

# Дослідження інтервенцій соціальної роботи

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**EXPERIENCE OF IMPLEMENTING IN UKRAINE THE HARM REDUCTION INTERVENTION FOR ADOLESCENTS**

**ДОСВІД РЕАЛІЗАЦІЇ В УКРАЇНІ ІНТЕРВЕНЦІЇ ЗМЕНШЕННЯ ШКОДИ ДЛЯ ПІДЛІТКІВ**

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**Abstract**

In 2015, the International Charitable Foundation «Alliance for Public Health» with support from Elton John Aids Foundation had launched in five Ukrainian cities the innovative harm reduction interventions targeting adolescents who use drugs. This paper presents the experience of elaboration and implementation of the innovative for Ukraine intervention. It is based on the mix-methods approach and incorporates findings from a number of studies conducted in 2015-2017 by the International Charitable Foundation «Alliance for Public Health».

The project has provided tailored harm reduction services to 9,400 adolescents and their sexual partners. Out of 4,593 clients who accessed services in 2017, 25% were female and 75% male; 96% were aged 14 to 19. The reporting data indicate that on the average a client retains in the project for 5 months and paid on the average 6 visits to an organization.

The package of services included core (preventive) and complementary (recreational) services. The most popular complementary services were safe space for relaxed communication with peers, free access to Internet and refreshments. In each city, where intervention was implemented, service combination depended on NGO proactivity and partnerships, including the partnership with the State Social Services for Families, Children and Youth.

The project was based on the participatory approach. Services were planned based on the Participatory Site Assessment. The intervention design was based on combining conventional outreach with chain referral model - Peer Driven Intervention (PDI). Participatory approach was also utilized through effective engagement of 30 AUDs as assistant social workers and outreach via social media.

The evaluation study confirms positive effects of the interventions on its clients. 18% of evaluated participants who reported injecting drug use at baseline, has reported only non-injecting use at follow-up, and 27% reported complete cessation of drug use.

**Анотація**

У 2015 році Міжнародний благодійний фонд «Альянс громадського здоров'я» за підтримки СНІД-Фонду Елтона Джона започаткував у п'яти містах України інноваційні програми зменшення шкоди для підлітків, які вживають наркотики. У статті представлено досвід розробки та впровадження інноваційної для України інтервенції. Вона базується на комбінованій методології і включає результати низки досліджень, проведених Міжнародним благодійним фондом «Альянс громадського здоров'я».

У рамках проекту було надано спеціальні послуги зі зменшення шкоди 9 400 підліткам та їхнім сексуальним партнерам. З 4593 клієнтів, які звернулися за послугами у 2017 році, 25% були жінками та 75% чоловіками; 96% - віком від 14 до 19 років. Дані звітності показують, що в середньому клієнт перебував у проекті протягом п'яти місяців і відвідував організацію шість разів.

Пакет послуг включав основні (профілактичні) та допоміжні (рекреаційні) послуги. Найпопулярнішими додатковими послугами виявились: безпечний простір для спокійного спілкування з однолітками, безкоштовний доступ до Інтернету та можливість перекусити. У кожному

**Key words:**

young people; adolescents; drugs; injecting drug use; harm reduction; HIV.

**Ключові слова:**

молодь; підлітки; наркотики; вживання ін'єкційних наркотиків; зменшення шкоди; ВІЛ.

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місті, де здійснювалося втручання, набір послуг залежав від активності організації та зв'язків із партнерськими організаціями, зокрема з соціальними службами для сім'ї, дітей та молоді.

Проект базується на активному залученні підлітків з групи ризику. Послуги були заплановані на основі оцінки за участю членів громади. Дизайн інтервенції базується на поєднанні звичайної аутріч-роботи з моделлю «втручання силами рівних» (з англ. Peer Driven Intervention, PDI). Також у проекті використовувались інші форми залучення, як-от працевлаштування 30 підлітків як помічників соціальних працівників та пошук клієнтів через соціальні мережі.

Оціночне дослідження підтверджує позитивні наслідки втручань для клієнтів. 18% респондентів, які повідомили про вживання ін'єкційних наркотиків під час первинного опитування, повідомили про те, що в подальшому вони використовували неін'єкційне вживання, а 27% - про повне припинення вживання наркотиків.

## Introduction

In Ukraine, the HIV epidemic is increasingly affecting vulnerable youth. The biobehavioral study conducted in 2014 had also pointed the prevalence of risky sexual and injection practices among adolescents at risk, and confirmed the high level of HIV infection – 2.7% (Varban et al., 2014). According to research data (Barska et al., 2016) HIV prevalence among children and young people who use drugs aged 10-18 is 3.6%, and hepatitis C prevalence is 8 times higher (30%) indicating high injecting prevalence.

At the same time, the access of adolescents who use drugs to HIV prevention and treatment services is more limited than that of the older age group. The researchers (Bojko et al., 2015; Semigina, 2017; Telchick et al., 2008) argue the existing barriers to services such as lack of information on available services, low motivation to seek services, fear of disclosing the status of a drug user or HIV status, high stigma and discrimination among service providers, especially health professionals.

In 2012-2015, a number of pilot projects for adolescent at risk have been carried out with the support of the UNICEF Office in Ukraine (Balakireva et al., 2015) and by ICF International HIV/AIDS Alliance in Ukraine, now Alliance for Public Health (Zharuk et al., 2014). However, implemented models of preventive services provision were only partially aimed at drug users. Data on the strength of the relationship between implemented interventions and the changes in behavior have not been studied in detail and provided.

In 2015, the International Charitable Foundation «Alliance for Public Health» with support from Elton John Aids Foundation launched innovative harm reduction interventions targeting adolescents who use drugs (AUDs) in five Ukrainian cities - Kyiv (All-Ukrainian Charitable Organisation «Convictus Ukraine»), Kharkiv (Regional Charitable Foundation «Parus»), Odesa (Odesa Charity Fund «The Way Home»), Poltava (Charitable Organisation «Light of Hope»), Slovyansk (Slovyansk City Social Organisation «Nasha Dopomoga»).

The project aimed to engage 6,000 AUDs and their sexual partners thus proving feasibility of harm reduction for adolescents. The overall goal of the project was the following: by the end of 2017 adolescents, who use drugs, as well as their sexual partners, will have access to quality harm reduction and HIV prevention services adapted to their needs, at organisations providing prevention services in the field of harm reduction in Ukraine, including all partner organisations of the Alliance.

The project was implemented in high prevalence regions of Ukraine through community-based service providers and had the following objectives: 1) design and test innovative models of HIV prevention, treatment and care service delivery for children and young people who use drugs; 2) advocate for scale

up of tested, effective interventions at national level; 3) document, share and promote the learning and knowledge generated by the project both at national and international levels. This project is based on the harm reduction program and most at risk adolescents program that have been successfully implemented for last decade in Ukraine.

The paper presents the experience of elaboration and implementation of the innovative for Ukraine intervention for AUD. It starts from description of the general approach to construction of a harm reduction intervention for adolescents. The next section depicts mix-methods methodology of the study. The section with key findings familiarizes with the services provided within the intervention, participatory model of the intervention, preliminary outcomes and authors' reflections on lessons learnt.

## Theoretical and methodical background of the intervention

The intervention was elaborated with regard to the comprehensive package of harm reduction services that has been endorsed by the World Health Organization, United Nations Office of Drugs and Crime and the Joint United Nations Programme on HIV/AIDS (WHO, UNODC & UNAIDS, 2012) and are critical for reducing drug-related harms amongst people who inject drugs. The comprehensive package includes: 1) needle and syringe programmes; 2) opiate substitution therapy; 3) HIV testing and counselling; 4) antiretroviral therapy; 5) prevention of sexually transmitted infections; 6) condom programmes for people who inject drugs and their sexual partners; 7) targeted information, education and communication for people who inject drugs and their sexual partners; 8) vaccination, diagnosis and treatment of viral hepatitis; and 9) prevention, diagnosis and treatment of tuberculosis.

However, these guidelines do not consider the unique needs of adolescent and young people or expand on how they could be adapted to ensure this age group is reached with services. Although evidence suggests that people who inject drugs begin their injecting practices at a young age, often in adolescence (Barrett, Hunt & Stoicescu, 2014). So, the new intervention for adolescents was based on the risk-protective factor model (Dickson, Derevensky & Gupta, 2004). It takes into account the peculiarities of drug consumption in young age and the holistic understanding of addiction, its biological and psycho-social factors.

Studies (Boys et al., 1999; Brown & Horowitz, 1993; Gullone, & Moore, 2000) show that adolescents are unlikely to reach out for support. As D. Barrett, N. Hunt and C. Stoicescu (2014) pointed out, adolescence is a period of experimentation and for many this includes experimentation with drug use. During the initial period of drug use, young people may not necessarily identify themselves as 'drug users at risk and often stressed pleasure as a key motivator for using drugs.

Thus more creative methods are needed to establish initial contact and engage a young person into services. Programmes that better address the connection between sexual health and drugs are needed, particularly for adolescents (Krug, Hildebrand & Sun, 2015). Studies (Stockings et al., 2016) also suggest that interventions incorporating skills training are more likely to be effective than mere information provision which is ineffective). At the same time other study (McCambridge & Strang, 2004) provides the substantial evidence of non-treatment benefit to be derived among young people involved in illegal drug use in receipt of motivational interviewing. The same research stresses the usefulness of the targeting of multiple drug use in a generic fashion among young people.

So, the relevant treatment of adolescence experiment (problematization vs normalization approaches) should serve as a basis for intervention. The intervention for the project was designed with respect to the normalization approach (Parker, Aldridge & Measham, 1998; Csiernik & Rowe, 2017). It also employs key ideas of the participatory approach (Ager, Stark & Potts, 2010; Huffman, 2017) and a peer-driven intervention (Broadhead, R. et al., 2002).

## Methods

The paper is based on the mix-methods approach and incorporates findings from a number of studies conducted by the International Charitable Foundation «Alliance for Public Health».

The core project theme that concerned on sexual risks and drug use requires confidentiality and protection of the privacy of clients (Langhinrichsen-Rohling et al. 2006; Valentine, Butler & Skelton, 2001).

Given the dearth of data related to adolescents and youth using drugs, community consultations were used to generate in-depth information for the project. In 2015, the formative research in a form of a Participatory Site Assessment (PSA) had been conducted in 7 cities of Ukraine through NGO implementing partners.

Around 600 representatives of target groups were questioned during PSA face-to-face interviews and invited for in-depth interviews. 16 focus groups discussions with 137 representatives of the target group of the project were arranged.

Questions for PSA included: 1) identification of the target group locations (hot spots) /brain storming at NGO with target group involvement; 2) size of target population in each hot spot/ observation/info from gate keepers and target group; 3) number of hot spots/ brain storming at NGO with target group involvement; 4) the estimated number of target group and its characteristics, seasonal migration; 5) adolescents' day schedule. A standardized consultation toolkit (a semi-structured discussion guide, a facilitator's guide, ethics protocol, informed consent and demographic information form) was developed.

During the implementation phase of the project the monitoring system was introduced, including regular reporting and mentoring visits. Authors had used for this paper the collected programmatic data, the description of the clients' cases, as well as own reflections on lessons learnt.

The evaluation of the intervention outcomes was conducted in 2017. The study employed quasi-experimental design with baseline interviews at service uptake and follow-up interviews at least 6 months after service initiation. Evaluation component was designed to assess changes in AUDs behaviour with regards to injection safety and sexual health as well as factors affecting transitions to injecting and increasing the risk of HIV transmission. 74% of all clients were interviewed for the evaluation baseline and 59% of all eligible clients were interviewed during 6 month follow-up (N =1,188 clients). The median age of the clients that participated in evaluation study was 16 years.

The data were collected through Syrex Cloud application, an innovative service monitoring application specially developed for Project data collection. The ethics protocol had been approved by the Ukrainian Institute on Public Health Policy.

## Research findings

### *Target group profile and expectations*

Community consultations helped to understand the peculiarities of the target group of Ukrainian adolescents using drugs.

The findings of PSA suggest that the initiation of drug consumption occurs in the company or with a «friend», schoolmates in the school, neighbors in the hostel (actual for participants who are first-year students of vocational schools and colleges). At the time of PSA respondents knew nothing about the availability of NGOs, free services and the possibilities of organizations in the cities of the study, the absolute majority of participants in focus groups.

Many adolescents did not remember that they shared personal problems with their parents. A teenager could share with a peer and then, only with the one whom he trusted. During the focus-groups the following

phrases were expressed: «*Sometimes you can share with the teacher, but not with the parents*», «*They do not care about our problems.*»

The formative research allowed to define the following prospective groups of clients (ADU):

1) marginalised adolescents, who have lost their connection with social institutions, face challenging circumstances and lack essential means of existence (many of these people do not have stable accommodation, are in conflict with the law; they cannot be reached through conventional education and awareness raising channels; their needs vary and include the very basic needs in food and accommodation);

2) students of vocational schools who relocated for studying from smaller towns and rural areas (they communicate with parents remotely, and receive some health related information from teachers; their basic needs are satisfied but very limited or no pocket money available; they reside in dormitories and have limited access to modern information technology; most have mobile phones and access to Internet and internet-based social networks, but not always able to top up their accounts);

3) socialised adolescents who maintain relationships with main social institutions including educational institutions and the family (they receive a large portion of information from teachers and parents; their basic needs are largely satisfied; they have good access to modern information technology and are relatively advanced users of Internet and internet-based social networks).

During the formative research adolescents provided the information about the necessary set of services and acceptable models for their provision.

Everyone without exception noted that they would come to an organization that provides free meals/snacks, a meeting room, a type of focus groups, laundry services, hygiene procedures (shower), hairdresser services. The opportunity to eat, especially hot food, was a rather attractive factor. All without exception noted that they would come to an organization that provides free leisure services. Among them, first of all, free access to the Internet, sports, music. Adolescents expressed interests to acquire professional skills (computer literacy / programming, auto dealership, creation of «hand-made» items, make-up, hairdressing, sewing). Many were interested in consultations of psychologists, doctors and lawyers.

Based on the PSA results the tailored intervention was designed with the focus on injecting and non-injecting young people.

### **Service combination approach**

The offered combination of services included a number of harm reduction services complemented by additional recreational services designed to attract and retain clients.

The core (preventive) services comprised client case definition, HIV counselling and testing, distribution of condoms and sterile injecting instruments, counselling on sexual and injecting risks including risk of transition to injecting, and referrals to youth friendly care and treatment services. Psychosocial support was provided by qualified social workers, psychologists or trained outreach workers.

Communication with adolescents on the framework of the project covered the following topics:

- HIV transmission/acquisition, prevention, testing and treatment. Includes gender specific vulnerabilities and vulnerability factors associated with age and other essential socio-demographic characteristics;
- Drug related harms (associated with purchasing/production, transportation, distribution, consumption) and ways to minimise them. Includes promoting transition to noninjecting modes of drug administration.
- Drug dependency management, existing drug treatment and rehabilitation methods with a special focus on Opioid Substitution Treatment;
- Legal literacy (drug use and other common issues);

- Relationship management and prevention of violence (includes understanding and managing power dynamics in relationships, negotiating safer sex, building mutual understanding with parents etc.);
- General safety, contextual advice on physical health, living conditions, relationships, feelings and behaviour, friends, confidence and self-esteem, common risk situations and management;
- Sexual and reproductive health, STI transmission, prevention, testing and treatment;
- Tuberculosis: risks, prevention, symptoms and actions;
- Hepatitis: risks, prevention, diagnostics and treatment;
- Livelihood advices;
- Available services and providers.

Complementary (recreational) services were designed with participation of clients: generate interest and ensure retention; humanitarian aid: food, clothes, hygiene, basic refreshments; basic leisure time activities (hobbies and sports): tennis, football, gym, library, Internet, TV and games, board games, etc.; essential counselling including psychosocial and legal; essential medical services (basic and specialized).

Complementary services were crucial in attracting and retaining clients. The most popular complementary services included safe space for relaxed communication with peers, free access to Internet and refreshments.

At the beginning of the project team consisted of social workers, as well as representatives of the community of people who use drugs. Such specialists were successful in attracting clients to the project, but could not provide quality clients retention. Psychologists who conducted group work, as well as specialists with higher pedagogy and social education were involved in maintaining clients and providing quality counselling.

The services were provided in-house or by agreements with partners. Safe space (rooms) and Day care Centers were set up. They were created in a form of 'youth cafe'. The clients were able to use cafes' facilities (tea, coffee, snacks and refreshments) and spent time on hobbies (handmade, workshops). The variety of developmental classes were delivered for AUD, among them: English language classes, manicure classes, hair dress classes, sewing classes, photo shooting classes, sport activities, cinema club etc. In each city, where intervention was implemented, service combination within the intervention depended on NGO partners proactivity and partnerships, including the partnership with the State Social Services for Families, Children and Youth.

### *Client engagement and service delivery model*

The project has extended tailored harm reduction services to 9,400 AUD and their sexual partners. Out of 4,593 clients who accessed services in 2017, 25% were female and 75% male; 96% were aged 14 to 19. 434 were injecting users and 3,442 - non-injecting users, 717 - sexual partners. It is worth to mention that the project found very low HIV prevalence in the project target group (10-18). 8 HIV cases were detected (5 men aged 18-19 and 3 women aged 19-20). This is in line with HIV surveillance and other available data.

Due to the fact that the clients of the project are children practicing risky behavior, informed consent would not be received from the parents for participation in the project and evaluation. The clients of the project belong to the category of children for whom obtaining parental informed consent is inappropriate due to the fact that they are often in conflict with their parents and according to the confidentiality of their status. The procedure for obtaining informed consent within the framework of the implemented project was as follows. Before clients begin to receive the services of the project, social workers recount the conditions of participation, potential benefits and possible risks. With each potential client, in addition to the oral information provided, a form of informed consent is used. This form specifies the ethical principles of participation in the project, as well as the principles of confidentiality. In case of questions, all clients

were given answers and explanations on all issues that they might have at the beginning of participation in the project or at any subsequent stage of the project.

The intervention design was based on combining conventional outreach with chain referral model - Peer Driven Intervention (PDI).

The outreach work was done in computer clubs, night clubs and in social networks popular among AUDs. For example, during the outgoing route activists informed the representatives of the target group on their work and services of the project in various computer clubs of the city.

Chain referral techniques were based on PDI model. The model involves the preparation of 6 clients from the target group, who return to their environment and invite each of the 3 friends (also AUDs) in the project. Next invite another 3 people and thus clients come to the project, motivated and already have an understanding of where they turn.

For the first time in Ukraine, a loyalty system for clients of non-government organisations has been developed and implemented. The project provides a system of bonuses and incentives, depending on the frequency of visits to the organization, clients activities in social networks, receiving preventive services, passing a surveys on behavioral practices, etc. AUDs earn bonuses that can be exchanged for services both for NGOs and project partners. This system involves both small gifts in the form of recharge cards for mobile phones, hygiene products, and the form of bonus for the recreational services. Also, bonuses can be credited for bringing other adolescents into the project from among their friends / acquaintances who practice drug use. The project experience proves that the peers chain referral approach was more effective than traditional outreach activities conducted by social workers.

Participatory approach was also utilized through engagement of 30 AUDs as assistant social workers. Together with the project partners, the project implementers have developed an algorithm for selection, training and attestation of risk takers employed in the project for the performance of the duties of social workers/outreach assistants. This strengthened outreach work and attracted new clients.

Since 2017, adolescents, clients of the project, were involved in a series of trainings on leadership skills, the development of communicative qualities, the ability to overcome conflicts. The program included three trainings and the preparation of own projects for implementation in their community.

### *Project effectiveness and outcomes*

Since it is necessary to keep adolescents in the project and engage them in the services (to be effective in the short term), we had looked at the repeat utilization of services. The reporting data indicate that on the average a client retains in the project for 5 months and paid on the average 6 visits to an organisation (see Figure 1). The highest level of service utilization was in Slavyansk.

The short-term effectiveness of the intervention designed to hold adolescents at risks could be also measured by the cases of clients. The following three stories were included into project reports and may serve as evidences on the intervention impact:

- Vlad, male, 18 y.o. has foster parents, their relationship is complicated: he drinks alcohol, since 14 he uses drugs (marijuana, methamphetamine). Has problems with legs and eyesight, has a disability status. Behaves provocatively, attracts attention by any means and explains this by the fact that he wants to be «as everyone else and even better». Vlad lives alone in his grandmother's house where he often hosts companies. After another fight he came to the Centre with complaints about his physical injuries, eye bleeding and severe headaches. He needed help to be taken to the hospital. Vlad was accompanied by the case manager, received qualified medical and psychological support. His condition has improved. Vlad began to take an active part in youth leadership group and commented on this fact: «I want to fulfil myself as a leader and in order to achieve this I am ready to learn and stop taking drugs. Thanks to project workers, they helped me to understand myself».



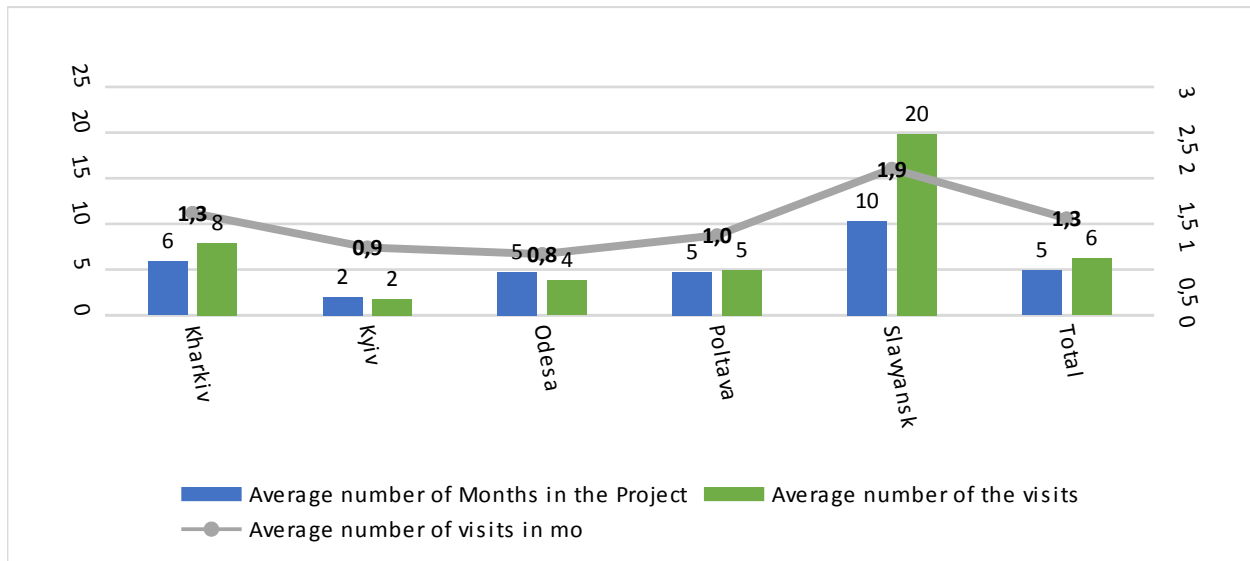


Figure 1. Information on retaining clients in the intervention.

- Valery, 17 y.o. The boy lives with his grandmother. He is a drug user. He has parents but they do not pay attention to his life. Valery learned about youth projects from friends, visited harm reduction trainings, actively participated in group work and in the activities to attract new adolescents at risk in the project. His activism and willingness to help came in handy when selection for a position of social worker assistant was initiated. It has been two months now since Valera is working in NGO and he looks forward to working in this project on a full-time basis.

- Zhanna, girl, 18 y.o. Since the age of 16 she was on her own, her parents died. Was in a conflict with her aunt-guardian. Did not had a permanent place of residence and permanent income. Used various drugs without an injection. Provided sexual services for a reward. Zhanna asked for help in order to improve relations with relatives, find legal income, reduce the consumption or stop taking drugs overall. Zhanna's desire to change her life, her trusting relationship with a female social worker who was of the age of her deceased mother, the support of specialists and the teenage community of the Center led to the restoration of relationships with relatives, better communication with peers, the emergence of a constant partner and new friends. Thanks to the work of the Project's team, Zhanna did not switch to the injecting drug use. Zhanna acquired the skills of finding a legal income, got a job. Reduced the drug consumption and then stopped consuming at all.

The evaluation study confirms positive effects of the interventions on its clients. Follow-up group reported significantly higher prevalence of condom use (88% vs. 71%,  $p < 0.001$ ) and low prevalence of casual sexual relationships (0% vs. 26%). 18% of evaluated participants who reported injecting drug use at baseline, has reported only non-injecting use at follow-up, and 27% reported complete cessation of drug use.

## Discussion and conclusions

Consistent with other research (Busza et al, 2013) the experience of the elaboration and implementation in Ukraine of the harm reduction intervention for the adolescents using drugs and adolescents at risk demonstrates that the preventive work in this target group can bring positive results with continuous preventive activities of a non-governmental organization in partnership with the state.

The project demonstrated feasibility of tailored harm reduction services for adolescents and overcame the longstanding scepticism of both service providers and AUDs. All project activities were based on

participatory approach: adolescents' opinion was taken in mind when planning project service composition; clients were involved as volunteers during the outreach routes and as peers when inviting clients to the project. The participatory approach and referral chain model seems to be more effective than other approaches to engage and retain clients, including adolescents and young people. Thus our research confirms other studies (Fullio & Silverman, 2012; Poida and Semigina, 2011) on the use of incentives to reinforce drug users to utilize community services. Cross-study comparisons indicate a positive relationship between the value of the incentive and the impact of the intervention.

Formative research and meaningful community engagement that explored experiences of the “target population” helped to develop attractive for the AUD intervention. The experience of implementing the innovative intervention corroborate the value of a community consultation that ‘is designed to recognize and accommodate the relevant particularities of a given community for a specific project’ (Dickert & Sugarman, 2005).

This intervention illustrates the developmental appropriateness of the harm reduction approach for Ukrainian adolescents using drugs. Based on the experience of the implemented intervention the following essential principles of harm reduction service delivery to this target group could be defined: participation of adolescents in service design, as well as hiring peer outreach workers, inclusion of a greater variety of complementary services, peculiar approach to communication with AUDs etc.

The intervention can be recommended in countries with high prevalence of drug use, neglected adolescents and underage transactional sex. In Ukraine, in order to increase HIV detection it is recommended to look at the 19-24 age of drug users and include gender sensitive components with the focus on young women and couples.

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