

DESK REVIEW: Support for People with Substance Use Disorder in Ukraine During the War

International Technology Transfer Center (ITTC) Ukraine

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Ukraine
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List of abbreviations

CMU – Cabinet of Ministers of Ukraine

ECHS – Electronic Health Care System

EMCDDA – European Monitoring Centre for Drugs and Drug Addiction

EU – European Union

EUPC – European Prevention Curriculum

HIV – Human immunodeficiency virus

ITTC – International Technology Transfer Center

IDP – Internally displaced persons

MAT – Medication assisted treatment

MOH – Ministry of Health

NHSU – National Health Service of Ukraine

NGO – Non-government organization

PTSD – Post Traumatic Stress Disorder

SUD – Substance use disorder

SURG – Support to Ukraine's Reforms for Governance

UNHCR – The United Nations High Commissioner for Refugees

WHO – World Health Organization



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Summary

War in Ukraine has inevitably led to the country's health system functioning at reduced capacity. Attacks near hospitals and active military operations forces people to change their place of residence and flee from the war to safer regions of the country or go abroad as refugees. As a result, vulnerable populations are unable to safely attend healthcare facilities to receive substitution treatment and specialized support services.

The purpose of research is providing an insight into the current state and key issues of provision of special medical care and support services for people with substance use disorder in Ukraine during war. Research based on desk review that involves collecting and synthesizing available information to gain understanding of the current state of the problem, identify appropriate policy and operational responses.

More than 40 documents were selected for analysis including journal articles, analytical reports, information published by state authorities, statistical surveys of international institutions, as well as reports of non-governmental organizations and online articles.

Results of the desk review demonstrate that from February 24, when Russia launched an undisguised military aggression against Ukraine, more than 6 million people left the country, and more than 7 million moved to other regions of the country. Among them are people with substance use disorder (SUD) who are particularly vulnerable in resettlement and are at risk of losing access to services and treatment.

More than 800 health care facilities were damaged since the start of the war, and more than 120 of them cannot be restored. In addition, more than 57 health care facilities in Donetsk, Luhansk, Zaporizhia, Mykolaiv, Kharkiv, Kherson and Chernihiv regions that offered medication-assisted treatment (MAT) for people with SUD, are now closed or under risk of closure, while health care facilities in western regions of Ukraine are overcrowded with IDP's seeking help from war trauma.

Supply routes within the country have been thrown into disarray and eastern regions faced the challenges with medications supplies, including methadone and naloxone.



Ukrainian methadone factories (two largest facilities are in Kharkiv and Odessa) have stopped operations. Western regions also reported the relative lack of mental health medications due to significantly increased number of service users.

Shortage of staff was another problem reported by various medical facilities due to specialists' evacuation, displacement or professionals directly suffered from military actions.

There was not much data about activities of non-state rehabilitation centres, which provide psychosocial care for people with SUD, since the start of the war, except several announcements of separate centres about evacuation.

As of July 23, 2022, 321 territorial communities from 9 regions are located in areas of military operations, or are under temporary occupation, blockade. More than 400 Ukrainian health care facilities ended up in the occupied territories, 87 healthcare facilities were destroyed, 84 of which were in Donetsk region. Mental health institutions, which are in active military zone, face with lack of shelters, food, hygiene, medical supplies and backup technologies in case of disconnection of power grids.

However, Ukraine continues to support the medical system in the temporarily occupied regions and continues funding of medical facilities. Unfortunately, Russia is blocking the supply of medicines, including vital ones, from the territories controlled by Ukraine to the temporarily occupied ones.

In the territories temporarily occupied by Russia, health care facilities continue to provide MAT services if there are stocks of medications. After running out of medications, institutions are forced to stop work due to the impossibility of delivering new batches of medications to the temporarily occupied territory (MAT is not supported by Russia legislation), the destruction of the building, and the lack of staff. According to data published by the Alliance for Public Health, more than 2,138 patients are at risk of MAT treatment interruption.



Persons with SUDs in criminal justice settings can receive both pharmacological therapy (MAT for opioid use disorder) and psychosocial rehabilitation. MAT was implemented since 2019 and, by the beginning of 2022, it was implemented in seven health care institutions of criminal justice system: 2 in Kherson, 1 in Poltava, 1 in Lviv, 1 in Vinnytsia, 1 in Khmelnytskyi, and 1 in Zaporizhyya regions. In 2020, 181 people with mental and behavioral disorders due to opioid use were treated with MAT in criminal justice institutions.

As for the provision of services to people with SUD in criminal justice settings, 1 colony, which provided MAT, was evacuated, 2 colonies, which provided MAT, are under occupation and the program was interrupted. All other colonies continue to provide psychosocial rehabilitation for people with SUD and those, on territory of Ukraine, continue to provide MAT. Moreover, since the beginning of the war the MAT program was implemented in 2 more institutions of criminal justice settings.

In order to enhance service provision for people with SUD during the war, the following legislative changes were made: redistribution of methadone supplies, MAT medications prescription for 30 days, mental health medication prescription by family doctors, easy access to psychiatric services for IDPs, launch of the development of National Mental Health and Psychosocial Support Program.

All further efforts of public authorities and civil society organisations should be aimed at ensuring continuity of care to people with SUD by providing appropriate resources (including medications) and up-to-date information for all key vulnerable populations about available treatment and support. It will allow to establish adequate emergency mental health care infrastructure and a reliable prehospital system to reach the individuals with SUD in underserved areas throughout the country and in western regions overcrowded with IDPs. Moreover, the response plans should include provision of long-term support to minimise possible adverse consequences of the war.

Another side of the coin is that Russia's invasion of Ukraine triggered a mass displacement of Ukrainians abroad. For some European Union member states,



increasing number of people fleeing the war in Ukraine become a challenge, as they are not prepared to address needs of large numbers of refugees with SUD. Moldova has received the most refugees per capita, but Poland has taken the highest number in total (over 3 million Ukrainians).

In this context, the efforts of the international community should be focused at strengthening capacity of the health care system in countries receiving refugees and supporting refugee accommodation centres to expand MAT and maintain support for refugees with SUD who may not have their medical files with them. And, along with that, to ensure access to psychosocial services as part of complex management of SUD.



1. Introduction and Study Purpose

The mental state of the population in conditions of large-scale emergency situations, in particular during a military conflict, becomes extremely unstable, which directly affects their ability to organize their own life activities and address their basic needs. The experience of multiple wars that took place between 1945 and beginning of the 21st century convincingly demonstrates that during military conflicts and related emergency situations, the population becomes extremely vulnerable to mental disorders¹. However, what makes the recent Russian-Ukrainian war distinguishable is the alarming number of civilian casualties.

Civilians and military personnel living in conflict and war zones have been known to frequently develop mental disorders such as depression, post-traumatic stress disorder, suicidal ideation, and anxiety disorders, which tend to leave a long-lasting scar and impact their emotional response system². The shear stress, trauma, and mental breakdown from overnight displacement, family separation, and killing of friends and families has a devastating effect on the physical health and mental status of victims and participants in a military conflict. Survivors of a military conflict require mental health support for years after the war, as they struggle with mental health disorders including sleep difficulties, anxiety, depression, etc. All these can lead to dysfunctions in the individual coping mechanisms, often manifested in the form of substance use disorders, addiction, violence or gambling³.

The ongoing war put serious pressure on Ukraine's health care system. War destroys lives and communities and influences the short- and long-term health consequences of Ukrainians. In addition, a number of countries around the world, including EU member-

¹ Jain, N., Prasad, S., Czárth, ZC., et al. (2022). War Psychiatry: Identifying and Managing the Neuropsychiatric Consequences of Armed Conflicts. *Journal of Primary Care & Community Health*. Vol. 13. Retrieved from <https://doi.org/10.1177/21501319221106625> (Accessed 07.07.2022).

² Bogic, M., Njoku, A., Priebe, S. (2015) Long-term mental health of war-refugees: a systematic literature review. *BMC International Health and Human Rights*. Vol. 15. Retrieved from <https://doi.org/10.1186/s12914-015-0064-9> (Accessed 02.07.2022).

³ Inoue, C., Shawler, E., Jordan, CH., Jackson, CA. (2021). *Veteran and Military Mental Health Issues*. StatPearls Publishing, Treasure Island. PMID: 34283458.



states that hosting displaced Ukrainians, have also faced challenges related to the ability of their own health care system to meet the needs of refugees in health care services.

The war increased the need in health care services while reducing the system's ability to provide services, especially in areas of active conflict. As of June 2, 269 confirmed attacks on healthcare facilities had been reported in Ukraine, killing at least 76 healthcare professionals and injuring 59 of them⁴. Despite the significant risk to their lives, healthcare workers continued to provide vital services and support in the face of all adversities that face Ukrainian during the war.

Some healthcare facilities were destroyed, while others were overcrowded with people seeking help from war injuries. War influences the mental health of different groups of population: those who are involved in military operations, faced or witnessed atrocities, were forced to move, lost relatives and loved ones, provided assistance and support to victims and even those who are in relative safety without any stability. Across the country, healthcare workers report that the most common request is help to cope with insomnia, anxiety, grief and psychological pain⁵. People who were in treatment due to substance use disorder (SUD) and were forced to move also experienced threatening consequences of the active spread of hostilities on the territory of Ukraine. Changing the place of residence or stay in the area of hostilities has severely limited the availability of medication assisted treatment (MAT), which, in turn, caused problems related to drug withdrawal syndrome.

Continuation of active military operations on a considerable part of Ukrainian territories rises the need for assessment of service provision for people with SUD, including MAT, during the war.

The ***purpose of current study*** is to provide an insight into the current state and key issues of provision of special medical care and support services for people with SUD in

⁴ United Nations. Ukraine. (2022). One hundred days of war has put Ukraine's health system under severe pressure. Retrieved from <https://ukraine.un.org/en/184816-one-hundred-days-war-has-put-ukraines-health-system-under-severe-pressure>. (Accessed 08.07.2022).

⁵ United Nations. Ukraine. (2022). One hundred days of war has put Ukraine's health system under severe pressure. Retrieved from <https://ukraine.un.org/en/184816-one-hundred-days-war-has-put-ukraines-health-system-under-severe-pressure>. (Accessed 08.07.2022).



Ukraine during war. This study is based on desk review and involves collecting and analyzing available information to gain understanding of the key challenges.

In order to adequately guide the research, the following **study objectives** were defined: analyze service provision for internally displaced persons (IDPs) with SUD during the war in Ukraine; assess availability of support services for Ukrainian refugees with SUD abroad; investigate legal and organizational framework for MAT in Ukraine.

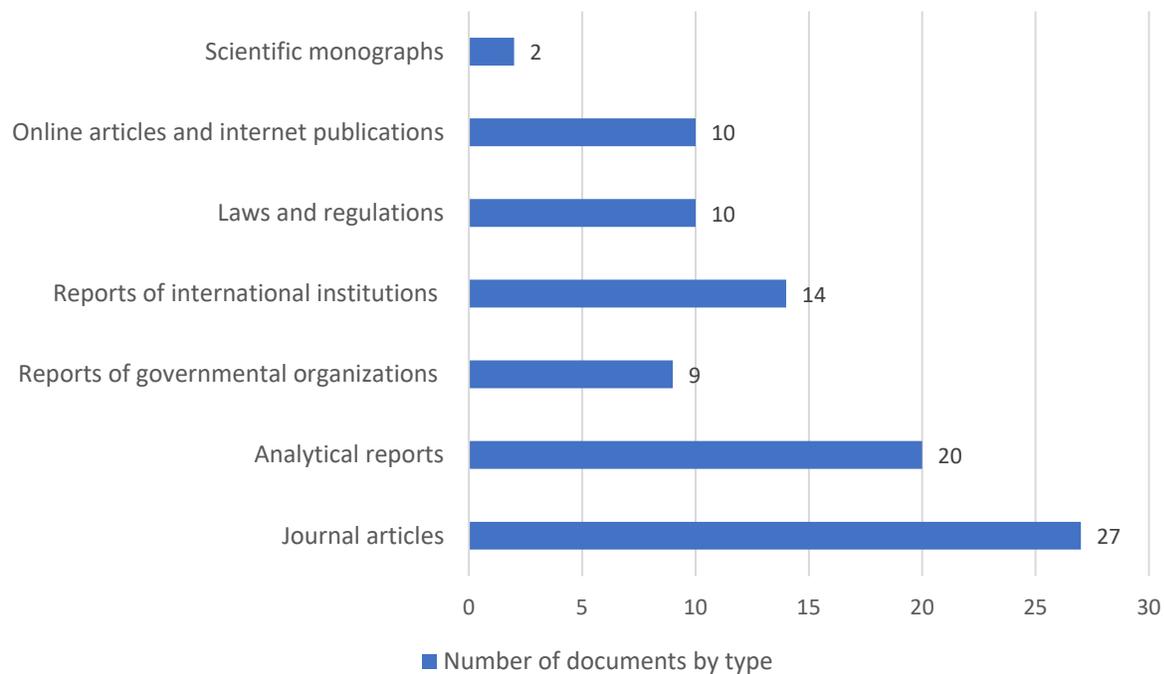
The current desk review could determine key challenges and provide insight for development of appropriate policy responses addressing the needs of people with SUD during the war in Ukraine.



2. Sample, Methods, and Limitations

More than 90 documents were selected for analysis and for subsequent desk review. The documents were of various type and included journal articles, analytical reports, information published by state authorities, reports prepared by international institutions, as well as reports of non-governmental organizations and few other types of documents such as government press releases and online articles. Documents were diverse in terms of scope in that some were specific to Ukraine and others had a global focus. All documents reviewed were published between 2015 and 2022, although the majority of documents (above 78%) were published after beginning of full-scale Russia military aggression on the territory of Ukraine.

Figure 1. Number and type of documents reviewed



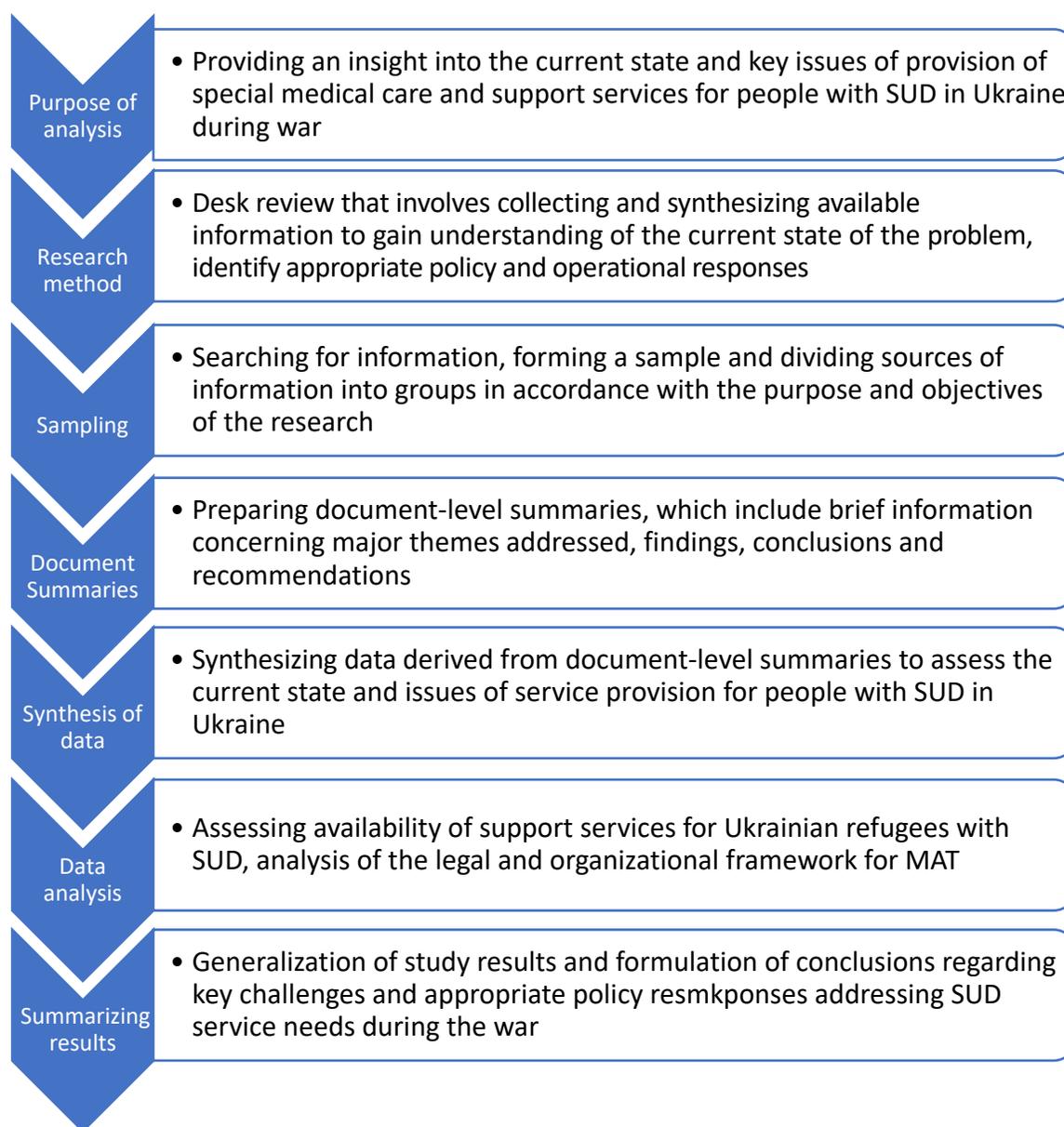
The largest part of the documents that were reviewed are journal articles (30%). The articles selected for review were devoted to the issues of substitution treatment service provision for internally displaced persons with substance use disorder during the war in Ukraine and availability of support services for Ukrainian refugees. Among the reviewed documents, reports of non-governmental organizations (22%) and international



institutions (15%) play an important role. These reports provide valuable data on the number of IDPs, refugee and other vulnerable populations suffering from substance use disorder.

The **design of the study** follows a deductive approach meaning that it starts from searching for information, forming a sample and dividing all documents into groups in accordance with the purpose and objectives of the research. Figure 2 provides more detailed overview of study design.

Figure 2. Study design





The limitation of the methodology of research was that the group of documents analysed was highly variable in their relevance and coverage of chosen topic and in their applicability to the analysis of support services for Ukrainians with SUD. Nearly 31% of the documents in the sample were articles from professional journals and therefore were not focused directly on purpose of the study or its objectives. Not much time has passed since the beginning of the war in Ukraine, as a result some of the documents have not yet been published. Therefore, documents selected for this desk review did not include all the evaluations, assessments and studies produced to this point. In any case, the sample of documents used for the analysis allowed to identify the most threatening challenges in addressing needs of people with SUD during the war in Ukraine.



3. Impact of War on Mental Health and Substance Use in Ukraine

Russia full-scale invasion of Ukraine leads to rapid escalation of a mental health crisis. Meanwhile, mental health problems and challenges among populations affected by the war have received little attention, compared to political boycotts and economic sanctions⁶. People in the area of military conflict are at a constant risk of short-term and long-term mental disorders. Refugees experiencing various traumas, such as losing family and loved ones in conflict, fear of being killed in war and lack of basic necessities, all of which contribute to an increased vulnerability to mental health problems⁷. Moreover, pre-existing SUD may increase the risk of conflict-related mental health problems among vulnerable individuals.

Mental health problems will also affect people living in the conflict zones in Ukraine. They are exposed to a range of war traumas, such as witnessing or experiencing war injuries, explosions from bombs and loved ones being killed, often repeatedly, which can result in severe psychological traumas, including posttraumatic stress disorder and depression⁸.

Identification and diagnosis of mental disorders during and after wartime is a crucial task and daunting challenges for Ukrainian public health care system. Destruction of homes, livelihoods, healthcare facilities, caring for family and children, forces victims to temporarily ignore their worries and anxieties. The victims are unable to process, channel, and express these feelings which leads to suppression of emotions and the potential development of neuropsychiatric conditions. Additionally, people may not reveal or be

⁶ Bai, W., Cai, H., Sha, S., et al. (2022). A joint international collaboration to address the inevitable mental health crisis in Ukraine. *Nature Medicine*. Vol. 28(6). Retrieved from <https://doi.org/10.1038/s41591-022-01828-w>. (Accessed 01.07.2022)

⁷ Silove, D., Ventevogel, P., Rees, S. (2017). The contemporary refugee crisis: an overview of mental health challenges. *World Psychiatry*. Vol. 16(2). :130-139. Retrieved from <https://doi.org/10.1002/wps.20438>. (Accessed 08.07.2022)

⁸ Bai, W., Cai, H., Sha, S., et al. (2022). A joint international collaboration to address the inevitable mental health crisis in Ukraine. *Nature Medicine*. Vol. 28(6). Retrieved from <https://doi.org/10.1038/s41591-022-01828-w>. (Accessed 01.07.2022)



able to recall the complete trauma experience until treatment has already started, mostly due to shame and fear⁹.

During wartime, interruptions and inadequate supplies of essential antipsychotic, antidepressant, anxiolytic, mood-stabilizing, and antiepileptic medications at mental health facilities, make it difficult to provide appropriate care. In addition, there is a significant lack of awareness concerning mental health issues in society and insufficient knowledge of preventive approaches and treatment possibilities¹⁰.

Another significant issue is the social stigma and fear of judgment and discrimination. People in Ukraine traditionally have had a negative outlook on the professional efficacy and treatment of mental disorders. Furthermore, due to high stigma and shame, people fear being labeled negatively by their communities for seeking treatment and therefore, they prefer to do so anonymously. People also fear having a public medical record that identifies them as mentally ill, as this could reduce their chances of securing employment opportunities¹¹.

Military conflict in Ukraine poses additional threats to vulnerable populations, including people with SUD¹². The disruptions in the supply chain and delivery of medications for opioid use disorder becoming one of the main challenges for the public health care system in Ukraine. Treatment programmes and their staff throughout the country are struggling to navigate the needs of their patients.

Active military operations in Ukraine causes the issues with substance uses and mental health problems among the internally displaced people and other vulnerable populations. The toll of substance and alcohol uses and addictions that triggered by the military conflict

⁹ Jain, N., Prasad, S., Czárth, ZC., et al. (2022). War Psychiatry: Identifying and Managing the Neuropsychiatric Consequences of Armed Conflicts. *Journal of Primary Care & Community Health*. Vol. 13. Retrieved from <https://doi.org/10.1177/21501319221106625> (Accessed 07.07.2022).

¹⁰ Jain, N., Prasad, S., Czárth, Z., et al. (2022). War Psychiatry: Identifying and Managing the Neuropsychiatric Consequences of Armed Conflicts. *Journal of Primary Care & Community Health*. Vol. 13. Retrieved from <https://doi.org/10.1177/21501319221106625> (Accessed 07.07.2022).

¹¹ Quirke, E., Klymchuk, V., Suvalo, O., Bakolis, I., & Thornicroft, G. (2021). Mental health stigma in Ukraine: Cross-sectional survey. *Global Mental Health*. Vol. 8, E11. Retrieved from <https://doi.org/10.1017/gmh.2021.9>

¹² Altice, F., Bromberg, D., Dvoriak, S., et al. (2022). Extending a lifeline to people with HIV and opioid use disorder during the war in Ukraine. *Lancet Public Health*. Vol. 7(5). Retrieved from [https://doi.org/10.1016/S2468-2667\(22\)00083-4](https://doi.org/10.1016/S2468-2667(22)00083-4) (Accessed 08.07.2022).



among the soldiers, internally displaced peoples, and civilian survivors become a challenge for Ukraine¹³. Conflicts and wars are known to contribute to a higher burden of mental health problems such as depression, anxiety, and substance misuse among individuals living in or near to conflict zones¹⁴. The link between warfare and the increase in production and trafficking of illicit drugs has long been traced in the history of armed conflicts, and recent research indicates a link between the raise in production of lootable resources, including opioids, and conflict duration¹⁵. Among vulnerable populations, including people with SUD the prevalence of mental health problems, specifically depression and post-traumatic stress disorder, are particularly high¹⁶.

In this context, the mental health care and emergency management system in Ukraine, which should support and assist vulnerable populations with SUDs, are not keeping pace with increasing medical needs caused by the raising military conflict¹⁷. Mental health care system in Ukraine is fragmented and underdeveloped and faces challenges in conditions where a large part of healthcare facilities was destroyed, while others were overcrowded with people seeking help from war trauma.

Special attention should be given to vulnerable populations at high risk of mental health problems, such as people with substance use disorder. Since the invasion of Ukraine, most adult men younger than 60 years cannot leave the country unless they have an official exemption. For those Ukrainian men who are medically disabled, new mechanisms are needed to legally certify their disability, perhaps using telemedicine,

¹³ Patel, S., Zvinchuk, O., Erickson, T. (2020). The Conflict in East Ukraine: A Growing Need for Addiction Research and Substance Use Intervention for Vulnerable Populations. *Forensic Science and Addiction Research*. Vol. 5(3). P. 406-408. PMID: 32363331.

¹⁴ Rozanov, V., Frančišković, T., Marinić, I., et al. (2019). Mental Health Consequences of War Conflicts. In Javed A, Fountoulakis K (eds) *Advances in Psychiatry*. P. 281-304. Springer, Cham.

¹⁵ Cornell, S. (2007). Narcotics and armed conflict: Interaction and implications. *Studies in Conflict & Terrorism*. Vol. 30(3), P. 207–227.

¹⁶ Schuckit, M. (2016) Comorbidity between substance use disorders and psychiatric conditions. *Addiction*. Vol. 101. P. 76-88. DOI:10.1111/j.1360-0443.2006.01592.x

¹⁷ Patel, S., Sukhovii, O., Zvinchuk, O., et al. (2021). Converging Impact of the Ongoing Conflict and COVID-19 Pandemic on Mental Health and Substance Use Disorders in Ukraine. *Journal of Emergency Management*. Vol. 19(9). P.63-68. DOI: 10.5055/jem.0603.



along with safe passage out of the country and linkage to medications for opioid use disorder outside of Ukraine¹⁸.

International stakeholders including UNHCR and WHO should provide appropriate resources in the absence or destruction of healthcare institutions amidst war. Healthcare workers should be given secure passage in the conflict zone to provide care to those in need¹⁹.

The major barriers to receive mental health services in war-affected regions include limited access to psychiatric care facilities, lack of trust in the psychiatry system, stigma and shame, and lack of awareness and understanding. Therefore, it is so important to provide adequate emergency mental health care infrastructure and a reliable prehospital system to reach the individuals with substance use disorder caused by the conflict²⁰. This includes underserved areas throughout the country, healthcare facilities in western regions overcrowded with people seeking help from war trauma and especially the conflict regions in Ukraine.

¹⁸ Altice, F., Bromberg, D., Dvoriak, S., et al. (2022). Extending a lifeline to people with HIV and opioid use disorder during the war in Ukraine. *Lancet Public Health*. Vol. 7(5). Retrieved from [https://doi.org/10.1016/S2468-2667\(22\)00083-4](https://doi.org/10.1016/S2468-2667(22)00083-4) (Accessed 08.07.2022).

¹⁹ Nott, E. (2022). Ukraine invasion: why I fear for Ukraine's healthcare workers. *BMJ*. Vol. 376. Retrieved from <https://doi.org/10.1136/bmj.o605> (Accessed 04.07.2022).

²⁰ Patel, S., Zvinchuk, O., Erickson, T. (2020). The Conflict in East Ukraine: A Growing Need for Addiction Research and Substance Use Intervention for Vulnerable Populations. *Forensic Science and Addiction Research*. Vol. 5(3). P. 406-408. PMID: 32363331.



4. Service Provision for Internally Displaced Persons with Substance Use Disorder During the War in Ukraine

The war in Ukraine forced more than 6 million people to leave the country, and more than 7 million move to other regions of the country²¹. However, current displacement trends become much more fluid than at the beginning of the war. Fighting and hostilities continue to push people from their homes or prevent them from return. But as for today, inside Ukraine over 5 million people went back home, while about 6.3 million are still internally displaced, according to the International Organization for Migration²². This continues to create challenges for the Ukrainian health care system, because it is difficult for people to access treatment that is required when they arrive in a new place of residence.

Figure 3. Number of IDPs in Ukraine as of July 2022²³



²¹ Alliance for Public Health. (2022). Internally displaced persons and migrants: situational report. Retrieved from <https://www.eatg.org/wp-content/uploads/2022/04/sitrep-war-2022-9.pdf>. (Accessed 08.07.2022). [in Ukrainian].

²² International Organization for Migration. (2022). Report on displaced population tracked in Ukraine. Jun 2022. Retrieved from <https://displacement.iom.int/ukraine> (Accessed 07.07.2022).

²³ United Nations Office for Coordination of Humanitarian Affairs. (2022). Ukraine Situation Report. Jul. 2022. Retrieved from <https://reliefweb.int/report/ukraine/ukraine-situation-report-13-jul-2022> (Accessed 05.07.2022).



So far, there are a little data on the mental health of internally displaced persons (IDPs) since the outbreak of full-scale hostilities. But according to studies that have been conducted since 2015 in Ukraine, IDPs have an increased risk of PTSD, depression and anxiety^{24, 25}. Self-medication and use of alcohol were common ways to cope with stress²⁵. And along with that, less than 25% of IDPs received mental health care^{24,25}. Therefore, it can be assumed that the impact on the mental health of all people affected by the war will be significant, especially those who are displaced and facing traumatic events and ongoing stressors²⁶.

The war in Ukraine has inevitably led to the country's health system functioning at reduced capacity, and attacks near hospitals mean that people cannot safely attend healthcare facilities for treatment. Access to specialized treatment services (including addiction treatment) was disrupted²⁷. Where services can continue, health workers are under constant threat of missile strike or bomb attack, and supply of specialized services can be stopped at any stage²⁸.

According to the official data of the Ministry of Health, at the beginning of 2019 there were 58 psychiatric hospitals and 24 narcological hospitals in Ukraine, where people with SUD could receive specialized treatment, and 231 MAT sites²⁹. Since the beginning of the war, 869 health care facilities were damaged, 123 of them cannot be restored³⁰. More than 57 healthcare facilities that offered MAT services are now closed or under risk of closure due

²⁴ International Alert (2017), Hidden burdens of conflict: Issues of mental health and access to services among internally displaced persons in Ukraine. <https://www.international-alert.org/publications/hidden-burdens-of-conflict/> (Accessed 07.07.2022).

²⁵ Kuznetsova I., Mikheieva O., Catling J. Et al. (2019) The Mental Health of Internally Displaced People and the General Population in Ukraine, www.humanitarianresponse.info/files/documents/files/mental_health_of_idps_and_general_population_in_ukraine.pdf (Accessed 07.07.2022).

²⁶ Murphy, A., Fuhr, D., Roberts, B. et al. (2022). The health needs of refugees from Ukraine. *The BMJ*. Vol. 377. Retrieved from <https://doi.org/10.1136/bmj.o864> (Accessed 01.07.2022).

²⁷ Hodgson, Ian. (2022). The impact of the war in Ukraine on HIV services. *British Journal of Nursing*. Volume 31. Issue 11. Retrieved from <https://www.britishjournalofnursing.com/content/comment/the-impact-of-the-war-in-ukraine-on-hiv-services>. (Accessed 08.07.2022).

²⁸ World Health Organization. (2022). Ukraine public health situation analysis. 2022a. Retrieved from <https://www.humanitarianresponse.info/en/operations/ukraine/document/ukraine-public-health-situation-analysis-phsa-ukraine-03032022-eng> (Accessed 05.07.2022).

²⁹ Report on the drug and alcohol situation in Ukraine for 2021. Ukrainian Medical and Monitoring Centre on Drugs and Alcohol, Kyiv, Ukraine, 2021. Retrieved from <https://cmhmda.org.ua/wp-content/uploads/2022/01/dani-zvitu-2021-2020-rik.pdf> (Accessed 07.07.2022).

³⁰ Ministry of Health of Ukraine. (2022). Five months of fighting full-scale Russian aggression: the health care system. Retrieved from <https://moz.gov.ua/article/news/p'jat-misjaciv-borotbi-iz-povnomasshtabnoju-rosijskoju-agresieju-sistema-ohoroni-zdorovja> (Accessed 04.07.2022). [in Ukrainian]



to destruction, occupation or shortage of drugs³¹. Supply routes within the country have been thrown into disarray. Mental health institutions which were in active military zone faced with lack of shelters; strategic food, hygiene and medical supplies; lack of personnel; backup technologies in case of disconnection of power grids, Internet and water supply; problems with evacuation and timely and inclusive distribution of humanitarian aid³². Many medical workers were forced to leave their places of residence, at least 18 medical workers were killed and more than 50 were injured. However, by this time, 3,629 internally displaced health workers went back to work³⁰.

Rehabilitation services for people with SUDs mostly provided in Ukraine by non-state rehabilitation centers. Unfortunately, there is no single registry of such centers, but according to approximate estimates, their number may be around 300-500³³. According to the data of criminal investigations, the activity of some of these centers is not in line with human rights protection³³. Since the beginning of the war, apart from single publications of private rehabilitation centers about evacuation or continuation of work, there is no reliable generalized information about their services in wartime.

As of 01.01.2021, there were 62,419 people with drug use disorders registered in the dispensary group, and 234,432 people with alcohol use disorder received treatment in 2020 in Ukraine³⁴. Since the start of the war, there have been an increase in number of people with SUD seeking special medical care services in the central and western parts of Ukraine³⁵. More than a third of clients of harm reduction programs seeking prevention services in 2022 had not received such services³⁶. Latest operational data demonstrate that since the beginning of the war in Ukraine about 1,400 people with SUDs are forced

³¹ Alliance for Public Health (2022). Situational report on OST. Retrieved from https://aph.org.ua/wp-content/uploads/2022/03/Situation-Report_ZPT_final_ukr-1.pdf (Accessed 08.07.2022). [in Ukrainian]

³² Федорович І., Автухов К., Тарасова М. Та ін. (2022) Попередній огляд: місяця несвободи в Україні під час війни https://helsinki.org.ua/wp-content/uploads/2022/06/first-review_may_2022.pdf

³³ Ключа А., Ілляк С., Свірець В. (2021). Аналіз діяльності приватних та благодійних реабілітаційних центрів, які надають допомогу людям, що страждають на алкогольну, наркотичну, ігрову та інші форми залежності. Дотримання прав людини у цих закладах. <https://ecpl.com.ua/wp-content/uploads/2021/03/Doslidzhennia-.pdf>

³⁴ Ukrainian Medical and Monitoring Centre on Drugs and Alcohol (2021). Report on the drug and alcohol situation in Ukraine. Retrieved from <https://cmhmda.org.ua/wp-content/uploads/2022/01/dani-zvitu-2021-2020-rik.pdf>

³⁵ Alliance for Public Health (2022). 100 days of war. Retrieved from <https://aph.org.ua/wp-content/uploads/2022/05/100-dniv-vijni-R-1.pdf> (Accessed 07.07.2022).

³⁶ Alliance for Public Health. (2022). Internally displaced persons and migrants: situational report. Retrieved from <https://www.eatg.org/wp-content/uploads/2022/04/sitrep-war-2022-9.pdf>. (Accessed 08.07.2022). [in Ukrainian].



to change their place of residence due to a threat to their lives³⁷. As a result, there is a gradual increase in the number of MAT service users in Lviv, Poltava, Dnipropetrovsk and Zakarpattia regions³⁶.

Clients of private clinics, due to evacuation from regions with active military hostilities, also begin to register in state specialized centres to receive the MAT, which also increases the burden on the health care system already suffering from the consequences of war³⁵.

As of July 2022, about 1,400 internally displaced persons who receive MAT have been registered. The total number of patients receiving MAT in Ukraine is 18,612 persons³⁸. Approximately 332 patients of private clinics who receive MAT have been registered at new places of residence from the beginning of war in Ukraine³⁹. There is a risk of interruption of MAT treatment for more than 2,138 people, primarily those who are in the regions that are directly suffering from Russian aggression⁴⁰. Personal data of people receiving MAT in Ukraine is confidential and is not included in open data. At the same time, the aggregated data from statistical reports show that as of July 2022, the average age of persons receiving MAT is 42 years. Also, out of more than 18,000 recipients of MAT, only 14.7% are women⁴¹.

³⁷ Public Health Center of Ukraine. (2022). Situational report on access to substitution maintenance therapy programs in Ukraine. July 2022. Retrieved from https://phc.org.ua/sites/default/files/users/user90/OST_SitRep_UA_2022.07.01.pdf (Accessed 07.07.2022). [in Ukrainian].

³⁸ Public Health Center of Ukraine. (2022). Situational report on access to substitution maintenance therapy programs in Ukraine. July 2022. Retrieved from https://phc.org.ua/sites/default/files/users/user90/OST_SitRep_UA_2022.07.01.pdf (Accessed 07.07.2022). [in Ukrainian].

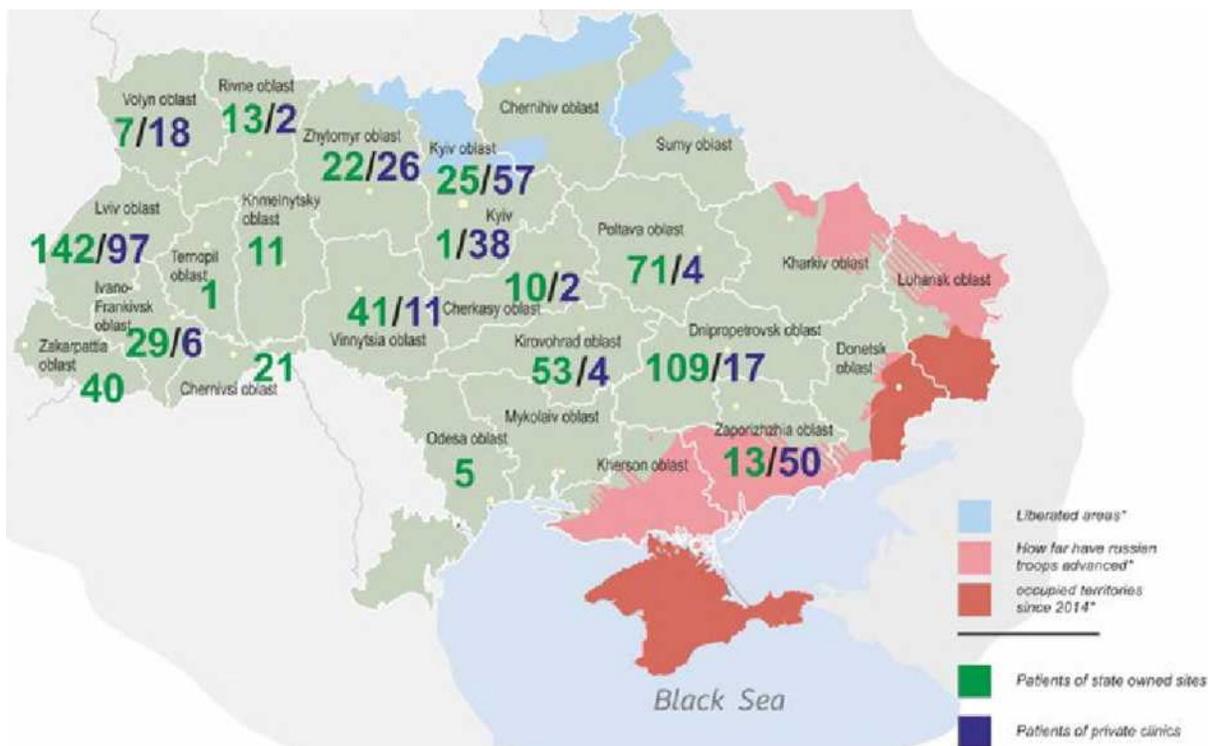
³⁹ Alliance for Public Health. (2022). Internally displaced persons and migrants: situational report. Retrieved from <https://www.eatg.org/wp-content/uploads/2022/04/sitrep-war-2022-9.pdf>. (Accessed 08.07.2022). [in Ukrainian].

⁴⁰ Alliance for Public Health (2022). Situational report on OST. Retrieved from https://aph.org.ua/wp-content/uploads/2022/03/Situation-Report_ZPT_final_ukr-1.pdf (Accessed 08.07.2022). [in Ukrainian].

⁴¹ Public Health Center of Ukraine. (2022). Information on the quantitative and qualitative non-personalized characteristics of patients receiving MAT (July 2022). Retrieved from <https://phc.org.ua/kontrol-zakhvoryuvan/zalezhnist-vid-psikhoaktivnikh-rechovin/zamisna-pidtrimuvalna-terapiya-zpt/statistika-zpt> (Accessed 05.07.2022). [in Ukrainian].



Figure 4. Number of IDPs in Ukraine receiving MAT ³⁸



With the start of military aggression doctors started prescribing supplies for MAT for 30 days, but pharmacies did not have such large stocks⁴². Ukrainian methadone factories (two largest facilities are in Kharkiv and Odesa) have stopped operations⁴³. That shortages are also affecting the black market for drugs in Ukraine in terms of drugs availability and increasing prices⁴⁴.

According to the recent survey, 20% of IDPs indicated a lack of access to medical services and medicines; 31% of IDPs in the East and 27% of IDPs in the South have to make significant efforts to access health services or medicines; 30% reported that they personally or someone from their family had to stop using medicines due to their

⁴² Public Health Center of Ukraine. (2021). Report on the results of the implementation of the substitution maintenance therapy. Retrieved from https://phc.org.ua/sites/default/files/users/user90/ZPT_2020_zvit.pdf (Accessed 01.07.2022).

⁴³ Altice, F., Bromberg, D., Dvoriak, S., et al. (2022). Extending a lifeline to people with HIV and opioid use disorder during the war in Ukraine. *Lancet Public Health*. Vol. 7(5). Retrieved from [https://doi.org/10.1016/S2468-2667\(22\)00083-4](https://doi.org/10.1016/S2468-2667(22)00083-4) (Accessed 08.07.2022).

⁴⁴ United Nations Office on Drugs and Crime. (2022). Conflict in Ukraine: key evidence on drug demand and supply. Retrieved from https://www.unodc.org/documents/data-and-analysis/Ukraine/Ukraine_drug_demand_supply.pdf. (Accessed 07.07.2022).



unavailability or lack of money. In the eastern region, 17% of respondents reported the absence or lack of open pharmacies⁴⁵.

Mental health services, which provide treatment for people with mental health and SUDs, also face with a shortage of medications⁴⁶. According to WHO Ukraine message, over 16,000 people with moderate to severe mental health conditions could face shortages of essential medicines⁴⁷. Most humanitarian emergency medical supplies were distributed mostly in the east, south and north of the country, where the need is greatest. Meanwhile, that could leave western regions with great number of IDPs undersupplied.

Shortage of methadone and other prescribed medicines could potentially influence people who use substances to shift to available street drugs. On the other hand, active military operations may also disrupt and shift drug trafficking routes⁴⁸, which could potentially increase risk of overdoses⁴⁹. According to data provided by Alliance for Public Health, the demand for the overdose prevention service tripled after the start of the war. At the same time, there are problems with the supply of Naloxone in many regions due to active hostilities in the Kharkiv region, where the main manufacturer of the drug is located. To meet this need, the Alliance for Public Health is currently purchasing an additional 28,000 ampoules of naloxone. The largest number of ampoules of naloxone during hostilities were issued in Odesa, Khmelnytskyi, Sumy, Kirovohrad regions and Kyiv⁵⁰.

According to MOH of Ukraine, all IDPs who need specialised mental health services can receive psychiatrist or primary care doctor consultation to obtain necessary treatment or

⁴⁵ IOM (2022) Ukraine — Internal Displacement Report — General Population Survey Round 6 (17 June 2022 23 June 2022). Retrieved from <https://displacement.iom.int/reports/ukraine-internal-displacement-report-general-population-survey-round-6-17-june-2022-23-june?close=true> (Accessed 08.07.2022).

⁴⁶ World Health Organization. (2022). Mental Health in Ukraine: How Community Mental Health Teams are providing care amidst the ongoing war. Retrieved from <https://www.who.int/news-room/feature-stories/detail/mental-health-in-ukraine--how-community-mental-health-teams-are-providing-care-amidst-the-ongoing-war> (Accessed 05.07.2022).

⁴⁷ World Health Organization. (2022). Health must be at the centre of Ukraine's recovery. Retrieved from <https://www.who.int/europe/news/item/20-05-2022-health-must-be-at-the-centre-of-ukraine-s-recovery--says-who-regional-director-for-europe> (Accessed 08.07.2022).

⁴⁸ United Nations Office on Drugs and Crime. (2022). Conflict in Ukraine: key evidence on drug demand and supply. Retrieved from https://www.unodc.org/documents/data-and-analysis/Ukraine/Ukraine_drug_demand_supply.pdf (Accessed 07.07.2022).

⁴⁹ Alliance for Public Health. (2022). Situational report on prevention. Retrieved from https://aph.org.ua/wp-content/uploads/2022/04/APH_WarSitRep_IDP_Prevention_6May2022_ukr.pdf (Accessed 05.07.2022).

⁵⁰ Ivsins A, Boyd J, Beletsky L, McNeil R. Tackling the overdose crisis: The role of safe supply. *Int J Drug Policy*. 2020 Jun;80:102769. doi: 10.1016/j.drugpo.2020.102769. Epub 2020 May 1. PMID: 32446183; PMCID: PMC7252037.



referral. But due to the military situation, inpatient psychiatric care is available even without having a referral. Each medical facility that has the "Inpatient Psychiatric Care" package will provide free diagnosis, treatment and medications from the National List of Medicines. In total, 91 medical institutions in Ukraine provide medical care under the "Inpatient Psychiatric Care" package. The most in Dnipropetrovsk Oblast - 10, Lviv Oblast - 6, Ivano-Frankivsk Oblast and Volyn Oblast - 5 each. In most regions, there are 2-4 institutions that provide psychiatric care⁵¹.

In the conditions of a military conflict, finding new and effective ways to provide people with SUDs with medicines and specialised treatment services becomes a critical task for Ukrainian civil society. These also include extended delivery of MAT. The Alliance for Public Health, a large Ukrainian NGO, uses mobile testing vehicles to deliver medication for key populations and humanitarian aid⁵². Ukrainian Ministry of Health authorised community outreach teams to disperse two key opioid agonist treatments, methadone and buprenorphine, even though both are controlled medications usually only available in more formal settings⁵³.

One of the important goals for public authorities and civil society organisations in these conditions is to strengthen information support for IDPs with SUD. Clients of MAT services who had to go in another region fleeing the war should have an access to information about where they can get appropriate treatment and specialised support services. This can save lives, and there are already tragic reports of persons who were unable to access medication ending their own lives⁵¹. A positive practice in solving this problem is the launch of a specialized information service #HelpNOW which has helped more than 1,200 people with SUD to receive appropriate support services and MAT⁵⁴.

⁵¹ Ministry of Health of Ukraine. (2022). Specialized psychiatric care during the war. Retrieved from <https://moz.gov.ua/article/health/specializovana-psihiatrichna-dopomoga-pid-chas-vijni-> (Accessed 07.07.2022).

⁵² Alliance for Public Health (2022). Humanitarian convoys of the Alliance: 111 days on the road 111 days of help. Retrieved from https://aph.org.ua/wp-content/uploads/2022/06/APH_WarSitRep_Humanitarian-Convoys_20June2022_ukr_final.pdf (Accessed 02.07.2022).

⁵³ Hodgson, Ian. (2022). The impact of the war in Ukraine on HIV services. *British Journal of Nursing*. Volume 31. Issue 11. Retrieved from <https://www.britishjournalofnursing.com/content/comment/the-impact-of-the-war-in-ukraine-on-hiv-services>. (Accessed 08.07.2022).

⁵⁴ Alliance for Public Health. (2022). Situation report: 100 days of war. Response to War Challenges. Retrieved from <http://aph.org.ua/wp-content/uploads/2022/05/APH-100-DAYS-OF-WAR-2.pdf>. (Accessed 07.07.2022).



Psychological services providing crisis support for general population are broadly available, including special support services IDPs and for those who use drugs⁵⁵.

Thinking of long-term goals, it is worth noting that the World Bank expects Ukraine's economy to shrink by 45% this year, posing a threat to the maintenance of vital health and social programmes for people with SUD⁵⁶.

Moreover, under conditions of drug trafficking change, Ukraine should make special efforts to stop organized crime and other groups from exploiting military conflict situations and prevent the illicit drug trade from contributing to violence and instability⁵⁷.

Partnership between public authorities and civil society organisations was able to ensure the provision of support services, treatment, care and prevention programmes to save lives of people with SUD even through the horrors of war. But the civil society networks require an international support to ensure continued operations at the required level of efficiency during the active military operations.

⁵⁵ Drugstore. (2022). Information about the project. Retrieved from <https://drugstore.org.ua/about> (Accessed 08.07.2022).

⁵⁶ United Nations AIDS. (2022). UNAIDS warns that the war in Ukraine risks a humanitarian catastrophe. Retrieved from <https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2022/april/20220413> (Accessed 01.07.2022).

⁵⁷ United Nations Office on Drugs and Crime. (2022). World Drug Report 2022. Retrieved from https://www.unodc.org/res/wdr2022/MS/WDR22_Booklet_1.pdf. (Accessed 07.07.2022).



5. Availability of Support Services for Ukrainian Refugees with Substance Use Disorder

Since the beginning of Russia military aggression on the territory of Ukraine over 6 million people have left the country, many going to neighbouring nations such as Hungary, Moldova, Romania and Slovakia. United Nations High Commissioner for Refugees indicate that Moldova has received the most refugees per capita, but Poland has taken the highest number in total, with over 3 million Ukrainian refugees⁵⁸.

The health risks facing mobile populations are especially high. Martial law, in force since February 2022, prevents Ukrainian men aged 18 to 60 from leaving the country, so most refugees are women, children and elderly people⁵⁹. For women, going abroad as a refugee creates additional risks and there are reports of trafficking attempts⁶⁰.

From the very beginning of the undisguised Russian military aggression over Ukraine the European Society demonstrated support for the people of Ukraine and tried to protect vulnerable groups of the Ukrainian population from the extremely destructive consequences of war. In March 2022, EMCDDA issued a statement in support of the initiative to establish a temporary protection mechanism for the displaced persons from Ukraine⁶¹.

Russia's invasion of Ukraine triggered a major humanitarian crisis. Many Ukrainians have sought refuge within the European Union as a result of this conflict, creating the need for a major humanitarian response. This situation had an ongoing implication for the global

⁵⁸ United Nations Refugee Agency. (2022). Lives on Hold: Profiles and Intentions of Refugees from Ukraine. Jul. 2022. Retrieved from <https://data.unhcr.org/en/documents/download/94176> (Accessed 08.07.2022).

⁵⁹ World Health Organization. (2022). Ukraine crisis public health situation analysis – refugee-hosting countries. Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/352494/WHO-EURO-2022-5169-44932-63918-eng.pdf> (Accessed 01.07.2022).

⁶⁰ Hoff, I., de Volder, E. (2022). Preventing human trafficking of refugees from Ukraine. Retrieved from https://freedomfund.org/wp-content/uploads/UkraineAntiTraffickingReport_2022.pdf (Accessed 02.07.2022)

⁶¹ European Monitoring Centre for Drugs and Drug Addiction. (2022). EU Justice and Home Affairs agencies' joint statement on Ukraine. Retrieved from https://www.emcdda.europa.eu/news/2022/eu-justice-and-home-affairs-agencies-joint-statement-ukraine_en. (Accessed 07.07.2022).



and European drug market, drug use or the provision of services for persons with drug problems⁶².

People who access SUD treatment in Ukraine will account for a small part of the numbers seeking refuge in the European Union. Nonetheless, these clients will need an immediate response to ensure continuity of care taking into account their specific needs, which will potentially include mental health services. People who escaping the military conflict are likely to have suffered severe psychological stress, making them more vulnerable to substance use problems especially if appropriate support services are not available⁶⁰.

Experts from EMCDDA stress a need to assess and address the health and support needs of drug addicted persons fleeing the war in Ukraine. This is likely to put additional pressures on existing services, especially in EU countries bordering Ukraine. Continuity of treatment, language services and the provision of accommodation and social welfare supports are likely to be key requirements. The long-term consequences of the war in Ukraine will require targeted monitoring of the situation in order to develop an appropriate policy and operational responses to provision of special support services for Ukrainian drug-addicted refugees in EU.

For some EU member states, increasing number of people fleeing the war in Ukraine may be a challenge, as they are not prepared to address needs of large numbers of refugees with substance use disorder.

Director of Romanian National Mental Health and Anti-Drug Center admits that Romania is not yet prepared to deal with incoming refugees requiring MAT⁶³. Approximate calculations indicate that there are 317 thousand heroin consumers in Ukraine, and above 14 000 of them are under MAT⁶⁴. If 1 thousand refugees with substance use disorder

⁶² European Monitoring Centre for Drugs and Drug Addiction. (2022). European Drug Report 2022: Trends and Developments. Retrieved from https://www.emcdda.europa.eu/system/files/publications/14644/EDR_2022_18-ONLINE.pdf. (Accessed 07.07.2022).

⁶³ Romanian National Mental Health and Anti-Drug Center. (2022). The fight against drugs in Romania. Retrieved from <https://drogkutato.hu/cikkek/the-fight-against-drugs-in-romania/> (Accessed 08.07.2022).

⁶⁴ Hamilton, I., Buxton, J. (2022). Ukraine's opiate users: Russian invasion has severely disrupted access to drug-treatment services. The University of Manchester Magazine. March 2022. Retrieved from <https://www.manchester.ac.uk/discover/news/ukraines-opiate-users-russian-invasion-has-severely-disrupted-access-to-drug-treatment-services/> (Accessed 02.07.2022).



arrive in Romania, there will be a significant challenge as local healthcare providers are only prepared to support 2,000 patients nationally.

Despite the fact that Ukrainian refugees mainly use Hungary as a transit point on their way to destination point, in this country there are already created capacities to meet the needs of refugees requiring MAT. MAT treatments are available only at the Drogoplex Ambulancia in Budapest and five other centers in the countryside⁶⁵. As the initial waves of refugees are women and children, they have not seen refugees with this need, but they are expecting patients will arrive. While in Hungary only a few hundred persons receive such treatments, in Ukraine this number is way above 14,000. Furthermore, there is no assurance that these services will be provided free of charge for the refugees.

Compared to Hungary, the situation in Moldova with meeting the needs of patients fleeing from Ukraine is different. The government is providing appropriate treatment for Ukrainians and the United Nations is funding the treatment. Refugees have the same access to treatment as Moldovans, and currently there are Ukrainian refugees receiving treatment⁶⁶.

Ukrainian refugees in Poland also have the opportunity to receive appropriate MAT. Patients fleeing from Ukraine could receive treatment in Poland with methadone. A HelpNow bot on Telegram helps them find the nearest treatment point and also help to get psychological support. This initiative supported by international organization Alliance for Public Health. Representatives of Foundation for Social Education have a complete list of substitution treatment centers in Poland and refers people directly to the nearest address.

National Bureau for Drug Prevention in Poland reported that people fleeing from Ukraine could receive treatment even without a PESEL number. Citizen of Ukraine who has come

⁶⁵ National Drug Data Collection and Contact Center of Hungary. (2022). Treatment options for opiate users in Hungary. Retrieved from <https://drogfokuszpont.hu/bevalt-gyakorlatok-portalja/kezeles/opiat-hasznalok/> (Accessed 07.07.2022). [in Hungarian]

⁶⁶ Treatment for Ukraine Project. (2022). Opioid agonist treatment services for refugees in Moldova. Retrieved from https://www.treatment4ukraine.com/en/countries/en_moldova/#bl-cntr-nn6 (Accessed 05.07.2022).



to Poland in connection with the military aggression of Russia and who reports with a health problem should be provided with adequate medical assistance⁶⁷.

Addiction Treatment Centre in Warsaw confirms that refugees from Ukraine have been admitted to the center in Praga Północ because due to a break in methadone intake the abstinence syndrome developed. Ukrainians with SUD can count on continuing substitution treatment in Poland and also benefit from the support of a psychologist, as well as assistance in filling out documents. In addition, volunteers on the train stations looking out for refugees who may need access to substitution treatment. They refer people directly to the nearest treatment center.

It is especially important in this context that EU agreed to activate the Temporary Protection Directive to offer quick and effective assistance to people fleeing the war in Ukraine. Under this Directive, those eligible will be granted temporary protection in the EU, meaning that they will be able to stay in the EU for at least one year and will be given a residence permit, which grants them access to medical assistance⁶⁸. Medical assistance includes: Emergency care and Essential treatment of illness.

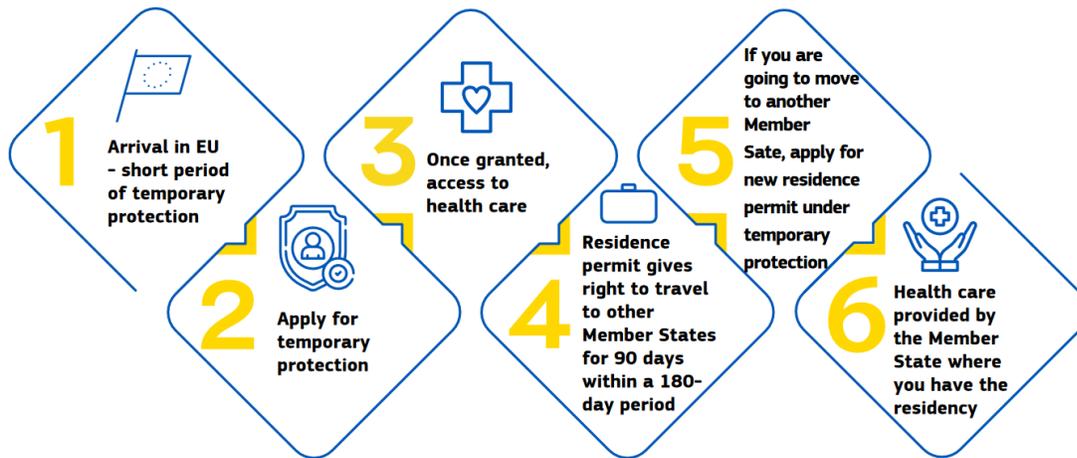
Access to medical care will be provided in the EU Member State where the person has been granted temporary protection and where their residence permit is active. Temporary protection can only be granted in one region at a time and Member States are encouraged to provide broad access to medical care and sickness benefits and to affiliate these persons to the public health system. Nevertheless, the full scope of coverage depends on the decision of national authorities.

⁶⁷ Krytyka Polityczna. (2022). Refugees from Ukraine are helped to be treated for opiate addiction. Retrieved from <https://krytykapolityczna.pl/narkopolityka/polskienarko/uchodzcom-z-ukrainy-leczacym-sie-z-uzaleznienia-od-opiatow-pomaga-internetowy-bot> (Accessed 05.07.2022). [in Polish].

⁶⁸ European Commission. (2022). Access to health care in EU countries for persons displaced from Ukraine. Retrieved from https://www.health.ec.europa.eu/system/files/2022-04/temporary-protection-ukraine_en.pdf. (Accessed 05.07.2022).



Figure 5. Procedure of obtaining access to temporary healthcare⁶⁹



It should be underlined that Temporary Protection Directive applies in all EU Member States except Denmark, and also does not applied to Switzerland, Norway, Liechtenstein, and Iceland. These countries have national legislation that grants similar protection⁷⁰. Currently there are 24 European Reference Networks for rare and complex diseases that united in their support of all Ukrainian patients. The 1600 expert centres are embedded in more than 300 EU hospitals, distributed across EU countries.

Recent events confirm the development of cooperation between Ukraine and the EU countries in the field of combating the spread of drug addiction in the context of a military conflict. At the beginning of July, Ukrainian version of the European Prevention Curriculum (EUPC) handbook, adapted for the local context, has been presented to facilitate training of professionals involved in shaping prevention decisions and policies in Ukraine using the science-based prevention of substance use⁷¹. This achievement has been a joint effort between the Ukrainian non-governmental organisations, State Institute

⁶⁹ European Commission. (2022). Access to health care in EU countries for persons displaced from Ukraine. Retrieved from <https://www.health.ec.europa.eu/system/files/2022-04/temporary-protection-ukraine.pdf>. (Accessed 05.07.2022).

⁷⁰ European Commission. (2022). Fleeing Ukraine: Information from national ministries and health agencies. Retrieved from https://ec.europa.eu/info/strategy/priorities-2019-2024/stronger-europe-world/eu-solidarity-ukraine/eu-assistance-ukraine/information-people-fleeing-war-ukraine/fleeing-ukraine-healthcare_en (Accessed 05.07.2022).

⁷¹ European Monitoring Centre for Drugs and Drug Addiction. (2022). Launch of the European Prevention Curriculum handbook in Ukrainian. Retrieved from https://www.emcdda.europa.eu/news/2022/launch-european-prevention-curriculum-handbook-ukrainian_en (Accessed 07.07.2022).



of Psychiatry, Forensic Psychiatric Examination and Drug Monitoring of the Ministry of Health of Ukraine.

Assessment of availability of support services for Ukrainian refugees demonstrated that there is still a need to strengthen the capacity of the medical care system in countries receiving refugees, especially in Poland, Moldova, Hungary and Romania. The priority is to ensure continuity of MAT to maintain support for refugees with SUD who may not have their medical files with them. In this context, civil society organizations taking much of the strain and providing vital support services for Ukrainian refugees⁷². At the same time, the staff of these organizations faced significantly increased workload, regularly updating and co-ordinating information on key services and access for Ukrainian refugees with substance use disorder.

It is vital to continue provision of support services for Ukrainian refugees and focus the efforts of the international community to help refugee accommodation centres strengthen their support for people facing the highest risks by expanding substitution treatment and prevention services during the active phase of military operations in Ukraine.

⁷² Hodgson, Ian. (2022). The impact of the war in Ukraine on HIV services. *British Journal of Nursing*. Volume 31. Issue 11. Retrieved from <https://www.britishjournalofnursing.com/content/comment/the-impact-of-the-war-in-ukraine-on-hiv-services>. (Accessed 08.07.2022).



6. Service Provision for People with Substance Use Disorder on Occupied Territories

As of July 23, 2022, 321 territorial communities from 9 regions are located in areas of military (combat) operations, or are under temporary occupation, encirclement (blockade): territorial communities of Donetsk, Kharkiv, Dnipropetrovsk, Luhansk, Zaporizhzhia, Kherson, Mykolaiv, Sumy, Chernihiv regions (Order of the Ministry of Reintegration dated 07/27/2022 No. 169)⁷³.

More than 400 Ukrainian health care facilities ended up in the occupied territories, 87 healthcare facilities were destroyed, 84 of which were in Donetsk region⁷⁴. However, Ukraine continues to support the medical system in the temporarily occupied regions and continues funding of medical facilities. In the first days of the war, the government made changes to the Medical Guarantee Program. They provide that the National Health Service will continue to cover the provision of medical assistance to patients on the temporarily occupied territories, in accordance with Ukrainian legislation⁷⁵.

In accordance with the norms of the Convention on the Protection of the Civilian Population in Time of War, the occupying party, in cooperation with the local authorities, is obliged to provide the necessary medical assistance to the population. Unfortunately, Russia is blocking the supply of medicines, including vital ones, from the territories controlled by Ukraine to the temporarily occupied ones⁷⁶.

The cities that were under occupation were faced with the lack of supplying food and medicine, restrictions on movement in the city, the impossibility of movement in the region, interruptions in the supply of electricity and Internet communication, the operation of mobile phone networks, difficulties with the organization of humanitarian corridors.

⁷³ Ministry of Reintegration of the Temporarily Occupied Territories of Ukraine. (2022). List of communities located on temporarily occupied territories. Retrieved from https://www.minre.gov.ua/sites/default/files/field/docs/dodatok_do_nakazu.pdf (Accessed 08.07.2022).

⁷⁴ Ministry of Health of Ukraine. (2022). More than 400 Ukrainian medical institutions are located in the temporarily occupied territories. Retrieved from <https://moz.gov.ua/article/news/ponad-400-ukrainskih-medzakladiv-roztashovani-na-timchasovo-okupovanih-teritorijah> (Accessed 05.07.2022).

⁷⁵ Ministry of Health of Ukraine. (2022). <https://moz.gov.ua/article/news/medichna-dopomoga-v-okupacii-jak-pracjue-sistema-ohoroni-zdorovja-na-timchasovo-nepidkontrolnih-teritorijah> (Accessed 07.07.2022).

⁷⁶ Ministry of Health of Ukraine. (2022). <https://moz.gov.ua/article/news/viktor-ljashko-blokujuchi-postachannja-likiv-na-timchasovo-okupovani-teritorii-rosija-vchinjae-terorizm-proti-civilnogo-naselennja> (Accessed 08.07.2022).



Health care facilities located in the district suffer from direct destruction, lack of medicines, food and personal hygiene items, problems with electricity supply, centralized heating, water drainage, difficulties with arranging shelters and safe space for patients⁷⁷. Due to the impossibility of rotation, the staff was often forced to live in the hospital.

In the territories temporarily occupied by Russia, people with SUD do not have any opportunity to receive MAT. Russian legislation doesn't recognise MAT treatment for opioid use disorder, and therefore MAT became illegal. Therefore, health care facilities on the temporarily occupied territories continue to provide MAT services if there are stocks of medications. After running out of medications, institutions are forced to stop work due to the impossibility of delivering new batches of medications to the temporarily occupied territory, the destruction of the building, and the lack of staff. Stopping MAT is against human rights of people with SUD. Moreover, it also increases the risk of health complications and even death⁷⁸. According to data from Crimea occupation, of approximately 800 individuals once receiving MAT in Crimea, more than 100 were reported dead by the end of June 2014⁷⁹.

According to data published by the Alliance for Public Health, more than 2,138 patients are at risk of MAT treatment interruption⁸⁰. Some patients left for other regions, but many remained. In the occupied regions, medical workers mostly transfer patients to self-administration of the drug, but the amount of remaining medication is small and available for the period from several weeks to several months on different sites. Therefore, doctors are forced to reduce the dose. Unfortunately, there is also a shortage of naloxone in many regions⁸¹. A certain part of clients increased alcohol consumption and use of street drugs.

⁷⁷ Федорович І., Автухов К., Тарасова М. та ін. (2022). Попередній огляд: місця несвободи в Україні під час війни URL: https://helsinki.org.ua/wp-content/uploads/2022/06/first-review_may_2022.pdf

⁷⁸ Open society foundations. (2016). Russia Bans Methadone and mass deaths in Crimea. Retrieved from <https://www.opensocietyfoundations.org/voices/mass-deaths-crimea-russia-bans-methadone>. (Accessed 08.07.2022).

⁷⁹ Carroll JJ. Sovereign Rules and Rearrangements: Banning Methadone in Occupied Crimea. *Med Anthropol*. 2019 Aug-Sep;38(6):508-522. doi: 10.1080/01459740.2018.1532422. Epub 2018 Nov 27. PMID: 30481074; PMCID: PMC6536354.

⁸⁰ Alliance for Public Health. (2022). Situational report on OST. Retrieved from https://aph.org.ua/wp-content/uploads/2022/03/Situation-Report_ZPT_final_ukr-1.pdf (Accessed 08.07.2022). [in Ukrainian]

⁸¹ Alliance for Public Health. (2022). Situational report on prevention. Retrieved from https://aph.org.ua/wp-content/uploads/2022/04/APH_WarSitRep_IDP_Prevention_6May2022_ukr.pdf (Accessed 05.07.2022).



In some regions, psychosocial support services for people who receive MAT are still available. Additionally, they are provided with information regarding the possibility of obtaining the drug abroad and in other regions.

Before the start of the war, 657 people in the Kherson region received MAT on 8 sites, as of March 28, 2022 – 641 people. To this day, the MAT sites continue to work. All participants receive take-home medications, except those in inpatient treatment. Each site is currently working with those drugs that they had in stock, and since there is currently no possibility of deliveries, the risk of MAT interruption exists for 204 patients⁸².

In the Luhansk region at the beginning of April, the connection with the sites was lost. One site was destroyed and there is no connection with others⁸³.

In the Donetsk region, only 1 site out of 7 is working – on the basis of primary health centre in Kramatorsk, with about 60 patients continue to receive MAT. Part of the patients from another site in Kramatorsk receive medications in neighbouring cities.

Site in Melitopol in Zaporizhzhia region was closed due to the occupation, the medication was issued to patients for 1 month, all of them were recommended to continue treatment on other sites in Zaporizhzhia region.

The city of Mariupol is almost destroyed. The two sites that were located in Mariupol no longer exist. About 100,000 civilians are still staying in Mariupol. The city is currently in a state of humanitarian disaster, almost all houses are damaged, a large number of people not receiving medical care and not having food⁸⁴.

At those regions, that were deoccupied, MAT program continues and supply of medications is sufficient.

⁸² Alliance for Public Health. (2022) The situation in the temporarily occupied territories of Kherson region. Retrieved from https://aph.org.ua/wp-content/uploads/2022/03/Situation-Report_Kherson_final_ukr040422.pdf (Accessed 01.07.2022).

⁸³ Alliance for Public Health. (2022). Situational report on OST. Retrieved from https://aph.org.ua/wp-content/uploads/2022/03/Situation-Report_ZPT_final_ukr-1.pdf (Accessed 08.07.2022). [in Ukrainian]

⁸⁴ Alliance for Public Health. (2022). The situation in Mariupol. Retrieved from https://aph.org.ua/wp-content/uploads/2022/03/Situation-Report-4_Mariupol_ukr.pdf (Accessed 08.07.2022). [in Ukrainian]



Before the start of the war, 1,686 people in Kyiv and the Kyiv region received MAT on the basis of 8 sites - 4 in the city of Kyiv and 4 in the region. All MAT sites in the Kyiv region are intact and MAT program continued to function during occupation, but private sites did not work in period of active hostilities, which caused more than 100 people joining the state MAT program. As of today, private sites are resuming work. As of May 15, 2022, 2,094 people receive MAT in Kyiv and Kyiv region. In Kyiv, the total number of patients decreased by 3.1%, but there is an increase in new patients in the Kyiv region.

In Chernihiv region 392 people received MAT before the war at 5 sites. During the active hostilities, one site was destroyed and necessary medications were supplied from another site. At the moment, all remaining sites are working. As of 05/15/2022, 443 people in the region are receiving MAT.

In the Sumy region, as of February 1, 2022, 733 people were receiving MAT on the basis of 9 sites. The sites were not damaged during the hostilities. There was shortage of medications during the occupation and some people had to purchase the drug in pharmacies at their own expense. As of May 15, 2022, 742 people receive MAT in the region⁸⁵.

⁸⁵ Alliance for Public Health. (2022). After occupation: regions liberated from Russian occupation. Retrieved from https://aph.org.ua/wp-content/uploads/2022/05/APH_WarSitRep_IDP_post-occupation_20May2022_ukr.pdf (Accessed 01.07.2022). [in Ukrainian]



7. Service Provision for People with Substance Use Disorder in Criminal Justice Settings During the War in Ukraine

As of 2020, 2,970 people with SUDs were registered in the medical service of the criminal justice system: 738 people (25%) with alcohol use disorder and 2,232 people (75%) with drug use disorder⁸⁶.

Persons with SUDs in criminal justice settings can receive both pharmacological therapy (MAT for opioid use disorder) and psychosocial rehabilitation. MAT was implemented since 2019 and, by the beginning of 2022, it was implemented in seven health care institutions of criminal justice system: 2 in Kherson, 1 in Poltava, 1 in Lviv, 1 in Vinnytsia, 1 in Khmelnytskyi, and 1 in Zaporizhya regions⁸⁷. In 2020, 181 people with mental and behavioral disorders due to opioid use were treated with MAT in criminal justice institutions⁸⁶.

The rehabilitation program "Overcoming drug addiction" is implemented in all penal institutions. The purpose of the program is development of skills to manage symptoms of addiction, skills to cope and manage negative emotions, communication skills, change of beliefs about addiction, and the formation of a healthy lifestyle. In 2020, 1,696 people participated in the program's activities, 804 people completed the program⁸⁶. Additionally, in 2020-2021, the project "Rehabilitation program for convicts and persons taken into custody with mental and behavioral disorders due to the use of psychoactive substances" with the participation of Spanish experts as part of the "Action-EU" project was piloted in 5 penal institutions: 2 in Sumy region, 2 in Kyiv, 1 in Kharkiv⁸⁸.

Since the beginning of the war, according to the Ministry of Justice of Ukraine, about 4,500 people have been evacuated from approximately 10 penal institutions that were

⁸⁶ Ukrainian Medical and Monitoring Centre on Drugs and Alcohol. (2021). Report on the drug and alcohol situation in Ukraine for 2021. Retrieved from <https://cmhmda.org.ua/wp-content/uploads/2022/01/dani-zvitu-2021-2020-rik.pdf> (Accessed 05.07.2022).

⁸⁷ Health care center of the State Criminal Enforcement Service of Ukraine. (2022). MAT program in action. Retrieved from <https://coz.kvs.gov.ua/?p=8747> (Accessed 07.07.2022).

⁸⁸ Варон Ф.Р., Мехіас О.Г. (2021). Програма реабілітації для засуджених та осіб, взятих під варту, з психічними та поведінковими розладами внаслідок вживання психоактивних речовин (для Державної кримінально-виконавчої служби України) URL: <https://i-rc.org.ua/files/posibnyk-progr-reabilitacij.pdf> (Accessed 08.07.2022).



located very close to the front line⁸⁹. According to the NGO 'Alliance of Ukrainian Unity', cases of human rights violations were recorded during the evacuation⁹⁰.

In April, the Ministry of Justice published an explanation for convicted persons who wish to join the defense of Ukraine against the armed aggression of the Russian Federation with the conditions of amnesty and parole⁹¹. According to preliminary data, 363 people were amnestied in this way, which is less than 1% of the total number of detainees⁶³.

In May, the Ministry of Justice issued an order announcing the stop of work of 12 institutions that were already in the war zone or occupation zone⁹². Currently, about 3,000 people in the temporarily occupied territories are in detention⁶³. According to the explanation of the Ministry of Justice, it is allowed to leave the institution outside the legal procedure when the institution is seized by an aggressor and the Ukrainian administration no longer has the ability to ensure law and order, and Ukrainian legislation is temporarily inoperative⁶⁵. And this procedure was executed in some facilities⁶⁴. Along with that, public activists have documented numerous war crimes in prisons, including shelling and destruction of facilities, seizing buildings and holding administration and wards hostage, abductions and murders. In some cases, the administration of institutions cooperated with the occupiers. In addition, it is reported that prisoners are used for forced labor and taken to other places of imprisonment in the occupied territories⁶³.

As for the provision of services to people with SUD during the war, the persons who received medical assistance in the Vilnyanska colony of the Zaporizhzhia region were evacuated to the medical facility of criminal justice system in the Lviv region⁹³. 2 correctional colonies of the Kherson region, in which the MAT program was implemented, are under occupation and the program was interrupted. All patients received detox and

89 Федорович І., Автухов К., Тарасова М. Та ін. (2022). Попередній огляд: місця несвободи в Україні під час війни URL: https://helsinki.org.ua/wp-content/uploads/2022/06/first-review_may_2022.pdf (Accessed 08.07.2022).

90 Alliance of Ukrainian Unity. (2022). War in Ukraine. Report February 24 - May 30 2022. Retrieved from <https://ngoauu.org/vijna-v-ukra%0d1%97ni-tyurmi-zvit-24-lyutogo-31-travnja-2022-roku/> (Accessed 08.07.2022).

91 Ministry of Justice of Ukraine. (2022). Everyone is equal in the defense of the country. Clarification for convicts. Retrieved from <https://www.facebook.com/minjust.official/posts/355256539973778> (Accessed 08.07.2022).

92 Department for the Execution of Criminal Punishments. (2022). Regarding prisons in the temporarily occupied territory. Retrieved from <https://www.facebook.com/departamentkvs/posts/pfbid02Rfvj23EGhDSF6jVGakVz3vTJjHttpiEcPaM8ARzBeJ74kDnt5WxNYoqAQqEU9e8xl> (Accessed 05.07.2022).

93 Health care center of the State Criminal Enforcement Service of Ukraine. (2022). The implementation of the MAT program continues. Retrieved from https://coz.kvs.gov.ua/?p=8813_ (Accessed 07.07.2022).



temporarily stopped methadone treatment⁹⁴. However, since the beginning of the war, with the support of the "Alliance of Public Health", the MAT program was implemented in 2 more institutions of criminal justice settings in Sumy and Poltava regions⁹⁵.

Additionally, in response to the challenges of the war, methodological recommendations were given to employees of the social and psychological service of penal institutions regarding the provision of psychological assistance in cases of negative mental states and post-traumatic stress disorder⁹⁶. Piloting of 4 rehabilitation programs also have been started ("Problem solving", "Responsible motherhood and prevention of child abuse among pregnant women and of mothers with children up to 3 years old who are in penal institutions", "Support of family ties", "Psychological rehabilitation program for convicted war veterans") in 20 penal institutions with the support of the SURGe project (Support to Ukraine's Reforms for Governance)⁹⁷.

In general, medical care for the period of martial law is carried out in accordance with Chapter 13 of the Criminal and Executive Code of Ukraine, according to the Resolution of the CMU of March 19, 2022 No. 320. That is, without changes and in full⁹⁸.

⁹⁴ Alliance for Public Health. (2022) The situation in the temporarily occupied territories of city Kherson and the region. Retrieved from https://aph.org.ua/wp-content/uploads/2022/03/Situation-Report_Kherson_final_ukr040422.pdf (Accessed 05.07.2022).

⁹⁵ Health care center of the State Criminal Enforcement Service of Ukraine. (2022). The implementation of the RPT Program in Sumy has begun. Retrieved from <https://coz.kvs.gov.ua/?p=9425> (Accessed 02.07.2022).

⁹⁶ Department for the Execution of Criminal Punishments. (2022). Increasing the effectiveness of psychologists' work. Retrieved from <https://www.facebook.com/departamentkvs/posts/pfbid02dDKH8J8RbLnbbhMGkpkLhKNSUUBVXF2kc1ZgK3Lz8AknCWowyPboAo83RQsbWPmQl> (Accessed 05.07.2022).

⁹⁷ Ukrainian Community Center "Volunteer". (2022). Completed training for psychologists in penal institutions Retrieved from <https://www.facebook.com/aupcvolunteer/posts/pfbid037jJXhnb9kQX7qP7wX2asSUKd2E1emwvfJ3fz8cqxsqjEYwFzW12e7annhid8xNI> (Accessed 02.07.2022).

⁹⁸ Verkhovna Rada of Ukraine. (2022). Decree of the Cabinet of Ministers of Ukraine of March 19, 2022 No. 320. Retrieved from <https://zakon.rada.gov.ua/go/320-2022-n> (Accessed 08.07.2022).



8. Legislative Response to Enhance Service Provision for People with Substance Use Disorder in Ukraine During War

In June 2022, the Office of the First Lady, the Ministry of Health and partners launched the National Mental Health and Psychosocial Support Program, which aims to ensure full and effective access to psychological care for all people affected by war⁹⁹. The program provides:

- carrying out an expert audit with the involvement of WHO specialists to support development of the care delivery system;
- development of a step-by-step plan for the implementation of the model after its discussion with a wide range of representatives of the professional community, experts, leaders of public opinion;
- construction of a system of training, certification, monitoring of the quality of training of psychologists, psychotherapists, psychologists who work in the system of different ministries;
- training of family doctors, psychologists, social workers, educators in psychological support interventions;
- creation of a register of specialists and methods, systematization of data, development of a model of workforce training.

In order to develop and implement the program at the state level, the Cabinet of Ministers of Ukraine (CMU) created an Interdepartmental Coordination Council with the aim of establishing cooperation between ministries that take care of social issues, veterans' affairs, and law enforcement agencies, each of which has its own set of resources for psychological assistance (CMU resolution from May 7, 2022 No. 539)¹⁰⁰.

In order to facilitate access to treatment for people with mental disorders, Ukraine has a system of affordable medicines, according to which Ukrainians can get medications for

⁹⁹Cabinet of Ministers of Ukraine. (2022). The National Program of Mental Health and Psychosocial Support is launched. Retrieved from <https://www.kmu.gov.ua/news/ofis-pershoyi-ledi-moz-ta-partneri-zapuskayut-nacionalnu-programu-psihichnogo-zdorovya-ta-psihosocialnoyi-pidtrimki> (Accessed 08.07.2022).

¹⁰⁰ Cabinet of Ministers of Ukraine. (2022). Decree of the Cabinet of Ministers of Ukraine of May 7, 2022 No. 539. Retrieved from <https://www.kmu.gov.ua/npas/pro-utvorenniya-mizhvidomchoyi-koor-a539> (Accessed 01.07.2022).



the treatment of mental and behavioral disorders and epilepsy free of charge or with a small surcharge. It concerns 27 drugs for the treatment of patients with epilepsy and 30 drugs for treatment of schizophrenia, schizotypal states and delusional disorders; mood disorders (affective disorders); neurotic, stress-related and somatoform disorders, which are included in the reimbursement program.

Before the war, only a psychiatrist or neurologist could write prescriptions for medicines included in the Affordable Care Reimbursement Program and used for mental and behavioral disorders and epilepsy treatment.

According to the National Health Service of Ukraine (NHSU) from July, in order to get a repeat prescription during martial law, patients can go to any doctor providing primary care (therapist, family doctor), the presence of a declaration for this is not required. It is important that the patient has a treatment plan from a psychiatrist or neurologist entered into the Electronic Health Care System (ECHS). A doctor can write a prescription even remotely if he has access to the ECHS¹⁰¹.

Also, NSHU provided clarification regarding receiving psychiatric care during the war. Since the Medical Guarantee Program-2022 is financed in accordance with the previous plan, patients with psychiatric diseases can receive free medical care in the same amount as before the war. If the patient has changed place of residence, he can see a Decree of the Cabinet of Ministers of Ukraine of May 7, 2022 No. 539 outpatient psychiatrist at his new place of residence. The contact center of NHSU provides the address of the nearest institution that has a contract with the NHSU for the relevant list of services.

On the referral of a psychiatrist, child psychiatrist or family doctor, psychiatric help can also be obtained from the mobile multidisciplinary mental health team. However, they do not provide assistance to people with a primary diagnosis of SUD, but work with dual diagnoses.

¹⁰¹Government portal of Ukraine. (2022). A prescription for drugs against mental and behavioral disorders and epilepsy can be written by a family doctor. Retrieved from <https://www.kmu.gov.ua/news/nszu-retsept-na-liky-proty-rozladiv-psykhiky-i-povedinky-ta-epilepsii-mozhe-vypysaty-simeinyi-likar> (Accessed 02.07.2022).



If the patient needs treatment in a hospital, it is also free of charge and covered by the Medical Guarantee Program. A doctor's referral is not required for this. Self-referral, delivery by an ambulance or referral from a doctor are grounds for free inpatient psychiatric care¹⁰².

In order to ensure uninterrupted MAT treatment, the Ministry of Health issued a series of orders to redistribute and ensure the supply of drugs for replacement maintenance therapy to the western regions with high demand and need¹⁰³. The procedure for submitting an application regarding the need for medicines for MAT and verification of applications for the supply of medicines was also approved¹⁰⁴.

In addition, a law was adopted, according to which it is possible to obtain MAT drugs for a period of 30 days in pharmacies according to prescriptions or on the basis of a prescription sheet for narcotic drugs from inpatient or outpatient treatment facility (Order MOH from 03/04/2022 No. 409)¹⁰⁵

Clarification was also made in the procedure for providing social assistance to persons with disabilities and elderly persons suffering from mental disorders in connection with the martial law (CMU Resolution No. 294 of March 16, 2022)¹⁰⁶, and the procedure for conducting preventive psychiatric examinations (including drug examinations) was changed (Order MOH from July 1, 2022 No. 1128)¹⁰⁷.

¹⁰²Ministry of Health of Ukraine. (2022). Specialized psychiatric care during the war. Retrieved from <https://moz.gov.ua/article/health/specializovana-psihiatrichna-dopomoga-pid-chas-vijni-> (Accessed 07.07.2022).

¹⁰³ Ministry of Health of Ukraine. (2022). Order of the Ministry of Health of Ukraine No. 959 of 06.06.2022. Retrieved from <https://moz.gov.ua/article/ministry-mandates/nakaz-moz-ukraini-vid-06062022--959-pro-peredachu-likarskih-zasobiv-zakuplenih-za-koshti-derzhavnogo-bjudzhetu-ukraini-na-2021-rik-dlja-zabezpechennja-osib-z-psihihnimi-ta-povedinkovimi-rozladami-vnaslidok-vzhivannja-opioidiv> (Accessed 05.07.2022).

¹⁰⁴Ministry of Health of Ukraine. (2022). Order of the Ministry of Health of Ukraine No. 665 of 20.04.2022. Retrieved from <https://moz.gov.ua/article/ministry-mandates/nakaz-moz-ukraini-vid-20042022-665-pro-zabezpechennja-likarskimi-zasobami-scho-zakupleni-za-koshti-derzhavnogo-bjudzhetu-ukraini-na-2021-rik-osib-z-psihihnimi-ta-povedinkovimi-rozladami-vnaslidok-vzhivannja-opioidiv> (Accessed 01.07.2022).

¹⁰⁵Verkhovna Rada of Ukraine. (2022). Order of the Ministry of Health of Ukraine No. 409 of 04.03.2022. <https://zakon.rada.gov.ua/rada/show/v0409282-22#Text> (Accessed 07.07.2022).

¹⁰⁶ Government portal of Ukraine. (2022). About the formation of the interdepartmental coordination council. Retrieved from <https://www.kmu.gov.ua/npas/pro-utvorennja-mizhvidomchoyi-koor-a53> (Accessed 05.07.2022).

¹⁰⁷Ministry of Health of Ukraine. (2022). Order of the Ministry of Health of Ukraine No. 1128 of 01.07.2022. Retrieved from <https://moz.gov.ua/article/ministry-mandates/nakaz-moz-ukraini-vid-01072022--1128-pro-vnesennja-zmin-do-pereliku-specialnih-zakladiv-z-nadannja-psihiatrichnoi-dopomogi> (Accessed 08.07.2022).



9. Conclusions

War in Ukraine has inevitably led to the country's health system functioning at reduced capacity. Attacks near hospitals and active military operations forces people to change their place of residence and flee from the war to safer regions of the country, or go abroad as refugees. People with SUDs and their families, along with humanitarian crisis challenges, faced also with particular problems connected with continuity of medication care and access to treatment.

Healthcare system of care provision to people with SUD during the war is confronted with following difficulties: closing of healthcare facilities because of fighting, destruction and occupation of territories; limited access to medical supplies (incl. methadone and naloxone) because they cannot be delivered to certain areas or relative shortage of medicines due to service overload in western regions; shortage of staff and additional workload; issue of providing safe shelters with necessary stock of supplies; need to provide clothes, bed linen, hygiene items and food not just for patients, but for their families as well when in shelters or blockade; problems with organisation of evacuation of patients and staff due to transportation problems and unsafety of green corridors; problem of identification of MAT clients coming from other regions; lack of up-to-date information regarding free slots at specialized treatment facilities in certain regions; and problems with distribution of humanitarian aid. In this context, it is important to provide flexible and effective emergency mental health care infrastructure and a reliable prehospital system to reach the individuals with SUD that suffered from military conflict, as well as to ensure continuity of medical treatment and life-saving medicines. In this difficult times it is necessary to combine the efforts of state, non-state and international organisations to ensure the availability and continuity of treatment.

One of the most pressing and unresolved issues is the provision of MAT for people with SUDs on the occupied territories. Russia blocks medication deliveries and doents legally recognise MAT. Therefore, a lot of people with SUDs are in risk of MAT discontinuation (if the medicine is still in stock) or already stopped it. Therefore, it is necessary to develop and implement a mechanism for providing MAT to people with SUD on the temporary



occupied territories with the broad involvement of international organizations, including UN and ICRC.

Institutions of criminal justice systems that are under the occupation face the same difficulties. Nevertheless, MOJ continues to implement MAT in those facilities located on territory of Ukraine.

A number of difficulties is connected with people escaping from the war abroad. The first challenge is a permission for men to travel abroad. Since the start of the war in Ukraine adult men younger than 60 years cannot leave the country unless they have an official exemption. At the same time, during active military operations, people with SUD facing the problem of accessing medical facilities to confirm their disability. Therefore, for those Ukrainian men who are medically disabled, new mechanisms should be established to legally certify their disability using telemedicine. Another challenge is limited capacity of healthcare systems of neighbouring countries to address needs of large numbers of refugees with SUD. So, the current priority is to ensure continuity of care for refugees with SUD, also for those who may not have their medical files with them.

In response to the challenges of the wartime, in June 2022, the Office of the First Lady, the Ministry of Health of Ukraine and partners launched the National Mental Health and Psychosocial Support Program, which aims to ensure full and effective access to psychological care for all people affected by war. In addition, Ministry of Health issued a series of orders to redistribute and ensure the supply of drugs for replacement maintenance therapy to the western regions with high demand and need. Along with that, more efforts are needed to address the problem of accessibility and sustainability of care of people with SUD during the war.

Partnership between public authorities, civil society and international organisations is needed to ensure the provision of support services, treatment, care and prevention programme to save lives of people with SUDs even through the horrors of war.



Annex 1: Legal And Organizational Support For Medication-Assisted Treatment In Ukraine

Ukraine has been resisting a Russian full-scale military aggression for more than 4 months. During this time, the enemy has completely destroyed more than 100 healthcare facilities that cannot be rebuilt. Even in the face of the risk of massive air strikes Ukrainian medical care institutions continue supporting vulnerable groups and ensuring their right to healthcare reducing the harm caused by the consequences of dependency.

MAT is a globally recognised and the most cost-effective method of treatment of persons with mental and behavioural disorders due to substance use. MAT has been implemented in Ukraine since 2004. From then due to the diligent work of public sector specialists and NGOs, qualitative changes in legal and organizational support for MAT in Ukraine have been achieved¹⁰⁸:

- up-to date evidence-based standards of MAT have been approved;
- since 2017, the procurement of MAT medications has been carried out at the expense of the state budget fully covering regional needs;
- since 2020, MAT services have been covered under the Programme of Medical Guarantees;
- national goals for the MAT coverage of people in need of treatment have been defined and approved;
- MAT has been implemented in penitentiary institutions;
- 95% coverage of HIV positive patients receiving MAT has been achieved nationwide.

The system of legal regulation of the provision of MAT in Ukraine includes 2 laws, 1 decree of the Cabinet of Ministers of Ukraine, 1 resolution of the Cabinet of Ministers of Ukraine, 3 orders of the Ministry of Health of Ukraine.

¹⁰⁸ Public Health Center of Ukraine. (2022). National response of HIV, TB, VH and SMT programs to full-scale Russian invasion. Retrieved from https://phc.org.ua/sites/default/files/users/user92/Report_eng_final_compressed_1.pdf (Accessed 08.07.2022).



The Law of Ukraine “On Psychiatric Care” and Law of Ukraine “On Measures to Counter the Illegal Trafficking of Drugs, Psychotropic Substances and Precursors and Their Abuse” establishes a system for diagnosing mental and behavioral disorders associated with the use of psychoactive substances.

Decree of the Cabinet of Ministers of Ukraine No.1415-r of 27.11.2019 “On the approval of the State Strategy in the field of combating HIV/AIDS, tuberculosis and viral hepatitis for the period until 2030” establishes national goals for coverage of MAT.

Resolution of the Cabinet of Ministers of Ukraine No.333 of 13.05.2013 “On approval of the Procedure for the acquisition, transportation, storage, release, use and destruction of narcotic drugs, psychotropic substances and precursors in health care institutions” regulate general issues of circulation of drugs, storage of pharmaceuticals in health centres or pharmacies, dispensing of pharmaceuticals for self-administration.

Order of the Ministry of Health of Ukraine No.200 “On the approval of the Procedure for providing substitution and support therapy for persons with mental and behavioral disorders due to the use of opioids” determined general rules for the organization of provision of MAT in Ukraine.

Order of the Ministry of Health of Ukraine No.360 of 19.07.2005 “On Approval of the Rules for Prescribing Medicines and Medical Products, the Procedure for Dispensing Medicines and Medical Products from Pharmacies and Their Structural Subdivisions, Instructions on the Procedure for Storage, Accounting and Destruction prescription forms” determine rules for issuing prescriptions for drugs with the determination of the amount of methadone and buprenorphine drugs that can be issued in one prescription.

Order of the Ministry of Health of Ukraine No.494 of 07.08.2015 “On some issues of acquisition, transportation, storage, release, use and destruction of drugs, psychotropic substances and precursors in health care institutions” establishes principles for keeping accounting and reporting documentation in the field of provision MAT services.

It should be emphasized that During 2020, changes were applied to Order No.200. These changes were approved by Order of the Ministry of Health of Ukraine No.2630 of



16.11.2020, which entered into force on 29.01.2021. The specified changes in legal regulation ensured progressive transformation of the system of providing MAT in Ukraine¹⁰⁹.

It was allowed to provide MAT services to health care providers regardless of ownership and organizational and legal form of activity. As a result, private health care institutions were allowed to officially provide these important support services. It expands the access to MAT and establish state supervision of activity of private health care facilities with reporting to regional divisions of Central Health Service and Ministry of Health of Ukraine. As a result, it provides complete statistical data for public authorities on the number of people who receive MAT.

In addition, it was determined that the decision to start MAT is made not only by a narcologist, but also by a psychiatrist. Accordingly, more specialists will be able to appoint MAT, which will contribute to the increase in the number of service providers and, accordingly, to the expansion of the program.

¹⁰⁹ Public Health Center of Ukraine. (2021). Report on the results of the implementation of the substitution maintenance therapy. Retrieved from https://phc.org.ua/sites/default/files/users/user90/ZPT_2020_zvit.pdf (Accessed 01.07.2022).