



BALKA



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BALKA: **Women, Drugs and HIV in Ukraine**

A documentary film by
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Produced by
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DISCUSSION GUIDE

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ABOUT THIS GUIDE

BALKA is an intimate look into the lives of four HIV-positive Ukrainian women, each at a different stage of dealing with her illness and the challenges it presents. At the same time, all of the women are also either current or former drug users, with different experiences in accessing or working with harm reduction services in Ukraine. Harm reduction is a pragmatic approach to diminish individual and social harms associated with drug use, including the risk of HIV infection.

Due to this complex subject matter, it is highly recommended that any screening of *BALKA* include an informed group discussion of its major themes. This guide is intended to facilitate such conversations by providing background information for discussion leaders about the questions the film raises on women, drug use, and HIV.

Additional resources can be founded at www.soros.org/harm-reduction.

THE WOMEN OF BALKA

Zina and Marina are active drug users in contact with basic harm reduction services that provide them with clean syringes and other supplies, health information, and some medical services. They are clearly in need of more extensive supportive services to help them deal with their drug use, come to terms with their HIV status, and seek further diagnostics and treatment.

Tanya is taking buprenorphine—a safe and effective medicine that reduces dependency on opiates—and has stopped using illicit drugs. She is well informed about her health and motivated to care for herself and her daughters, but she worries constantly about her husband, who still uses drugs. She and her children have reaped enormous benefits from the availability of drug treatment and HIV treatment, but Tanya needs help getting her husband into treatment and coping with the difficulties his use causes her family.

Galya underwent successful rehabilitation for her drug dependence, no longer uses drugs, and has devoted herself to helping others as an outreach worker at a harm reduction and rehabilitation program. But she has several chronic health problems and will need lifelong HIV treatment.

DRUG USE IN UKRAINE

At nearly 2 percent of the population, Ukraine's adult HIV prevalence is the highest of any country in Europe and Central Asia. With high numbers of injecting drug users in the country, HIV spreads rapidly through shared syringes.

About one-third of Ukraine's injecting drug users are estimated to be women. Though a minority, women drug users are especially vulnerable to HIV, for physiological and social reasons. Nearly half of new HIV cases in Ukraine are now among women, with a substantial proportion infected through injecting drug use or sex with an injecting drug user.

QUESTIONS TO CONSIDER WHILE WATCHING *BALKA*

1. What are the advantages to rapid, mobile HIV testing? What are some disadvantages?
2. How would you assess the counseling Zina and Marina receive during their HIV testing? What would you change about how it was done?
3. Will Marina and Zina go for follow-up treatment at the health clinic? Why or why not?
4. What are reasons that a pregnant woman who uses drugs might avoid going to the doctor?
5. What motivates Tanya to stay in the buprenorphine program? What factors could stop her participation?
6. What additional support do Tanya and her husband need in dealing with how drug use affects their relationship and their parenting?
7. What are some of the benefits to both Galya and her clients of her becoming a harm-reduction outreach worker?
8. How, if at all, does her gender aid Galya in her work?

QUESTIONS AND ANSWERS ABOUT WOMEN, DRUG USE AND HIV

► What is harm reduction?

Harm reduction is a pragmatic approach to diminish the individual and social harms associated with drug use, including the risk of HIV infection. Harm reduction seeks to help people become drug-free if they are ready, but also recognizes that for many drug users, services to reduce the risks associated with drug use are essential to protect personal and public health.

Syringe exchange and substitution treatment are two of the most effective interventions to reduce drug-related harm, especially HIV. These are complemented by other supportive services, such as information about safer injecting and other health topics, HIV and STI testing, psychological counseling, and medical referrals.

In Ukraine and elsewhere, harm reduction and drug treatment programs rarely include gender-specific programs, though some pilot projects have begun in recent years. Meanwhile, services for HIV-positive women rarely account for the needs of drug users, who may require special support, counseling or outreach.

► Why are women who use drugs at a higher risk of contracting HIV?

In *BALKA*, Tanya's reflections about her former drug use illustrate many of the reasons for which women drug users are at high risk of HIV. Tanya talks about how she first injected with her boyfriend, curious after watching him inject, and then continued using drugs with him. This is very common

among women drug users, for whom drug use often begins and continues in the context of a romantic relationship.

Women are more likely to inject last in a group or to need help injecting. Some rely on their partners for drugs and for injecting, creating a cycle of dependence that can make them vulnerable to risky injecting practices, unprotected sex, exploitation and abuse. For reasons of intimacy or because of their partner's insistence, women may have unprotected sex or share syringes with their partners, who in turn may be sharing syringes or having unprotected sex with others. In other cases, women drug users are commercial sex workers or simply exchange sex for drugs, housing, or other commodities, often without condoms.

► What are other risky practices seen in *Balka*?

Tanya also talks about how she used to come to the valley (in Russian, the *balka*) with a group of friends, relying on others to inject her. Being outdoors makes it virtually impossible to reduce risks by using clean water, cleaning your injection site, and so on. Large groups increase the likelihood of sharing injecting equipment. Since Tanya let others inject her, she lost control of the injecting process and became vulnerable to whatever mistakes her friends might make.

Because she is afraid that visible track marks will make it harder for her to get a job, Zina injects into her femoral vein, one of the most dangerous places to inject. For many women drug users, the need to maintain an acceptable appearance is more important than basic health concerns.

► How does gender-based violence affect women's access to health services?

Like Tanya, Galya started using drugs with her partner. She endured many years of domestic violence that further exacerbated her drug use and made it difficult for her to enter treatment.

Indeed, many women drug users experience violence from partners, police and others, but their status as drug users (and sometimes sex workers), coupled with a lack of supportive services makes it difficult for them to escape or prosecute such violence. Violence can make it difficult or impossible for women to practice safer sex and safer injecting practices.

► **What other social challenges compound women drug users' risk of HIV infection and access to services?**

Women drug users are often very poor and have unstable housing, which has been shown to contribute to HIV risk practices. Many have also spent time in prison. There is minimal access to health care in prisons and HIV prevalence is much higher than it is in the general population. In Ukraine and elsewhere, prisoners' passports are confiscated and often not returned on release, meaning that many ex-prisoners lack the documents needed to receive medical and social services.

Marina and Zina became friends in prison, where they were incarcerated for several years for crimes connected to their drug use. Though Zina and Marina had not used drugs in prison, they had not received any drug treatment or therapy to help them change their lifestyles. They both started using drugs again soon after release.

► **What drug treatment options are available?**

Substitution treatment with methadone or buprenorphine is the most-studied and most effective form of drug treatment available for people dependent on opiates. Patients take daily doses of medications that stop their cravings for illicit opiates. Substitution treatment is proven to reduce illicit drug use and injection and improve health and social well-being.

As Tanya explains, buprenorphine gave her the chance to stabilize her life and improve her health. Both methadone and buprenorphine are available in Ukraine, at no charge, in public clinics.

➤ **What are some of the hurdles drug users face to obtaining substitution treatment?**

Entry into any substitution treatment program can require extensive paperwork, documents, and waiting. One reason Tanya's husband Max has not started treatment is because, since he is not registered as a drug user, he would have to undergo withdrawal in front of a doctor to "prove" that he is drug dependent and therefore eligible for the program. Since one of the great benefits of substitution treatment is that it prevents the intense discomfort caused by withdrawal, this is extremely counter-productive.

For women with children, traveling every day to a substitution treatment clinic poses a considerable burden, as reflected in Tanya's story. If a patient is trying to secure a job, for instance, this also proves very inconvenient. One solution adopted in the United States and in some European countries is allowing buprenorphine to be available by prescription.

➤ **How does pregnancy or motherhood complicate women drug users' access to care, including HIV and drug treatment?**

Most women drug users in Ukraine and other countries in the region are of reproductive age and the majority has or will have children. More work is needed to reach out to pregnant drug users, make sure that they have access to HIV testing and prenatal care as early as possible, and support them in beginning substitution treatment immediately. Methadone's safety in pregnancy has been established in extensive studies and buprenorphine has been used during pregnancy in many countries without adverse effects, but doctors are often unwilling to provide access to substitution treatment because of lack of information and training about its safety during pregnancy.

Some doctors assume that women drug users can never be good mothers and urge them to have abortions or to give up their newborns without offering them drug treatment, social support, or even accurate information about drug use, HIV, and pregnancy. Mothers with a history of drug use

often have problems with child custody, even when they are no longer using drugs.

Like many women living with HIV, Tanya only learned that she had HIV after she became pregnant. Though she faced much stigma as a pregnant drug user, Tanya received medications to prevent transmission of HIV to her first child, who is HIV-negative. Her second pregnancy experience—after she started taking buprenorphine—was very different. She went to the doctor early, began a course of prophylactic treatment promptly, and was treated much better by hospital staff. Her second child was also HIV-negative.

► What type of counseling is important to women drug users?

Mobile, rapid HIV testing is essential for high-risk groups such as sex workers, who are often unwilling or unable to come to clinics during working hours, pay testing fees, and return later for their results.

In *BALKA*, the doctor who provides the HIV tests to Zina and Marina is caring and non-judgmental, urging the women to seek further care rather than blaming them. But it is also clear that Zina and Marina could have benefited from more detailed counseling and more intensive support after receiving their results. When they emerge from the van, they still have no understanding of HIV treatment or how it is delivered.

The doctor in the van also did not correct Zina's inaccurate belief that HIV only lasts a few seconds in a syringe—in fact, because syringes are air-tight, HIV can survive in them for as long as a month. This suggests the need for scrupulous training and supervision for people counseling injecting drug users, who often have many misconceptions about HIV and HIV treatment and limited access to accurate health information.

Galya found that opiates helped her cope with her emotional problems. This is extremely common among women, who often use illicit drugs to self-medicate depression, anxiety, traumatic stress, and other conditions. Unfortunately, drug dependence can contribute to further trauma by making women dependent on partners or others to provide them with drugs or help

them inject. This is one reason why it is so important to incorporate psychosocial support and counseling into harm reduction programs for women, in order to help them deal with the context and causes of their drug use as well as with its health consequences.

➤ **Why is it important to have women peers working in harm reduction?**

Galya, like many drug users, stopped using drugs with the assistance of a rehabilitation program. The program, which was based on a twelve-step model, has built a sense of community through its harm reduction drop-in center, which is staffed entirely by former users.

As a volunteer and now as a paid staff member, Galya welcomes clients to the drop-in center, spends time with them, gives them tea and coffee, and creates the welcoming, unthreatening environment that is the crucial first step in engaging drug users. She also leads self-help groups, helping others to examine the reasons they use drugs, the effects of drug use in their lives, and the changes they can make to live in a healthier way.

For women drug users, it can be especially important to have a woman with whom to discuss sensitive issues. Because of their personal experience, former female drug users often have the best understanding of how to find and approach other women who use drugs. They have credibility with other users, who are sometimes skeptical of outside professionals who have no personal experience of drug use. And finally, as a woman, Galya can make other women feel safe in a non-judgmental manner.

ABOUT THE FILM *BALKA*

Balka was made with the support of the Open Society Public Health Program's International Harm Reduction Development Program as well as the Institute of International Education's Fulbright Program.

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Anya Meksin is a Russian-born filmmaker whose short film “Berated Woman” was nationally broadcast on the Logo Network as part of “The Click List: Best in Short Film”. She is also the recipient of a production grant from the Alfred P. Sloan Foundation for her upcoming film on computational neuroscience, starring Karen Young. Her writing and photography have been published in the Bright Lights Film Journal, The Kafka Project, and the Yale Literary Magazine. Anya received a BA in Literature from Yale University and an MFA in Directing from Columbia University School of the Arts, where she also taught several undergraduate courses in nonfiction filmmaking.

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Leeza Meksin is an interdisciplinary artist who makes installations, paintings, sculptures, films and multiples. Born and raised in Moscow, Russia, Leeza was educated in the United States, receiving a Joint BA/MA in Comparative Literature from the University of Chicago in 2000, a BFA from The School of the Art Institute of Chicago in 2005 and an MFA in Painting from the Yale School of Art in 2007. Meksin's recent projects include "Sad Side of the Street," a large scale installation at the former Donnell Library across the street from the MOMA, "House Coat," a spandex outfit for a two-story building in St. Louis, MO and "Hide," a two-person show at Adds Donna Gallery in Chicago. Meksin teaches at Tyler School of Art and The New York Art Studio.

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Open Society Public Health Program

The Open Society Public Health Program aims to build societies committed to inclusion, human rights, and justice, in which health-related laws, policies, and practices reflect these values and are based on evidence. The program works to advance the health and human rights of marginalized people by building the capacity of civil society leaders and organizations, and by advocating for greater accountability and transparency in health policy and practice.

International Harm Reduction Development Program

The International Harm Reduction Development Program (IHRD), part of the Open Society Public Health Program, works to advance the health and human rights of people who use drugs. Through grantmaking, capacity building, and advocacy, IHRD works to reduce HIV, fatal overdose and other drug-related harms; to decrease abuse by police and in places of detention; and to improve the quality of health services. IHRD supports community monitoring and advocacy, legal empowerment, and strategic litigation. Our work is based on the understanding that people unwilling or unable to abstain from illicit drug use can make positive changes to protect their health and that of their families and communities.

