

DRUG PREVENTION PROJECT UZBEKISTAN

1. Background

Uzbekistan, one of the five Republics of Central Asia has an area of 447'000 km² and more than 24 million inhabitants. 2.3 million inhabitants live in the capital city Tashkent, almost half of the entire population are young people under age 16. Despite the serious socio-economic crisis following the collapse of the Soviet Union, Uzbekistan managed to prevent the worst. However, the rapid social change and the deteriorated living conditions of a majority of people have created circumstances, in which the phenomenon of heroin consumption has spread significantly. Hand in hand with heroin consumption came its negative side effects, such as HIV, disruption of families and society, smuggling, drug trafficking and criminality.

The number of intravenous drug users (IDUs) has risen significantly in the last 2-3 years, and the tendency continues to remain the same. At the moment (as of 01.07.2002), about 18'676 drug users are registered nationwide. Among them (out of them 57,2% consume heroin), 70% or approximately 7'500 are IDUs. Experts estimate that the real figure is 5 to 10 times higher. The intravenous use of heroin has become a popular drug among all social strata and in all regions, especially however among young people within the upper class. This at the same time leads to a dramatic spread of HIV/AIDS and most probably also hepatitis C. Heroin is widely available at cheap prices. The trafficking of heroin from Afghanistan to Europe often goes via Uzbekistan and often smugglers are paid in kind with heroin.

The Uzbek Ministry of Health acknowledges the growing importance of the problem. The Government's policy shows a great openness for new strategies of drug interventions, reaching from prevention to harm reduction. However, until now direct and effective programs in the field have been hampered by a lack of human and financial resources.

2. Needs

Being a neighboring country of Afghanistan, Uzbekistan has become a transit country of international heroin traffic. Year by year, the amount of confiscated heroin and crude opiates increases and there is an increased danger of domestic drug production. The consumption and use of opiates for a medicinal purpose is rooted in local traditions and know-how on the production of opiates exist within society. The intravenous consumption of heroin, however, is a completely new phenomenon.

According to UNDCCP there are three major reasons for the increased heroin consumption levels. Firstly, the costs for consumption are very low. One dose costs between 300 to 2000 sums (0.30 to 5 Swiss francs). Secondly, drug trafficking is in some cases remunerated in kind, i.e. by providing heroin to the traffickers. And thirdly, the awareness about the dangers of intravenous drug abuse is low within society. As a consequence of wide availability and easy accessibility, drug abuse has become a widespread phenomenon. At the same time HIV/AIDS is being transmitted

through used syringes and unprotected sex, a situation, which is likely to worsen in the future.

In March 2002 the State Commission of the Republic of Uzbekistan on Drug Control approved a national program “Counteraction with illicit circulation of drugs and psychotropic substances and their abuse for 2002 – 2005”. However, despite different measures taken by the government in the area of drug control, the problem remains to be acute due to lack of financial resources, poor coordination between the organizations working in this sphere as well as the lack of latest “know-how” and latest approaches in treatment and rehabilitation of the drug users. The experts in the field of IDUs are mainly doctors – narcologists and psychiatrists, while social work for drug prevention is largely non existent. In addition, mistrust of IDUs towards institutionalized services is widespread.

It is therefore of utmost importance to develop service packages, which reach out to IDUs and secure their survival. The aim is to show with a pilot case, that community based HIV prevention among IDUs, while at the same time helping them to cope with their addiction is a valuable solution to the problematic situation. This practical pilot case shall exemplarily prove that effective harm reduction can be achieved with little means. Linked to this strategy is a gradual change of the perception of IDUs by society, which leads to social integration and a healthy live style, rather than exclusion and criminalization. The health hazards and social risks for the addicted have to be reduced, as the resources of families and mahallas are mobilized.

3. Project Goals

The following project goals have been defined based on the findings of the mission of J. Huber (December 2001). For the time being they describe the general thrust of the intervention in this area. During the first two months of the project implementation, October/November the project leader in Tashkent will further specify and define the detailed plans of action and expected results. During the visit of J. Huber from December 9 to 13, 2002 these goals were coordinated on more practical level.

3.1 Pilot cases of harm reduction and support for survival for IDUs within their environment

Pilot projects in two regions – Tashkent and Samarkand

- Securing the survival of IDUs
- HIV prevention, wide coverage with respect to easy access to clean syringes and condoms in areas of high need
- Social work reaching out to the environment of the IDUs, community mobilization, work with risk groups, volunteers and peers
- Information and facilitation of motivation for giving up drugs
- Stabilization of the psychological, health and social area
- Community mobilization in the immediate environment of the addicted and public awareness
- Policy dialog and public awareness
- Involvement in the work the interested individuals and their training

- Coordinate the strategies of harm reduction and securing survival with the Ministry of health and among organizations, involved in health care and social development in Uzbekistan
- Sensitization of society and political actors with regard to HIV prevention for drug users
- The goals of the project have national and international importance and are recognized in the Central Asian region

3.1.1 Pilot project

Efforts aiming at offering services to drug users anonymously have been undertaken. Starting from 2001, the UNDP started implementation of 3 pilot projects and the government has renamed about 200 health posts to so-called “trust points”, and recognized them. At these trust points syringes can be exchanged, condoms and information about the dangers of intravenous heroin use and possible therapies are provided. This approach seems to be very appropriate, however, the access to those centers has to be improved and the principle of anonymity further implemented. The drug users fear of being recognized by the neighbors or get into field of vision of police. These trust points have rigid structure and despite the offered services are not easily accessible for the drug users. They can not become the initial points of intervention due to their inflexible structure and inappropriate premises. Therefore we propose cooperation with two NGOs that we selected in two cities (Tashkent and Samarkand). These NGOs with developed network of contacts and high level of recognition in the society will be the implementers of the project under the unified logo “Contact Center”. Each center should be located in the identified district with the most obvious drug addiction problems. The centers will provide syringe exchange, counseling and primary medical assistance to the drug users as well as become the place where they can meet. The major activity of the centers at the initial stage would be an outreach work. In order to identify as many IDUs as possible the snow ball system involving volunteers, parents and peers will be developed. This system will include the activity on syringe exchange and distribution of condoms and information materials. The advantage of working with NGOs is that the drug users and the society will view them as independent organizations. Connections and cooperation with the state organizations working in this sphere will be supported and further developed in order to jointly utilize the existing resources and ensure uninterrupted activity in this sphere. It has to be further explored how the collaboration of actors involved can allow a relatively speedy replication of the approach at national levels and at low cost. Social work, including outreach activities and easily accessible services for the addicted are potentially important components to such a strategy.

3.2 Improved know-how on giving up drugs, substitution therapy, and rehabilitation of heroin drug users in the state narcological institutions

- Transfer of know-how on giving up drugs and rehabilitation to all relevant service providers
- Transfer of know-how on substitution therapy (methadone or buprenorphine) to all relevant service providers
- Social and political provisions of inclusion of the aforementioned strategies in the activity of the Ministry of health and other health care organizations and social services of Uzbekistan

- The goals of the project become nationally and internationally recognized in the Central Asian region

If the strategy proves to be successful in the pilot cases implemented in Uzbekistan, further dissemination of the results in Central Asia will become relevant.

4. General Line of Intervention

- The experiences of drug prevention strategy made in Switzerland (4 pillars: prevention, harm reduction, therapy, repression) shall be shared with Uzbekistan and other Republics of Central Asia, if applicable
- The approach of harm reduction, including social outreach work can add a new dimension to the institution based drug prevention strategy prevailing in Uzbekistan
- Innovative drug prevention strategies shall be made accessible to the Uzbek authorities
- Based on existing structures, a pilot intervention shall lead the way to the definition of a strategy for an approach with broader coverage. The success depends strongly on the quality of the network of collaboration of actors involved in the field.

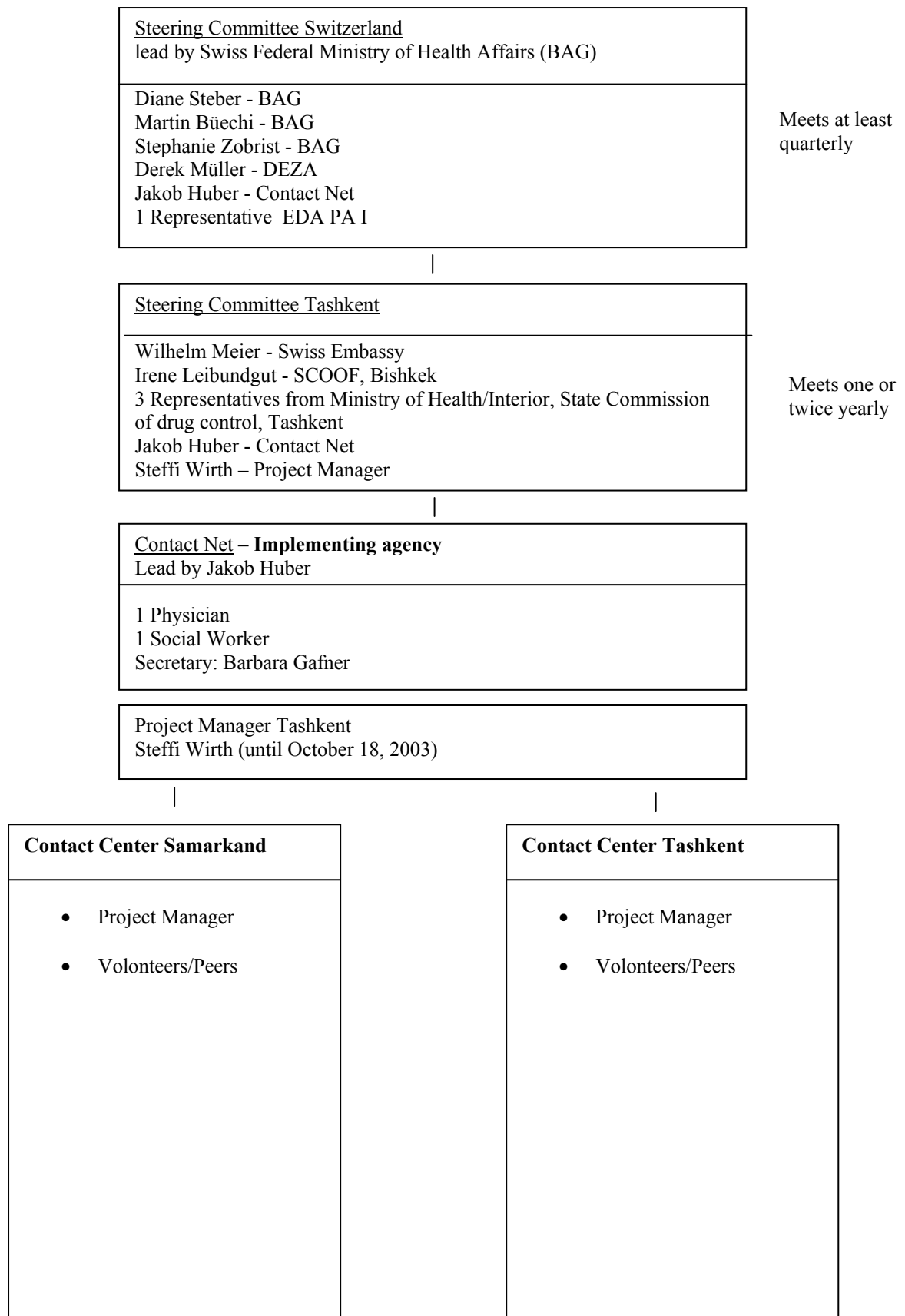
5. Tentative Schedule of Activities

The general concept of the given project is a very sensitive area where Uzbekistan does not have “know-how”. This concept will be further developed and improved during the activity and close cooperation and partnership. The general directions of work mentioned below may be modified in the course of project activity.

Time	Mile stone / results
October-December 2002	<ul style="list-style-type: none"> - Development of the scope of activities and the dates - Activities on establishing contacts in the political and professional areas - Assessment of possible partners - Definition of the work plan for 2003
December 2002	Decision of the Executive Committee in Bern regarding making changes in the general project concept (December 19)
January 2003	<ul style="list-style-type: none"> - Beginning of cooperation with the partner NGOs in Tashkent and Samarkand - Making an agreement with the NGO about providing services. The probation period till the end of March 2003
February-March 2003	<ul style="list-style-type: none"> - Beginning of activity in Tashkent and Samarkand - Outreach work (Syringe exchange through the volunteers, multipliers and peers) - Preliminary work on establishing Contact Centers (in Tashkent and Samarkand)
March 2003 Week 12	<ul style="list-style-type: none"> - Identify the location of the Contact Center during the probation period of cooperation with the NGO. <p>First meeting of the Steering Committee in Tashkent (March 19). Among other issues there will be discussion of the signing an agreement and defined activity of the NGOs. The issue of financing</p>

	purchase of syringes and other expendable materials have been defined/will be defined. The issues of cooperation with the law enforcement bodies have been defined/will be defined.
March 2003	<ul style="list-style-type: none"> - Work with the mass media of Uzbekistan (March 20) - Work with the mass media of Switzerland
End of March 2003	- Signing an agreement with the NGO for the next year
May 2003	- Information received from the Contact net is included in the annual report
June 2003	- Study tour to Switzerland in accordance with the letter of T. Zeltner to Minister Nazirov as of December 21, 2001
July 2003	<ul style="list-style-type: none"> - Seminar in Tashkent for the professionals working in the drug problem area (10-12 July) <p>The content of the Seminar: Drug policy Uzbekistan-Switzerland. Information about harm reduction project in Tashkent/Samarkand as well as outreach work, substitution therapy, and rehabilitation. Participants of the seminar will include professionals from the Ministry of health and Ministry of Internal Affairs as well as the specialists from the government and non- government organizations, representatives of the Uzbek and Swiss mass media</p>
September 2003	2. Second meeting of the Steering Committee in Tashkent (September 11)
September 2003	<ul style="list-style-type: none"> - Outreach work is being implemented - Contact Centers set up their activities - The society is aware of the services provided to the drug users - The Project leaders in Tashkent and Samarkand assume full responsibility for the project and can independently manage their programs - Cooperation with the law enforcement bodies is established - Swiss drug policy and substitution therapy and rehabilitation Know-how is transferred to the Uzbek professionals during the seminar - The detailed plan for 2004 is developed
October 2003	- The first intermediate report is prepared. The specific indicators (quantitative and qualitative) are defined
October 2004	- The second intermediate report is prepared. Full support and integration of the specialists is provided. The specific training is conducted and access to syringes and condoms is expanded. The "know-how" transfer project will be developed to allow the transfer of the project's experience at the international level
August 2005	Final report, national and international recognition of achievements, visions for the future available and eventual financing clarified

6. Organizational set-up 2003



7. Activity and time frames

Look at the paragraph 5, tentative schedule of activities

The preliminary length of the project is 3 years.

The beginning of the project, in accordance with the agreement is September 2002.

The final part of providing services – August 2005.

The beginning of the project at the pilot sites starts in September 2002. The details of the project, its goals and the budget were developed during the first two months.

8. Monitoring and Evaluation

During the first year, the project is managed by a foreign expert, who is supported by the project group in Switzerland. The Swiss Embassy in Tashkent will give logistical support. Intermediate reports and the final report should reflect the state of the project. Annual evaluation of the project and its activity by the Steering Committee in Bern and Steering Committee in Tashkent will serve the goal of management and further development of the project. The evaluation of the project's activity could possibly be conducted during the last six months. The insights gained during the evaluation shall serve as a basis for a potential replication of the approach for Uzbekistan, other Republics of Central Asia and the international arena.