



**UIPHP**  
UKRAINIAN INSTITUTE  
ON PUBLIC HEALTH  
POLICY



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

O. Makarenko<sup>1</sup>, T. Kiriazova<sup>1</sup>, K. Lunze<sup>2</sup>

<sup>1</sup>Ukrainian Institute on Public Health Policy, Ukraine;

<sup>2</sup>Clinical Addiction Research and Education Unit, Boston Medical Center, USA

# HIV and substance use stigma among non-specialized medical care providers in Ukraine

# Introduction

HIV-positive people and people who use drugs (PWUD) experience multi-level stigma in the community and in health services in Ukraine.

Decentralization of services within current health care reform implies that HIV and drug addiction treatment (ART and opioid agonist treatment (OAT)) will be provided at primary care level.

# Methods



**Figure 1. Study sites in Ukraine.**

In August-September 2017, we conducted six focus groups with HIV-positive OAT patients and 13 in-depth interviews with their health providers at six integrated and non-integrated OAT sites in Ukraine.

Interviews were transcribed verbatim, and a thematic analysis was performed.

# Results: participants

## 47 HIV-positive OAT patients

- 29 men, 18 women
- 66% unemployed
- Age 30-55 years

## 13 health services providers

- 7 narcologists
- 3 infectious disease (ID) physicians
- 2 social workers
- 1 psychologist
- Age 32-61 years

# Results



When my husband had to undergo a surgery, no one wanted to be in a surgery team... A vascular surgeon didn't agree... He said, 'This guy has the (HIV) status, I don't want to take risk'. And he was a doctor... And everyone was like, 'It is his own business...'

**Female FG participant, Mykolaiv**



I was in an in-patient department with a broken backbone. They took a blood test and knew I had HIV. So a nurse came and gave thermometer to everyone but me. There were a lot of people in the room. I asked - 'Why don't you give me a thermometer?' She told - 'First everyone measures a temperature, then it is your turn'. I asked why. She said, 'I shouldn't give anyone a thermometer after you, don't you know?'

**Female FG participant, Mykolaiv**



Recently, about two months ago I had a patient who simply had a gum boil. He went to a private dental clinic. They examined him, everything, and as soon as they started asking about the status, the patient told them - he does not have HIV, he simply said that he is on substitution therapy, and how the narcosis will be combined with the (OST) medication. As soon as they found out that he is on substitution therapy, they immediately said that they would not provide any services to him!

**Narcologist, Odesa**

**Across all sites, participants described stigma towards HIV-positive PWUD, specifically at non-specialized care facilities.**



# Results



They (*physicians at OAT site*) don't ignore your questions. The question is addressed by any specialist, whether it is an ID physician or... You can come and talk freely. I had moments... Yes, this doctor talks to you normally, like with equals. Without any barriers. I had a bad depression... I got help from her, O.N. (ID physician) made additional prescriptions for medications. Even just to talk, to calm down... We sat and talked, I sounded off. Well, it's about the human attitude...

**Male FG participant, Dnipro**



**M2:** Even if you do not have this HIV-positive status, even the fact that you're a drug user is enough. Everyone will treat you already like... Like, one should not sit next to you...

**M3:** You have to be on your best behavior everywhere.

**M4:** Drug users are not people, and so on...

**M3:** Instead of proper help, of course, they do not provide any at all, when they hear about the status...

**FG Cherkasy**



Sometimes I think, whether it's worth referring at all...Yes. It's easier to solve it by ourselves - therefore infectious disease doctors, well, they... They treat everything. Because they understand that they cannot refer a patient anywhere. They are already experienced both in neurology, in internal medicine, and in some basic issues of dermatology, which HIV-infected patients are faced with. Because it's easier for him to solve this on his own than to refer a patient somewhere.

**Dnipro, ID physician**

**OAT patients refer to their OAT and ID physicians with all kinds of health problems. They avoid visiting other clinics where providers often “do not treat them like humans” and even refuse to providing services to them.**



# Results



**I:** What is the attitude of doctors of other specialties towards drug users?

**R:** Well, also complete mistrust, neglect of these patients. Because... They do not see them as sick people... They see them as a threat. So, it's more like they are afraid of them.

**I:** Of drug users?

**R:** Yes. It's more fear than even... That they will violate the regime, they will still behave somehow differently... Even if they (*drug users*) pay, they will still use (*drugs*), while being in the inpatient hospital... That the doctor may not see the result... That he might inject (*drugs*) somewhere and something can happen to him. ... They are problematic in nature.

**ID physician, Dnipro**



Still, I would really like our doctors to know that they (*people with addiction*) are sick people, just sick people. And to treat them like sick people.

**Social Worker, Odesa**



If our patient with some kind of somatic pathology wants to go to the polyclinic, we advise him not to say that he is our patient, that he is a drug user. Because, if they hear "a drug user", "drug use" somewhere - you know, the attitude of the primary care doctors towards our patients is negative, and to HIV-infected people with addiction - even more so. It is a very negative attitude.

**Narcologist, Kyiv**



**I:** What is the attitude of the doctors of other specialties to the substitution therapy per se?

**R:** Honestly? "Are you kidding? They also receive this, substitution therapy? So the state spends money on them?!" Free drugs, you know... "Here is a patient, a patient with cancer, and he has to pay, and this guy gets substitution therapy, free drugs?" So, there is such attitude... Few people understand what's behind this, you know? That he does not steal, that he's taking therapy, that he's adherent to therapy. Well, you know, people who do not work in this area, it's difficult for them to understand... Anyway, the attitude is negative.

**ID physician, Odesa**

**Physicians of other specialties have insufficient knowledge of addiction or OAT; they associate people in active drug use and OAT patients with criminal behavior, seeing them as non-reliable, non-compliant with treatment, and, most important, impecunious patients.**



# Results



**R:** I, personally, was lying at home for 1.5 months. I was afraid to go to a hospital.

**I:** Why have you been afraid?

**R:** No money. I didn't have the amount of money needed. Second, I was afraid my status would be known.

**Female FG participant, Mykolaiv**



Unfortunately, it all comes down to money nowadays. Therefore, I know the situation when a person can pay – then it doesn't matter whether he's a drug user or not. If you cannot pay, even if you are not a drug user, then you will not get anything. So, unfortunately, this is our reality. It does not depend.

**Psychologist, Kyiv**



**I:** They did not want to admit her (*to the hospital*) because she is HIV-positive, or because she is a drug user?

**R:** Both, and because she has no money... This is a big problem...

**I:** So, if she was a drug user and HIV-positive, but rich - they would have taken her?

**R:** Absolutely!

**ID physician, Dnipro**

**Despite a substance use stigma, if a PWUD can pay for the medical services, he will be treated differently.**



# Conclusions

- While stigma towards HIV-positive patients has been decreasing in Ukraine health care system, this is not the case regarding HIV-positive PWUD.
- Due to limitations of existing programs, providers at non-specialized health facilities are poorly informed about problems of HIV infection and drug addiction. Education on these diseases is necessary for physicians of all specialties to reduce stigma related with HIV and addiction.
- The attitude towards patients based on their financial capacity must be taken into account in the context of health care reform, when physicians will be paid depending on the number of patients and the quality of care.

*Supported by the National Institute on Drug Abuse K99DA041245 and the Providence/Boston Center for AIDS Research (CFAR) NIH/NIAID P030AI942853*