Social Research (2003), *The situation of children in Ukraine and their vulnerability to commercial sexual exploitation*, Kyiv; Central and Eastern European Harm Reduction Network (2005), *Sex Work, HIV/AIDS, and Human Rights*, Central and Eastern European Harm Reduction Network, Lithuania.

⁴¹ State Institute of Family and Youth (2005). Female Sex Workers Behaviour Monitoring Report as a component of the Epidemiological Second Generation Surveillance, Kyiv, 2005.

⁴² Eurasian Harm Reduction Network (2009). Young People and Injecting Drug Use in Selected Countries of Central and Eastern Europe, ed. by Grund JP, Merkinaitė S, EHRN: Vilnius; see also Pinkham S, Malinowska-Sempruch K (2007). *Women, harm reduction, and HIV*. New York: International Harm Reduction Development Program (IHRD).

⁴³ UNDP (2008). "HIV-status produces reasons of discrimination and violation of human rights, lawyers say." <http://www.undp.org.ua/en/media/1-undp-news/438>

⁴⁴ International Harm Reduction Development Program, Open Society Institute (2010). Making Harm Reduction Work for Women. Open Society Institute, New York.

⁴⁵ Ibid.

⁴⁶ Thorne C, Semenenko I, Pilipenko T et al (2009). Progress in prevention of mother-to-child transmission of HIV infection in Ukraine: results from a birth cohort study. *BMC Infectious Diseases* 2009, 9:40

⁴⁷ International Harm Reduction Development Program, Open Society Institute (2010). Making Harm Reduction Work for Women. Open Society Institute, New York.