



Innovations in Scaling Up OST in Ukraine: Probation as a Critical Touchpoint

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Outline



- Ukraine's context
- Project Overview
- Project Results
- Conclusion

Addressing the HIV Epidemic in Ukraine

- Unlike global estimates, the HIV epidemic is growing in terms of new infections and mortality
- OST is the most effective and most cost-effective strategy to address the HIV in Ukraine
- Despite new improvements in OST scale-up, coverage is well below the 20-40% targets recommended by WHO – now at 5.4%
- Opportunities and innovations for scale-up can occur at new “touchpoints” for screening, evaluating and treatment PWID

Touchpoints for Addressing Opioid-Related Problems



Probation in Ukraine

Probation is established to reduce the burden on prisons and SIZO and are considered as a trans-institutionalization of people who engage in criminalized activities – like drug use.

2016 – Probation start:

- # of probation sites = 498 units
- # of probation staff = 3300

2021 – after 5 years:

- # of probation sites = 24 branches with 576 units
- # of probation staff = 3400

- Probation Population Total \approx 67000
- # of PWID in Ukraine \approx 350 000
- **# of PWID in Probation = ?**

Each site represents an opportunity for integrating HIV and Prevention strategies

* Public Health Center of the MOH of Ukraine // <https://phc.org.ua/>

MATLINK Probation sites

- 3 units in Kyiv
- 2 units in Mykolaiv
- 2 units in Dnipro
- 1 unit in Sumy

Screening

SBIRT: Screening – Brief Intervention – Referral to Treatment (Green light pathway to OST)

- Screening - RODS criteria:
 - 18 years or older
 - live within 30 kilometers of an OAT site
 - meet ICD-10 screening criteria for opioid dependence
 - not having received OAT for at least 15 days
 - currently registered with one of the probation institutions
- If they meet criteria, SCREEN for HIV too!

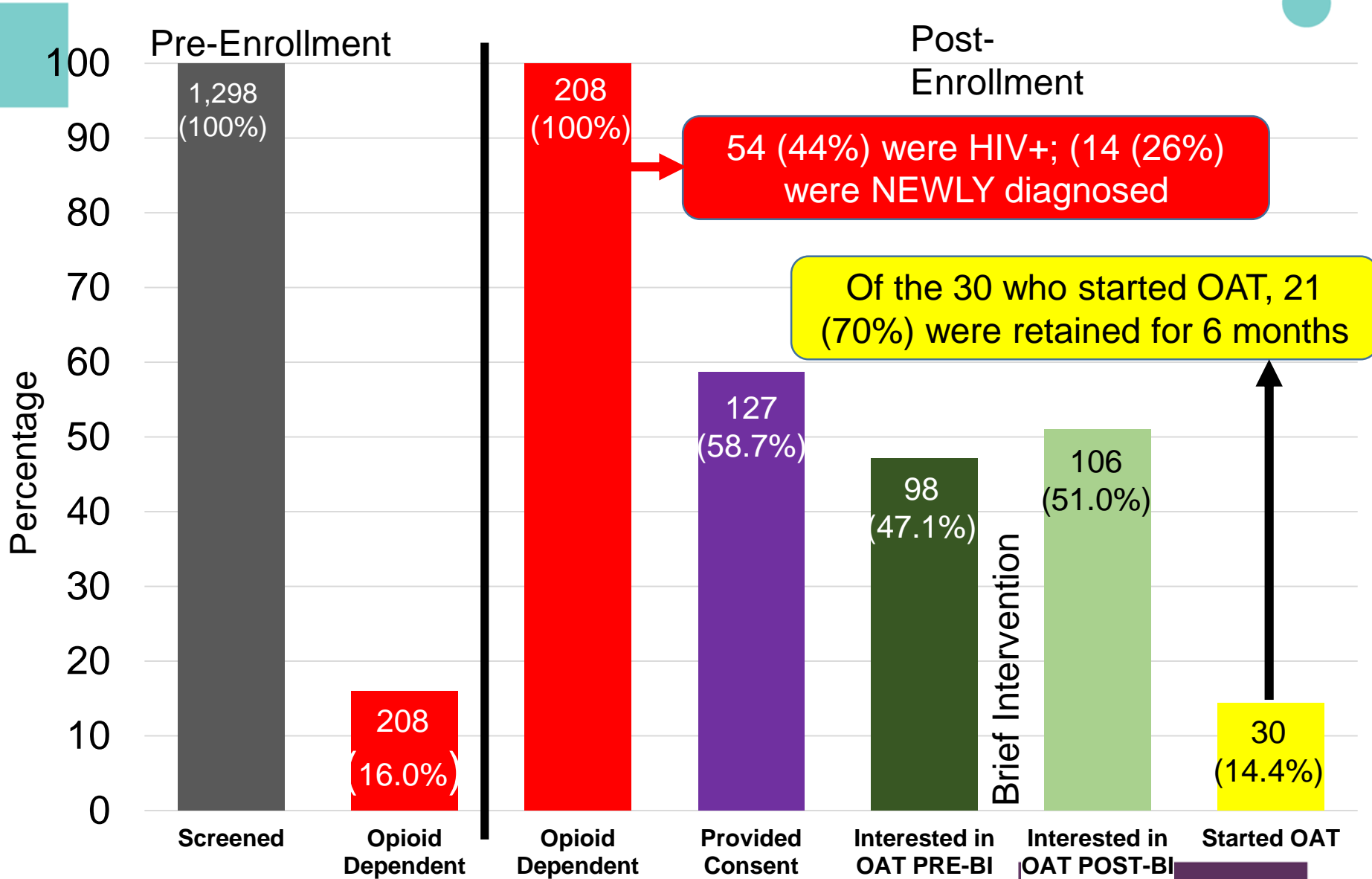
Brief Intervention

- Assess Interest in OAT → if interested, SEND TO OAT using "green light" pathway
- If not interested, provide standardized Brief Intervention on the benefits and risks of OAT
- Reassess Interest in OAT → if interested, SEND TO OAT using "green light" pathway

Referral to Treatment

- If on OAT → encourage retention
- If NOT on OAT → facilitate entry onto OAT using “green light” protocol
- All participants, irrespective of their interest or enrollment in OAT, are followed up at 1, 3 and 6 months

Results



Conclusions

- Screening people in Probation results in a large percentage who have opioid use disorder and is an ideal opportunity to scale up OAT
- The level of interest in OAT was relatively high at baseline and did not increase much after the brief intervention
- Over 25% of probationers were linked to OAT and retention over 6 months was high (70%)
- SBIRT procedures should be modified and focus on screening → evaluation → immediate treatment and avoid any delays at each step



Thank you.

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