ANALYTICAL REPORT

OF RESEARCH WITHIN THE PROJECT

«UNDERAGED, OVERLOOKED: IMPROVING ACCESS TO INTEGRATED HIV SERVICES FOR ADOLESCENTS MOST AT RISK IN UKRAINE»

Kyiv – 2019

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ABBREVIATIONS

AFEW-Ukraine	International Charitable Foundation “AIDS Foundation East-West” (*AFEW-Ukraine*)
AIDS	acquired immunodeficiency syndrome
Alliance	International Charitable Foundation “Alliance for Public Health”
AUDs	adolescents who use drugs
CSSFCY	Center for Social Services for Families, Children and Youth
EF	educational facility
FGD	focus group discussion
HCF	healthcare facility
HIV	human immunodeficiency virus
LGBT	lesbian, gay, bisexual and transgender people
NGO	non-governmental organizations
OST	opioid substitution therapy
PLWHA	people living with HIV/AIDS
STI	sexually transmitted infection
TLS	Time-Location Sampling
UTC	united territorial community
VTEF	vocational and technical educational facility
YFC	youth-friendly clinic

INTRODUCTION

Currently, there is a fairly high level of tobacco smoking, alcohol and drug use by adolescents and young people in Ukraine[1]. Age of sexual debut is decreasing and awareness about the risk of sexually transmitted infections including HIV is insufficient.

The availability of prevention programs and protective commodities for the adolescents most at risk, in particular for those who use drugs, is relatively low. In Ukraine, there are few HIV-service organizations targeting adolescents. In 2012 *AFEW-Ukraine* started to support prevention services for adolescents who use drugs as part of the project *"Bridging the gaps: Health and Rights for Key Populations"* (funded by the Ministry of Foreign Affairs of the Kingdom of the Netherlands). In 2015 the Alliance for Public Health supported HIV prevention and harm reduction interventions aimed at adolescents who use drugs in the project *"Harm Reduction for Children and Young People who Use Drugs in Ukraine: Reaching the Underserved"* (funded by the Elton John AIDS Foundation). These projects were implemented in large cities excluding adolescents living in small towns and rural areas.

The research was conducted from February to September 2018 within the project *Underaged, overlooked: Improving access to integrated HIV services for adolescents most at risk in Ukraine.* The project goal is to contribute to lowering HIV rates among adolescents who use drugs and their sexual partners by improving access to quality HIV prevention, treatment and support services in urban and rural areas in seven regions of Ukraine.

The aim of the research is to analyze the peculiarities of risk for HIV infection behavior (drug use, risky sexual practices) of adolescents who use drugs in small towns[2] within Kyiv, Kharkiv, Poltava, Odesa, Donetsk, Chernivtsi and Kirovograd regions, and to explore the services adolescents can receive according to their needs.

[1]Tobacco smoking, alcohol and drug use among adolescents in education: prevalence and trends in Ukraine: based on the results of the 2015 study in the framework of the international project «European Student Survey on the Use of Alcohol and Other Drugs - ESPAD» / O.M. Balakirieva T. Bondar, Y. Y. Prymak, D. M. Pavlova, O. V. Vasilenko, O. T. Sakovich, S. Z. Salnikov, S. V. Sydiak, Yu. B. Yudin, N. S. Nakhabich. - K.: Polygraphic Center «Folio», 2015 - 200 p .; Strengthening the Adolescent Component within the National HIV / AIDS Program: Advocacy Report / ed. O.M. Balakireva; UNICEF, Ukr. Inst Social Research after O. Yaremenko - Kyiv, 2017 - 88 p .; Indicators and social context of the formation of adolescent health: monogr. / O.M. Balakireva, T.V. Bondar, D.M. Pavlova et al; edit . O.M. Balakireva - K.: UNICEF, Ukr. Inst of Social Research after O. Yaremenko, 2014. - 156 pp. Report on the results of PSA conducted by the Alliance, 2015.

[2] Small towns with population size less than 100 000 people.

Research objectives:

- to identify the peculiarities of risky behavior of adolescents who use drugs and their sexual partners;
- to identify the needs in services of adolescents who use drugs;
- to explore the access adolescents who use drugs have to required services according to the identified needs;
- to explore opportunities for creating partnership networks at sites of service providers and local authorities;
- to collect data on the use of the Internet by adolescents;
- to collect evidence for developing a harm reduction model for adolescents who use drugs;
- to develop algorithms for providing services for adolescents who use drugs and their sexual partners in small towns and rural areas of Ukraine.

The primary focus of the study was on adolescents living in small cities and rural areas. In such settlements, the infrastructure of development and leisure for youth is much less developed with insufficient or absent HIV prevention and harm reduction services . Fewer opportunities for HIV testing reduces the chances of early diagnosis and worsens the health and life expectancy prognosis for these youth.

This is the *first systematic and comprehensive study in Ukraine* on the situation of drug use among adolescents in small towns and rural areas, as well as the evaluation of available services for such adolescents. The research was conducted in 32 towns from seven regions of Ukraine.

This report includes a summary of the methodology, a description of the socio-demographic characteristics of adolescent who use drugs; as well as a description of drug use and sexual behaviors which may impact their risk of HIV infection. This report also includes an analysis of the presence of people and organizations working with adolescents in each of the regions as well as an analysis of the leisure time activities, Internet use, and the informational needs of adolescents who use drugs about specific medical and social services and the availability of such services.

This report provides practical guidance on how to reduce the number of new HIV infections among adolescents who use drugs and their sexual partners at national and local levels.

The purpose of this report is to draw the attention of national and local authorities to the problem of drug use and related problems of adolescents. The data of the report should be distributed among the staff of educational, health and social services institutions, law enforcement agencies, and other service providers. Based on the results of the study, it is possible to outline the strategy for change to maintain the health of adolescents in Ukraine.

The report is targeted toward service providers from public and non-governmental organizations.

RESEARCH METHODOLOGY

Research design: explorative qualitative study

The research methodology included the following consecutive components:

- **Secondary data analysis** on the implementation in Ukraine of prevention programs, projects, interventions, services in the field of HIV prevention and harm reduction targeting adolescents in small towns and rural areas of Ukraine with experience of drug use
- **Mapping** of services for adolescents and young people in the specified study regions, including preventive, advisory, and informational services in the social, medical and cultural spheres (overall including 208 educational establishments and 110 other organizations providing services)
- **Mapping of 256 locations** on selected sites where **adolescents who use drugs** are gathering, for a quantitative survey
- **A quantitative survey of adolescents** living in small towns and rural areas of regional significance covered by the project area and having experience of drug use, with the use of a personalized structured interview (face-to-face) (**683** structured interviews were conducted)
- **Interviews for the qualitative component** (**21 in-depth interviews with adolescents and seven focus group discussions** with local service providers, including employees of HIV-service non-governmental organizations, state and municipal structures, representatives of decision-making authorities (including decisions on funds allocation) and other experts)

Data analysis (32 situational analytical reports for each site were prepared, and a report including practical recommendations for the implementation of interventions for adolescents who use drugs[3]).

[3] http://afew.org.ua/category/biblioteka/doslidzhennya/

The geographic coverage of the research coincides with the geographical coverage of the project and includes **32 settlements from 7 regions of Ukraine:**

Ethical Considerations

The research ethical principles were developed on the basis of the Sociologists Professional Ethics Code by the Sociological Association of Ukraine and the Helsinki Declaration of the statement of ethical principles for medical research. These guidelines are intended to help researchers to adhere to international ethical principles.

All study participants were informed about the name of the research title and the contact details of organizer so that they could find out any additional research information, or if they were mistreated or harmed in some way as a result of participation/non-participation in the research.

Before the interview, an oral informed consent of each respondent was obtained for participation in the study and the remuneration of respondents for participation in the research.

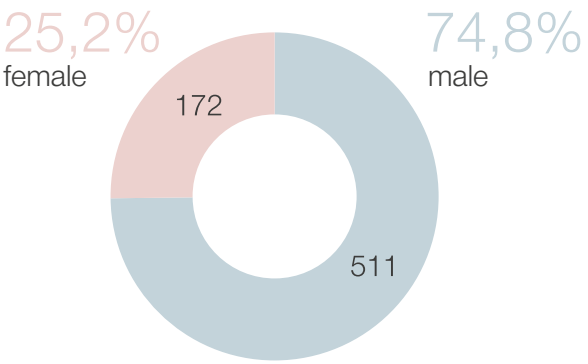
MAIN RESULTS

1. Sociodemographic characteristics of the target group of adolescents

The target group of the project was adolescents aged 14-19[4] who use drugs. As the size of the general population of this group in small settlements in Ukraine is unknown, our study did not aim at reaching any gender strata, representing the general population.

Sampling method – TLS (time location sampling).

Gender and age structure



Overall 683 adolescents aged 14-19
Average age of participants was 16.6 years.

Accommodation

Where have you lived during last 3 months

75,7%	at home (with parents or relatives)
13%	in a dormitory
5,1%	at my friend's place/ with people I know
4%	other*
2,2%	at my partner's place

*at a place unsuitable for living, at a shelter/rehabilitation center, at an orphanage/boarding school, street

As age increases frequency of those living in a dormitory or with friends is higher. Frequency distribution is same for boys and girls (except for "living at my partner's place" – 0.8% of boys and 6.4% of girls).

Only 27.4% of participants live with both parents. The same proportion live with their mothers, with fathers absent; 11.3% live with a mother and a stepfather.

[4]By WHO definition an adolescent is any person aged 10-19.

Parental family%

27,4 live in a full family

27,4 live only with mom

11,3 live with mom and stepfather

Other relatives,%

24,7 live with sisters / brothers

19,1 live with grandmother / grandfather

As told by the focus group discussion (FGD) participants, their level of drug use has recently significantly risen. Among interviewed adolescents who use drugs a significant proportion comes from families with a relatively high income.

Majority of participants study or work

Among interviewed adolescents 80.4% study, 19.6% do not study (no significant difference by gender). Among all participants:

vocational and technical educational facility (VTEF) – 38.8%
secondary level educational facility (school, lyceum, gymnasium) – 33.9%
college/technical school – 18.9%
higher level educational facility (institute, university, academy) – 4.4%
boarding school – 4%

Attending educational facilities

How many times during the last month have you visited the educational facilities you are studying at?

54,1% every day

36,2% 2-3 times a week

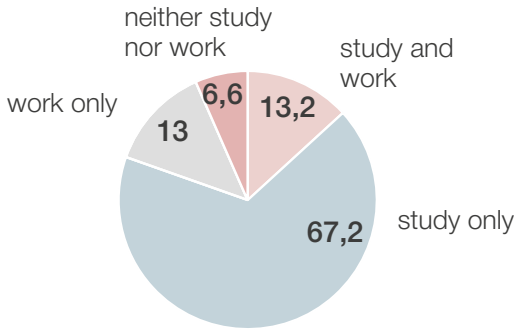
6% once a week

1,6% 2-3 times a month

1,3% I have not visited the educational facility during the last month

0,7% once a month

Majority of participants study or work, %



Among those who work the majority do it unofficially (84.4%), and only 15.6% are officially employed.

Approachability of adolescents who use drugs for survey and interventions

Our results show that adolescents who use drugs are not easily identified by formal signs nor by locations. The majority of them use drugs irregularly, are socially included, and attend educational facilities regularly and maintain regular contact with their parents.

During the interviews it was hard both to build contact with adolescents and motivate them to participate in the study.

Among participants 24.6% have friends or know people who inject drugs. Experts involved in the study have information that there are adolescents who inject drugs in the study settlements. Still, it was not possible to gain contact with this closed group and explore their risk practices within our study.

Adolescents who use drugs mainly study and/or work; live at home or in the dormitory; and attend educational facilities regularly.

Adolescents who use drugs from small towns and rural areas are ordinary teens, living in ordinary families.

Three quarters of drug users are male.

2. Drug use patterns

One of the challenges of studying drug use among adolescents is that for some of them it is a one-time episode, for the vast majority the use is occasional, while a small proportion of them develop dependence. Those who use drugs one-time or occasionally do so in a rather hidden process. Adolescents are not always able to assess the real impact of drugs on their health and life, or the level of their involvement in the process of drug use.

This section describes the objective aspect of the drug use (age and method of the first drug-intake, the type of drug, method of drug use, frequency of drug use, with whom they use drugs, use of multiple drugs simultaneously, overdose experiences, etc.) and the subjective aspect (thoughts of adolescents on whether they consider their drug use a problem; whether they want to stop; attitudes of their environment; problems associated with the drug use, etc.).

Results on injection drug use is presented separately.

2.1. Age and method of the first drug intake

The average age of the first drug intake is 14.6. The average age of the first injection drug use is 15.8. Overall among adolescents the first drug intake happens very early (see table 2.1.1): two adolescents reported their first drug intake at the age of 7, two – at the age of 8, one – at the age of 9, four –at the age of 10. Moreover, more than a half of adolescents aged 14 (56%) reported their first drug intake at the age of 13 and younger. It is a first year of the drug use for 44% of 14-year-olds, 28% of 15-year-olds, and 19% of 16-year-olds; further, this proportion tends to become smaller. Only 7% of interviewed 17-year-olds, 3% of 18-year-olds, and 2% of 19-year-olds tried drugs for the first time this year. These results underline the importance of the primary prevention of drug use among adolescents younger than 14, including prevention among non-using peers of adolescents who use drugs.

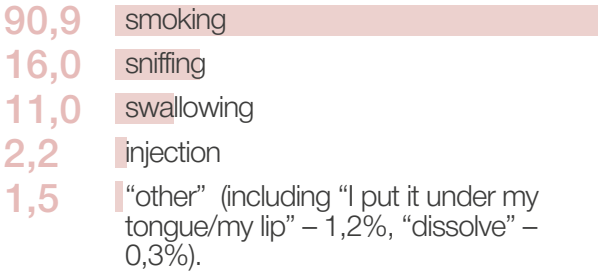
Age of the first drug intake among adolescents of different age, %

Age at the interview, years	Age of the first drug intake, %*						
	13 years and younger	14 years	15 years	16 years	17 years	18 years	19 years
14	56	44					
15	29	40	28				
16	10	19	47	19			
17	10	18	29	29	7		
18	13	16	18	26	18	3	
19	12	11	15	22	21	11	2

* the row sum can be less than 100% because respondents could answer ‘I don’t know’ or skip the question

The main method of the first drug intake is smoking, %

Which method did you use the first time you tried drugs?



* sum can be more than 100%, because respondent could report several methods

Most of the respondents (90.9%) smoked the first time they tried drugs, but many used drugs in multiple ways their first time. Smoking plus another method of drug use at the first intake was reported by 120 out of 683 respondents (17.6%). Most of these adolescents then continue multi- drug use. Of these, only 16.7% of respondents reported they had used only one kind of drug in the past 3 months, while the remaining 83.3% used two or more types of drugs.

Those respondents who use combinations of drugs and narcotic substances, except for cannabis, reported that they began to use around average of 14.4 years. This correlates with a greater risk of dependence development and deterioration of their health.

2.2. Drugs used among adolescents and methods of their administration[5]

Drugs used by adolescents by *non-injection*, according to the survey, %

cannabis – 92.5%
amphetamine powder – 17.6%
smoking mixes, spices – 16.0%
codterpin, codeine – 4.8%
glue – 4,7%
tramadol – 4.2%
hallucinogens – 4.0%
naswar– 3.5%
spice "salts" – 2.9%
pills – 2.8%

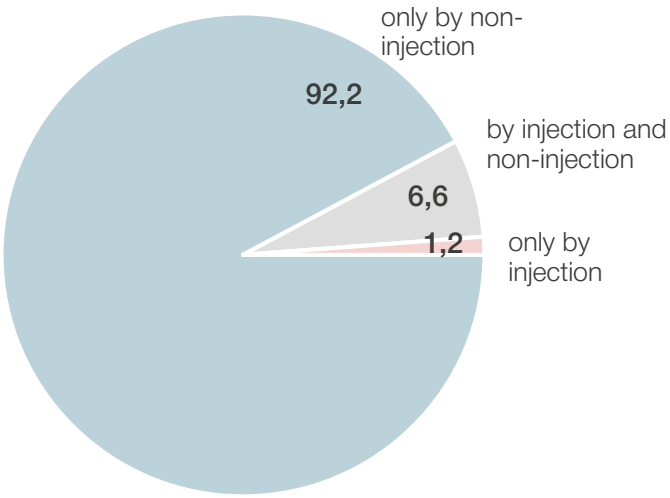
Drugs used by adolescents *by injection*, according to the survey, %

opium extract in liquid form – 3.6%
illegal methadone – 2.6%
methamphetamine in the form of a solution – 1.8%
amphetamine powder – 1.5%
OST methadone obtained at OST site – 1.3%
nalbuphine – 1%
OST methadone bought in streets – 0.9%
dimedrol (diphenhydramine) – 0.9%
powder methamphetamine – 0.7%
desomorphine – 0.4%

[5]Most popular drugs among adolescents are listed in the Annex 1.

Most of the interviewed adolescents do not inject drugs. At the same time, it is likely that a significant number of adolescents who inject drugs were not reached for interview.

Drug use methods, %



The situation with drug use in different settlements is presented in separate reports on each item on the website: http://afew.org.ua/research5/.

Data from in-depth interviews confirm that adolescents use a wide range of drugs and know other adolescents who use drugs. Based on self-report, adolescents use the following drugs by non-injection methods: cannabis, amphetamine, spice, methamphetamine, salt, LSD, MDMA («ecstasy»), hallucinogenic mushrooms, «pills» (over-the-counter pharmaceutical preparations), naswar; by injection - «shirka» (opium extract), and methadone. Multi-drug use, a combination of 2-3 types of substances or a combination of drugs with pharmaceutical drugs or energy drinks, is also prevalent.

While adolescents were highly aware of the range of drugs available and the ways and means of receiving them, service providers, apart from narcologists and non-governmental organization (NGO) representatives, are poorly aware of drug use among adolescents. During the FGD with the service providers, participants mentioned popular Internet myths about candies filled with illicit drugs being distributed at school for free and showed that injection drug use among adolescents is absolutely overlooked by service providers.

Providers of services, parents, decision makers, are not prepared and do not have a response to situations related to the drug use by young people. There is also lack of information on the prevention and harm reduction programs.

2.3. Injection drug use

Prevalence and risk practices

As already noted, a small proportion of respondents were adolescents who inject drugs - 7.8% (53 out of 683 respondents). Adolescents who inject drugs more often refused to participate in the survey or were not present at study locations.

45 of the 53 respondents (85%) reported usually using a new/sterile syringe or needle with similar frequencies reported for most recent injection drug use. Most adolescents buy sterile syringes at a pharmacy (42 adolescents), while others receive them from a social worker (15 adolescents), or from a friend/acquaintance/sexual partner (7 adolescents); Six adolescents reported they reuse syringes/needles and five said they use syringes which they bought pre-filled with drugs. Three adolescents indicated both of these risk behaviors.

Risky injection drug use practices during last 30 days

Risky injection drug use practice	"Yes", N of persons	"Don't know", N of persons	"No", N of persons
Used drug from a syringe filled with drug by someone else	5	4	38
Used drug from a pre-filled syringe (already bought with drugs)	21	2	25
Applied used filters/cotton	2	3	43
Filled syringes from a shared cooker	12	2	33

The danger of using non-sterile syringes and needles is known by most adolescents who use drugs and most use sterile syringes and needles (at least they report this), but other risky practices, such as filling their syringe from the shared vessel, are more common indicating you may not perceive this as dangerous.

The practicing of risky behavior was confirmed also during in-depth interviews, for example (wording of respondents is kept):

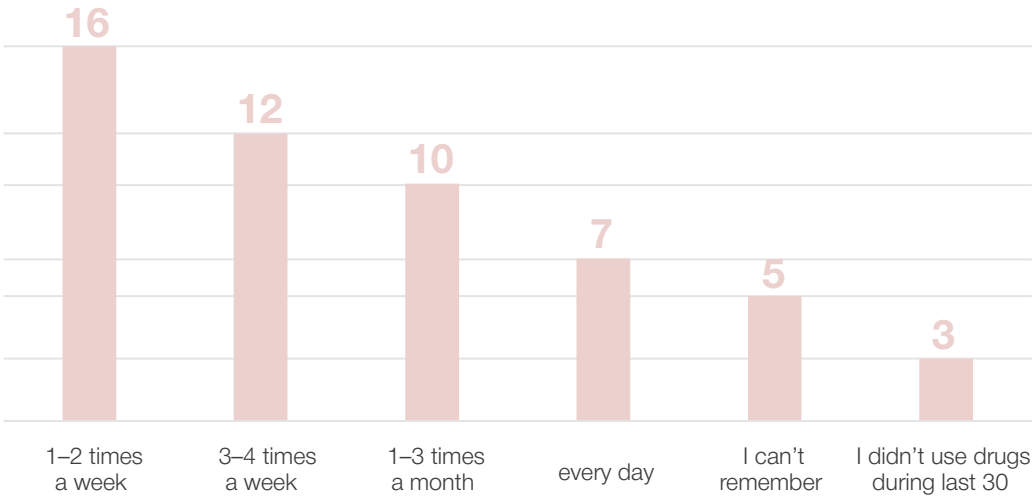
> *They do it their way, they heat it in an ampule…I cannot remember how it's called. They buy it at a pharmacy. They mix it and dilute it... Everyone has own cooker, as you say. A syringe for everyone…I have seen it in a spoon, not in a cooker, have not witnessed it, and you cannot put much in it…*
>
> Male, 18 years

> *We do it from the same cooker but each person has their own syringe.*
>
> Male, 18 years

> *Did they fill it from the shared vessel for each of you? – Yes. – How was it cooked? Did you see it? -No, I wasn't there, but I am sure it is cooked properly. 100%. Because they are drug dealers, people who sell it. If he sells something bad, you can come and beat him. Very brave.*
>
> Male, 18 years

The frequency of drug use among adolescents who inject drugs is much higher compared to adolescents who use drugs by without injecting. Ten respondents reported injecting drugs 3-4 times a week and almost two-thirds of respondents inject every week (33 out of 53).

Frequency of injection-drug use



Number of people

Multi-drug use

As already noted during the survey, only three adolescents (0.4% of all respondents) reported exclusive injection drug use, while other adolescents who inject drugs reported both injection and non-injection drug use. Consequently, injecting in adolescents is almost always multi-drug use.

The 53 adolescents who reported injecting drugs identified 19 different types of drugs they have used in the last three months:

- opium extract in liquid form ("shirka") – 25 responses;
- illegal methadone in crystals, powder – 18 responses;
- methamphetamine in the form of a solution ("vint", "perventin") – substances made with the addition of iodine and red phosphorus from medicines containing ephedrine or pseudoephedrine– 12 responses;
- amphetamine powder ("phen", "speeds") – 10 responses;
- OST methadone obtained at OST site – 9 responses;
- nalbuphine – 7 responses;

- OST methadone bought in streets– 6 responses;
- dimedrol (diphenhydramine) – 6 responses;
- methamphetamine in powder (crystal) – “meth”, “ice” – 5 responses;
- tramadol – 3 responses;
- desomorphine (“crocodile”, “electroshirka”) – 3 responses;
- illegal buprenorphine (e.g., Subutex) – 3 responses;
- codterpin, codeine, heroin – 2 responses;
- tropicamidum, salts/spices, cocaine, cathinone, calipsole (ketamine) – 1 response each.

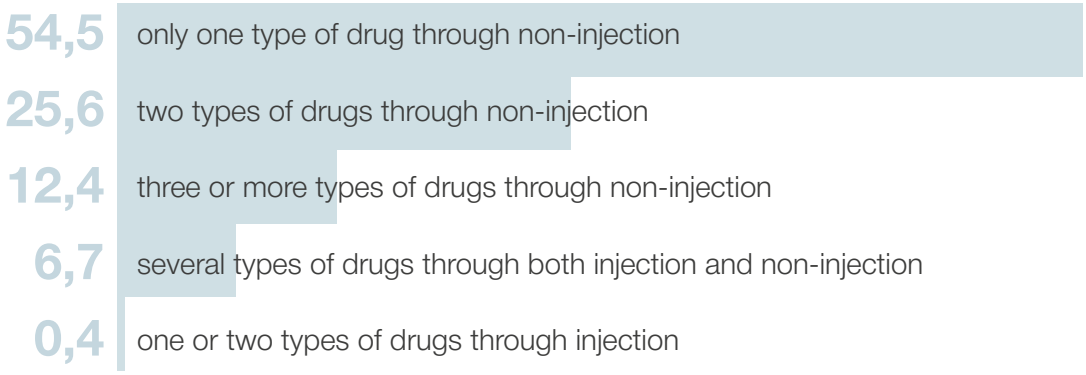
Injection drug use in adolescents is characterized by:

– multi-drug use;

– increased frequency of use compared to those who do not inject drugs: 10 respondents use 3-4 times a week; nearly two-thirds of adolescents (33 out of 53) use every week;

– risk practices (filling a syringe out of shared cooker, buying a pre-filled syringe).

Multi-drug consumption and drug combinations, %



By multi-drug use we mean using more than one type of drug. According to the survey, almost half of adolescents (45.5%) use more than one type of drug. In general, responses about the use of different drugs were distributed as follows.

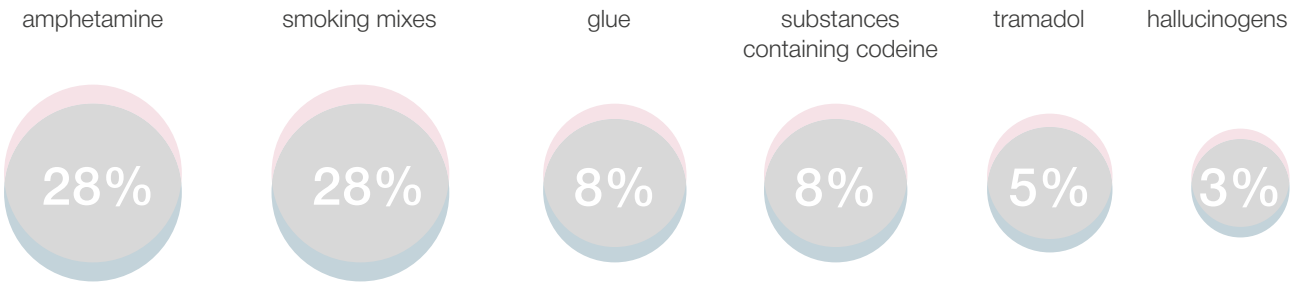
Adolescents who reported injecting drugs, used drugs through non-injection as well, and only 3 out of 683 respondents (0.4%) indicated that they only inject.

Among those adolescents who use only one drug and do not inject drugs, the vast majority use cannabis.

In general, among all respondents, about half of adolescents use only cannabis (50.7%). This fact requires special attention of service providers, as according to information presented at the meeting of Neurology Society in San-Diego, USA, in November 2018[6] cannabis use in adolescence can cause disruptions in the brain structure. Scientists also have explored that early use of cannabinoids is associated with development of mental disorders, such as schizophrenia, depression as well as drug addiction (Renard, Rushlow and Laviolette, 2016).

Moreover, according to Alliance monitoring data[7], marijuana is considered a "gateway" drug for young people as its consumption sometimes leads to heavy drug use and development of drug addiction.

Combinations of psychoactive substances, %



Since the vast majority of respondents use cannabis, the majority of multi-drug reports are a combination of cannabis use and another drug. Among those who use two types of drugs through non-injection, most combinations (80%or 4/5).

[6] https://www.the-scientist.com/news-opinion/cannabinoid-exposure-during-adolescence-disrupts-neural-regulation-65047

[7] http://aph.org.ua/wp-content/uploads/2016/08/gsreview_ru.pdf

Almost half of the respondents (45.5%) use a combination of two or more different substances, including stimulants (amphetamine), synthetic cannabinoids («spices»), pharmaceutical substances and home-cooked psychoactive substances for injectable.

There is a correlation between number of drugs used through non-injection and attendance in educational facilities. Sixty-one percent of respondents who use only one type of drug through non-injection attend educational facilities every day while only 48% among those who use two types of drugs, and less than one third (30%) of those using three and more types of drugs. Thus, adolescents who use several types of drugs are less influenced by the educational facility.

Association between number of drugs (through non-injection) used by an adolescent and attendance at educational facilities

N of different types of drugs (through non-injection) used during last three months	Frequency of attending educational facility during last month of study (among those who study), %			
	Every day	2–3 times a week	Once a week	2–3 times a month and less frequently
One	61	32	4	3
Two	48	37	8	7
Three and more	30	55	12	3

*Calculated among those who study and did not report injection drug use.

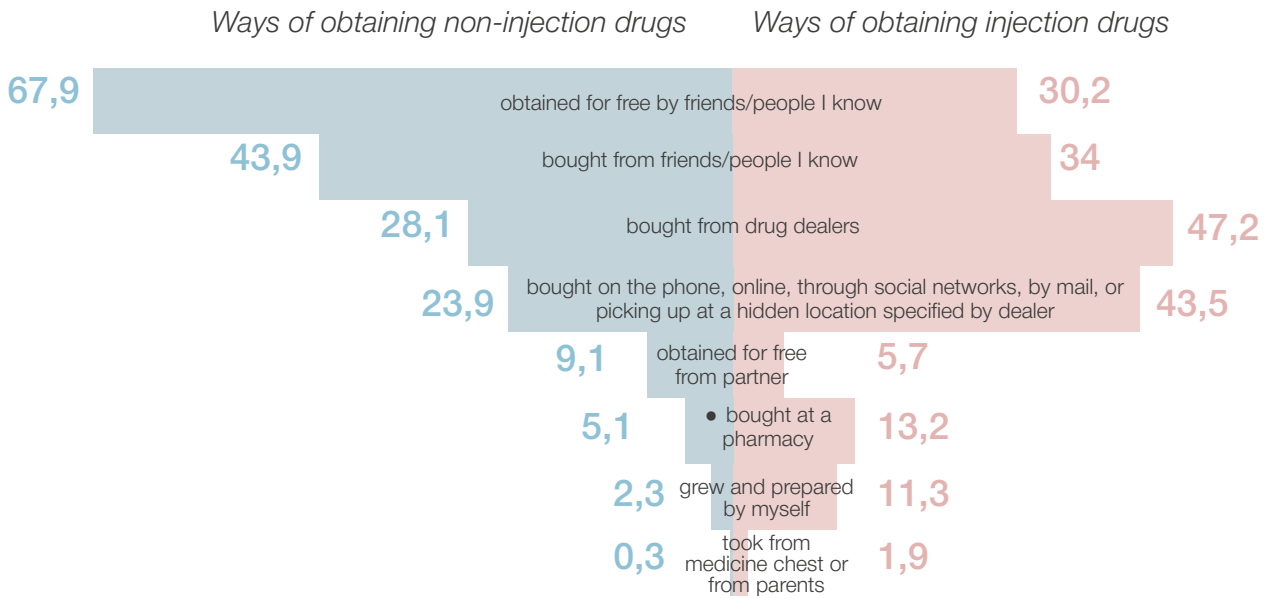
Frequency of drug use

The frequency of drug use, according to the survey, is not associated with the gender and age of adolescents or the type of educational institution. A significant difference in frequency of drug use was recorded between adolescents who use only cannabis and adolescents who use other drugs. Of those who use cannabis, 41.0% did not use drugs during the last month, while 15.1% of those who use other drugs. 24% of adolescents reported using cannabis every week, while 41.8% of adolescents who use other drugs reported using drugs once a week. Comparison of frequencies of drug use among adolescents who use drugs by injection and those who use drugs by non-injection is provided in table.

Frequencies of drug use among adolescents

Frequency of drug use	Among all, %	Among those who inject drugs, %	Among those who use drugs without injecting, %
Every day	1,2	13,2	0,3
3–4 times a week	12,7	18,9	11,6
1–2 times a week	18,9	30,2	19,6
1–3 times a month	33,8	22,6	34,2
I didn't use drugs during last 30 days	28,3	5,7	29,1
I can't remember	5,1	9,4	5,3

Ways of obtaining drugs, %



Please see a description of sales through Telegram, a mobile phone app used for communication, based on in-depth interviews results:

> *I bought amphetamine today. I wrote on Telegram today, there is a chat by the address. There are a lot of things written on walls: "phen", "salt", amphetamine. This address, but you have to use the one you tried. You enter, choose, and there is a bot, an electronic bot. (comment by I. Zharuk – the principle is the same as used in bank client support lines). You choose 1, 2, 3, you press and enter a menu, what is available. You choose, let's say, weed – 1. And it tells you the time you have to pay, gives you the number of the card, electronic wallet or anything else. There are a lot of options. It sends you- 'You have to pay today by 11:50'. After payment we received two pictures of where a stash is. They have a picture, they put a red dot of where it is on a photo. Plus, it sends you a picture of a Google map, reference point of where it is.*
>
> Male, 18 years

Overdose

Of those interviewed, 60 adolescents (8.8%) had an overdose experience in the past year. Of these, 29 used one drug, 4 used several drugs, and 27 persons used alcohol and drugs. During in-depth interviews, adolescents mentioned the possibility of overdose as a potential danger to their own health, one participant said:

> *There were a couple of overdoses from weed, and one from methamphetamine. No worries, thank God, I was fine.*
>
> Female, 16 years

Objective aspects of drug use

- The most popular drugs used by adolescents through non-injection were cannabis, amphetamine powder, and mixes for smoking (spices).
- The most popular drugs used by adolescents through injection were opium extract in liquid form, street methadone, and methamphetamine in the form of a solution.

- Most of respondents (92.2%) reported using drugs through non-injection. There is a likelihood that adolescents who inject drugs were not included in the survey and were not included in the sample.
- Almost half of adolescents (45.5%) use more than one type of drug.
- Injection drug use is almost always multi-drug use.
- Adolescents who use only cannabis (without using any other drugs) constitute 50.7% of respondents.
- The increase in the number of drugs used is positively correlated with a decrease in attending the educational facility.
- The average age of the first drug intake is 14.6 years. The average age of first drug injection is 15.8 years.
- Prevailing method of the first drug intake is smoking.
- Ways of obtaining drugs: for free from friends/people they know, buying online, from hidden locations specified from dealer.
- Overdose experience during last year was reported by 8.8% of respondents.

2.4. Reasons of drug use and related problems

Reasons of drug use

According to in-depth interviews, adolescents use drugs to relax, relieve stress after school, university, etc. (cannabis); to generally feel more relaxed, for a good mood and pleasure, to improve their ability to work and feel energized (stimulants). Another important motive is «for company»- for more pleasant leisure and communication with others. Adolescents report relaxation, stress relief, overcoming boredom as main aims of drug use. The use of cannabis is perceived as completely safe, and some think it is even useful (“it cleanses the lungs”).

Usually adolescents use drugs with their friends because they say it is more interesting and more fun but some use it alone.

Three main reasons for drug use among adolescents are stress relief, increased work capacity, and communication among friends. The use with friends in order to relax and relieve stress illustrates one of the greatest needs of adolescents - the need for moral support and meaningful leisure.

Do adolescents perceive their drug use as a problem?

Almost all adolescent participants of in-depth interviews believe that they fully control the frequency of drug use, and it is completely safe to use several times a week. For many adolescents interviewed, injecting drugs is the line that separates experiments aiming at relaxation from the "pits". Adolescents are convinced they can stop using at any time.

Adolescents do not perceive smoking cannabis as a drug use:

> *I have no addiction. I do as I want. I am not addicted to it. I don't use it much.*
>
> Male, 18 years

> *I think to quit smoking cigarettes, but I can't. I think tobacco is a drug, but I can abstain from smoking weed for weeks. When I go to work, I don't smoke weed there, but cannot quit smoking cigarettes. This is a drug, I think. Weed is a normal substance, it grows from the ground. It is normal.*
>
> Male, 18 years

Problems related to drug use

During the survey respondents were not asked about problems related to drug use (except for cases of overdose). Such questions were asked during in-depth interviews. The interviewed adolescents reported the biggest problem associated with drug use is contact with law enforcement agencies.

Adolescents did not report health problems due to drug use. The only risk factor associated with drug use mentioned by adolescents was the risk of overdose.

Adolescents do not see health risks in so-called "recreational" episodic use. The fact that they use substances that can lead to psychosis, nerve disorders, irreversible changes in the body, remains beyond their attention. It is still difficult for adolescents to assess the risks associated with such consumption. There is nobody else apart from peers to discuss issues related to drug use and first attempts to use. After all, this topic never appears in families or in educational facilities.

Potential problems associated with drug use are, according to adolescents, mainly interactions with law enforcement agencies: *«The police will see him, begin ... stop him, like that»* and not the health consequences.

> *Cops once stopped me, I had to bribe them.*
>
> Male, 18 years old, injects drugs

> *There is such practice that if policemen see you with marijuana… I guess you know, right? By the law, it should be less than gram… half a gram – it is a conditional sentence. And our police do like that, they add marijuana, and it turns out it is more than a gram, and they have it on protocol. And you can be sentenced. They call your parents and tell them like that. And receive money for this.*
>
> Male, 18 years old

Most of the respondents did not report that they feel a change in their health because of drug use. However, some of the respondents reported memory impairment, headache, heart palpitations, and mental impairment. During the in-depth interviews, some of the interviewed adolescents reported being aware of the health risks associated with drug use. They reduced the dose and/or the frequency of drug use due to their effect on health:

> *I think methamphetamine has an impact on the kidneys and on the nose-because it burns the mucous membrane. It influences organs a lot. Also, on the stomach, because you don't eat, don't sleep, your stomach gets small and dry. It influences the brain as well. You don't want to eat at all… I have heard about situations among people I know when they were losing teeth after using methamphetamine. They also got dry, with baggy skin under eyes, lost teeth, and that's it, you cannot do anything about it.*
>
> Female, 16 years old

> *I sniffed methamphetamine. It got me. I used it for 11 months and felt so good. My weight was 45 kg. It dries you up. You don't sleep for days. I didn't sleep, I didn't it. I just drank water and smoked. And you don't have anything else. You act as a robot, all your feelings stop, get naked – when you don't sleep for a long time. There was time when I slept for several hours and felt bad. And I had to go on using it, to keep my health.*
>
> Male, 18 years old

> *When I used amphetamine for a long time, I had problems with it. When you don't sleep for 4-5 days, you know it is paranoia. You walk and you think everyone is chasing you. I came to an office, looked at the air conditioning and I thought there was a camera there. Paranoia. These are side effects. I wake up, fall asleep, wake up again. I had a feeling I gave up on everything. I felt I am not succeeding in my life. I took my stuff and wanted to leave. They stopped me – 'Calm down, easy. What's wrong with you?'. I was totally frustrated. Such problems, right.*
>
> Male, 18 years old

Majority of participants think:

- drug use is completely under their control; some people reduce the dose and frequency of intake with a felt deteriorating health impact
- non-injecting drug use, and especially cannabis use, is, according to adolescents, not drug addiction, which they relate exclusively to injecting drug use
- adolescents see the main problems associated with drug use is contact with law enforcement agencies

Peers and family attitude to drug use among respondents

During the survey, it was found that 86.4% of respondents had friends/ acquaintances who were using drugs through non-injection. On average adolescents had 6.7 friends/acquaintances who used such drugs this way. 24.6% of respondents said they have friends/acquaintances who inject drugs; The average number of friends/acquaintances who inject drugs is 5.3.

During the in-depth interviews, different types of responses were received regarding whether parents, partners, friends, and acquaintances knew about the drug use of the participant: “they do not know”, “they guess, but do not know exactly”, “they know and say that it’s your own choice”, “they know and condemn”, “they know and they want me to quit”, “they use it themselves” (the last version of the answer was reported only for peers and never for parents). Thus, the situation with the attitude of peers can be very different, accordingly, there are no general conclusions.

Subjective aspect of drug use:

- Adolescents report three main reasons for drug use: stress relief, increased work capacity, and pleasant communication with others.
- Most adolescents feel their drug use is completely under their control, and in case of health deterioration, it is possible to reduce the dose and/or frequency of drug use.
- Most adolescents who use drugs do not consider the use of non-injection drugs, and especially cannabis, as a drug addiction, which they associate exclusively with injecting drug use.
- The main problem related to drug use, according to the interviewed adolescents, is contact with law enforcement agencies.
- Some adolescents reported health deterioration related to drug use.
- Social networks who also use drugs is quite common among adolescents. Most (86.4%) respondents have friends/acquaintances who use drugs by non-injection, while roughly a quarter (24.6%) have friends/acquaintances who use drugs by injection.
- The attitude of peers and family to drug use is very different, from sharing with friends to ignorance of the fact that the adolescent is using drugs (mostly from the family).

3. Sexual relationships and risk practices

This section analyzes data on the sexual relationships of interviewed adolescents who use drugs, namely, data on sexual debut, pregnancy, and risk practices.

3.1. Sexual debut and number of sexual partners

Among respondents 76.1% have had sexual experiences (gender differences are not significant). The average age of sexual debut is 14.9 years (14.8 for boys and 15.2 for girls).

Among the 19 girls who had a pregnancy experience, at the time of the study, two were 16 years old, 4–17 years old, 5 - 18 years old, and - 19 years old. Sixteen of the 19 girls were pregnant once, one 18-year-old and one 19-year-old girl were pregnant twice, and another 19-year-old girl reported six pregnancies.

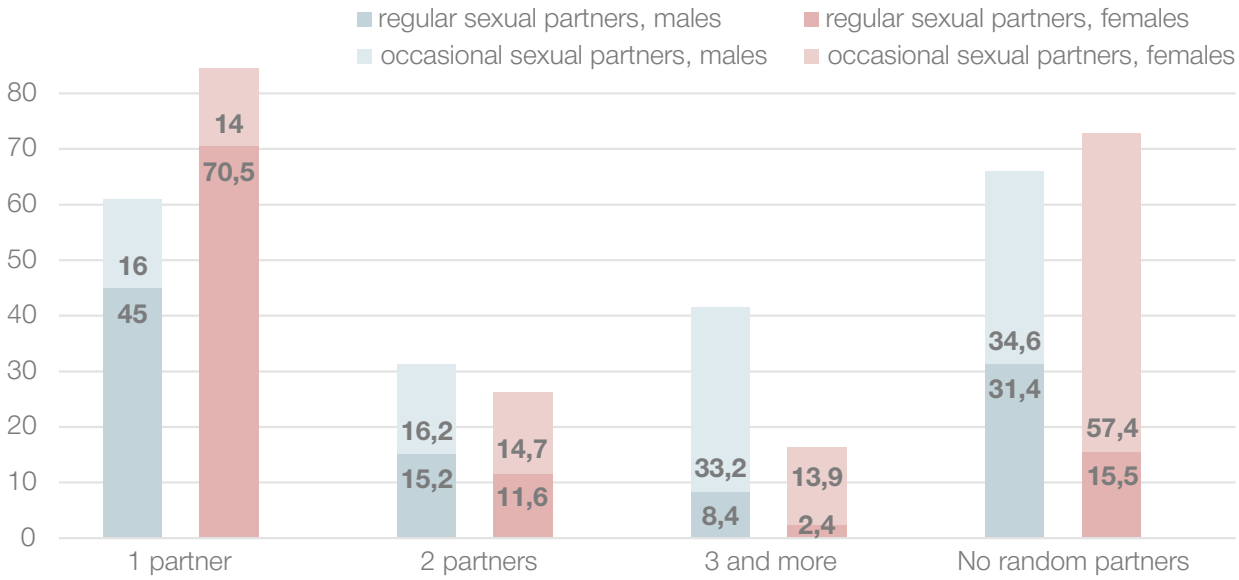
The number of sexual partners (in the last 12 months) is significantly different among males and females (Table 3.1.1). The number of partners increases after 15 years. Thus, among 14-15 year-olds, most adolescents report one partner (only a third of 14 year olds and half of 15 year olds reported two or more partners during the year), and from the age of 16, the proportion of those who had only one partner during the year, is reduced to a third.

Number of sexual partners of adolescents during the last year, %

	Among all	Male	Female
1 partner	33,8	28,4	50,4
2 partners	22,7	23,0	21,7
3 partners and more	42,0	46,6	27,9
No partners during the last year	1,5	2,0	0,0

Males and females also differed significantly in regard to the number of regular and occasional partners. Thus, one regular partner during the last year was reported by more than two thirds of female participants (70.5%), but less than half (45.0%) of male participants. Less than half of the females (42.6%) had occasional partners, while nearly two thirds (65.4%) of males. Half of male participants reported having three or more occasional partners.

Number of permanent sexual partners of adolescents during the last year, %



Regular partners of adolescents who use different types of drugs are more likely to be involved in drug use compared with partners of adolescents who use only cannabis. Among partners of adolescents who use only cannabis, nearly a sixth use drugs through non-injection (14.0%), whereas almost one third (30.7%) of partners of adolescents who use other drugs use drugs through non-injection.

Drug use among partners of adolescents who use drugs, %

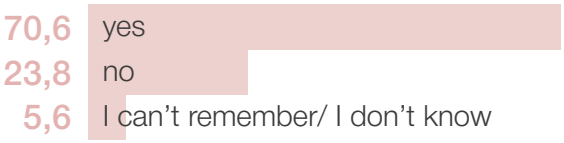
Answered “yes” to the question “Does your regular partner use drugs?”	Among all, %	Adolescents who use only cannabis, %	Adolescents who use different drugs, %
Non-injection	22,5	14,0	30,7
Injection	3,1	0,7	5,3

3.2. Risk sexual practices

Condom use, %

Do you and your partner usually use a condom during a sexual intercourse (during sex)?

Did you and your partner use condom the last time you had sexual intercourse?



Rates of condom use are higher among adolescents who only use cannabis compared to those who use other types of drugs. Among those who only use cannabis, 76.6% reported condom use at most recent sexual experience whereas only 64.4% of those who use other types of drugs (the difference is significant at 95% level). 60.2% of those who only use cannabis reported always using a condom comparted to 39.4% of adolescents who use other drugs.

Among adolescents who have sexual experience, 81.5% buy condoms at a pharmacy; 12.7% receive them from a social worker (for example, at a NGO office, a non-government organization, an outreach site, etc.); and 1.9% get them in a public medical institution.

Alcohol and drug use before sex

Alcohol and/or drug use just before sex is common among adolescents. Approximately an eighth of adolescents (12.9%) said they always drink alcohol before sex, and nearly a twentieth (4.8%) report always use drugs before sex. Almost two-thirds (65.9%) reported sometimes using alcohol before sex while almost half (46.4%) sometimes use drugs. There is no significant difference between male and female participants.

Adolescents who use only cannabis are much less likely to use drugs or alcohol before sex compared to adolescents who use other drugs. Nearly a fifth (21.4%) of adolescents who use only cannabis report using drugs or alcohol before sex whereas 42.7% of those who use other drugs (with 4.1% saying they always use both).

Drug use before sex and condomless sex are also associated. Among those who practice condomless sex, alcohol and/or drug use is widespread before sex, increasing risks associated with sexual intercourse.

Alcohol and drug use before sex in different drug use groups, %

ALWAYS use before sex	Among all	Among all who use only cannabis	Among those who use other drugs	Among those who always use condom
Alcohol	12,9	11,6	14,8	9,5
Drugs	4,8	1,6	8,3	3,6
Alcohol + drugs	1,9	0	4,1	2,8

SOMETIMES use before sex	Among all	Among all who use only cannabis	Among those who use other drugs	Among those who always use condom
Alcohol	65,9	62,4	73,1	59,6
Drugs	46,4	34,5	61,5	34,7
Alcohol + drugs	28,5	21,4	38,6	20,9

Use something (sum of answers «always» and “sometimes”) before sex	Among all	Among all who use only cannabis	Among those who use other drugs	Among those who always use condom
Alcohol	78,8	74,0	87,9	69,1
Drugs	51,2	36,1	69,8	38,3
Alcohol + drugs	30,4	21,4	42,7	23,7

Experience of sexual relationships for remuneration

Six male participants and six female participants reported having sex in exchange for food, housing, drugs, alcohol, clothes, shoes, etc. in the last year (1.6% of male participants and 4.7% of female participants who had sexual experiences). Four of the participants were minors aged 15-17. The question was: “How many of your sexual partners gave you remuneration for sex? (this may not only be money but also food, housing, drugs, alcohol, clothes, shoes, etc.)”. Among them, one third of cases - among minors aged 15-17 years, two thirds - among 18-19-year-olds. These data were obtained from respondents in Kharkiv (Pervomaisk, Lozova, Kupyansk), Donetsk (Kramatorsk, Lyman) and Chernivtsi regions (Novoselytsia, Novodnistrovsk).

Comment: At the stage questionnaire piloting, when the interviews were more extended, the gender aspect of the problem was identified. Female participants reported being attracted to drug use through an adult and secured sexual partner. They do not consider the fact that they live at the expense of a partner and engage in sex for reward. One of the problems is they often do not know exactly what drug they are using-increasing dependency on the partner. In case of break up, these girls may be especially vulnerable.

Given the small number of respondents in the sample reporting sex for remuneration, this aspect needs further study and verification.

Sex risks summary:

- Among interviewed adolescents 76.1% have had a sexual experience (gender difference is non-significant).
- The average age of sexual debut is 14.9 (14.8 for male participants and 15.2 for female participants).
- Among interviewed female participants- 19 had experience of being pregnant (14.7% of those with sexual experience).
- The number of sexual partners varies considerably between male participants and female participants. Males report more sexual partners.
- The number of partners increases after 15 years. There is no significant difference between the number of partners in the age groups of 16, 17, 18 and 19 years.
- Permanent partners of adolescents who use different types of drugs, apart from cannabis, are more often involved in drug use than partners of those who use cannabis only.
- Only half of respondents (49.6%) report they always use condoms during sexual intercourse.
- A common practice among adolescents is to take alcohol and/or drugs just before sex. Approximately every eighth adolescent (12.9%) reported always using alcohol before sex, and almost every twentieth (4.8%) always uses drugs before sex.
- Two-thirds (65.9%) sometimes use alcohol, and almost half (46.4%) sometimes use drugs before sex. This is inherently the same for both male and female participants. Adolescents who use only cannabis are much less likely to use drugs or alcohol before sex.
- Six male and six female participants reported the experience of exchanging sex for money, clothing, drugs, etc. during the last year.

4. Involvement in Internet and leisure

This section discusses the involvement of adolescents on the Internet and social networks, other online activities, leisure outside the Internet, and also summarizes data on leisure infrastructure in small towns and rural areas covered by the project.

4.1. Smartphones, access to Internet, and spending time on Internet

Most adolescents (85.4%) own a smartphone and browse the Internet every day (84.9%).

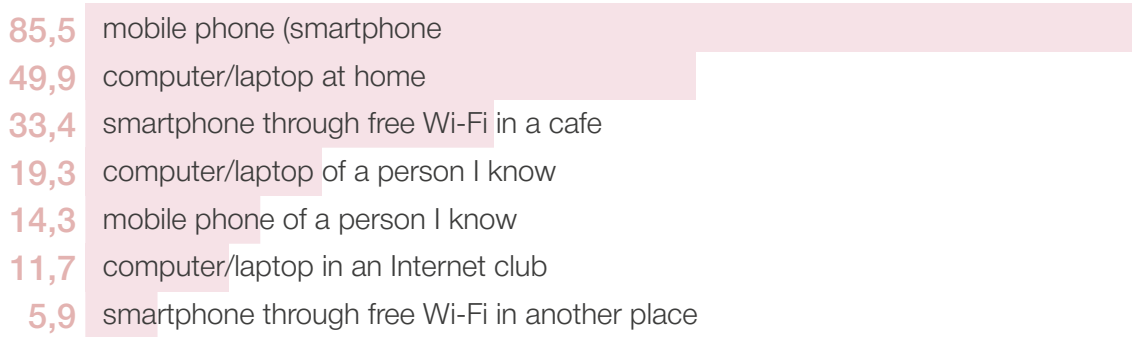
According to the survey, frequency of Internet use is following: every day – 84.9%; every week – 9.5%; 1-3 times a month – 1,3%; once in 3 months/in case of need/I don't use Internet – 1.7%; no answer – 2.6%.

Most adolescents access Internet through their own smartphone. Among those who have their own smartphone, 95.2% browse the Internet daily. Some access the Internet on a laptop/computer at home, in Internet clubs, or on a mobile phone/laptop/computer of a person they know.

Adolescents actively use free Wi-Fi in cafes and other places.

Access to Internet, %

Which devices did you use to access Internet during last 12 months (year)?



Aims of Internet use among different subgroups of adolescents who use drugs, % of “yes” answers

Answered “yes” to the question “Do you use Internet for such aims?”:	Among all	Males	Females
To search for information about drugs	24,5	26,4	18,6
To find/buy drugs	13,0	14,5	8,7
To share experience/feedback about drug use	15,7	15,7	15,7
Dating/flirting/going out	28,3	30,5	21,5
To find a sexual partner	6,9	8,8	1,2
To share experience/feedback on sexual contacts	7,5	7,8	6,4

Male participants reported using the Internet more frequently to search for information on drugs (26.4% compared to 18.6% among female participants), dating/flirting/going out (30.5% compared to 21.5% among female participants) and to find a sexual partner (8.8% compared to 1.2% among female participants).

Online gaming and online gambling of adolescents: The proportion of male participants who play games online (66.5%) is more than twice that of female participants (31.8%). Nearly double the proportion male participants reported playing online gambling games (22.8%) compared to female participants (11.6%).

Social networks, popular sites, and mobile applications

79,4% 78,8% 63,1% 62,2%

Also widely known among teenagers is Telegram, about 8.9% of respondents reported using it. Telegram, as already mentioned, plays an important role in obtaining drugs by adolescents.

As for the Facebook, only 5.9% of adolescents named it by themselves in response to the question «Which sites/mobile applications do you use?». On the other hand, if the teenager was offered such answer to the question «Do you spend time on social networks?», then the affirmative responses to Facebook were 35.0%. It is likely adolescents use this social network «in a passive way», meaning they are registered there, but do not use very actively- in contrast to those listed above.

The networks of YouTube and Vkontakte are equally used by participants regardless of sex. Female participants were more active on Instagram and Viber by 10-11%.

Adolescents mostly use the Internet for entertainment purposes (watching videos, listening to music, etc.) however, the vast majority of adolescents also use the Internet to read and search for information. In general, female participants were more likely to report using the Internet (Table 4.1.2), especially for communicating on Viber, Telegram, WhatsApp or for purchasing goods.

Frequencies of answers to the question "With what other purpose do you use Internet?", % of "yes"-answers

With what other purpose do you use Internet?", % of "yes"	Among all	Males	Females
Search for music, video, movies	90,3	88,8	94,8
Watch video on YouTube	89,2	88,3	91,9
Read, browse different sites, search for information, etc.	84,5	82,4	90,7
Communicate through Viber	62,8	59,3	73,3
Look for goods and buy them, including books, games, etc. on Amazon, eBay, AliExpress, olx.ua	42,8	40,3	50,0
Use email	38,2	38,0	39,0
Communicate through Skype, FaceTime	29,3	28,6	31,4
Communicate through Telegram	23,1	20,5	30,8
Communicate through WhatsApp	15,4	12,3	24,4
Communicate through another messenger	3,1	2,5	4,7
Other (Twitter, online games, online dating)	0,7	1,0	0,0

4.2. Leisure, hobbies

Questions related to the leisure and free time by adolescents were raised during in-depth interviews. The obtained data cannot be presented in numerical form, but the spectrum of the existing problems and opinions in this regard was spoken about by adolescents. Among the respondents were adolescents from many different family backgrounds. Some come from families in difficult circumstances (one's mother was deprived of parental rights, the boy was expelled from vocational school, he now uses various types of drugs, including injection use), as well as adolescents from families with two parents and families of high income.

In general, attention is drawn to the fact that most adolescents reported hobbies unassociated with local leisure infrastructure. Sports clubs (from boxing and soccer) have just been named twice. Other types of leisure activities are:

- leisure requiring self-organization and/or expenses (bicycle, gym, dancing, taking care of animals in a shelter);
- passive leisure: going for a walk or hanging out in bars or discos;
- leisure may trigger addiction: gambling, online games, browsing Internet.

Using drugs with peers is also a kind of leisure activity for adolescents.

Internet access increases accessibility of some leisure activities regardless of the size of the small town or rural area such as music, reading, and drawing.

Some teens indicated they knew about hobby groups and clubs at educational facilities in their city, but they did not go there for various reasons. Some adolescents work and study (and sometimes have additional family responsibilities, such as caring for a little brother/sister) and do not have a lot of free time.

We can make such summary about engagement in Internet and leisure:

- Most adolescents (85.4%) have their own smartphone and use Internet daily (84.9%)
- Owning smartphone is a main way for Internet access for adolescents
- Engagement of adolescents to online gaming and online gambling is significant, twice as high among male participants compared to female participants
- The most popular social networks, websites and mobile applications among adolescents are YouTube, VKontakte, Instagram, Viber and Telegram.
- Most hobbies reported by adolescents are not related to local leisure infrastructure.

5. Needs of adolescents and available services

This section provides an overview of the needs of adolescents who use drugs and live in small towns and rural areas, and describes the service network available for them at the time this research was conducted.

5.1. Needs of adolescents

Needs of adolescents based on their own perception

Data from in-depth interviews with adolescents show that adolescents who use drugs are most in need of moral support and anonymous mental health services.

According to adolescents, they mostly lack the moral support from trusted adults (one respondent, an orphan, said that he was seeking advice from the director of the dormitory) lacked a qualified adult, with whom there would be established trusting relationships with which to communicate and get advice from.

> *In the future I would like for people who did it (used drugs) to become qualified specialists, or people like me, so we could tell them how we were feeling, why we had been doing it, and to finish it soon-to have a constant moral support.*
>
> Female, 17 years old

> *I like people who are psychologists the most. They understand more. You can talk more with them. When I had a nervous breakdown at school, I went to a psychologist. My emotions were intense. I visited the psychologist, and he helped me, and I was fine. That's why I like it, no matter of the organization, it should have a psychologist, so I could take advice from him, if needed.*
>
> Female, 16 years old

Although in-depth interviews data are not sufficient for statistical analysis, it can be noted that there is a greater «closedness» of male participants compared female participants in terms of receiving assistance. Male participants often emphasized feelings that they do not need any adult and only trust their girlfriend and/or friends. Some male participants reported thinking they are able to cope with problems on their own or with friends.

> *When I need support, it is better when friends support me and tell what to do... It is not like I don't trust [professionals], I just prefer this [on hypothetical visit to a professional]. I have friends who can support me and tell me what to do. I trust them.*
>
> Male, 18 years old

> *Only with my girlfriend perhaps. Basically I trust only her.*
>
> Male, 16 years old

> *I am used to browsing the Internet if I have problems or questions.*
>
> Male, 17 years old

During the interview it turned out that in some areas, for example, in the small city of Novodnistrovsk, adolescents are not always aware of the availability of psychologists and the possibility of getting help, they do not think someone can help them. If the adolescents do not directly point to the problem of obtaining psychological care, it does not mean this barrier does not exist.

Adolescents have noted that a personal counseling meeting is more important to them than online communication, especially when it comes to advice:

> *If you need to talk, it's better to do it in person …. Face to face communication is better than on phone or Internet. In person is it more effective if you have problems and need to talk.*
>
> Male, 18 years old

When receiving help for adolescents, the question of preserving anonymity is especially important, and therefore the most in demand are individual face-to-face professional consultation ("so that no one could hear it") or an anonymous chat with a professional.

Anonymity is one of the key pillars of potential interventions for adolescents in small towns and rural areas, as many of them are afraid of disclosing data on drug use more than use-related problems.

Needs of adolescents from service providers perception

During FGD service providers also mentioned the issue is often not about material assistance, but about moral support, as adolescents lack a person to talk to: *"Children from our registry, they came to me just to talk. Just to tell what happened to them during the week"; "These children really lack attention, they lack love. They need simple communication and a place where they could find these unmet needs"* (based on FGD data).

FGD participants noted awareness building is done in their city (trainings, lectures in educational facilities (schools, lyceums, colleges)) after which adolescents sometimes seek counseling about their own health or HIV testing.

5.2. Medico-social services

Social work with families, children and youth in difficult living circumstances and in need of assistance is provided by specialized public institutions - Center for Social Services for Families, Children and Youth (CSSFCY).

CSSFCY activities aim to promote healthy lifestyles and prevent offenses and other negative phenomena in the environments in which youth and children live and assist them in overcoming challenges in their homes and communities.

The CSSFCY has counselors for children and youth which provide social and crisis intervention services, targeted at families in difficult living situations.

Adolescents who use drugs are not a target group of CSSFCY activities (list of target groups in the corresponding guidelines[8]). CSSFCY can link such adolescents to rehabilitation centers.

[8] https://www.kmu.gov.ua/ua/npas/8192840

According to Guidelines on Centers of Rehabilitation of youth with drug addiction[9], people younger than 18 cannot apply to such centers by themselves.

Implementation of public policy in child protection is put on service on children affairs[10], which is structural department of bodies of executive power.

Shelters for children[11] and centers of social and psychological rehabilitation for children[12], are subordinate to Service on Children Affairs, were created for the temporary placement of children who are in difficult living circumstances.

According to the standards, children can be admitted to these institutions at any time, including by the child's personal appeal, however, children who are under the influence of drugs or alcohol are not to be admitted.

CSSFCY work in most sites covered by the project excluding the following

[9] http://zakon5.rada.gov.ua/laws/show/741-2017-%D0%BF#n237

[10] https://zakon.rada.gov.ua/laws/show/1068-2007-%D0%BF

[11] http://zakon2.rada.gov.ua/laws/show/565-97-%D0%BF

[12] https://zakon.rada.gov.ua/laws/show/87-2004-%D0%BF

Based on a result of a survey of representatives of 110 state and non-state institutions and organizations working with adolescents[13] at the 32 sites covered by the project, the overwhelming majority of the services they provide are **information services** (on sexually transmitted infections (STIs) including HIV and AIDS, human rights, reproductive health, the consequences of drug use, etc.).

Potential of educational facilities

During the mapping, profiles were filled in for **208** educational facilities in 32 sites of the project. According to the mapping data it is clear that not all facilities are fully staffed in terms of providing social and psychological services for adolescents.

The following professionals work at full rate:

- psychologist – at 55.8% educational facilities
- social pedagogue– at 38.9% educational facilities
- nurse – at 66.3% educational facilities.

The opinions of adolescents regarding the lack of leisure infrastructure in small towns and rural areas (see section 3) are confirmed by the data collected during the mapping of educational facilities. Educational facilities do not always have space for active leisure activities of adolescents (sports, physical development). Even those institutions that have sports grounds and stadiums do not always fully use them

Availability of places for sports/physical activity in educational facilities and level of their utilization

Place for sports and physical activity	Availability (level of efforts, %)	Level of utilization of those available, %		
		High	Medium	Low
Stadium	64,9	1,6	29,9	68,5
Sports ground for volleyball, basketball	82,7	1,8	32,1	66,1
Sports ground for athletics, sports exercises	63,0	2,4	25,8	71,8

[13] The list of such organizations includes children's services, local authorities (e.g., the Department of Education, Youth and Sports), probation agencies, medical institutions, social services (CSSFCY), community organizations and charitable foundations, etc.

Not all institutions provide opportunities for extra-curricular activities. To the question “Are there camps, tourist/sport clubs, hobby clubs during your holiday breaks at your educational facility?” representatives of 69.7% of the institutions answered affirmatively. To the question “Can teens who do not study in your educational facility access camps based at your facility?” 52.9% of the education institutions responded affirmatively.

According to the results of mapping of services available for adolescents in educational facilities, most educational facilities have rooms which can be used by NGOs for their work, however, it is necessary for NGOs to establish cooperation with the administration of these facilities beforehand.

Healthcare facilities, narcological services, trust cabinets

The inhabitants of a majority of small towns and rural areas can apply for drug addiction services only at narcological offices of the central district hospital[14].

In the settlements covered by the project, there are no narcologists for adolescents and only a third have narcologists available for adults.

Medical infrastructure in regard to treatment of STIs

In the areas covered by the project, there are four STI clinics and several dermatovenereology departments and offices for STI counseling and treatment services.

Only a third of the areas have Youth-Friendly Clinics and only two-thirds have cabinets of trust, places where individuals can go for STI testing and treatment.

The most difficult situation in the health care sector is in villages and urban villages[15], where only primary medical care is available in outpatient clinics of general practice of family medicine.

During the mapping of services, it was discovered that some medical facilities work only with people 16 and older, although adolescents have the legal right to receive medical services independently at the age of 14.

Youth centers

To address leisure and youth socialization at the national level, guidelines on Youth Centers (hubs) are being developed. The Centers are to serve as an institution created to address issues of social and youth

[14] 7 cities in Donetsk region (Vonovakha, Kostiantynivka, Kramatorsk, Mariupol, Druzhkivka, Pokrovsk, Sloviansk), 1 city in Kirovohrad region (Oleksandria), 2 cities in Poltava region (Kremenchuk, Lubny)and 2 cities in Chernihiv region (Nizhyn, Pryluky), 1 village in Vinnitsia region (Tomashpil sub-region, Rozhniativka village).

[15] In particular they are villages of Znamianka sub-region of Kirovohrad region (Subotsi, Bohdanivka, Dmytrivka) – only first-level care available in outpatient facilities of general practice, other services available in Znamianka Sub-regional Hospital. The same concerns villages in Odesa region – Krasnosilska UTC – the nearest health facility is Lyman Central Sub-regional Hospital.

development. At the time of the study, such centers were opened in two of the seven project regions - Kharkiv and Donetsk[16].

In the in-depth interviews, adolescents did not mention visits to such centers, and did not mention visits to youth NGOs. Some of the interviewed adolescents reffered to NGOs working within the project.

1. Adolescents who use drugs are not the direct target audience of the CSSDFY; centers can only refer a young person who is taking drugs to the center of rehabilitation of people addicted to drugs. At the same time, individuals younger than 18 years old have no right to apply to the rehabilitation centers by themselves.

2. Not all educational facilities are fully staffed to provide social and psychological services for adolescents, and do not always have space for active leisure activities of adolescents (sports, physical development, other out-of-class activities).

3. For adolescents living in small towns and rural areas, the availability of drug treatment and harm reduction services is much lower than for those living in regional centers. The most difficult situation is in villages and small towns where only primary care is available in outpatient general practice of family medicine and medical services related to narcology and reproductive health (the main risks of adolescents) are not available.

4. Some medical organizations work with people only aged 16 and older (e.g., cabinets of trust in the cities of Kyiv and Kharkiv regions).

5. Youth centers (hubs), whose task is to address social development and youth development, are currently not working at full capacity.

Additional comment: Another important barrier to working with adolescents who use drugs and their families is their lack of trust to public institutions. Representatives of public institutions are usually not trusted and sometimes feared (compared to staff non-governmental organizations).

"I have a fear they can include me into the official registry, report me somewhere. And non-governmental organizations are ordinary people who can help without any consequences in public institutions, registry, informing parents, school, and so on" – based on FGD data

5.3. Barriers in accessing services

The main barriers to accessing services faced by adolescents from small towns and rural areas are institutional, personnel and material. Barriers at state institutions were discussed above.

[16]Kharkiv region: Krasnohrad Youth Hub "RedHub", Pervomaisk Youth Hub "HUB [KOMORA]", Youth Hub "Pixel" (Losova), Youth Hub "CITY" (Chuhuiv). Donetsk region: Lyman Youth Center, Kramatorsk Youth Center.

Understaffing

A common problem for small towns and rural areas is the lack of psychologists in schools and other educational facilities. As noted above, only 55.8% of educational facilities have full-time psychologists. Even institutions with a psychologist may not always meet the needs of adolescents who use drugs, since the work of a psychologist is aimed at all students of an educational facility. The qualification of a school psychologist (or a psychologist at a professional lyceum, evening school, college) does not always require being able to provide assistance to adolescents who use drugs.

FGD participants told us: *"these children have to be chased from the first grade, and it is very intense...", "it would be nice to have a policeman in a uniform standing by the entrance [of an evening school], they would have some fear – it should be a man with a gun in a uniform, not a cleaning lady screaming 'Where did you go?'. They don't give her any attention, they all smoke outside, they all are addicted, they do smoke, all of them – boys, girls…"* (based on FGD results).

Inspectors of the probation department also stressed on the need for a psychologist in the department.

In some district and city police departments not all staff positions are filled. For example, in the city of Bila Tserkva, according to the police inspector, only 4 specialists are employed instead of 13 stated in the staffing plan. Inspectors in the probation department also stressed the need for a psychologist in the department.

Another problem is the absence of narcologists for adolescents in healthcare facilities-existing drug addiction specialists only provide services to persons above the age of 18.

The understaffing (lack of psychologists, narcologists, police representatives, employees of social services) was also reported by the participants of the FGD:

> *Child services, especially those on sub-regional levels, lack qualified staff ... let's talk about Volnovakha … [it serves areas] from Yelenovka to Mariupol. Plus, two other areas added because of the war. It is a very big area, and they only have 5 employees. They are not able to cover so much space.*

> *I work 24 hours a day, 7 days a week. By the plan I should have 13 people, and in reality, I have six, and two on child leave. And when I say I lack people, that only four work, no one will give me extra.*

> *First, there is lack of qualified staff, our school is big, 890 children. Like that. One full time equivalent position of psychologist, one child and youth counsellor, including psychological and teaching functions, social case-management for adolescents. Of course, it not enough. Apart from that, we lack materials. Child-friendly materials.*

> *So, we cancelled the position of psychologist, but we lack psychologist, because all of us sitting here are officers with badges. Teens and their parents won't always tell what we need to know. We need a psychologist for that.*

> *First, we need to have a narcologist for children, adolescents, in our city. It is nonsense to have so many narcologists with no one working with adolescents. What can we talk about, if we don't have any correction, any professional.*

Staffing changes associated with reforms during the creation of UTC

During the creation of UTCs, the functions of child services, centers for social services for children, families and young people were occupied by people with inadequate qualifications, or these positions were cancelled:

> *Out of 20 people who came for training, sent by UTC, [none] had higher education, I don't even mean specialization. Crane drivers, bakers, constructors. That's the level of people who work with youth, provide social services, education and so on.*

based on FGD data

Lack of material resources

From perception of service providers, the barrier to working with adolescents is the lack of material resources: **equipment** (computers and other office equipment) and even stationery:

> *We survive off the resources we have. We do lectures about drug abuse-we show to group of adolescents these movies and videos on our own laptops...*
>
> based on FGD results

Another problem is the **lack of space** for psychological and social work. To work with adolescents separate rooms and separate space are needed where sensitive conversations could be had confidentially without other adults or young people present; a social worker or psychologist needs at least a separate room or office with a cozy atmosphere to ensure comfort and anonymity during a conversation with an adolescent. It is impossible for a social worker to speak on serious topics with an adolescent and/or his/her family if there are other employees in the room:

> *Here is our social worker and they are three in the room. And she has to close the door and talk to a person- with a child, with parents. And there are inspectors, other people around.*
>
> based on FGD results

Another barrier are l**ow salaries** in area of psychosocial work:

> *Salaries are so low that people prefer to stay at home and live on welfare than to work with such children for 2000 UAH. It is very difficult. It comes first. Second, there is a big gap: there are 900 persons in one facility, and 200 or 300 in another, and salary is the same. For sure, a person choses where to go – to work with 200 persons or with 900, because there is more responsibility and more workload.*
>
> based on FGD results

Another barrier is **a lack of transportation** to reach remote areas (cities of qualitative stage of the study are basically sub-regional centers, except for Kramatorsk, which actually serves as the regional center since 2014), where the situation with adolescents is even more complicated:

> *We had a good experience 5 years ago. It was a local social work professional. He was alone for 5000 city inhabitants and for 1500 rural inhabitants. Just worked exactly in the field, as you say. He served 2-3 villages, when there was an allowance from the state budget it was allowed for the institutions to buy bicycles for social workers. The funds for creating a work space was almost 10 000 UAH. It was super for rural area, as there is no transport connection between villages. Nowadays it has been cancelled; it was transferred to local budget, so it is a problem...*
>
> based on FGD results

5.4. Information channels

During the survey, the adolescents were asked a question on how they would like to receive useful information, such as how to maintain health, where to apply for help, what to do in unclear situations, and so on. The distribution of responses shows that the most desirable communication channels for adolescents are videos and live communication with volunteers, social workers, and further information is received from friends. All these channels of information are more desirable for female participants who were more open to information than male participants.

In case you need information about how to maintain health, where to apply for help, what to do in unclear situations, would you like to obtain it in following way?

proportion of "yes" – answers, %

	Among All, %	Males, %	Females, %
Internet videos	**58,1**	55,6	65,7
Volunteers, social workers who come and talk to you	**55,8**	53,0	64,0
From friends	**48,3**	47,7	50,0
Brochures/leaflets	**37,9**	35,0	46,5
Lectures/talks in educational facility	**32,5**	32,3	33,1
Online professional consultations	**32,4**	29,7	40,1
"Trust line" (you can call and ask questions), "hotline"	**32,1**	29,0	41,3
Program/mobile application	**30,9**	26,8	43,0
SMS	**24,9**	20,9	36,6
Email	**16,0**	15,5	17,4
I don't want to receive information	**5,3**	6,1	2,9
Other (from parents, professional, doctors)	**4,7**	4,5	5,2

5.3% of adolescents mentioned that they don't want to receive any information of this kind.

Among adolescents who use different types of drugs, there is practically no difference between the desired communication channels, with the exception of lectures / conversations at an educational facility (38.2% of those who use only cannabis are ready to listen to them and 26.7% of other adolescents who use drugs). Almost all adolescents said during in-depth interviews that they prefer an in-person meeting with a psychologist to an online consultation or a mobile application.

However, given the minimal use of online interventions, this form of work with adolescents who use drugs needs to be more actively used with further evaluation of its effectiveness.

5.5. Additional training needs of local professionals

According to service providers, taking into account their statements during the FGD, there is a need for additional training for the management of educational facilities, psychologists, nurses, etc.

During the FGD, some participants expressed opinions that show their unawareness of the basic concepts of age psychology and sexology (for example, the understanding of adolescent masturbation as a deviation requiring treatment). There is an objective need for additional training for most of those who are involved in providing services for adolescents, on a wide range of issues from sexual education to respect for human rights.

During the FGDs, questionnaires were provided to service providers with a list of topics for additional training. While each settlement has its own peculiarities regarding the choice of topics by respondents (this is reflected in each separate report), generally it is possible to highlight which topics respondents reported as most urgently needed:

- peculiarities of social work with adolescents;
- mechanisms of protecting adolescents from violence;
- peculiarities of social and psychological work with adolescents;
- peculiarities of social and/or psychological work with risk groups, especially with adolescents from risk groups;
- legal aspects of medico-social services for adolescents;
- individual socio-psychological consultations for risk groups;
- peculiarities of social and/or psychological work with children and adolescents in difficult life situations;
- principles of psychological work with lesbian, gay, bisexual, and transgender (LGBT) adolescents;
- children's rights and peculiarities of their protection in adolescence;
- peculiarities of social work with people living with HIV/AIDS (PLWHA);
- peculiarities of social and/or psychological work with adolescents living with HIV;
- peculiarities of individual socio-psychological consultations for PLWHA;
- disclosure of HIV status to children;
- HIV screening and diagnostics among children and adolescents;

- what are opportunistic infections;
- risks related to drug use;
- how to determine if an adolescent uses drugs;
- prevention of drug addiction;
- risks during injection drug use;
- types of drugs and their administration;
- drug addiction in the context of HIV-infection risks.

Regarding the types and methods of study that are optimal for respondents, training and practical classes were often indicated; webinars were mentioned less, and only some of the respondents preferred print products.

When planning interventions in the form of training for staff, it is necessary to take into account complaints that were heard during group discussions about the widespread practice of not training the persons directly providing medical, psychological, social and other services, but exclusively the management of organizations:

> *Top' people went abroad to have a look – and that was it. They never shared (experience) with anyone. The one who works has to study (to go)*
>
> based on FGD data

Cooperation and coordination

In some cities, the professionals participating in the FGD reported working in a system with a vertical system of management which created an unwillingness to initiate activities and programs aimed at protecting the interests of adolescents. Essentially, it is expected that new programs and work comes "from above" and only then does the work trickle down for direct service providers to begin work.

"They start it over there, they approve it, and only then...", "go all way down, let's say", "if we will be told so…." (based on FGD data).

The existing coordination between different institutions and organizations is based, more precisely, on personal contacts and relations and concerns the most problematic cases with adolescents. In some cities, however, the FGD participants noted that there were no obstacles to coordinating actions between public institutions providing services for adolescents, joint work and the referral of children was

organized over the years (this probably relates to the children from families in difficult living circumstances, children who have committed an offense, etc.):

> *This question means, sometimes international funds come with projects of 'building cooperation'. Our mayor told once 'What cooperation building do you mean? I manage all the agencies, they all meet at a regional level, on a sub-regional level, on a city level, once a week for sure. Everyone knows each other by sight, there is no problems about it. The cooperation is built.*
>
> based on FGD data

Also, the problem aspect of cooperation is the lack of comprehensive work with adolescents who use drugs, and the lack of an understanding of who specifically is responsible for this work.

> *The system itself is not set up in the sense of how it is possible for social workers to conduct social work. How can we influence the family, or a person? We went, we said 'Don't use drugs'. But what can we do? Nothing, we cannot take drugs away, we cannot influence anything. We came with police, talked and left, and nothing changed.*
>
> based on FGD data

> *The main thing is to establish cooperation between a subject and an object on the legal level-it is the first thing when we face any problem. There are a lot of things we cannot do, it has to be done by someone else, someone else does not want to do it, and it becomes a long (process).*
>
> based on FGD data

CONCLUSIONS

Conclusion 1. The study results show that there are many new challenges for local authorities, including drug use among adolescents.

Conclusion 2. It is necessary to focus the attention of the state (at all levels of power) on the problems of the adolescent population, in particular – carrying out systemic preventive work, programs for socializing adolescents, and providing adolescents with free access to sports and recreational activities, especially in small towns and rural areas of Ukraine.

Conclusion 3. The State Statistics Service of Ukraine has no information on the number of adolescents in small towns and rural areas (with a population of less than 100 thousand inhabitants). Reliable statistics characterizing the modern Ukrainian adolescent environment are absent.

Conclusion 4. An important barrier to working with adolescents who use drugs and their families is low trust in public institutions, especially law enforcement agencies. Representatives of public institutions are not trusted and people fear the loss of confidentiality (compared to non-public organizations, in particular - non-governmental organizations).

Conclusion 5. Adolescents living in small towns or rural areas who use drugs are a virtually unexplored group. Public institutions and most HIV-service non-governmental organizations are not targeting these groups.

Conclusion 6. Each site included in the study is characterized by its peculiarities of the drug scene, the capacity of educational facilities, health care and NGOs, infrastructure for sport, development and recreation, and social infrastructure.

Conclusion 7. In most small towns and rural areas, opportunities for development and leisure are extremely limited, and local entertainment infrastructure is often not attractive to adolescents.

Conclusion 8. The vast majority of adolescents who use drugs are students of educational facilities.

Conclusion 9. Drug use with friends in order to communicate more freely, to have «relaxation» and relieve stress is a common practice among adolescents. Adolescents who use drugs are prone to multi-drug use: they often use several types of drugs.

Conclusion 10. Not all educational facilities have the resources to provide social and psychological services for adolescents, and up-to-date prevention programs.

Conclusion 11. Adolescents spend a lot of time using smartphones to access the Internet.

Conclusion 12. For adolescents living in rural areas and small towns, the availability of drug treatment and harm reduction services is much lower than for those living in regional centers.

Conclusion 13. Prevention programs of state organizations and HIV-service NGOs were still implemented mainly in large cities.

RECOMMEDATIONS

For central bodies of legislative and executive power

Recommendation 1. Ensure the development of a system for the effective prevention of drug use; programs for socializing and rehabilitation of adolescents who use drugs; a system of targeted medical services at all levels.

Recommendation 2. Develop a legal definition of adolescence.

Recommendation 3. Introduce a systematic collection of statistics on the number of adolescent populations with the inclusion of small towns and rural areas with population of less than 100 thousand people. This will make it possible to form a quantitative indicator of the adolescent population at the national level.

For National Police

Recommendation 4. Provide training for the staff of the relevant police departments and units of the National Police on the basics of preventive work with juvenile offenders on human rights, de-stigmatization, and medical aspects of the drug use.

For General Prosecutor's Office of Ukraine

Recommendation 5. Implement "zero tolerance"[17] to proven cases of ill-treatment by police officers to minors and other crimes.

[17] A policy which entitles maximum restrictions and sanctions under the law, even for minor offenses, in order to eliminate unwanted behavior.

For local bodies of power

Recommendation 6. Introduce a regular assessment and analysis of the medical and social needs of adolescents. Such an assessment should be the basis for the organization and coordination of activities of local authorities, service providers, parents and the community in order to ensure their social well-being and the health of adolescents.

Recommendation 7. In the context of health care reform and decentralization, it is essential to create conditions for the provision of health care in each UTC.

Recommendation 8. Establishment of sustainable cooperation between educational, healthcare, public institutions and law enforcement agencies through the establishment of coordination councils and joint action programs at the local level.

Recommendation 9. Culture and education institutions provide the opportunity for state organizations and NGOs that carry out preventive work with adolescents to conduct it on the territory of the above-mentioned institutions (consultations, group work, trainings, preventive actions, quests, etc.).

Recommendation 10. Ensure accessibility of the network of organized leisure activities for adolescents, accessible sports infrastructure and improvement of existing infrastructure, including at educational facilities.

For education facilities

Recommendation 11. Introduce classes on peculiarities of drug use in the adolescent environment in accordance with the current situation into the system of professional training for teachers.

Recommendation 12. Provide accessible and confidential psychological assistance in educational facilities by modernizing the relevant services.

Recommendation 13. Ensure legal literacy training for adolescents and parents.

Recommendation 14. Systematically carry out preventive measures in accordance with the current situation with drug use and early sexual debut among adolescents in a given settlement.

For the Ministry of Health of Ukraine

Recommendation 15. Improve the legislative and regulatory framework on adolescents who use drugs, in particular, to eliminate the system of official registration for drug treatment for adolescents who use drugs.

Recommendation 16. To expand the network of narcological assistance to adolescents, targeting among other things, users of new “designer” drugs.

For health facilities

Recommendation 17. Work in cooperation with NGOs, to introduce accessible harm reduction programs targeting adolescents who use drugs.

Recommendation 18. Raise awareness of health workers on human rights of adolescents who use drugs; prevention of the transition from non-injection to injection drug use; harm reduction programs, in particular for adolescents.

For non-governmental organizations

Recommendation 19. Develop accessible mobile applications for adolescent online prevention interventions.

For donor agencies

Recommendation 20. Focus on adolescents who use drugs and live in small settlements.

COMMENTS AND ANNEXES

Classification and brief description of drugs

Types and names of drugs (based on influence on human body)			
Stimulants (injection and non-injection)	**Depressants** (injection and non-injection)	**Hallucinogens** (non-injection)	**Other** (mixed type, mostly non-injection)
Amphetamine (phenamine, “ice”, “speed”, “salt”, “meph”)	Opiates: • opium extract (“shirka”) • morphine • desomorphine (“crocodile”) • codeine, codterpin • heroin • methadone • tramadol • nalbuphine	Serotonergic drugs: • LSD (LSD) - diethylamide of lysergic acid • ibogaine • psilocybin (“mushrooms”) • mescaline • dimethyltryptamine (DMT) • harmaline • ergine, isoergine	Mixes for smoking, “mixes”, spices (synthetic marijuana, synthetic cannabinoids), “diablo”, naswar
Ephedrine-containing substances (pharmaceutical drugs)	Barbiturates (sleeping pills): • pentobarbital • secobarbital	Methylamphetamines (MDMA / MDMA / Ecstasy / “pills” / “wheels”, MDA, MDEA, MDE, DOM)	Dimedrol (diphenhydramine)
Cannabinoid (cannabis, marijuana, weed, “plan”, gangja, cannabis, “cones”, “bastards”, “fools”, hashish)	Tranquilizers: • diazepam • flurazepam • oxazepam	Anticholinergics: • atropine • scopolamine	
Methamphetamine (pervitin, “vint”)		Dissociative anesthetics: • cetamine • phencyclidine (PCP)	
Cocaine (crack)		Solvents (glue, solvent of paint, aerosols)	
Phenmetrazine			
Methylphenidate			
Dextroamphetamine			

Stimulants (injection and non-injection)	Depressants (injection and non-injection)	Hallucinogens (non-injection)	Other (mixed type, mostly non-injection)
Effect on the human body			
• burst of energy, excitation; • improvement of mood; • removal of fatigue; • cheerfulness, confidence, euphoria; • high blood pressure.	• state of tranquility and satisfaction; • euphoria (up to 30 minutes); • drowsiness.	• distortion of perception of reality; • hallucinations; • violation of coordination; • high blood pressure.	• from salts/spices there is euphoria, lightness, joy, paranoia, anxiety; • dimedrol (diphenhydramine) enhances the action of depressants, has a relaxing effect, but can also cause delirium conditions.
Negative consequences of use			
• damaged nervous system; • damaged coordination; • slowing down of reactions and reflexes • reduction of muscle strength; • loss of coordination; • deterioration of memory; • anxiety disorders, psychoses.	• rapid formation of physical and mental addiction; • high risk of overdose; • acute withdrawal syndrome (abstinence syndrome, addiction syndrome); • sleep disturbance; • depression; • suicidal thoughts.	• hallucinations; • aggressiveness; • loss of coordination; • inadequate perception of reality; • suicidal thoughts.	• use of “spices” most often causes hypertension, tachycardia, myocardial infarction, and excitement; causes vomiting, hallucinations, psychoses, convulsions and panic attacks; • dimedrol (diphenhydramine) can cause delirium, hallucinations.
Indicators of drug use			
• diluted pupils; • insomnia; • talkativeness; • an atypical mood; • injection use: traces of injections, badly healing wounds; • suspicious items: - small money banknotes rolled up in a tube or torn in half; - powder, capsules or tablets.	• narrowed pupils; • pale and dry skin; • irritability; • injection use: traces of injections, badly healing wounds; • suspicious items: - powder, capsules or pills, black balls similar to peas; - yellow or brown spots on clothing or body; - syringes, needles, gauze and cotton swabs, rubber harnesses, ampoules and bottles of liquid medicines.	• a person can laugh without reason, move or show aggression; under the influence of drugs, a person may be in almost any known psychiatry in a pathological emotional state: from overt mania to deep depression; • suspicious items: - acetone or other solvents, and also saturated cloths, sponges and polyethylene bags; - tubes from the synthetic glue and other containers from various household chemicals.	• severe loss of attention, acute decline in academic performance; • between periods of use - mood swings, panic, suicidal intentions; • suspicious items: - joints, dry particles of plants, enclosed in packets from cigarettes; like plasticine lumps with a strong smell; - unusual cribs that do not smell tobacco.

General physical and behavioral indicators:

- strange condition, similar to influence of alcohol, but without corresponding smell;
- abrupt change in mood and behavior;
- sudden change in sleep mode;
- fast fatigue;
- change of speech (too confused/fast/slow);
- changes in appetite and thirst, a sudden loss of weight;
- inflammation of the eyelids and nose, chronic cough;
- excessive sweating;
- systematic delays, loss of time, frequent absenteeism of study/ work;
- fussiness, inability to sit still;
- unreasonable irritability, tearfulness, mystery;
- apathy to what previously aroused interest, a sharp decline in academic performance;
- appearance at home of obscure convolutions, packages, things;
- the disappearance of money and things;
- frequent telephone calls, secret talks, specific slang;
- the appearance of new strange friends.

Harm reduction strategies

Principles and objectives

• addressing emergencies and preventing and addressing the medical, social, economic and legal implications of drug use;

• reducing the number of people who inject drugs;

• risk assessment and transition to safer ways to take drugs;

• prevention of the involvement of new consumers in the use of drugs (the principle of “breaking the cycle”).

Activities and tools

• dissemination of information about their own health, in particular regarding the prevention and treatment of HIV/STI/viral hepatitis, etc.; providing counseling and emotional support on the principle of “peer-to-peer”;

• creation of self-help and support groups;

• HIV testing;

• distribution of personal protective equipment (condoms, lubricants, syringes, disinfectants);

• syringe exchange;

• implementation of substitution maintenance therapy;

• distribution of rehabilitation programs.

Formation of national drug policy.

A document defining the essence and current trends of the state drug policy, in particular among children and young people, is the National Drug Policy Strategy for the period up to 2020[18].

The last Action Plan for the implementation of this Strategy was formed for 2015[19]. Action plan for 2016, 2017, 2018 is legally absent.

The Action Plan for 2016 was only proposed by the Ministry of Health for public discussion; by 2017 a draft Action Plan was developed[20] which contained a number of relevant proposals for current drug policy, drug abuse prevention and drug-related offenses, but it was never adopted by legislative bodies. Therefore, all relevant and necessary measures were not implemented and implemented. There is no Action Plan for 2018.

The adoption of Action Plan for 2019 on the implementation of the State Drug Policy Strategy for the period up to 2020, as well as the development of the Strategy on Drug Policy for the next decade, is urgent. The strategy should take into account all the challenges of the current situation and best foreign practices in relation to the prevention of dependence, drug treatment and decriminalization of consumption without the purpose of marketing.

[18] http://zakon3.rada.gov.ua/laws/show/735-2013-%D1%80

[19] http://zakon5.rada.gov.ua/laws/show/514-2015-%D1%80

[20] http://search.ligazakon.ua/l_doc2.nsf/link1/NT4096.html

Implementation of the UN General Comment #20.

In accordance with the recommendations of UNICEF on the implementation of the UN General Comment #20 (2016) on the implementation of the rights of the child in adolescence (General comment #20), appropriate changes are required to the legislation, policies and procedures relating to the rights of the child. The Comment is an addendum to the United Nations Convention on the Rights of the Child (up to 18 years) ratified by Ukraine, but focuses specifically on adolescent children (the second decade of life), given that this is a stage of life characterized by growing opportunities, abilities, aspirations, energy and creativity, but also a lot of vulnerability.

Necessary actions for implementation of recommendations provided by Comment # 20:

- provide special attention to this age group of children;
- analyze national legislation through the prism of the provisions of General Comment #20 to remove barriers and obstacles to the realization of the rights of the child in adolescence in Ukraine;
- organize familiarization with the key principles of ensuring the rights of children of adolescence among specialists of relevant authorities, organizations and institutions;
- Include the necessary provisions and appropriate measures in the Conception of the State Social Program “National Action Plan for the Implementation of the UN Convention on the Rights of the Child” for the period up to 2021.