INTEGRATING ROUTINE COMMUNITY-LED MONITORING OF PEOPLE WHO USE DRUGS TO ASSESS THE ACCESSIBILITY OF HARM REDUCTION SERVICES

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Background: While people who use drugs (PWUD) in Ukraine are at elevated risk for blood-borne infections, the care pathway for marginalized populations within Ukraine's healthcare system, particularly for confirmatory HCV testing and treatment, remains complex and fragmented. Comprehensive services, including opioid agonist therapy (OAT) and client support and engagement through community-based organizations (CBOs), are essential to provide high-quality care for PWUD. Integrating these services with a community-led monitoring (CLM) approach creates additional points of contact and strengthens patient motivation to access services.

Methods: In 2025, PUD.UA implemented a comprehensive community engagement model, which included developing a digital CLM questionnaire, identifying problems through focus group discussions, and creating an action plan to effectively improve service delivery.

Results: In 2025, 73% (1400+) of respondents across Ukraine evaluated harm reduction programmes positively; however, 38% reported situations in which they were unable to access services when needed. In many service points, operating hours had been reduced to 1–2 hours per day, and 65% noted that the inability to provide a phone number resulted in being denied services. Only 15% were aware of the availability of mobile outreach units, while 43% had either experienced an overdose or witnessed one; 60% had received naloxone in the past six months, mostly through CBOs. Among OAT patients (87% of all respondents), 26% reported difficulties with access to OAT, and in small towns up to 70% of PWUD have no access to OAT at all. Although 70% surveyed had been tested for HCV, financial barriers for additional diagnostic procedures remain significant.

Conclusion: While basic service infrastructure remains in place, the war has significantly affected accessibility and quality of harm reduction services. CLM provides reliable, real-time data that straightens advocacy. This evidence enabled effective advocacy for access to prevention services without phone number verification.

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