



regional conference  
on drug abuse in central asia: situation assessment and responses

26-28 june 2002 , Tashkent, Uzbekistan

# CONFERENCE REPORT



OSCE



Austrian Federal Ministry  
for Foreign Affairs

Copies of this publication and information about this publication may be obtained from:  
UN ODC Regional Office for Central Asia  
30 A, Abdulla Kahhor St., 700100 Tashkent, Uzbekistan  
Tel.: (+ 998 71) 120 80 50  
Fax (+998 71) 120 62 90  
E-mail: [odccp.roca@odccp.uz](mailto:odccp.roca@odccp.uz)  
Website: [www.odccp.org/uzbekistan](http://www.odccp.org/uzbekistan)



**regional conference  
on drug abuse in central asia: situation assessment and responses**

26-28 june 2002 , Tashkent, Uzbekistan

# **CONFERENCE REPORT**

Prepared by UN Office on Drugs and Crime, Regional Office for Central Asia, Tashkent  
with the assistance of Laura Rio  
UN Interagency Cooperation Adviser

December 2002

**The UN Office for Drug Control and Crime Prevention (ODCCP) was renamed the UN Office on Drugs and Crime (UN ODC) as of October 1, 2002. As this conference was held in June 2002, the name ODCCP is used throughout the body of this report.**

**Disclaimer**

The opinions expressed in this report are those of the authors only and do not necessarily reflect the views of ODCCP, WHO/EURO, the Government of Austria, USAID and OSCE. In the translation of the proceedings of the conference utmost care has been taken not to deviate from the original text as much as possible. This however has proved at times a difficult task. ODCCP is not responsible for any misinterpretation/error that may have arisen from the translation and wishes to refer interested readers to the original language of the presentations and speeches (as indicated in the foot note).

---

## TABLE OF CONTENTS

<b>Executive Summary .....</b>	<b>6</b>
<b>1. Introduction .....</b>	<b>8</b>
1.1. Background .....	8
1.2. Conference objectives .....	9
1.3. Methodology and conference outline .....	9
1.4. Participation .....	10
1.5. Sponsorship .....	10
<b>2. Towards a comprehensive assessment of drug abuse in Central Asia .....</b>	<b>11</b>
2.1. Main findings of the regional drug abuse rapid assessment studies .....	11
2.2. Main findings of the regional drug abuse need assessment studies .....	12
<b>3. Response to drug abuse.....</b>	<b>13</b>
3.1. National and local responses .....	13
3.2. International responses and interagency cooperation .....	14
3.3. Highlights of international assistance .....	14
United Nations Organization for Drug Control Crime Prevention .....	14
World Health Organization .....	15
USAID/Central Asian Region .....	15
Organization for Security Central Europe .....	15
The Open Society Institute .....	15
UNAIDS .....	15
United Nations International Children Economic Fund .....	16
Centre for Diseases Control .....	16
European Commission .....	16
International Labour Organization .....	16
<b>4. A framework for a co-ordinated response .....</b>	<b>17</b>
4.1. Rationale and guiding principles for a national and regional response .....	17
4.2. Thematic priorities and approaches .....	18
<b>5. Recommendations and next steps .....</b>	<b>20</b>
<b>6. Closing remarks .....</b>	<b>21</b>

<b>Conference proceedings .....</b>	<b>23</b>
Welcoming address to the participants of the regional conference by H.E. the President of Uzbekistan .....	24
<b>Part 1. Opening Ceremony .....</b>	<b>25</b>
Welcoming statement by Mr. Abdulaziz Kamilov, Minister of Foreign Affairs .....	25
Welcoming statement by Ms. Antonella Deledda, UN ODCCP Regional Representative for Central Asia .....	26
<b>Part 2. Opening ceremony: statements by the cosponsors .....</b>	<b>28</b>
Opening statement by Ms. Heidemaria Guerer, Austrian Ambassador, the Government of Austria .....	28
Opening statement by Mr. John Herbst, US Ambassador in Uzbekistan, the Government of USA .....	30
Opening statement by Mr. Arun Nanda, Head of Office, WHO/EURO, Tashkent, Uzbekistan .....	31
Opening statement by Mr. Gantcho Gantchev, Ambassador in Uzbekistan, OSCE .....	32
<b>Part 3. A regional overview: presentations by delegations of Central Asian States on drug control policies and drug demand reduction programmes .....</b>	<b>33</b>
Presentation by Mr. Bulat Baybulov, Head of delegation, Kazakhstan .....	33
Presentation by Mr. Kurmanbek Kubatbekov, Head of delegation, Kyrgyzstan .....	35
Presentation by Mr. Rustam Nazarov, Head of delegation, Tajikistan .....	38
Presentation by Mr. Damir Asadov, Head of delegation, Deputy Minister of Health, Uzbekistan .....	40
<b>Part 4. Presentation of ODCCP drug abuse situation and needs assessment results .....</b>	<b>42</b>
Presentation on Drug abuse prevalence, patterns and trends in Central Asia, by Dr. Kamran Niaz, UNDCP/GAP Regional Epidemiological Advisor .....	42
Presentation on the Needs Assessment exercise on drug demand reduction in Central Asia: study by Mr. Franz Kumpl, ODCCP Project International Consultant .....	47
<b>Part 5. Enhancing interagency cooperation in demand reduction .....</b>	<b>51</b>
Presentation by Mr. Chris van Der Burgh, Officer-in-Charge of Drug Demand Reduction section, ODCCP .....	51
Presentation by Mr. Almaz Imanbaev, Medical Officer for Alcohol and Drugs, WHO/EURO .....	54
Presentation by Ms. Jennifer Adams, Director, Office of Health, Population and Nutrition, USAID/CAR .....	56
Presentation by Mr. Simon Strachan, Senior Project Officer, UNICEF .....	58
Presentation by Mr. Michael Favorov, Programme Director for Central Asia, CDC .....	59
Presentation by Mr. Alexander Kossukhin, National Programme Officer, UNAIDS .....	61
Presentation by Ms. Valeria Gurevich, Director of the Joint Project “HIV Prevention in Central Asia”, USAID/OSI .....	63
Presentation by Ms. Ekaterina Ivanova, Focal point on HIV/AIDS and the World of Work, ILO .....	65
Presentation by Mr. Soren Klem, Project Manager, European Commission .....	67

<b>Part 6. Key priority demand reduction activities at regional and national level .....</b>	<b>69</b>
Recommendations of the parallel country workshops for key priorities at country level .....	69
Kazakhstan .....	70
Kyrgyzstan .....	73
Tajikistan .....	75
Uzbekistan .....	77
Recommendations of the parallel thematic workshops for key priority regional drug demand reduction activities .....	79
Strengthening Policy and Advocacy for Drug Demand Reduction .....	79
Prevention and Public Awareness .....	80
Treatment and Rehabilitation .....	82
Injecting Drug Use and HIV Prevention .....	83
Data Collection and Monitoring of Drug Abuse .....	84
<b>Part 7. Conference recommendations .....</b>	<b>86</b>
Final recommendation of the conference participants .....	86
<b>Part 8. Conclusion of the conference .....</b>	<b>87</b>
Closing remarks by Mr. Sodik Safaev, First Deputy Minister of Foreign Affairs and Chairman of the Conference .....	87
<b>Annexes .....</b>	<b>86</b>
Annex 1. Conference Concept Paper .....	86
Annex 2. Conference programme .....	89
Annex 3. List of participants .....	91
Annex 4. Media coverage .....	100
Annex 5. Figures .....	102

## EXECUTIVE SUMMARY

---

The *Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses* was held in Tashkent on 26-28 June 2002. The Conference, which was organized jointly by the United Nations Office for Drug Control and Crime Prevention and the Government of the Republic of Uzbekistan, was co-sponsored by the Government of Austria, USAID, OSCE and WHO/EURO.

The Conference served as a forum to present the results of a thorough assessment conducted in the Central Asian countries on the drug abuse situation. It thus represented the end of an important cycle and the beginning of a new one in drug demand reduction (DDR). The former had started in 2001 by the implementation of the two ODCCP assessment projects in response to the lack of reliable data on the current magnitude and nature of the drug abuse problem in Central Asia (CA), as well as the institutional needs to address it.

The first project had conducted a Rapid Situation Assessment (RSA) of drug consumption problems in the region. The second had assessed the needs for the development of policies and strategies, taken stock of the available provisions and facilities and identified priority areas for the implementation of drug demand reduction programmes in individual countries and the region as a whole.

These two projects represented a follow up of the recommendations of the International Conference on "Enhancing Security and Stability in Central Asia: An Integrated Approach to Counter Drugs, Organized Crime and Terrorism" held in October 2000 in Tashkent, and organized by UNODCCP and OSCE.

Based on the results of these assessments, the participants to the Conference discussed future prospects of activities in the field of drug abuse, focussing on four thematic areas i.e. strengthening policy and advocacy for drug demand reduc-

tion; supporting drug prevention and public awareness campaigns; developing diversified services for HIV prevention and drug treatment services for injecting drug users; improving data collection and monitoring of drug abuse situation.

A strong emphasis was put on coordinating the assistance provided by the different donor partners, which were widely represented at the Conference.

At the opening of the Conference the bureau was elected and the agenda adopted. The Minister of Foreign Affairs of Uzbekistan read the address of the President of the Republic of Uzbekistan; he and the ODCCP Regional Representative for Central Asia delivered the welcoming speeches.

Around 180 delegates attended the Conference from Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan and representatives of 22 other countries as well as 25 international organizations. Mass media representatives took part in the event and a press conference was held with the participation of the heads of Central Asian delegations, organizers and co-sponsors of the Conference.

At the plenary session the representatives of Austria, USA, OSCE and WHO/EURO made presentations on their programmes and highlighted the importance of drug demand reduction measures in Central Asia as well as the need for the co-ordination of these efforts at national, regional and international levels.

The delegations of the Central Asian states and Azerbaijan provided an overview of the drug abuse situation and measures taken by their respective governments. Appreciation was expressed for the activities implemented by ODCCP through its drug demand reduction projects, including the organization of the Conference.

The delegates were then briefed on the results of ODCCP projects on drug abuse prevalence, pat-



terns and trends in Central Asia, and on the needs assessment exercises on drug demand reduction. Presentations were delivered by the ODCCP Epidemiological Adviser and International Expert and extensive discussion followed.

A round table on enhancing inter-agency co-operation in demand reduction provided the participants with an in-depth insight on the activities of the international organizations in this field. Representatives of ODCCP, WHO/EURO, USAID, UNICEF, CDC, UNAIDS, OSI, EC, ILO illustrated their programmes and emphasized the importance of coordinating the delivery of assistance.

A series of country and thematic workshops were held to discuss key priority demand reduction activities at regional and national levels. Findings and recommendations of the workshops were reported to the final plenary and adopted.

The Conference agreed that drug demand reduction measures are a priority for both national governments and the international community and that comprehensive assistance programmes are instrumental in addressing the problem effectively.

A press conference was held during the first day of the event, which coincided with the International Day against Drug Abuse and Trafficking. Government officials and participants answered questions from TV, radio and the press. BBC correspondent, AAP/Reuters as well as the local press were invited at the conference. Delegations spoke frankly and openly about drug problems and indicated that the CA governments were addressing the problem seriously.

The Conference itself and the level of participation were unprecedented in a region that only recently has acknowledged the magnitude of drug problem and begun to address it at national level.

Side events of the Conference included a concert attended by 2,000 students approximately and broadcasted in the national TV; a poster exhibition "*We Choose Life*" devoted to the International Day Against Drug; and a ceremony of incineration of seized drugs.

This report does not intend to provide an in depth picture of the drug abuse in CA and the variety of responses being undertaken<sup>1</sup>, rather it reflects the outcomes of the Conference, the consensus reached by the participants and their recommendations to the Central Asia governments so that they continue implementing measures aimed at drug demand reduction in full confidence that they will receive the support from all strata of the society and donors.

<sup>1</sup> The report of the RSA will be available on ODCCP web site at [www.odccp.org](http://www.odccp.org) as of 10 December 2002. The same site will contain information about programme developments and actions undertaken as follow up of the Conference.

# 1. INTRODUCTION

---

## 1.1. Background

---

UNODCCP's main priorities are governed by the United Nations Drug Control Conventions, the UNGASS Political Declaration of 1998 and the Declaration on the Guiding Principles of Drug Demand Reduction<sup>2</sup>.

While the Declaration on the Guiding Principles of Drug Demand Reduction sets out the general principles for what is good quality demand reduction initiatives, the Political Declaration establishes two time-bound goals for reducing demand during the present decade: new and enhanced drug demand reduction strategies and programmes by the year 2003 and significant and measurable results in demand reduction by the year 2008.

As indicated in the Action Plan, developed as guidance for Member States in implementing the above-mentioned Declaration, UNODCCP's main task in the region is to support the Central Asian countries in the implementation of the Declaration in the following ways:

- Supporting governments in developing and implementing demand reduction strategies and programmes;
- Encouraging the dissemination and application of research findings;
- Facilitating the sharing of information on best strategies;
- Promoting the development of guidelines;
- Facilitating inter-country exchange of experts for training purposes;
- Facilitating the participation of foreign experts in national training programmes;

- Establishing co-ordination mechanisms of evaluation results and other data assessing the effectiveness of strategies and activities.

Such tasks were further agreed upon during a number of regional fora, such as the Memorandum of Understanding (MOU) between the five Central Asian countries and ODCCP and a number international conferences such as the *Tashkent International Conference on Enhancing Security and Stability in Central Asia: an Integrated Approach for Countering Drugs, Organized Crime and Terrorism*, in October 2000.

Before formulating a comprehensive strategy, however, it is necessary to collect reliable information on the actual extent, nature, and trends of drug abuse and drug related problems in the region, and to set up a sustainable data collection system at national and regional level.

The ODCCP national Rapid Situation Assessments (RSA) of drug consumption problems were conducted in each Central Asian country by using a multi-method approach, in which both qualitative and quantitative data from different sources were collected. The national research teams were supported by an international consultant and the UNODCCP's Global Assessment Programme to conduct key informant studies, snowball studies of current drug users, and in-depth studies of intravenous drug users and drug users in prisons and correctional facilities.

The teams also reviewed secondary data sources and conducted analyses of existing data on the treatment for drug abuse problems, arrests on drug related offences, drug seizures and HIV/AIDS among intravenous drug users.

---

<sup>2</sup> The Single Convention on Narcotic drugs 1961, as amended by the 1972 Protocol amending the Single Convention of Narcotics Drugs of 1961; the Convention on Psychotropic Substances, 1971; the United Nations Conventions Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988

The entire project was designed and implemented with the aim of building national capacities to assess the nature and extent of drug problems in each of the Central Asian countries on an ongoing basis.

The second project, Assessment of Needs and Priority Areas for Drug Demand Reduction, was implemented by an international expert. The existing policies and programmes for demand reduction in each country were reviewed using individual interviews, focus group discussions and workshops with stake-holders comprising programme planners, professionals from within the public sector, and representatives of NGOs. Additionally, gaps in terms of policies, human and financial resources, and programme implementation were reviewed; priority areas for future action were also identified as a part of this needs assessment exercise.

## 1.2. Conference objectives

In order to present the results of the two assessment projects and to build consensus on major issues concerning drug abuse problems in Central Asia and proposed strategies to counter these, UN-ODCCP organized a 3-day “Regional Conference on Drug Abuse Problems and Responses in Central Asia” in June 2002 in Tashkent, Uzbekistan. The conference brought together decision makers and experts from Central Asian countries, the international donor community, individual researchers, and international and national NGOs to review, discuss and build consensus on the key priority demand reduction activities in the region.

Specifically, the conference had the following objectives:

- Help develop a better understanding of the nature and extent of the drug problem in Central Asia, as well as in individual countries of the region;
- Develop consensus among stakeholders on strategies and priority areas for demand reduction programmes in the region;
- Establish a regional network for the exchange of expertise, information and experiences on effective demand reduction activities.

## 1.3. Methodology & Conference Outline

The conference was organized in plenary sessions as well as workshops to address specific issues/areas of

demand reduction. The participants finalized the key priority demand reduction activities in the region through small group discussions.

The conference was organized around:

Presentations on:

- The results of National RSA of Drug Problems in Central Asian countries and issues emerging thereof;
- Priority action areas regarding drug demand reduction in Central Asia, as well as needs for human and financial resources to address these priority areas;
- Demand reduction activities of key international organizations in the region.

Workshops on methods of best practices in the field of drug demand reduction on:

- Policies and advocacy for drug demand reduction;
- Issues concerning treatment and rehabilitation;
- Opportunities and programs to reduce the harmful consequences especially of intravenous drug use in different settings – street outreach, NEP, prisons etc.;
- Prevention and public awareness;
- Data collection and monitoring of drug abuse.

Discussions on:

- Opportunities and needs for developing national and regional networks for addressing drug demand reduction issues;
- Opportunities for fund raising and networking for exchange of expertise and best practice methods with international organizations.

Small group discussion of key priority demand reduction activities in Central Asia.

Final presentation of recommendations for future actions.

#### **1.4. Participation**

---

The constituents from each of the Central Asian countries included:

- Heads and representatives of Drug Coordinating Agency
- Ministers of Health and/or Deputy responsible for drug abuse issues
- Representatives of Ministry of Education
- Representatives of Ministry of Interior
- Representatives of Ministry of External Affairs
- Chiefs country *Narcologist*
- Directors of AIDS Prevention Centre

- Directors of Centre for Promotion of Healthy Lifestyle
- Representatives of State Body for Youth Policy
- National Assessment Team members
- NGO representatives

Representatives from UN agencies, international financial and economic institutions, and donor countries, as well as from other international institutions participated in the conference.

#### **1.5. Sponsorship**

---

The Conference, organized by ODCCP, was hosted by the Government of Uzbekistan and co-sponsored by a number of organizations, including WHO Regional Office for Europe, USAID, Austrian Ministry of Foreign Affairs and OSCE.

## 2. TOWARDS A COMPREHENSIVE ASSESSMENT OF DRUG ABUSE IN CENTRAL ASIA

For the past decade the Central Asian states have been affected by an increasing transit of drugs from neighbouring Afghanistan on their way to the profitable Russian and Western European markets.

Until the middle of the 1990's the drug issue was perceived by the Central Asian states as a problem affecting other countries and the local authorities mainly relied on international assistance to address drug trafficking issues by law enforcement interceptions.

Evidence from elsewhere in Asia, and especially other countries affected by the Afghan opiates flow as Iran and Pakistan, has shown that when a country is on a trafficking route, a considerable potential exists for the development of local drug abuse problems.

Thus, since 1995, when heroin began being processed within Afghanistan and shipped across Central Asia, there has been a considerable change in the perceptions of drug problems in the CA countries. This has prompted the states to address an increasing drug abuse problem among the local population as well as to combat drug trafficking within and across their territories. The official position also changed due to the rapid spread of HIV/AIDS especially among the IDU communities. Moreover, drug abuse is almost invariably a criminalized and hidden behaviour stigmatized in most societies, including CA.

As a result, there have been varying degrees of under-reporting of drug abuse when traditional epidemiological survey techniques (such as house-

hold surveys of drug abuse) have been used. Also, problem drug users as a group are characterized as hidden, they are often 'hard to reach' and marginalized populations not easily detected in the course of traditional epidemiological studies employing statistically representative sampling techniques.

Furthermore, trends and patterns of drug use and abuse change rapidly over time. Drug use and abuse also vary from area to area or within social groups and are influenced by a variety of social, economic and cultural factors.

Based on the recognition, that the adoption of appropriate responses can only be grounded on a deep knowledge of the reality of the drug abuse (and this information was lacking with the Central Asian institutions), the UN ODCCP Regional Office for Central Asia launched in 2000 two projects aimed at conducting a comprehensive assessment of the drug abuse situation in Central Asia.

### 2.1. Main findings of the regional drug abuse rapid assessment studies

The results of the research indicate that in the last few years the drug abuse problem in Central Asia has been acquiring worrying dimensions, particularly as far as the intravenous use of heroin is concerned as this directly links to the potential spread of HIV/AIDS and other blood borne infections. The estimated range of figures for problem drug users in each Central Asian country are as follows:

	Estimated number	Population	Rate per 100,000 population
Kazakhstan	165,000-186,000	14,869,021	1,110-1,251
Kyrgyzstan	80,000-100,000	4,867,481	1,644-2,054
Tajikistan	45,000 - 55,000	6,131,000	734 - 897
Uzbekistan	65,000-91,000	24,813,109	262-367

The difference between countries can be explained partially by the different registration rules and by the quality of data used for estimation. It is probable that the prevalence in Kazakhstan and Kyrgyzstan is overestimated while it is underestimated in Uzbekistan.. However, compared internationally with other countries, the prevalence rate of drug abuse in the Central Asian states are high. Within such ranges, the following trends are of particular concern:

- The figures of registered new drug addicts has grown by as much as 20 times (in Kazakhstan) during the last decade, with a marked increase since 1995, indicating a rapidly increasing trend;
- Heroin, especially administered intravenously, is becoming the most popular drug in all Central Asia countries, where it is available at low cost (US\$ 1-2 per dose), but of poor quality;
- The injecting drug use (IDU) is the primary cause of the rapidly spreading HIV/AIDS infection (in Kyrgyzstan more than 90% of those infected with HIV are IDU's) and other blood borne infections. There seems to be a very limited awareness among drug users and the general population of the spread of these infections through injecting drug use and sharing of infected needles;
- The age of initiation of drug users is rapidly dropping in all CA countries and the proportion of women is increasing;
- Drug related crimes are dramatically increasing, so is the social marginalisation of the drug addicts.

The Central Asian societies are not prepared, either culturally or economically, to properly address the issue. Since the drug abuse problem is emerging as a consequence of the traffic headed to the wealthy Western markets, it is essential that international assistance reaches a more balanced approach, investing not only or mainly on the interception of drug, but also on supporting the Central Asian societies in developing adequate responses toward the spread of drug abuse and its prevention.

## 2.2. Main findings of the Regional Drug Abuse Need Assessment Studies

The studies served to complement CA country's efforts in planning effective drug demand reduction activities through the identification of priority needs in the fields of policy and co-ordination, prevention of addiction, services for drug users (treatment, rehabilitation and prevention of infectious diseases) and training of the populations in the five Central Asian, including governmental, non-governmental and international organisations.

The objectives of the studies were twofold:

- Assess, analyse, and evaluate existing drug demand reduction activities;
- Develop a comprehensive assistance system for drug users based on recommendations and the setting of priorities defined in a participatory manner.

The findings of the needs assessment studies identified four categories of responses and recommendations. They are:

- Co-ordination and networking;
- Prevention of addiction;
- Services to drug users (including harm reduction, treatment, and rehabilitation);
- Training.

The main conclusion reached at by the Regional Drug Abuse Needs Assessment studies were:

- A general goal should be the development of a multi-sector, integrative and holistic approach towards the drug problem. It should address addictive behaviour as a health disorder that can be effectively treated or stabilized on the basis of well-developed cooperation strategies between governmental and non-governmental bodies.
- Substance use should be looked at in connection with the social context; this approach will address the broader issues of political development and will, in turn, promote social and economic stability as well as stimulate education and employment opportunity.
- Well-co-ordinated and planned action to scale up the response is imperative and affordable, thus making a credible assault on the epidemic while it is still relatively contained among high-risk behaviour groups.
- For reaching and integrating a large segment of the target groups, civil society development through community and rights based approach should be strengthened and supported on all levels.
- Financial and technical resources should be mobilized to help governments, local authorities and NGOs to rapidly expand coverage and effectiveness of national responses. The international community will be asked to support the recommended activities on the basis of national strengths, traditions and visions.

### 3. RESPONSE TO DRUG ABUSE

---

#### 3.1. National and local responses

---

All Central Asian countries view the problem of drug abuse and connected issues like the HIV/AIDS epidemics very seriously and the national leaderships address these topics publicly. This commitment has been demonstrated by establishing National Strategic Plans and National Drug Agencies/Committees/Commissions as well as by the allocating resources that provide the basis for implementation of new strategies.

The response to the drug problem in the Central Asian countries has thus begun shifting towards a balance between supply reduction activities (legal system and law enforcement against drug-trafficking) and demand reduction activities (services for drug users and prevention).

The political response thus developed from a one based mainly on fear and stigma to a general mobilisation for prevention, emphasizing various aspects in each country's respective national response. The national strategies are characterized by the following common strengths:

- Recognition that the problem of drug abuse and its connection to the epidemic of HIV/AIDS is a serious problem requiring a co-ordinated, multisectoral involvement with a focus on vulnerable groups, removing repressive legislation that creates fear and stigma and shifting from a predominantly medical approach to a multidisciplinary one;
- Emphasis on the level of political commitment. Each CA is involved in the formulation and adoption National Strategic Plans to serve as framework for the implementation of national responses and the creation of National Drug Agencies;
- Allocation of resources, which albeit still limited, have been mobilized to provide the basis for the development of new strategies.

At a national level, countries are implementing a number of interventions targeting drug users and risk groups through active involvement of government and non-government organizations alike. More specifically, as emerged during the presentation by the delegations of the CA states on drug control policies and drug demand reduction programmes, these are highlighted below:

- Kazakhstan possesses a remarkable nationwide network of governmental rehabilitation centres and has established a research/training centre in Pavlodar;
- Kyrgyzstan is the first Central Asian country that has implemented methadone substitution projects, offering a wide variety of decentralized services for drug users;
- Tajikistan's strength lays in its effective co-ordination system, with the Drug Control Agency acting as the focal point for supply as well as demand and harm reduction activities, treatment and rehabilitation;
- Turkmenistan's centralized system incorporates countrywide actions through various organisations. Outstanding work, primarily based on volunteerism, is done by NGOs in HIV prevention that targets special risk groups and prison populations;
- Uzbekistan has established a nationwide system of governmental and non-governmental Trust Points, which reaches out to a large number of risk groups through successful networking and peer education.

To conclude, it should be borne in mind that since the break up of the former Soviet Union the Central Asian States have been undergoing a difficult economic, social and political transition. No longer being integrated within the Soviet economy and

having lost the subsidies from Moscow, the young states have been fighting with the severe consequences of the transition, such as budgetary deficits, high inflation, negative industrial growth and rising unemployment. Moreover, the nation-building process has been draining most of the resources, leaving little room for social intervention.

Thus, the magnitude of the task that the CA are facing in their response to the challenge posed by the increasing drug abuse in their territories and the degree of effectiveness of their responses has to be assessed and viewed by donors- inter alia- against the background of the difficulties posed to these countries by the transition.

### **3.2. International response and interagency cooperation**

---

As confirmed during the conference, multiple international players are supporting an increasingly wide range of drug demand reduction initiatives and interventions in the region.

Aside from UNODCCP, the most active international organizations currently working for enabling an environment conducive to supporting drug demand reduction are: USAID, WHO/EURO, UNAIDS, the Open Society Institute (OSI), the Swiss Development Cooperation and various bilateral donors and other donors agencies including international and local NGOs.

As emerged during the conference, DDR initiatives can only be successful if they are supported by a strong partnership between national governmental and non-governmental organizations and the international community. The international response in the field of DDR is still not fully articulated to achieve its full potential.

Furthermore, there is a need to support both the creation of information collection and dissemination mechanisms as well as of strategic planning bodies. This would help to focus on co-ordination, advocacy, capacity building, resource mobilization, strategic planning and the implementation of jointly funded projects.

Finally, there is a need for the CA countries to coordinate and link with international networks in the CA and neighbouring countries, Europe and United States and those states who have effective demand reduction strategies, in particular relating to training, prevention, treatment, rehabilitation and

social reintegration, to share those strategies with other States and assist them in those strategies, where appropriate, in accordance with the Declaration on the Guiding Principles of Drug Demand Reduction.

### **3.3. Highlights of international assistance**

---

A roundtable discussion on enhancing interagency cooperation in demand reduction was held on the second day of the conference. The round table consisted of a presentation by each agency on their activities in the Central Asian region according to each agency's mandate and focus and some discussion on enhancing interagency co-operation.

The overall objective of the session was to enhance and encourage interagency co-operation and dialogue for an integrated approach in the field of drug demand reduction. During the round table the participants had an opportunity to network and provide a regional and international overview of international key responses as well as discuss respective priorities, plans and roles and the possibility for collaboration in DDR in the sub region.

Below, the report provides a brief outline on each organization's profile with drug demand reduction activities.

#### **United Nations Organization for Drug Control Crime Prevention**

UNODCCP supports Central Asian countries in the implementation of the Declaration on the Guiding Principles of Drug Demand Reduction by supporting the CA countries in developing and implementing demand reduction strategies and programmes based on reliable information on the actual extent, nature, and trends of drug abuse and drug related problems in the region.

To do this ODCCP is actively supporting a sustainable data collection system at national and regional level and encouraging the dissemination and application of research findings. ODCCP is at the fore front in facilitating the sharing of information on best strategies; promoting the development of guidelines; facilitating inter-country exchange of experts for training purposes; facilitating the participation of foreign experts in national training programmes; establishing co-ordination mechanisms of evaluation results and other data assessing the effectiveness of strategies and activities.



In summary, ODCCP is playing an active role in:

- Facilitating a national dialogue for consensus building on a DDR strategy.
- Identifying the main DDR related challenge;
- Mobilizing all segments of the society, including governments, civil society institutions and international development actors for joint efforts aimed at addressing those challenges;
- Strengthening civil society institutions in order to enable them to actively participate in the national policymaking and implementation;
- Creating optimal conditions to ensure DDR;
- Promoting regional co-operation.

### **World Health Organization**

In the countries of Central Asia WHO works to provide leadership in action on alcohol and drugs and develop a strategic direction for such action. The World Health Organization also works with the CA countries and various national counterparts on providing information to support policies and action.

### **USAID/Central Asian Region**

USAID/CAR strategy in Central Asia focuses primarily on early prevention and control of HIV/AIDS epidemic in CA. USAID/AID has identified a critical need for the establishment of an integrated regional HIV/AIDS community and individual based programme.

The programme is based on current scientific principles of infectious diseases control targets the underlying causes and effects of HIV infection thus supports and creates the best conditions for an effective drug demand reduction.

### **Organization for Security and Co-operation in Europe**

Within the context for security and stability in Central Asia and in close cooperation with ODC-CP, OSCE provides support to the CA countries in the implementation of the recommendations of the *Tashkent Conference on Security and Stability in Central Asia*, the *Bucharest Action Plan* and the

*Programme of Action* endorsed at the OSCE/ODCCP co-sponsored Bishkek Conference through an integrated approach in the fight against drugs, organized crime and terrorism.

The current activities of OSCE in the region are focused on the implementation of these documents, and complement the efforts of individual countries and other international organizations on bilateral and multilateral basis.

### **The Open Society Institute**

In order to reduce drug-related harm, control and prevent the injecting drug associated HIV/AIDS epidemic in Central Asia, the open Society Institute (OSI) through the local Soros Foundations, supports the development and implementation of harm reduction strategies and a network of needle exchange trust points programs in the sub-region. Programmes to educate drug users about the need to use sterile injecting equipment, and the development of treatment and other outreach services, and distribution of leaflets and condoms complement needle and syringe provision. A pilot substitution (methadone maintenance) is implemented in Kyrgyzstan.

### **UNAIDS**

In order to support the Central Asia countries to work towards a comprehensive and multisectoral DDR strategy, UNAIDS contributes to national strategic planning and operates mainly through the country-based UN theme Groups comprising its co-sponsors (UNDP, UNESCO, UNFPA, UNICEF, UNODCCP, WHO and the World Bank) and other partners such as representatives of other United Nations agencies and bilateral organizations working in the country.

The principal objective of the Theme Group is to support the host country's efforts to mount an effective and comprehensive response to HIV/AIDS. The Theme Groups on HIV/AIDS share information; plan and monitor co-ordinated action between themselves and with other partners, and decide on joint financing of major AIDS activities in support of the country's government and other national partners.

## **United Nations International Children Economic Fund**

To enable an environment conducive to drug demand reduction in Central Asia, UNICEF is working with children and the youth in preventing drug abuse and HIV/AIDS, both representing a growing threat to adolescents' health. UNICEF is supporting access by young people on information about healthy life styles, promoting the acquisition in schools of life skills, which will empower young people to stay away from drugs, and supporting targeted interventions for especially vulnerable young people. UNICEF is promoting policy advocacy through stronger national partnership, supporting the scaling up of preventive and outreach efforts and provision of youth friendly health services.

At regional level, UNICEF plays a significant role in the regional interagency youth task force with UNAIDS, ODCCP and WHO for the development of interagency based programmes and strategies.

## **Centre for Diseases Control**

To assist the Central Asian countries build an increased epidemiological capacity of the local ministries of health and support effective DDR interventions at the regional level, the Centre for Diseases Control (CDC) provides assistance in preventing and controlling HIV infection by working with the community, states, national and international partners.

In Central Asia, CDC's programmes include support for state and local prevention activities; a national public information network; education programmes in the nation's schools; disease monitoring; and laboratory, behavioural, and epidemiological studies designed to identify the most effective interventions to combat HIV and other drug abuse related diseases such as Hepatitis B and tuberculosis.

## **European Commission**

The EC supports the efforts of ODCCP to develop international cooperation based on the principles of the UN General Assembly Special Session adopted in June 1998. Within the specific context of CA and in order to reduce the demand for drugs and negative consequences of drug use, make the best use of resources and avoid overlap in addressing the drug issue, the EU is supporting the Central Asia Anti-Drug Programme (CADAP) umbrella programme for a balanced approach in which drug demand reduction and supply reduction mutually enforce each other.

Within the CADAP, the NaDIN (National Drug Information Networks) project aims at reinforcing the capacity of the CA countries to collect analyze and disseminate data at national level and share information at national level.

Furthermore, the EC is committed to help structure a more coherent, complementary and mutually reinforcing approaches together with other donors and international organizations for the provision of adequate facilities and a variety of options for the treatment and rehabilitation of drug addicts.

## **International Labour Organization**

The International Labour Organization's (ILO) assistance to the CA countries is based on the United Nations Declaration on the Guiding Principles of Drug Demand Reduction and the Action Plan for the implementation of the Declaration also adopted by the General Assembly on how different national and local institutions and organizations may contribute to efforts to reduce the illicit drug demand and to promote the linking of those institutions and organizations and identifying drug demand reduction programmes run by various agencies, governmental and non-governmental.

## 4. A FRAMEWORK FOR A CO-ORDINATED RESPONSE TO DRUG ABUSE

---

### 4.1. Rationale and guiding principles for national and regional responses

---

During the conference the participants concluded that, despite regional differences and different degrees of drug abuse experienced within their boundaries, all CA share common risks deriving from an increasing drug abuse among their populations.

They observed that during the last decade the drug abuse problem in the Central Asian countries has assumed worrying dimensions and the growing trend of injecting drug abuse is directly linked to the spread of HIV/AIDS and other infections.

At a social level, the drug use problem is characterized by a young population group using opiates and injecting drugs. The problem affects the CA societies as a whole, particularly young men and women and results in an increase of deaths, HIV infections and crime.

The participants felt that national and regional responses should be built on:

- Continued and intensified cooperation and collaboration across borders;
- Testing and exchange of best practices and sharing information among key players and networking;
- Long term sub regional interagency interventions and projects (ODCCP, WHO, USAID UNICEF, OSI etc);
- Political commitment to strategic priorities.

In order to control and prevent drug abuse, there was a consensus during the conference that a number of requirements should be met. They are:

- Political commitment and will for a multisectoral integrated approach

- Harmonization of national policies and interregional approaches to prevention
- Rights based approach
- Balance between governmental, private and non governmental organizations in DDR services
- Community based approaches and NGO strengthening especially in harm reduction activities
- Financial, technical and other resources
- Technical and managerial capacity for implementation
- Special needs in treatment and rehabilitation need to be addressed
- Services to drug users (i.e. harm reduction initiatives, treatment and rehabilitation)
- Guarantee the anonymity of drug users seeking treatment and rehabilitation
- Reliable data and improvement of existing data collection techniques and mechanisms for drug use to enable disaggregation by gender, age, drug use and method of use

When discussing real life and field experience the participants agreed that there were a number of lessons learned worth to be highlighted and reminded at the conference. They were:

- Sub regional projects require a great level of coordination and an ability to accommodate sometime conflicting interests
- Consultative and participatory approaches among all project stakeholders are leading to ownership by the stakeholders

- Focus on youth and risk groups should be maintained and expanded
- Technical resources should be identified from the region and the donors and effectively mobilized.

The participants acknowledged and recognized the importance of available global resources and undertook to make more effective use of them. Among the resources available mentioned they were:

- Global Assessment Programme on drug abuse<sup>3</sup>
- Interagency Group on Young People's Health, Development and Protection in Europe and Central Asia<sup>4</sup>
- HIV/AIDS networks<sup>5</sup>
- EU networks.

In conclusion, and in recognition of the above, the Central Asian Governments and the international community reiterated once more their commitment to join efforts to address drug abuse at national, regional and international level.

## 4.2. Thematic priorities and approaches

During the conference the Countries of Central Asia re-emphasized that there are five thematic priorities that need to be addressed. They are:

- Policies and advocacy for drug demand reduction
- Prevention and public awareness
- Treatment and rehabilitation.
- Injecting drug use and HIV prevention to reduce the harmful consequences especially of intravenous drug use in different settings – street outreach, prisons etc.
- Data collection and monitoring of drug abuse.

More specifically, the strategic approach in policy should be integrated, holistic and multisectoral, addressing the underlying causes of addiction, poverty and social discrimination. This priority had been already identified prior to the conference in the Priority Setting Workshops in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan, which were undertaken within the two projects presented at the conference.

At the international level there should be more co-ordination and linkage with international networks, e.g. the HIV/AIDS networks already existing in the CIS countries, the various numerous networks in the EU and the United States of America and rehabilitation methods in the neighbouring Islamic countries.

Public awareness of the negative effects of drugs in support to prevention requires a high level of commitment and political will. Similarly, raising public awareness of the negative impact of drug abuse, drug related offences, organized crime and terrorist activities require a multisectoral approach that make use of education institutions, mass media and meaningfully involve NGOs and civil society at large.

In the area of treatment and rehabilitation, know-how services should be as diverse as possible with in- and out-patient service, short and mid-term (as well as long-term services where required). The centres can be run by governmental organisations as well as by NGOs, placed in urban areas as well as on the countryside and linked to existing community based services. The methods used may be drug free or medically supported and should include training and work therapy.

The identification of special target groups (adolescents, women, HIV positive, prisoners and children of drug-addicted parents) is an important step for targeted action to reach different groups.

Identification of funds for sustainable centres and services including after care and post rehabilitation was reconfirmed as one of the main problems of treatment and rehabilitation centres. Therefore securing sustainable funding and a relative self-sustainability of the rehabilitation centres is of paramount importance.

<sup>3</sup> The GAP was launched to collect, summarize and analyze data from member states and report on UN Commission for Narcotic (CND) on patterns and trends in global drug consumption.

<sup>4</sup> The UN interagency group on young people's health, development and protection in Europe and Central Asia was established in 1999 to promote young people's health, development and protection. The group promotes and fosters collaborative efforts among UN agencies, governments and NGOs. The groups also provide technical assistance and advice.

<sup>5</sup> UNAIDS Task force on HIV prevention among injecting drug users in Eastern Europe. Into focus a Central Asia news letter published quarterly by UNAIDS for professional working in the field of HIV/AIDS and STI care and prevention in Central Asia.

Harm reduction activities for the prevention of HIV/Hepatitis C, including consultation, needle exchange through trust points, and mobile needle exchange, legal advice to drug users and people with HIV/AIDS and Hepatitis C, outreach work and peer to peer activities (see also above policy) were unanimously reconfirmed as thematic priorities. Considering the fact that small scale harm reduction programmes have now been piloted in all countries (with the exception of Turkmenistan) for some time, it should be seen as a priority to continue mobilize donors, sponsors, local governments and other partners for the provision of technical and material support to trust points across the countries.

In the field of data collection and monitoring of drug abuse, systems should be developed for the collection, analysis, sharing and evaluation of data on drug abuse at the national, regional, interre-

gional and international levels by establishing mechanisms for the gathering, sharing and exchange of information among all relevant agencies and bodies, with an emphasis on information systems.

The analysis and assessment of trends, patterns and dynamics of drug abuse are crucial priorities, which deserve immediate attention. In this context a proposal was made during the conference to deepen the involvement of the international community, including the possibility of creating an international monitoring centre to develop, evaluate and promote policies and best practices in this field.

The biggest challenge for CA countries is to mobilize sufficient resources for the expansion and consolidation of successful pilot interventions, promote national ownership and coordinate international assistance at the sub-regional level.

## 5. RECOMMENDATIONS AND NEXT STEPS

---

- National laws and policies should be in agreement with international conventions on human rights, should facilitate the inclusion of all members of society and should ensure protection of privacy and confidentiality;
- Drug laws and policies should be conducive to effective prevention and control of the HIV/AIDS pandemic;
- Multisectoral national strategies for demand reduction and for HIV/AIDS prevention should be harmonized and co-ordinated;
- Demand reduction approaches should be evidence-based, integrated, comprehensive and multidisciplinary and should promote empowerment of communities and individuals;
- Services for drug abusers should be diversified in order to address the needs of different groups and achieve maximum impact;
- International organizations should be increasingly involved in demand reduction in the region on a consensus basis; they should cooperate to maximize the efficient use of national and international resources in the region;
- Regional and international cooperation and networking should be enhanced in order to develop common standards of policy and practice, sharing of experience and expertise, development of human resources and of training curricula;
- Special attention should be paid to the mobilization, capacity building, and sustainability of NGOs in drug demand reduction;
- Increased financial resources should be mobilized at national and international levels to support drug demand reduction activities and programmes;
- National and regional surveillance and monitoring systems should be developed to provide standardized and comparable information for monitoring and evaluating drug abuse trends and effectiveness of responses at policy and programme levels;
- National, regional and international bodies should immediately recognize the magnitude of the drug injection related HIV/AIDS epidemic in the region and act without delay to avert further human suffering.

## 6. CLOSING REMARKS

---

As seen during the conference the Central Asian countries have shown their commitment and a strong willingness to work together to promote and create a culture of drug demand reduction. This should be done through early interventions targeting vulnerable and at risk groups, especially the youth.

A continuous and integrated work is now required to keep up with the level of political commitment shown during the conference. It is now time to mobilize financial, technical and human resources

to help the governments and the civil society to increase and expand the coverage of national and regional responses.

Drug demand reduction in Central Asia is not only a problem of the Central Asia countries, but a shared global responsibility. A sectoral, local approach needs to be tailored by using a global common denominator along with a genuine will to work together in an integrated and co-ordinated way to benefit East and West, North and South alike and bring them closer.





# CONFERENCE PROCEEDINGS

---

## **WELCOMING ADDRESS TO THE PARTICIPANTS OF THE REGIONAL CONFERENCE BY H.E. THE PRESIDENT OF UZBEKISTAN<sup>6</sup>**

---

### ***Dear Participants of the Conference!***

I would like to sincerely welcome the participants of this distinguished international forum to Tashkent, the capital of Uzbekistan. It is remarkable that this meeting is opening on the International Day against Drug Abuse and Illicit Drug Trafficking. We see this forum as a follow-up to the Conference on “Enhancing Security and Stability in Central Asia: An Integrated Approach to Counter Drugs, Organized Crime and Terrorism” held in Tashkent in 2000.

Today the close link between drug trafficking and international terrorism and extremism is evident to everyone. Under the circumstances where the Central Asian states remain an immediate target for narco-aggression by trans-national criminals, Uzbekistan has been calling for a further strengthening of the efforts of the countries in the region, as well as of all the states around the world in their fight against drug trafficking, and we are ready to continue to make our contribution to counter this common threat.

Today, as never before, it is important to realize and understand the indisputable truth that only united we can stand against drug trafficking and its activities which have acquired an unseen scale and are threatening the existence of entire societies.

In this respect I would like to express my sincere gratitude to such international institutions like UN, OSCE, donor states for their contributions to organize this conference.

The key role in this process should and must be played by the United Nations Organization and its specialized agency, the Office for Drug Control and Crime Prevention.

This conference is to address a wide range of exclusively urgent and important issues related to the problems of drug abuses and the development of relevant measures to counter this evil. I believe that the noble goals which are set up before the conference will be achieved finally, and this will play its role in deepening of international cooperation in this sphere.

Allow me to wish the conference fruitful work, the achievement of its set goals, as for the participants, new successes in their noble activities.

***Islam Karimov,***

**President of the Republic of Uzbekistan  
Tashkent, June 25th, 2002**

---

<sup>6</sup> This is a transcript of the speech delivered by Mr. Abdulaziz Kamilov, Minister of Foreign Affairs of the Republic of Uzbekistan on behalf of Mr. Islam Karimov, the President of Uzbekistan on 26 June 2002 at the Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses, Tashkent, Uzbekistan. Original text in English.

---

## WELCOMING STATEMENT BY MR. ABDULAZIZ KAMILOV, MINISTER OF FOREIGN AFFAIRS OF THE REPUBLIC OF UZBEKISTAN<sup>7</sup>

---

*Dear participants of the Conference, dear Mr. Chairman,*

Availing myself of this opportunity, let me say a few words on the subjects in our today's agenda.

I believe that the participants of the meeting will discuss the issues on the agenda thoroughly and on the highest professional level. I just wanted to elaborate on several aspects of this acute problem.

There is no doubt that this forum is an important event for Central Asia. It will also not be an exaggeration to say that its importance goes far beyond the limits of our region. This can explain the huge interest on behalf of the Governments of many countries, leading international organizations and mass media towards this Conference.

Running a few steps forward, I would like to express my sincere gratitude to representatives of the Central Asian countries – Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan, leading international institutions, United Nations Organization, OSCE, donor countries – US and Austria for their active preparation to and participation in the Conference.

It is not a secret that the problems of drug abuse, drug business and illicit drug traffic have unprecedented dimensions nowadays and these dimensions represent a serious threat for the national security of certain countries and regions.

Many of us have already participated in various important conferences and seminars on the issue. The UN Summit on this problem was probably the most important event in this regard.

Nonetheless today we have to confess that without the recognition of some realities it will be difficult for us to cooperate to stand against drug business. Drug business acquires more and more an aggressive character, is growing and advancing. Drug syndicates sometimes are more operative and dynamic than those international structures entitled to counter these threats. Drug business is not subject to any regulations, norms or code of conduct, drug business is not simply keen in destabilization the situation in certain countries,

but also deliberately creates this situation because a destabilized country is the most favourable environment for drug business expansion.

In this regard, to my point of view, we should think not only about how to overcome the consequences of drug aggression, i. e. to cure our wounds, but also to think on how to take up preventive measures. Indisputably they should be based on relevant international political and legal regulations, at least those discussions ongoing on terrorism.

Being witnesses of how entire generations are falling out of the process of civilized development in certain countries, we have to undertake tough enough measures not only to eradicate consequences of drug aggression, drug business and drug traffic, but also to be in time not to allow the situation we, unfortunately, have today.

I also would like to draw your attention, dear ladies and gentlemen, to another point. There is no doubt that regional cooperation is a very important factor in curbing the sources of drug aggression.

Of course, it is necessary to concentrate attention on some certain regions but a broad international cooperation is the main ground in countering this threat. In this regard there were numerous figurative opinions expressed that it is necessary not to seize a few grams of drugs somewhere in Europe or the Atlantic region, but rather to concentrate, first of all, on those countries and areas which supply these products not in grams but in tons.

Therefore I think it is prudential that the Conference is being held here, in this region. I do hope that we shall come to a very good mutual understanding in cooperation in this region and around it.

I want to wish success to the participants of the Conference, expressing my assurance in that this extremely important forum will be another step in further deepening of international cooperation in suppression of drug business and drug aggression. Wish best of luck to you all. Thank you for your attention.

---

<sup>7</sup> This is a transcript of the speech delivered by Mr. Abdulaziz Kamilov, Minister of Foreign Affairs of Uzbekistan on 26 June 2002 at the "Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses", Tashkent, Uzbekistan. Original text in Russian.

## **WELCOMING STATEMENT BY MS. ANTONELLA DELEDDA, UN ODCCP REGIONAL REPRESENTATIVE FOR CENTRAL ASIA<sup>8</sup>**

---

*Mr. Chairman,  
Distinguished participants,  
Ladies and Gentlemen,*

It is a great pleasure for me to welcome you to the “Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses”.

I wish to thank the Government of Uzbekistan for its warm hospitality and its readiness to host this Conference at the highest level.

I also wish to thank the delegations from the other Central Asian states that are so numerous and highly represented here today.

It is very flattering for us to receive so many representatives from International Organizations and foreign countries – it certainly indicates the importance of the topics we are going to be discussing.

We believe that these kinds of initiatives make sense only if they are supported by a strong partnership between national governments and the international community. This is why I would particularly like to thank the Ambassador of the United States, the Ambassador of Austria, the WHO and OSCE for cooperating in the organization of this Conference. Today, the 26th June, is the International Day against drug abuse and illicit trafficking, and the theme of this year is “Substance abuse and HIV/AIDS”. This event is being celebrated worldwide, as drug addiction hurts the most fundamental cornerstone of a society: its youth and therefore its hope for the future. Moreover, its consequences on health are devastating, particularly in light of the spread of HIV/AIDS, which in Central Asia is mainly due to intravenous drug use.

Over the next few days we are going to focus on these topics and hopefully we will be able to agree on a solid, joint approach to improving the current situation.

Let me briefly remind you of the path that led us to this Conference, which at the same time represents the end of a process as well as the beginning of a new one.

The rapid spread of drug addiction in Central Asia is common knowledge; it is one of the most damaging consequences of the drug-transiting route that has been affecting the region since the early ‘90s. The Central Asian governments and several international actors have become increasingly aware of the need of undertaking initiatives to tackle the abuse of drugs and many preventive actions have already been initiated.

But, as it has happened in many other countries before, the first and noticeably most difficult task that we all have had to face is to gain a thorough understanding of the dynamics of the phenomenon as well as the institutional and social needs involved. Therefore, ODCCP has been working for over one year with each Central Asian government to achieve this understanding, and to monitor the developments on a regular basis.

The National Focal Points that have worked with us during this period are here today to present the results of their research and collect your feedback, which will in turn help them in their future work. As I said, this Conference will be carried out using a two-pronged approach: based on a deeper knowledge of the situation, we would like to brainstorm on future interventions, identify priorities, and discuss co-ordination.

It is our ambition to gather, by the end of the Conference, enough elements to elaborate concrete proposals for action, to be started in the near future in Central Asia. Such proposals should include interventions in the field of drug abuse prevention, treatment, rehabilitation, data collection and advocacy, and should also address the issue of HIV prevention among intravenous drug users.

But let me also underline that one side effect of this Conference will be the immediate impact that it shall have on Central Asian public opinion. The presence today of so many media representatives will allow for the broadcasting of our discussions,

---

<sup>8</sup> Original text in English.

and along with this, spread awareness of the drug abuse problem in the region. In order to be dealt with appropriately, this problem needs to be understood in terms of its real characteristics, so that society as a whole may be able to develop an immunization system and a coping mechanism.

***Mr. Chairman,***

Allow me to conclude my speech by quoting some words of the United Nations Secretary General, Mr. Kofi Annan, on this occasion of the International Day against Drugs:

“At a Special Session of the General Assembly four years ago, Member States of the United Nations committed themselves to a vigorous plan of action to combat drug abuse and trafficking. And last year, at the Special Session on HIV/AIDS, they pledged to establish policies and programme to address injecting drug use as a factor making individuals especially vulnerable to HIV infection. On this International Day, let us resolve to keep these promises and work together towards a world free from drugs.”

I believe that today in Tashkent we are making a concrete contribution towards achieving this goal.

Thank you.

## **OPENING STATEMENT BY MS. HEIDEMARIA GUERER, AUSTRIAN AMBASSADOR, THE GOVERNMENT OF AUSTRIA<sup>9</sup>**

---

*Mr. Minister, ladies and gentlemen,*

It is a great honour for me to be able to address this “International Regional Conference on Drug Abuse in Central Asia: Situation Assessments and Responses” that brought us here together in the beautiful town of Tashkent from June 26 to 28.

It is always with great pleasure that I return to Uzbekistan and see progress in so many fields. Austria has taken the drug problem in Central Asia, comprising trafficking, personal use and growing already in the past, as one of the most serious threats for the populations and the states in this region. That is why Austria has chosen Central Asia as one of her priorities within her ODCCP policy.

In 1999 Austria started, together with ODCCP, a series of seminars, conferences on drug related problems in Central Asia. The first conference took place in Almaty and it was originally planned to have each year a drug related Austrian sponsored event in another country of Central Asia.

During Austria’s OSCE chairmanship in the year 2000 during which Central Asia for the first time in OSCE history was chosen as a focus of a chairman in office, we organized a kind of OSCE – ODCCP joint venture - the “International Conference on Enhancing Security and Stability in Central Asia, An Integrated Approach” to counter drugs organized crime and terrorism in Tashkent in October 2000.

This was by the way the second huge international conference that Austria brought to Tashkent in her capacity as OSCE chairman in office after one of the preparatory seminars for the OSCE economic forum in Prague in the fall of 1999.

The so called troika of drugs, organized crime and terrorism should very soon become a heading used or misused by many international and national endeavours that were undertaken to describe or remedy the difficult situation that Central Asia had been confronted with prior to September 11th of last year.

Austria takes certain pride in having been aware of Central Asia’s problems not only after September 11th last year but quite some time before. The mentioned Tashkent conference was planned to see a follow up in Ashgabad this year according to the rotating principle. And after that the September events of last year did not really allow us to organize one of our seminars in the region.

Unfortunately, the Turkmen government as in many other similar cases did not respond adequately to ODCCP suggestions. We, therefore, are very grateful to the government of Uzbekistan and to Minister Kamilov especially to have reacted so quickly to hosting this conference.

The next conference of our series is planned for either Dushanbe or Bishkek. Besides this series of conferences, Austria did not part from ODCCP contribution to the drug control agency in Dushanbe, Austrian specialists and experts also participated in various ODCCP activities in Central Asia.

The reports of some of them are going to be presented in the course of this conference. As you could have maybe seen Austria’s interest in Central Asia is at least a double fold: foreign policy in general and very pronounced interest in cooperation of combating drugs and organized crime.

There are many Central Asian countries where there exist cooperation agreements with the respective Ministries of Interiors. Austrian experts participated in different TACIS projects on drug related border issues. The Austrian Minister of Interior is personally very interested in the region and plans some concrete activities for this fall.

This conference that gathers us here together concentrates on the aspect of drug abuse. Drug abuse is maybe the most important and most dangerous drug related aspect for Central Asia. Drug abuse means that the whole population suffers, that their health, mainly of the younger generation is in jeopardy. As it

---

<sup>9</sup> This is a transcript of the speech delivered by Ms Heidemaria Guerer Ambassador of Austria on 26 June 2002 at the Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses, Tashkent, Uzbekistan. Original text in English.

is the young generation that has to lead the country in the future, it is extremely detrimental for the society to be confronted with a huge drug abuse problem.

To remedy the situation, education, and the betterment of the economic and social situation are of primary importance. No efforts should be neglected to involve the whole society in combating against this evil. I remember that when we organized our conference in Tashkent in October 2000 the most delicate problem was how to handle Afghanistan, as Afghanistan is not an OSCE member, but everyone knew that Afghanistan was the source for many of the problems we were talking about.

Today the situation with regard to Afghanistan has changed profoundly, if this also concerns drug related issues remain still to be seen. Many indications do not hint at the positive changes but maybe to the contrary. This shows once again the intents in relationship of developments situations in Afghanistan and Central Asia. They cannot be seen separately, sometimes they are linked like communicating glasses. Regional cooperation seems unavoidable to successfully combat the problems mentioned above.

Austria also tried to put here experience gathered during her OSCE chairmanship to the use of the European Commission, Austria suggested the visit of the then European Union Presidents to the region after September 11th.

The Austrian Minister for Foreign Affairs herself also visited Central Asia immediately after the events of September 11th, by the way, for the fourth time within less than 2 years: a record that might not have been met so far by any other Minister of Foreign Affairs of the European Union.

Still today Austria slogan the European Union for Central Asian Affairs in order not to forget Central Asia again by concentrating maybe too much on adjacent areas. However, the establishment of European Union Drug Office for Central Asia in Almaty can be seen as a sign of deeper involvement European Union in this field.

Finally, let me thank the organizers of this seminar, the ODCCP Representative for Central Asia, Ms. Deledda Titchener, for her excellent work and personal engagement in bringing this conference to Tashkent and in preparing it in such an excellent way.

As she has become already a personal friend for me through all the years that we work together, it's always with great pleasure that I cooperate with her. I also would like to thank the government of Uzbekistan once again for hosting this conference. At the same time I would like to express my appreciation for the other cosponsors of our event especially WHO, USAID, and the OSCE.

Finally, let me also express my appreciation for the participation of so many delegates of Central Asian states. Their vivid interest testifies the readiness to go closer together with the world community to combat the evil, the drugs opposed to their and our societies. To conclude, I would like to invite you all to tonight's cocktails cosponsored by ODCCP and the Austrian government. I wish you all free fruitful days and the successful completion of the seminar with many of your ideas to be implemented.

Thank you for your attention.

## **OPENING STATEMENT BY MR. JOHN HERBST, US AMBASSADOR IN UZBEKISTAN, THE GOVERNMENT OF UNITED STATES OF AMERICA<sup>10</sup>**

---

*Dear Mr. Minister, Ladies and Gentlemen,*

I am glad to welcome you all at the Regional Conference on Drug Abuse in Central Asia. The US realizes that the Central Asian region at the moment faces a serious problem caused by illicit drug traffic from Afghanistan. For a successful fight against drugs expansion the countries of Central Asia need international support. We are ready to share our experience with you because drug addiction in our country is a long-term problem.

The US Government through USAID and its partners is ready to provide the Governments of Central Asian states with support in addressing inter-linked problems like drug addiction, HIV/AIDS and the growth of crime. In May this year the US Government has sponsored the study tour of seven leading specialists-narcologists of the Ministry of Health of Uzbekistan to get familiar with the American experience in this field.

The US is also involved in the HIV/AIDS programme in Uzbekistan and other Central Asian countries.

I am glad to inform you that USAID plans to broaden its presence in the region through a new programme on initial drug abuse prevention. As a

sign of appreciation to Uzbekistan's efforts in the war against terrorism the US Congress has allocated additional funds in an amount of three million dollars to be used for drug abuse prevention in Uzbekistan.

The ultimate goal of the new initiative is to develop a comprehensive programme on drug demand reduction with a prior focus to be made on Uzbekistan and Tajikistan. Among the concrete tasks of the new programme one is to raise awareness on drug abuse prevention among youth as well as among risk groups like IDUs, commercial sex workers and prisoners.

A comprehensive and integrated drug abuse prevention programme in Central Asia is extremely needed especially now when drugs have a devastating impact onto social development and economy in the countries of the region. The national responses and co-ordinated international assistance can play a crucial role against drugs; bring an important contribution to the stability, well-being and prosperity in Central Asia.

Thank you for your attention.

---

<sup>5</sup> This is a translation from the Russian language of the speech delivered by Mr. John Herbst, Ambassador of the USA in Uzbekistan on 26 June 2002 at the Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses, Tashkent, Uzbekistan. Original text in Russian.



## OPENING STATEMENT BY MR. ARUN NANDA, HEAD OF OFFICE, WHO/EURO, TASHKENT, UZBEKISTAN<sup>11</sup>

*Mr. Chairman, Mr. Kamilov, Your Excellencies,  
Ministers, Delegates, ladies and gentlemen*

My name is Arun Nanda and I am the Head of the WHO Office in Uzbekistan. I am honoured to address you and would like to start by extending the best wishes and welcome of Dr. Marc Danzon (Regional Director, WHO Regional Office in Europe). Dr. Danzon is a strong advocate of WHO's support to countries and has accordingly strengthened WHO's presence in all countries. In those with greatest need this has included an increased budget and a strengthened WHO Country Office, with an internationally appointed Head of Office. In the case of Uzbekistan it is my honour and humble duty to try to fulfil this role.

One of the key words for our conference is of course security and human security has many facets of which health is a key one. In this respect, WHO's main purpose of course remains to support the Ministry of Health and the Government to improve the health of the people of Uzbekistan. We do this via the technical expertise of our Regional Advisers from our European Regional Office in Copenhagen and our HQ in Geneva. The role of WHO Country offices is to achieve greater impact for WHO's work in the country by bringing co-ordination and synergy (a word already used by earlier speakers albeit in a different context) across the various WHO technical programmes working in the country.

Also we have a role to work with our UN colleagues, colleagues of other International organizations and NGOs to achieve similar co-ordination and synergy in all our work in the area of health. Together we bring a greater impact in our work to help the Ministry of Health and the Uzbekistan Government than we would do individually. From my short experience of your country (I have been here only for 2 months) I feel confident that this task will be easy because:

1. Excellent co-operation and joint work already exists between the international agencies in Uzbekistan.
2. The Ministry of Health is strong technically and receptive to new ideas, help and assistance.

It was, therefore, a great pleasure for WHO to agree to support this conference organized by ODCCP and to join in some of the events that they have organized so well for "No Drug Day". This bringing together of so many experts and countries to share their experiences is a major success. It is of course, also a key aspect of international work and the "extra" that International Agencies bring to national efforts.

The Austrian Ambassador has already mentioned the "Troika" related to the security aspects of Drug. For WHO we also have a "Troika" of the health aspects of "Drugs" and substance abuse, which are Alcohol, Drug Abuse and Tobacco abuse. The issues, policies and settings are similar in principles if not also in practice in all these cases.

WHO's support to Uzbekistan in the specific area of Drug Abuse, its control and reduction lie in the following main directions (and my colleague Dr. Almaz Imanbaev will describe this in more detail tomorrow):

- Technical assistance and support for the formulation of policy on drug demand reduction. (e.g. National round table discussions and training seminars on policy development and drug demand reduction. In Uzbekistan this was held in February this year);
- Capacity building in the area of Substance Abuse Control (e.g. training seminars on treatment and rehabilitation for narcologists from CAR, held earlier this week together with ODCCP and the Ministry of Health);
- Support to existing networks for Drug Demand Reduction (e.g. training seminars on primary prevention for NGOs).

I would like to end by adding WHO'S and my thanks to all the co-sponsors that have enabled this conference to take place here in Tashkent. I hope that by sharing our doubts, fears, successes and perhaps most importantly our failures, we will all gain no matter from which country or continent we come from.

I wish you all a very successful conference.

<sup>11</sup> Original text in English.

## OPENING STATEMENT BY MR. GANTCHO GANTCHEV, AMBASSADOR IN UZBEKISTAN, OSCE<sup>12</sup>

---

*Mr. Chairman, Dear participants, Ladies and Gentlemen,*

It is a great honour for me to be able to welcome you today at the ODCCP Conference on Drug Abuse, on behalf of the OSCE Centre in Tashkent as a co-sponsor of this event. In this regard I would like to express my appreciation for the excellent cooperation between the Centre and the ODCCP regional office in Tashkent. I would like also to thank very much to my colleagues from other OSCE offices in the region for their participation and support for this important Conference.

OSCE has always been interested and focused on issues and areas, which are important for security and stability and can provide fertile ground for violent extremism and may facilitate the emergence of terrorism. In this regard I would like to underline the vital importance of the topic addressed by this Conference for security and stability in Central Asian countries.

Leaded by this understanding, the OSCE in cooperation with ODCCP organized in the year 2000 the Tashkent Conference on Security and Stability in Central Asia where for the first time an integrated approach in the fight against drugs, organized crime and terrorism was considered. In line with this approach and as a part of OSCE efforts against terrorism the Bucharest Action Plan was adopted by the OSCE Ministerial meeting on 3-4 December 2001, and the Program of Action endorsed at the OSCE/ODCCP co-sponsored Bishkek Conference on 13-14 December 2001.

The current activities of OSCE in the region are focused on the implementation of these documents, complimenting the efforts of individual countries and other international organizations on bilateral and multilateral basis. Here I would like to emphasize the importance of practical, concrete, effective and efficient co-operation and co-ordination of in-

ternational efforts in the fight against drugs and terrorism. In this regard the OSCE will continue to provide political support and the specific expertise it can offer to the practical measures of ODCCP and other international organizations and national institutions in the fight against the problems addressed today.

Efforts done to combat drugs, terrorism and transnational criminal activities have produced a requirement for new programmes of police training and expert assistance. For this reason the OSCE Senior Police Adviser has recently carried out preliminary assessments in Uzbekistan, Kyrgyzstan and Kazakhstan and is now in correspondence with the respective Ministers of Interior on police-related activities. He will soon visit Turkmenistan and Tajikistan to do the same. To enhance synergy, the SPA intends to travel to Turkmenistan together with ODCCP experts, to look jointly into areas of potential assistance for Turkmenistan.

*Mr. Chairman,*

I do believe that this Conference will strengthen and respond the regional efforts and encourage even further OSCE Participating States to consider concrete and active support in the fight against drug abuse for the implementation of projects in Central Asia aimed at the strengthening of capacity of Central Asian countries and their national institutions in the fight against drugs, organized crime and terrorism.

Finally, I would like to wish you active and interesting discussions and success of the Conference.

Thank you for your attention.

---

<sup>12</sup> This is a transcript of the speech delivered by Mr. Gantcho Gantchev, OSCE Ambassador to Uzbekistan on 26 June 2002 at the "Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses", Tashkent, Uzbekistan. Original text in English.

## **PRESENTATION ON DRUG CONTROL POLICIES AND DRUG DEMAND REDUCTION PROGRAMMES IN KAZAKHSTAN BY MR. BULAT BAYBULOV, HEAD OF DELEGATION OF KAZAKHSTAN<sup>13</sup>**

---

Thank you, Mr. Chairman, for giving me an opportunity to make this presentation!

*Dear ladies and gentlemen!*

First of all, let me greet you to this conference on behalf of the Kazakh delegation and express the confidence that a fruitful and constructive exchange of opinions on such important and urgent issue, as combating drug abuse and drug trafficking will definitely contribute to our mutual efforts, both at the national and regional levels.

Unfortunately, dangerous signs of trans-national organized crime related to drug circulation and abuse continue to count among the most negative social ills in the world which and, therefore, directly affect the national security, economic and social foundations and development perspectives of any state, including Kazakhstan.

An impartial analysis shows that, despite the efforts, the drug situation in Kazakhstan continues to be difficult. For the last 10 years the share of the so-called drug crimes out of the total crimes in the country has increased from 3% to 12%. Similar negative changes are occurring in the sphere of drug abuse. At present, according to the official data there are 45.505 drug addicts, and results of sociological surveys conducted by independent experts show that their real number is much higher. The current situation requires that an adequate system be formed to counteract the illicit circulation of drugs and drug abuse.

In this respect, the current phase of the fight of drugs in Kazakhstan is supported by several crucial initiatives promoted directly by the Head of the State that are of great national and international importance. Many important steps are taken in compliance with the Country Development Strategy up to 2030 in which the antidrug component is treated as a long-term priority for the Government of the Republic.

The Government of Kazakhstan strictly controls the legal circulation of drugs, psychotropic sub-

stances and precursors. We support the efforts of the countries that recognize the necessity of such control over precursors of any drugs and psychotropic substances.

We have managed to achieve a necessary and adequate co-ordination of all antidrug measures taken in the country. They have materialized in the form of particular events of the five-year Antidrug Strategy of the Republic of Kazakhstan for 2001-2005, approved in May 2000 by the Decree of the President of the Republic of Kazakhstan. Such informative and meaningful document has been adopted for the first time in Kazakhstan.

The Antidrug Strategy aims to ensure implementation of a uniform and balanced state policy to get the drug situation in the country under the effective control of the state and the society, to stabilize it and limit its negative effect on the internal and external security of Kazakhstan, health and well-being of its population.

To ensure further progress in overcoming the drug abuse and trafficking, the implementation period of the Strategy is divided into three interconnected stages that will be implemented through development of interrelated state programs to combat drug abuse and trafficking.

In the course of implementation of the first stage of the Strategy for 2000-2001, law enforcement and other state authorities have been financially supported from the national budget with equipment, machinery and materials equalling almost to US\$2 millions.

The creation of key components of the antidrug system is a final result of the first stage.

A similar program for the second stage of the Strategy is being considered by the Government.

---

<sup>13</sup> Original text in Russian.

Given the trans-national nature of drug industry and a forced transit role of our territory, a particular focus has been given to solve complex tasks to strengthen the guarding of state and customs borders. In this respect, within the last years particular effort was given to develop dog-training centres so that properly trained dogs could detect illegal drugs. A dog-training centre within the customs office with equipment that meets the most modern requirements is functioning, and a similar centre within the Ministry of Interior is being strengthened.

It is obviously advisable to take further steps in this direction, develop co-ordination between competent authorities of various countries, especially, in border areas that suffer from the same problem caused by drug trafficking.

Competent authorities in the Republic have concentrated their efforts to create a wide system for prevention, medical treatment and further rehabilitation of drug addicts. The newly established Republican Centre of Medical and Social Problems of Drug Abuse plays a key role and is expected to become the main medical, clinical and scientific centre specialized in drug abuse.

Kazakhstan has entered the international system to combat the illicit drug trafficking by ratifying all UN major conventions in this area: the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, the 1988 UN Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances.

We managed to make substantial progress in developing international collaboration in the antidrug sphere. Several intergovernmental and interdepartmental (between countries) treaties and agreements were signed. In addition to CIS countries, Canada reinforced a traditional partnership.

The required normative and legal documents regulating legal drug circulation are based on the Law on Drugs and the Complete List of Drugs, Psychotropic Substances and are now nearing completion.

For the first time, in the CIS countries comprehensive regulations to perform state control over the legal circulation of drugs, psychotropic substances and precursors were approved at the governmental level.

The Government of the Republic of Kazakhstan has approved the Program 'Medical Treatment and Prevention of Drug Addiction' (Resolution of the RK №829 dated 15.06.2001). Recently the Parliament approved the Law On Medical and Social Rehabilitation of Drug Addicts.

Actions to suppress and prevent drug abuse among those under age are taken, and special units are created to offer psychological, legal assistance and advice on various issues. These units closely work with narcological clinics and republican and city AIDS-centres.

At present, methods of antidrug propaganda have been considerably expanded through the introduction in all secondary schools of the School Program against the Use of Hazardous Substances elaborated with the assistance of the UN ODCCP. We intend to introduce full-time positions for psychologist in all schools. In many schools there are health centres aimed at coordinating actions to popularize a healthy life.

The republican and regional actions to celebrate the International Day against Drugs (26 June) have become a tradition and the first student conference 'Students against Drugs' was conducted successfully.

#### **Dear participants of the conference!**

Given the trans-national nature of this problem, it is impossible for one country alone to solve it. That is why in the process of building a national system counteracting illicit drug trafficking and abuse, we direct our efforts toward integrating and cooperating with CIS and non-CIS countries and international organizations.

All these measures include much more antidrug actions than those currently taken in Kazakhstan. I expect that my colleagues in their presentations and during the exchange of opinions will discuss these issues in detail and make specific proposals.

In conclusion, let me assure you that Kazakhstan treats problems associated with the threat posed by drugs in Central Asia adequately and will persist in its efforts to strengthen and expand mutual cooperation to combat the ill threatening human civilization.

I appreciate your kindness!

## **PRESENTATION ON DRUG CONTROL POLICIES AND DRUG DEMAND REDUCTION PROGRAMMES IN KYRGYZSTAN BY MR. KUR-MANBEK KUBATBEKOV, HEAD OF DELEGATION OF KYRGYZSTAN<sup>14</sup>**

---

*Dear Chairperson, dear participants of the Conference,*

Let me express my sincere gratitude to the organizers of the Regional Conference, UN ODCCP and the Government of the Republic of Uzbekistan for the opportunity to discuss on such a high level the problems of counteracting drug abuse in the Central Asian region.

At the beginning of the 21<sup>st</sup> century it is important to reveal a qualitatively new role of drug addiction as a systemic social malady, tossing a challenge to the contemporary civilization. During its history, mankind has survived a number of natural and social disasters. The malicious jest of the history of mankind consists in the fact that only mankind itself can destroy itself. And social maladies, growing to maladies of civilization, become more and more significant an instrument of this self-aggression.

Based on the reality, we find it necessary to divide several strategies of countering drug abuse in the Kyrgyz Republic and Central Asia in the early 21<sup>st</sup> century. Thus we will be able to strengthen our practical efforts to collectively overcome this global threat.

First it is an integrated strategy. It assumes the establishment of connections between social policy and its parts, between all subjects and objects of preventive and medical and rehabilitation process. This integrated strategy presumes a systematic approach to the vision of the entire scope of social maladies. Measures must be mutually supplemented by anti-alcohol and anti-drug policies.

This actually is the main direction of state antidrug policy in the Kyrgyz Republic. An all-state character unites the policy of attacking the social maladies. In this sense, an integrated approach is evidence that medicine in itself is not a sufficient remedy against drug addiction as a medical and social disease.

The second direction, requiring intensification of our activities, is the target strategy. Development of narcology requires a result oriented approach and a

willingness to maintain the current results also including in the field of combating drug addiction.

This principle is still not implemented in practice by the narcological services in our countries. Today, unfortunately, funding is still directed not towards the achievement of concrete progresses, but towards supporting the current activities of the existing narcological services.

A target approach is being implemented in a number of countries, which is not a dispensary or service based approach but rather a specific programme, the extension of which depends on the actual success of the approach's application. Programme approaches require an increasing objectiveness and accuracy of drug statistics. There is a propensity to overlook social maladies, but one thing has become obvious: the growing availability of drugs available is a serious threat for the social health of the nation. This situation may unfortunately be applicable to almost all countries of the region.

In this connection, the implementation of projects based on a preliminary cooperation to reduce demand for drugs in Central Asia becomes particularly important. As you know, in the region and in Kyrgyzstan in particular, public and social structures, under the auspices and active support by UN ODCCP, have implemented two projects to build the basis for an effective mechanism to combat drug addiction.

The third direction, which requires particular attention, is the human strategy. Development of state policy in the field of drug control requires that human rights and interests be considered and properly balanced when attempting to overcome this social malady.

This direction opens wide prospects the participation of not only secular, but also religious institution in preventing drug addiction. For example, in the European Union, a powerful anti-drug Catholic movement exists that involves not only the youth,

---

<sup>14</sup> Original text in Russian.

but also entire families. Every world religion, Christianity, Islam, Buddhism and Judaism, has its experience in anti-drug activities. These forms of work are particularly suitable to us, as they take into account spiritual traditions of a particular country and its people. Namely human strategies in combination with all dimensions of the human being — psychic, spiritual, and biologic — are a very strong potential in the prevention of drug addiction.

And we shall complete this list with such a basic concept such as that of preventive strategy. It is universal and depends in minimal part on the specifics of a particular social malady. The best guarantee against any addictions is fostering and educating a harmonically developed personality, able to positively affirm itself in the social field.

In this sense, our major problem today consists in providing resources and funds for prevention against punishment, education against re-education, and early identification against low-efficiency treatment.

Preventive strategies must be multiple-path and take into consideration specifics such as age, sex and ethnic groups. So, in the Kyrgyz case this strategy is based on different models to combat drug addiction depending on the specifics of regions of the country.

The complex of all the above strategies, already provided for in the State Programme against Drug Abuse and Illicit Drug Trafficking (which is already the fourth specialized anti-drug programme in the country), is at the basis of the state anti-drug policy of the Kyrgyz Republic in this field.

The President of Kyrgyzstan, Askar Akaevich Akaev, is the direct initiator of this process. In this regard it may suffice to note the widely supported initiative of the President on the creation of drug-free zones in the Great Silk Road countries at the beginning of the 3rd millennium.

***Dear Chairperson, dear participants of the Conference,***

The State Commission of Kyrgyzstan on Drug Control, being the main partner to the UN ODC-CP in implementation of the Project “Preliminary Assistance in Drug Demand Reduction: Rapid Situation Assessment of Drug Abuse in Central Asia”, revealed that according to official information there are presently some 5 thousand people suffering with different types of drug addiction in Kyrgyzstan.

By applying the usual correction factor (10-15 times), the actual number of drug addicts in the Kyrgyz

Republic may amount to approximately 60 - 75 thousand, including a significant share of women and youth.

There is an obvious change of the dynamics and structure of drug abuse: if in the early 1990s hashish drug abuse was at the leading place (65 percent), now, according to official statistics and project results, opium-heroin drug abuse takes the first place (approximately 70 percent).

In general, during the period of 1991-2001, there was a six-time increase in drug abuse morbidity, which can be noted for almost all regions in Kyrgyzstan.

It is a fact that heroin is increasingly becoming the drug of choice. Besides, the age of an average drug addict in Kyrgyzstan has significantly dropped. In particular, according to the findings of the project, 12-15-year-old heroin addicts were noted, and according to a sociological survey conducted by the Republican Narcology Centre in the first half of 2001, 17.5 percent of high school students in the capital of Kyrgyzstan had tried drugs at least once.

Namely, due to these circumstances, drug addiction among teenagers has become a particularly grave problem since it is usually accompanied with child prostitution, vagrancy, and hooliganism as consequences of the general unfavourable social environment.

At the same time, growth of injection-way drug addiction among the population of Kyrgyzstan compounded by a threateningly fast spreading of AIDS, HIV-infections and hepatitis.

So, as of 1 June 2002, there are 263 registered HIV-infected people in Kyrgyzstan. This number includes 203 citizens of Kyrgyzstan. 176 of them are injecting drug addicts, and 53 per cent of them are aged 15 to 29. The majority, 128 people, lives in the Osh region, and all of them are injecting drug addicts. These horrible indicators are characterized by an horrible upward trend.

In this connection, countering the growth of drug abuse in society, and first of all by preventive measures, is presently one of the priority directions of the state anti-drug policy in the Kyrgyz Republic. That is why our State Commission, in cooperation with all concerned ministries, agencies and social organizations, makes every possible effort to improve the drug situation in Kyrgyzstan. Having adequately assessed the danger of the drug threat, Kyrgyzstan has by now adopted a number of legislative, organizational and other measures aimed at

creating a system of state control over drug traffic. Major directions of the state policy in the field of drug control have been tested. They are expected to ensure effective measures for reinforcement of the struggle against drug addiction and drug trafficking in Kyrgyzstan.

The situation in Kyrgyzstan and the problems of conducting an effective battle against drugs have been repeatedly considered on sessions of the Government, the latest of which was in March of this year, and of the Security Council chaired by the President of Kyrgyzstan, the latest of which was in October 2001.

To a certain degree, these measures promoted an effective struggle against drug abuse and illicit drug trafficking in the country.

However, a complicated economic situation in the country compounded by a reduced focus on preventive work within a social context characterized by a sharp change of spiritual values has been fostering the growth of unfavourable phenomena in this field.

As already mentioned, primary preventive measures against drug addiction are priority strategic directions in combating drug trafficking. Therefore, prevention of drug abuse is a task for all society, and children and teenagers must be the focus of the Government's anti-drug policy.

State target programmes are supposed to play a particular role in the organization of the state anti-drug activities at the national level. The new State Program against Drug Abuse and Illicit Drug Trafficking in Kyrgyzstan for 2001 – 2003 provides for strategic directions of activities, including particular measures to prevent drug addiction among the youth. In addition, they are inter-related with such other national programs of Kyrgyzstan as “Jashtik” and “New Generation”.

We note with satisfaction that the UN ODCCP projects on preliminary assistance in drug demand reduction were included into this State Programme, and today we can witness their successful implementation.

Good interaction among the interested sectors of society and state structures should be the prerequisite for a successful implementation of all programs without any exceptions. We should note that presently Kyrgyzstan has a good experience of successful cooperation in this regard.

For example, national anti-drug initiatives under the slogan “Entering the 21st Century without Drugs” were conducted in June 2000 and 2001 within the framework of the World Day against Drug Abuse and Trafficking and were received by the public with great interest. The State Commission on Drug Control and State Committee of Tourism and Sport conducted these initiatives jointly.

This year, before this important date for UN ODC-CP and all of us, the Government of Kyrgyzstan issued a special ordinance, which significantly increased the number of future participants in these initiatives. Furthermore, from this year onwards, these initiatives will be conducted all over Kyrgyzstan with their organization being underway.

*Dear Chairperson, dear participants of the Conference,*

Presently, Kyrgyzstan is at the beginning of the next stage in the battle against drug abuse, the essence of which is determined by the initiative of the President of the Kyrgyz Republic A. Akaev to create free-drug zones in the Silk Road countries at the beginning of the 3d millennium.

Namely this initiative underlined the importance of developing an inter-state strategy for the prevention of drug addiction in Central Asia. For its development we recommend to apply an integrated and coordinated approach, which will unite the efforts of all interested parties to use existing limited resources more effectively. The basis for this will become operating in our countries' state programmes, which have determined a number of key priorities for the development of national anti-drug policies for the years to come, based on the results of the UN ODCCP projects we are discussing and implementing.

We are confident that such prioritization will allow to changing the present situation dramatically.

In conclusion, I would like to make an extra point to summarize all the above. Pursuing the tasks set out by the President of Kyrgyzstan Askar Akaev, I want to emphasize that the key point of our policy is the human being and its needs.

To sum up, the highest priority of our state anti-drug policy is to protect people from the drug threat and ensure better future for our children and the youth.

Thank you very much for your attention.

## **PRESENTATION ON DRUG CONTROL POLICIES AND DRUG DEMAND REDUCTION PROGRAMMES IN TAJIKISTAN BY MR. RUSTAM NAZAROV, HEAD OF DELEGATION OF TAJIKISTAN<sup>15</sup>**

---

*Dear Mr. Chairman! Dear ladies and gentlemen!*

Let me greet the participants of this conference who are willing to exchange their opinions on a range of urgent problems. I expect that our mutual efforts will allow to addressing the problems of drug abuse and its trends objectively.

First of all, it should be noted that the optimistic approach of the world community and the assumed stabilization in the drug situation in Afghanistan after the anti-terrorist campaign has not paid off. An analysis of the events leads to the conclusion that changes in the social and political regime as well as the measures taken by the Afghan government have not yet brought expected results. In short, drug production and smuggling are likely to have increased in the territory of Tajikistan and further trafficked to other states of Central Asia and Europe.

An analysis of the drug situation in the Republic of Tajikistan shows that this increase continues to be a worrisome trend, drug trafficking tends to grow, new criminal groups are being shaped, steady drug routes are paved, new areas and segments of population, primarily young people, are involved in this dangerous 'business'.

Let me prove these statements with the following figures:

There was a 1,928-time increase (from 1.9 to 3,664.0 kg) in the total seizures of raw opium from 1991 to 2001. The first seizure of 6.3 kg of heroin in the Republic was registered in 1996. In 2001 the amount of seized heroin increased 672 times and amounted to 4239 kg.

I would like to draw your attention to the fact that the market is deluged with drugs imported from Afghanistan. For the first 5 months of this year in the Republic of Tajikistan, 1769 kilograms of drugs were seized, of which heroin made 1251 kilograms.

Given that Tajikistan is one of the front-line states that have a common same border with Afghanistan and serve as a shield against heroin expansion to

Central Asian and European countries, in 2001 some crucial steps were taken to suppress the drug flow from Afghanistan. First of all, they were aimed at improving the efficiency and co-ordination between law enforcement agencies and secret services involved in this area. As a result, in 2001 a share of heroin and raw opium seized in the territory of the Republic accounted 82 and, respectively, 81 per cent of the total seized drugs in Central Asian states.

**Dear participants of the Conference!**

The proximity of Tajikistan to Afghanistan, the world leader in illicit production of opium and heroin, has caused a sharp increase in drug abuse in the Republic.

The drug circulation in the Republic of Tajikistan was triggered, to some extent, by the civil war and economic and social problems. These reasons contributed to such trends as the growth in the number of the drug addicts registered with narcological clinics, primarily heroin users; an increased number of women users, teenagers and rural population who are registered as heroin users; increased consumption of injected drugs.

The Government of the Republic of Tajikistan has recognized the gravity of the drug abuse threat and is takes various countermeasures.

The ratification of the 1961, 1971, and 1988 Anti-drug Conventions of the UNO by Tajikistan is an important step to get drugs under the state control. In 1996 the State Commission on Drug Control of the Republic of Tajikistan was established to be responsible to meet the requirements emanating from the above Conventions.

In 1999, in accordance with the Protocol signed between the Republic of Tajikistan and the UN ODCCP, the State Commission on Drug Control of the Republic of Tajikistan was renamed the Drug Control Agency under the President of the Republic of Tajikistan E. S. Rakhmonov pursuant to his de-

---

<sup>15</sup> Original text in Russian.



cree. At present, the Agency is a full-fledged law enforcement body that carries out the state policy in the sphere of licit circulation of drugs, psychotropic substances, and precursors and struggles with their illicit circulation, co-ordinates the activities of various agencies in this sphere and directly participates in the struggle against illicit drug circulation.

Since 1996 serious efforts have been made to adjust national laws regulating the sphere of drug control to the provision of the international agreements ratified by the Republic of Tajikistan.

The new Criminal Code of the Republic of Tajikistan has come into effect since 1 September 1998. It foresees criminal punishment for the illicit circulation of psychotropic substances and precursors, as well as drugs.

The Law “On Drugs, Psychotropic Substances and Precursors” was passed on 10 January 1999. It lays out the general principles of control over licit circulation of drugs, psychotropic substances and precursors.

The Resolution of the Government of the Republic of Uzbekistan has provided a “National List of Drugs, Psychotropic Substances and Precursors” and of “Regulation on Licensing Operations in the Sphere of Licit Circulation of Drugs, Psychotropic Substances and Precursors”. These documents regulate licensing procedures, procedures to prepare and approve “the National List of Drugs, Psychotropic Substances and Precursors”, procedures for their use for educational and scientific purposes, preliminary investigation purposes and expert activities, procedures for cultivation of drug plants for scientific purposes, etc.

In the knowledge that is difficult to succeed without cooperating with other countries, Tajikistan is willing to strengthen cooperation with various states and international organizations in its efforts to combat illicit drug trafficking and prevent crimes. The Republic of Tajikistan has become a member of over 30 bilateral and multilateral agreements in the drug control sphere.

In May 2002, the Protocol on Cooperation to Fight Illicit Circulation of Drugs, Psychotropic Agents, and Precursors was signed with Afghanistan.

Tajikistan has been and is an active participant of several UN Antidrug Programs, interstate projects and projects developed for the Republic of Tajikistan.

The implementation of a project aimed at establishing criminal laboratories to analyze, store and liquidate drugs has been completed. The project ‘Strengthening Control over Tajik-Afghan Border’ has been launched to create a National Dog Training Centre in Tajikistan, and the project ‘Strengthening of Data and Information Collection Capacity of Law Enforcement Authorities Combating Drugs’ will allow to create a mechanism to exchange information between the law enforcement authorities of the Republic and enhance their efficiency to combat drugs and suppress criminal actions through improvement of data exchange and managerial capacity.

Specifically, efforts are being made to strengthen the technical capacity of law enforcement and other justice authorities, train and educate personnel under the project ‘Strategy Development and Implementation of Measures to Control Drugs in Tajikistan’.

The implementation of these programmes is supported with a substantial assistance from the UN and the developed states of the international community.

However, it should be noted that the above-mentioned international projects address problems related to illicit circulation of drugs rather than problems related to their non-medical use. Thus, for Tajikistan, the project, the results of which are discussed at this conference, is the first large international project to fight drug abuse.

Not only has this project allowed an assessment of the current drug abuse situation but also, to some extent, forecasted its development. The project’s results show that drugs, in particular heroin, in the next few years will remain available for drug users, although its retail price will tend to grow. This will result in an increased consumption of injectable drugs alone and in combination with different types of narcotic and psychotropic substances to strengthen their effect. The number of drug users will also tend to grow. The HIV/AIDS epidemics may become a real danger associated as it is with the use of injecting drugs.

Based on the results achieved, we believe it would be extremely useful and relevant to implement several new projects to address the problems arising from drug abuse in our countries.

Thank you for your attention!

## **PRESENTATION ON DRUG CONTROL POLICIES AND DRUG DEMAND REDUCTION PROGRAMMES IN UZBEKISTAN BY MR. DAMIN ASADOV, HEAD OF DELEGATION OF UZBEKISTAN<sup>16</sup>**

---

*Good afternoon, dear friends and guests,*

The Ministry of Health is one of the organizers of this Forum. Let me, on behalf of the Ministry of Health, greet you here in Tashkent and wish you a pleasant and useful time as well as a successful participation in the Conference.

Under the aegis of UN ODCCP, specialists conducted a very interesting research that will be presented here tomorrow. In order not to repeat what will be said tomorrow, I would like to address some medical problems related with the drug situation in Uzbekistan since they actually reflect the real situation in our country.

The problem of drug abuse, which has recently caused serious concerns all over the world, is unfortunately also known to Uzbekistan. The situation existing in some countries of the region is used for illicit drug trafficking through the Central Asian countries, including Uzbekistan, and leads not only to increasing the number of persons involved in illicit drug trafficking, but also to increasing the number of drug users.

Before the early 1980s, the problem of drug addiction was not very serious in our country. Practically up to the mid-1980s, traditional vegetal forms of drugs, such as marijuana and raw opium, were mainly used in Uzbekistan. Since about the mid-1990s, a growth in drug addiction was observed. In the early 1980s, there were some 2.5 thousand registered drug addicts, but in the mid-1990-s their number significantly increased. As to our latest data, according to the results of 2001, the number of officially registered addicts in Uzbekistan was over 18,000. Morbidity indicators were considered in the context of a number of specific regions; whereas the country average drug addiction morbidity has grown from 2.8 to 5.5 during the last 20 years and has doubled in such regions such as the city of Tashkent, Khorezm, Samarkand and Surkhandarya and more than doubled in some other regions.

On the slide we presented the absolute figures of registered drug addicts. We can see how fast the growth of the number of addicts is if we refer to the

case of Tashkent and the above-mentioned regions. Registration of addicts continued in Uzbekistan in 2001. Seven thousand addicts were registered and these figures were significantly different from those of 2000 and 1999, in particular. Over 40 percent of drug addicts live in rural areas, over 80% of registered addicts in Uzbekistan are people aged 18 to 40, i.e. this is the most active of drug user group. Before 1995, there were no heroin addicts registered in Uzbekistan. Such addicts were registered in 1995 for the first time,. For example, in the Samarkand region, an aggravated form of heroin addiction has been noted since 1997. At present, heroin addicts account for 55 percent of all registered drug addicts, and 80 percent of them use heroin by injection. The following slide shows the growth rates of heroin addiction. In Uzbekistan, for the last two years the number of heroin addicts has doubled, which is shown by the figures collected from various regions.

As already mentioned, 55 percent of drug addicts use heroin, and unfortunately there are women among them. Those who use heroin by injection are at very high risk of being infected with various pathological diseases like hepatitis and particularly HIV and AIDS. At present, about 800 people infected with HIV/AIDS are registered, of whom over 70 percent heroins are injecting addicts.

Uzbekistan has a rather wide network of narcological clinics, since this problem has been given a particular focus recently. I suppose that medical workers remember that narcology in the former Soviet Union was considered a branch of psychiatry. In our country, drug abuse is divided into a separate category and treated in separate institutions. Today there are 18 narcological clinics, most of which have in-patient departments. There also are two specialized narcological hospitals. In each district (162 districts and 55 cities/towns), every health centre has a narcological room.

We think that the organization of anonymous centres to exchange injection syringes for addicts using

---

<sup>16</sup> Original text in Russian.

heroin by injection is one of the most effective methods to prevent HIV/AIDS infection among drug addicts. Presently, the number of such addicts in Uzbekistan is over 200. Such centres have been already operating for several years; analysis of their operation shows that we are on the right way and we plan to continue working in this direction.

Uzbekistan has adopted the State Programme to Prevent HIV/AIDS for 2002-2005, which contains a very large component to prevent drug abuse.

Our activity is based on wide cooperation with international and non-governmental organizations. In particular, we have concluded an agreement with the Swiss government aimed at making joint efforts to prevent drug abuse and exchange and train specialists. Preparatory works are at the final stage, and the programme is supposed to be launched this year.

A particular focus was given to the prevention of drug addiction among the youth. In this area we work with both governmental and non-governmental organizations. We carry out this activity in close cooperation with the Youth's Movement "Kamolot", which primarily covers youth institutions: schools, colleges, lyceums and higher schools. Only 2 weeks ago, an event devoted to the International Day against Drugs was conducted in the National University of Uzbekistan. Its slogan was: "Drug Addiction is the Enemy of Young Generation".

Health care institutions work in close cooperation with internal affairs agencies. This is mainly educa-

tive work with those who are under age or those who are included in a high-risk group. This year jointly with the European Bureau of the WHO, UN ODC-CP, USAID, and other international organizations, we organized a roundtable and adopted a strategy to combat drug trafficking for the next years. This year the Government also adopted the programme for 2002-2005 on countering illicit trafficking and abuse of drugs and psychotropic substances.

As His Excellency the Ambassador of the United States has already noted, we have a wide-scale programme with the USAID against drug abuse. Recently, seven Uzbek experts returned to Uzbekistan from a one-month trip to the USA. The purpose of this programme was to train them on new measure to counteract drug abuse, new methods of treating and diagnosing drug abuse. On 24-25 June, a large conference was conducted in cooperation with the European Bureau of the WHO. All the participants of that conference were invited to participate in our today's Conference as well.

It is significant that this forum began on the International Day against Drugs, and we prepared a wide agenda in cooperation with international organizations, NGOs, mass media in all regions, including Tashkent. This evening there will be a large concert in the "Turkiston" Palace, and let me on behalf of the organizing committee, invite all of you to this concert, which will start at 7 o'clock in the evening. I hope you will enjoy this concert.

So welcome and thank you very much for your attention.

## **PRESENTATION ON DRUG ABUSE PREVALENCE, PATTERNS AND TRENDS IN CENTRAL ASIA BY DR. KAMRAN NIAZ, UNDCP GAP REGIONAL EPIDEMIOLOGICAL ADVISER<sup>17</sup>**

*Good afternoon ladies and gentlemen,*

I have the honour and opportunity to present the results of the national assessment studies on drug abuse conducted in Central Asia. Before I begin my presentation, I would like to acknowledge the hard work that has been done in getting these results by the national focal persons from each country, as well as all the inputs that were made into these studies by the international consultant who worked for this project - Mr. Janus Sieroslawski, as well all the support provided for the project from UNODCCP's Regional Office for Central Asia and especially the national project coordinator - Mirzakhid Sultanov. So, I need to acknowledge their support and that I am presenting on behalf of all the team that did this work.

As a background to this project - since the break up of the former Soviet Union the Central Asian states have been undergoing a difficult economic, social and political transition and also since the last one decade the states have been affected by an increasing trafficking of drugs from neighbouring Afghanistan on their way to the profitable Russian and Western European markets. Evidence from elsewhere in Asia has shown that when a country is on a trafficking route a considerable potential exists for the development of local drug abuse problems.

As has been mentioned in the earlier presentations, until the middle of the 1990s the drug issue was perceived by the Central Asia states as a problem affecting other countries and local authorities mainly relied on international assistance to address drug trafficking issues by law enforcement interceptions. Since 1995 when Heroin started being processed within Afghanistan and shipped across Central Asia, the burgeoning local drug markets have brought a considerable change in the perceptions of drug problems in the regional countries. This has prompted the states to address the issues of increasing drug problems among their local populations as well as to combat drug trafficking within and across their territories.

In June 1998 the UN General Assembly's Special Session on World Drug Problems was held. Dur-

ing the special session the member states signed a Declaration of the Guiding Principles of Drug Demand Reduction, where the UN member states recognized demand reduction an indispensable pillar in the global approach to countering the world drug problem. They resolved to commit themselves to introducing in their national programs and strategies the provision set out in the Guiding Principles of Demand Reduction, to work closely with UNDCP, to develop action oriented strategies, to assess the implementation of the declaration and to establishing the year 2003 as a target date for the new or enhanced drug demand reduction strategies and programs set out in close collaboration with public health, social welfare and law enforcement authorities, and committed themselves to achieving significant and measurable results in the field of demand reduction by the year of 2008.

In order to help member states monitor the progress towards the goals that were set out in the General Assembly Special Session declaration, it required reliable and systematic data on drug consumption that wasn't available at the global level. Therefore the UN Drug Control Program established a Global Assessment Program on drug abuse (GAP) that aimed at assisting member states in compiling reliable and internationally comparable data and to collect, summarize and analyze data from member states and report to the UN Commission on Narcotics Drugs on patterns and trends in global drug consumption. This was the overall background and the context within which the project on assessment of drug problems in Central Asia was implemented.

The project had three main objectives. Firstly, to provide baseline information on drug abuse patterns and trends to the Central Asian countries that could be used by the national governments and other donors including UNDCP to develop appropriate responses and interventions for drug demand reduction in the region. The second objective was to assist Central Asian countries in developing their capacity to collect, analyze and disseminate information on

<sup>17</sup> This is a transcript of the presentation delivered by Dr. Kamran Niaz UNDCP GAP Regional Epidemiological Adviser, on 26 June 2002 at the "Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses", Tashkent, Uzbekistan. Original text in English.

drug using patterns, trends, in their countries on a regular basis. The third objective, which to me is very important, is to establish a functional regional epidemiological network, comprising of focal points from each of the Central Asian countries.

The research teams for the project were comprised of the national focal persons and field workers from each country, the national project officer from the UNODCCP's Regional Office in Tashkent to provide the logistic and administrative support in this work, an international consultant and the GAP regional advisor who provided the training and technical inputs for the design, implementation and the analyses of the assessment studies.

I may point out that during the entire process the international consultant and the GAP epidemiological advisor trained the focal persons and field teams on research methodologies including qualitative and quantitative methods of data collection with special reference to drug abuse epidemiology. The national focal points were trained with the view that they may develop the necessary skills and capacities to continue the collection, analyses and dissemination of drug abuse data on a regular basis within their countries as well as part of the regional epidemiological network.

To talk about the rationale and the methodology of how the assessments were done, we need to look at some of the issues concerning drug abuse epidemiology. The first issue faced is that drug abuse is a criminalized and hidden behaviour and is stigmatized in many societies. As a result there have been varying degrees of underreporting of drug abuse, when traditional epidemiological survey technique such as house hold surveys of drug abuse were used.

Also, problem drug users as a group are characterized as hidden, often 'hard to reach' and are marginalized populations who are not easily detected in the course of traditional epidemiological studies that employ statistically representative sampling techniques. Again the trends and patterns of drug use change rapidly overtime, drug use varies from area to area and within special social groups and is influenced by a variety of social, economic and cultural factors.

It is therefore necessary to see the problem of drug use holistically within the social, cultural and historical context of the whole issue, which necessitates exploring the problem using a variety of techniques and methodologies for data collection that can enable the researchers to build as comprehensive a picture as possible given the resources they have in hand.

With this in mind a series of studies, using qualitative and quantitative research methodologies were conducted, that not only allowed the researchers in each country to gain an in-depth understanding of the problem and its manifestations but also provided some knowledge and a clearer understanding of the prevalence of certain behavioural manifestations and attitudes in each of the country.

The first activity undertaken within the project's framework was the Information Needs and Resource Analysis (INRA). The purpose of doing the resource analysis was to review existing data bases and sources of information and identify needs for development of the drug use information and monitoring system.

In many countries, data on drug use and trafficking is collected for administrative purposes which may not always provide a sufficiently clear epidemiological picture and, furthermore, the statistical data may cover only the part of the phenomenon that is registered by the institutions, e.g., treatment institutions registering drug users seeking their assistance. Nevertheless, these data can be used as useful proxy indicators especially in the form of time settings for tracking existing trends and patterns of drug use.

As part of the INRA we reviewed ten years data from the different sources from each country. These included data from treatment institutions which consisting of information on drug users registered for the first time and cumulative number of drug users registered over the period of ten years by the treatment institutions - primarily the narcological centres. The law enforcement data comprised of people arrested for drug using charges, the proportion of people arrested for drug related charges as opposed to total criminal offences and seizures of drugs for the past ten years. The criminal justice system data comprised of number of people sentenced for drug using charges. Finally, the HIV/AIDS surveillance system data provided information about the proportion of injecting drug users from within those who had been reported as HIV positive.

The second study conducted as part of the national assessment was the key informant study. Key informants are considered people who in the course of their work come across drug users or are in contact with them and are, therefore, knowledgeable about the drug use situation, patterns, and trends in their localities. The study was conducted to learn the key informants' perception of drug use problem and its dimension in each of the localities that were selected. Following groups of respondents were interviewed in each of the country

1. Staff at the national and local level in the field of healthcare, law enforcement, officers directly involved in drug abuse issues,
2. District doctors, ambulance doctors, personnel of anonymous points at the AIDS prevention centres,
3. Law enforcement officers at the local level,
4. Personnel of educational sector, NGOs providing social aid,
5. Former drug addicts and commercial sex workers

The localities where these interviews were done and the number of people interviewed were following,

- Kazakhstan – 115 key informants in Astana, Almaty, Pavlodar and in rural areas of Pavlodar, and Jambul oblasts.
- Kyrgyzstan – 113 key informants in Bishkek and Jalalabad cities and rural districts of Zhayil of Chui region and Issyk-Kul district of Issyk-Kul region.
- Tajikistan – 115 key informants in Dushanbe City, Khorog City, Kurgan-Tube City, Shugnanskiy Region of autonomous Gorno-Badakhshanskaya, Bokhtarsky District of Khatlon-sky Region.
- In Uzbekistan 108 key informants were interviewed in Tashkent, Samarkand, and Margilan cities and Urgut region.

The purpose of interviewing all these different groups of key informants was to get as diverse a picture of the drug problem and the perceptions of key-informants as was possible given the available resources. The third study conducted as part of the assessment was the snowball study of street drug users. Snowball technique is most frequently used when the researchers don't have access to an adequate sampling frame or when there is little information available about the specific group that is being studied, as in our case drug users on the street and different localities. This makes the snowball technique particularly useful when investigating marginal populations, as it involves identifying a few respondents who thereafter refer others from their particular social network, for example, their drug using acquaintances for possible involvement in interview. In each country the locations where street addicts were interviewed included:

Kazakhstan – Almaty 43; Pavlodar 50

Kyrgyzstan – Bishkek 52; Jaylil of Chuiy Province 47

Tajikistan – Dushanbe 53; Kurgantube 42

Uzbekistan – Tashkent 50; Urgut City of Samarkand Province 50

As Injecting Drug Use had been reported as a major problem behaviour it necessitated us to do an in-depth study among this category of drug users to look at their drug use history, initiation of injecting drug use, sexual risk behaviours of the active injecting drug users as well as linked testing for blood born infections - Hepatitis B and C Viruses and HIV.

Following is the breakdown of respondents interviewed and tested by location for each country.

Kazakhstan – Almaty 98; Pavlodar 105

Kyrgyzstan – Bishkek 116; Jaylil Region of Chiu Province 100

Tajikistan – Dushanbe 118; Kurgantube 110

Uzbekistan – Tashkent 101, Samarkand 101

The final part of the assessment studies focused on the drug use problem in the prison system. The study targeted the population of drug users who were at that time prisons inmates or had been in prison not more than six months prior to interviews. The studied population was heavy drug users (drug addicts) who were continuing to use drugs while being in prison. The purpose was to look at the drug use situation as far as the individuals were concerned within the prisons as well as the general situation concerning drug use in prison.

The method used in estimating the prevalence in each country was the benchmark or the multiplier method - roughly speaking it uses proportion of drug users interviewed, for instance, who had undergone treatment in the year 2000 and then multiplying that proportion so the "x" number that we get is multiplied with a total number of people who may have had treatment for drug problems in the same year. This gives us an estimate of the prevalence at a local level which can then be extrapolated nationally.

Although we tried to get as comprehensive a picture as possible of the problem drug use in Central Asia, we still have certain limitations which primarily derive from the nature of the problem that was being studied. Illicit drug users are stigmatized and therefore hidden and no one can determine the precise and exact dimensions of this problem. It is possible to collect only indirect indicators as we did in this case which are sensitive to various biases. The results in a statistical sense are not valid because these are estimations but they are designed to provide the best possible picture of the real life situation. Again, the prevalence rates given here are estimations and we cannot say that these are the exact numbers of problem drug users in a country. Also these estimates are based on the way data is collected in a certain country.

We had many discussions on these estimates and in our opinion there may be a degree of overestimation of prevalence estimates for Kazakhstan and more so for Kyrgyzstan, there maybe an underestimation for the prevalence estimates for Uzbekistan. Nevertheless these are the best estimates that we could come up with given the available data and information at hand.

Talking about patterns of drug abuse observed. If we look at the figures of drug users registered for the first time and take this as a measure of incidence rates, and the cumulative drug users registered as a measure of prevalence, we see highest rates for Kazakhstan, whereas for Kyrgyzstan the trends have been fluctuating. In Uzbekistan we see a steady increase in these rates. In Tajikistan, from 1997 onwards there has been a sharp increase. One reason for the observed dynamics could also be the way data is collected or drug users are registered in each treatment setting, so they are subject to bias, but still they present us the picture of drug use dynamics in the past ten years in terms of treatment demand in each country.

Another area of concern that emerged as part of the assessment, and reported earlier as well, is the high rates of HIV infections among IDUs in the Central Asian countries. If we look at the figure, Kazakhstan has the highest reported rates of 2 per 100,000 population of injecting drug users among the population reported as HIV positive by the HIV/AIDS surveillance system in the country, the next highest rates are from Uzbekistan 0.45 per 100,000 population, 0.23 in Kyrgyzstan and lowest rates of 0.02 for Tajikistan. This no doubt reflects a serious threat in terms of health and social consequences of HIV and other blood born infections.

To have an idea of the emergence of drug problems and its social consequences we can look at the dynamics of drug related crimes.

Kazakhstan, again, presents the highest rates drug related offences of almost 160, Kyrgyzstan 71, Uzbekistan 41 and Tajikistan 28 per 100,000 populations. These arrests as reported by the police have been for various drug related offences, and interestingly these rates reflect similar trends as seen for drug users registered for each country.

For the purposes of comparison, if we look at the drug seizures over the past ten years in each of the country, in Uzbekistan we see an increase in the seizures for raw opium and Heroin. For Kyrgyzstan, there is no information on Cannabis seizures, but we see a sharp increase of Opium and Heroin seizures in the country since 1999. In Tajikistan the seizures have been fluctuating since 1998 and thereafter we see a sharp decrease in seizures of Cannabis and a sharp increase in Heroin and Opium seizures. These seizures, as in other countries could also reflect the intensity of the law enforcement activities but they do present trends similar to the trends reported for drug use in each country.

Similarly, the prices of Cannabis, Heroin and Opium have been fluctuating accordingly. The retail drug prices in Kyrgyzstan for Opium have been steady, whereas the prices for Heroin have been decreasing for Cannabis in the past three years since this data was collected. In Tajikistan the Cannabis prices have been going down, Heroin prices are going down and the prices for Opium have remained stable. The wholesale prices for both Heroin and Opium in Uzbekistan have decreased considerably in 2000.

As for the conclusions, there could have been many, but our colleague conducted the needs assessment project will be presenting their recommendations for what needs to be done in each country to address the drug demand issues. I will focus only a couple of areas. One is that drug use is characterized by a young population using opiates and injecting with a considerable proportion among them of female drug users. We need to emphasize and to address the special needs in treatment and rehabilitation for these groups as their needs would differ from an older population or from male drug users. Therefore in my opinion, it is very important that our efforts are channelled to build the capacity of health care providers and prevention workers to address these special needs for prevention and treatment of drug user among the youth and women.

The other conclusions concern data collection. There is in existence a mechanism of data collection on drug use in each of the country which can form the basis of drug abuse monitoring system. However, there are few issues that need to be addressed. The first one concerns anonymity of information as drug users who are registered for treatment have to be reported. The fear of disclosure and the resulting alleged harassment by local officials prevents drug users from accessing the treatment services as well as results in a gross underestimation and reporting of problem drug use. Therefore we need to maintain the confidentiality of information recorded and anonymity of the drug users registered or provided treatment in any facility. Secondly, when the aggregate data is reported to the higher levels it is

mostly in absolute numbers and certain important indicators like gender, age, problem drugs and method of drug use are missed out. This presents incomplete information to the policy makers and program planners to have an adequate understanding of the drug use patterns and trends and to design policies and interventions to address these emerging problems.

And finally, it is imperative to develop a capacity to interpret and communicate this information among key planners both within and across the demand and supply reduction sides in a country as well as regionally.

That ends my presentation, and I thank you very much for your patience. Thank you.



## **PRESENTATION ON THE NEEDS ASSESSMENT EXERCISE ON DRUG DEMAND REDUCTION IN CENTRAL ASIA: A STUDY BY MR. FRANZ KUMPL, ODCCP PROJECT INTERNATIONAL CONSULTANT<sup>18</sup>**

---

I would like to acknowledge the support of the experts - Ewald Hoeld and especially Silvia Franke, of the project manager - Mirzakhid Sultanov, as well as of the UNODCCP staff. I would like to thank the numerous local experts I had the honour to get acquainted with and the chance to learn from their experience, be it from governmental or from nongovernmental organisations.

This presentation comprises an explanation of the working method, highlights the strengths of the five Central Asian countries -regionally and nationally-, explains the recommendations with the respective priorities as set by the local experts and finally draws some conclusions.

### **WORKING METHOD**

The Needs Assessment started with a desk review which in fact was quite difficult because there was only little information on drug demand reduction services available compared to existing material on legal issues, drug trafficking and drug seizures. To make an assessment of the existing services, a questionnaire was developed and filled out with the help of the local focal points. The fieldwork was performed from April till September 2001 through a SWOC analysis (by which the Strengths, Weaknesses, Opportunities and Challenges of an organisation are assessed). In co-operation with international experts recommendations for activities were developed. In October – November 2001 priority setting workshops took place in each Central Asian country, where the recommendations were discussed and improved in a participatory manner with approximately 20 local experts and stakeholders in each country. Finally, the experts according to priorities evaluated the respective activities. The results were the basis for the project report drawn up between February and May 2002.

### **STRENGTHS**

Regarding common strengths in all Central Asian countries, it has to be mentioned that drug abuse has been recognised as a serious problem mainly in connection with the danger of the HIV/AIDS epidemics and with the first reports of HIV positive cases (Kyrgyzstan in 1987, Kazakhstan in 1989, Tajikistan in 1991, Uzbekistan in 1992 and Turkmenistan in 1997). Since that time the national leaderships have addressed the problem of drug abuse and HIV/AIDS publicly, which made it possible to a certain extent to discuss the problem openly, and resulted in the political will to act. Drug agencies, committees, commissions have since been established and national strategic plans on drug abuse have been adopted as well as resources allocated.

For the respective strengths of each Central Asian country the following aspects have to be highlighted. Kazakhstan provides a remarkable nation-wide network of rehabilitation and treatment centres, and has established a professional research and training centre in Pavlodar. Kyrgyzstan is the first Central Asian country having implemented methadone substitution pilot projects, at the results of which all Central Asian countries are looking with a mixture of curiosity, interest and/or scepticism. Tajikistan's strength is its effective co-ordination system, with the Drug Control Agency acting as focal point for supply reduction as well as demand reduction activities. Turkmenistan's centralised system allows for countrywide actions. Outstanding work is done by NGOs under difficult conditions in HIV prevention with high risk groups like prisoners and CSWs. Uzbekistan has established a nation-wide system of governmental and nongovernmental Trust Points, being able to reach a large scope of risk groups through successful networking and peer to peer work.

---

<sup>18</sup> This is a transcript of the presentation delivered by Mr. Franz Kumpl, ODCCP Consultant, on 26 June 2002 at the Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses", Tashkent, Uzbekistan. Original text in English.

## RECOMMENDATIONS AND PRIORITIES

### 1. Co-ordination, networking and policy

The strategic approach in policy should be integrated, holistic and multisectoral, addressing the underlying causes of addiction, poverty and social discrimination. This suggestion achieved top priority in the Priority Setting Workshops in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan.

At the international level there should be more co-ordination and linkage with international networks, e.g. the HIV/AIDS networks already existing in the CIS countries, the various numerous networks in the EU and the United States of America, and rehabilitation methods in the neighbouring Islamic countries.

On the regional level regular meetings of national focal groups are recommended, which should consist of representatives of the State Commission, the narcological system, the AIDS centres and the NGO-community.

On the national level horizontal as well as vertical co-ordination is recommended: ministries should get into closer contact with each other and improve horizontal co-ordination, vertical co-ordination should be improved between capitals, small cities and rural areas.

The database should be linked and harmonized with the aim of comparability not only within one country but also between the Central Asian countries. To keep in close touch with the epidemiological development, there should be a permanent epidemiological situation assessment. In the Priority Setting Workshops in Kazakhstan and Kyrgyzstan the experts set priority on establishing a linked and comparable database.

Organisationally, drug issues should be more directly linked with HIV/AIDS and hepatitis issues. The fact that drug addicts with hepatitis turn to hospitals on infectious diseases for help could be used to get in contact with them and launch HIV/AIDS prevention, therefore the hospitals on infectious diseases and toxicology should work in closer cooperation with the AIDS centres.

Professional associations should be established for know-how exchange, which applies especially to narcologists, because once narcologists have finished their study and start to work, there is no or

little professional contact between them. There is no forum for narcologists for exchange of know-how and for learning from each other.

For civil society development in the field of drug demand reduction a dynamic relationship between governmental, private and nongovernmental organisations regarding services should be established. Governmental organisations are basic players in the system, but nongovernmental organisations with their easier and more flexible approach to the target group should play an even growing role.

Community based projects launched by NGOs should be favoured in comparison to a top-down approach.

Advocacy campaigns for policy change and activities for raising public awareness should be focused and well co-ordinated. Advocacy activities should be launched to overcome social discrimination and stigma of drug-addicts. This recommendation got top priority in the Priority Setting Workshops in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan.

The laws on drug addiction should be harmonised and the introduction of licensing and quality control of services for drug users is recommended. A rights based approach should be taken, meaning that human rights of drug addicts and especially gender aspects should play a dominant role, including a review of the compulsory treatments system.

### 2. Prevention

The guiding principles for prevention work are still such of forbidding, shocking and punishing. But as there is a young generation influenced by western values and advertisements, authoritarian appeals are not an adequate instrument anymore. Exaggerations or lies only undermine and endanger a trusting relationship; therefore information has to be credible, realistic and objective. Modern approaches have to be found, according with best western practice in prevention.

Reinforced promotion of healthy lifestyles, provision of life skills in schools and introduction of behaviour change communication is recommended. The promotion of the guiding principles of empowerment and healthy lifestyles got top priority in the Priority Setting Workshops in Kazakhstan, Kyrgyzstan and Uzbekistan.

With the national leaderships addressing the drug issue as a main problem, nearly all governmental

and nongovernmental organisations, mass media, etc. started to become active in prevention, which is primarily good, but has to be done with the right approach and in a co-ordinated way. Therefore the functions of the various parties and organisations being active in prevention should be clearly defined and their activities better co-ordinated. Very often law enforcement bodies deal with prevention, showing up in schools for informing pupils. Because of the difficulty for policemen to leave the framework of prohibition and punishment, the effect may be contradictory or may not meet the intentions. Especially primary prevention is a long-term pedagogical task and should be done by key persons who work with young people on a continual level, supporting their development of life skills and coping strategies.

A participatory approach should be taken because the target groups themselves know very well what is necessary and what applies to them. Especially in tertiary prevention, peer education should be used, making use of the know-how and the knowledge of (former) drug addicts.

### 3. Services for drug users

Harm reduction activities for prevention of HIV and hepatitis

Consultation and needle exchange should be performed even more extensively through Trust Points, outreach work and peer-to-peer activities. The scope of the target group has to be enlarged, sustainability of ongoing projects has to be ensured and successful projects should be replicated in other cities and especially on the countryside where few or no services at all exist. The Trust Points should be supplied with high quality syringes, needles and condoms. For reason of acceptance, low or medium quality has to be avoided. There should be a referral system to health and treatment facilities and services. Because drug users very often tend to change their meeting places from one bazaar to the next one, mobile needle exchange is recommended. In hospitals for infectious diseases AIDS prevention with hepatitis infected IDUs should be performed. Prison projects should be implemented, i.e. like drug free zones in prisons, condom distribution, information, and consultation. Legal advice should be given free of charge to drug users and persons with HIV and hepatitis C.

In Tajikistan and Turkmenistan sustainable funding of harm reduction projects was prioritised. Treatment and rehabilitation

Know-how transfer on the state of art-methods is needed. The actual services should be as diverse as possible with in- and out-patient service, short- and mid-term (as long-term might be too expensive). The centres should be run by governmental organisations as well as by NGOs, placed in urban areas as well as on the countryside and linked to existing community based services. The methods used may be drug free or medically supported and should include training and work therapy. In the Priority Setting Workshops in all Central Asian countries the establishing of treatment and rehabilitation centres achieved top priority.

Concerning substitution therapy, several Central Asian countries are considering pilots, with Kyrgyzstan actually running two pilot projects. For the development of adequate strategies, it is strongly recommended to transfer experience from other Central Asian, CIS, European and Islamic countries, with special regard to learning about adaptability and manageability. The pilot projects should be run with very well defined target groups; like, for example, with drug addicted pregnant women or with HIV-positive IDUs.

One of the main problems of treatment and rehabilitation centres is sustainable funding. A grant from a donor for establishing and running a centre may last for one, two or three years, but in any case funding will end. Therefore securing of sustainable funding and a relative self-sustainability of the rehabilitation centres has to be an objective from the very beginning. Full self-sustainability is not realistic either but crop growing, livestock or joinery contributes essentially to the centre's financial freedom as well as to the rehabilitation of the clients.

After treatment and rehabilitation, families, relatives and communities should be involved in the post-rehabilitation process. Special attention should be paid to work possibilities at this stage.

Target groups like women, HIV-positive IDUs, prisoners and children of drug-addicted parents need special attention in form of needs assessment and pilot projects. Projects for special target groups like for children of drug-addicted parents were prioritised in Kazakhstan, Kyrgyzstan, Turkmenistan and Uzbekistan.

The material-technical basis of nearly all organisations needs to be improved, e.g. through provision with Internet of the narcological organisations.

## 4. Training

The curriculum of narcologists should meet state of the art standards, covering all aspects of prevention, detoxification, treatment and rehabilitation. This recommendation got priority in Turkmenistan.

Training of social workers has already been established in some Central Asian countries. Where it exists it should be adapted closer to practice and last for three years maximum. Generally the training of social workers should give special attention to outreach-work, rehabilitation and post-rehabilitation. Training of social workers has achieved top priority in the Priority Setting Workshops in Kazakhstan, Tajikistan and Uzbekistan.

School-psychologists and specially educated teachers should be trained as focal points and experts on addiction prevention and early intervention. The curricula for teachers should include primary prevention as a pedagogical principle. Teachers should be further educated in the basic knowledge of primary prevention as well as early intervention.

The only recently established system of family doctors offers a perfect possibility for primary prevention, screening, short intervention and referral, therefore the family doctors should be trained respectively.

Training in harm reduction should be provided to volunteers and ex-users. As it is no profession by itself to be an ex-user, the latter should be empowered with professional education, enabling them to make a professional career in the field of drug demand reduction.

As NGOs very often lack knowledge about managerial and organisational issues, training in project and social management should be provided for all persons working in managerial positions. The training should include strategic planning, organisational development, and logical framework and project cycle management, including monitoring, evaluation and lessons learned. Monitoring and evaluation achieved top priority in the Priority Setting Workshops in Kazakhstan, Kyrgyzstan and Turkmenistan.

To ensure state of the art based education, information and training resource centres as well as research centres should be founded.

## CONCLUSIONS

The general aim should be the development of a multisectoral, integrative and holistic approach towards the drug problem, addressing addictive behaviour as a health disorder that can be effectively treated or stabilised on the basis of very well developed cooperation between governmental and non-governmental bodies.

Substance use should be primarily regarded in connection with the social context, addressing broader issues of political development through promotion of social and economic stability as well as by the stimulation of education and employment opportunity.

Well co-ordinated and planned acting to scale up the response to prevention of epidemics is imperative now and must be affordable for making a credible assault on epidemics while it is still concentrated among higher risk behaviour groups.

For reaching and integrating a greater scope of the target groups, civil society development through community and rights based approach should be strengthened and supported on all levels.

Financial and technical resources should be mobilised to help governments, local authorities and NGOs to rapidly expand coverage and effectiveness of the national responses addressing the international community to support the recommended activities on the basis of national strengths, traditions and visions.

## **ROUND TABLE DISCUSSION ON ENHANCING INTERAGENCY COOPERATION IN DRUG DEMAND REDUCTION: PRESENTATION BY MR. CHRIS VAN DER BURGH, OFFICER IN CHARGE OF THE ODCCP DRUG DEMAND REDUCTION SECTION<sup>19</sup>**

---

To those of you who attended the burning ceremony this morning I will now try to give you a very hot speech but I hope it is not the same intensity of heat that was experienced this morning.

I've been asked to very briefly speak about UNDCP's conceptual and strategic framework for drug demand reduction. What I propose to do is to give you a very brief outline of UNDCP's role and activities in demand reduction as has been requested by UNDCP's governing body, the Commission on Narcotic Drugs and what I'll present to you must be seen as a guide for UNDCP support to member states in the efforts to meet the targets of the 20th special session of the United Nations General Assembly on the world drug problem.

This session was held in 1998. During this session there were basically two Declarations adopted. One was known as a Political Declaration and the other one was known as a Declaration on Guiding Principles of Drug Demand Reduction. Also there was an action plan adopted for the implementation of the drug demand reduction declaration. This Drug Demand Reduction Declaration and the Action Plan which accompanies it gives the International Community a clear strategy with very clear objectives, targets and guidelines for activities.

In this regard UNDCP has an important role in supporting member states and when developing projects and policies and strategies in support of the strategic objectives, UNDCP needs to take into account the following:

1. First the various mandates that have been given to UNDCP by member states;
2. Secondly some basic principles for what are known as best practices or strategies;
3. Thirdly the thematic areas which have been outlined in this Declaration together with the key target populations

4. and then fourthly what should be seen as regional and national priorities for action as well as gaps in this regard.

The Declaration on Guiding principles of Drug Demand Reduction was adopted to direct the actions in demand reduction. This Declaration contains the principles that should guide the formulation of demand reduction components of balanced national, regional and international Drug Control Policies and strategies.

This means the demand reduction initiatives should be based on regular assessment of the nature and magnitude of drug abuse and drug related problems. They should cover all areas of demand reduction from discovering initial use to reducing the negative health and social consequences of drug abuse. These initiatives should also be integrated whenever possible into broader social wealth and health promotion programmes and be based on a community wide participatory and partnership approach.

They should also be designed to address the needs of the population in general as well as those of specific population groups with the specific attention being paid to youth. The right message should be sent, namely, the information should be scientifically accurate and reliable, culturally valid, timely and whenever possible tested with the specific target population and also the programmes should be based on experience, that is to say demand reduction strategies, activities should be evaluated to assess and improve their effectiveness.

The action plan for the implementation of this Declaration is offered as a guidelines to member states in implementing the declaration and in meeting the special target goals as adopted in the special session, namely by the year 2003 to have new or enhanced demand reduction strategies and activities in close collaboration with public health, social wealth, law enforcement agencies and also to achieve significant and measurable results in the field of demand reduction by the year 2008.

---

<sup>19</sup> This is a transcript of the speech delivered by Mr. Chris Van der Burgh, Officer in Charge of the ODCCP Drug Demand Reduction Section on 27 June 2002 at the Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses, Tashkent, Uzbekistan. Original text in English.

Essentially, the action plan sees a particular role for UNDCP as well as other relevant international and regional organizations in assisting member states in the efforts to achieve these objectives and each of the targets. Based on this action plan, there are three main avenues for this assistance, namely to share the information on available best practices and strategies; to provide guidance and assistance for the development of demand reduction strategies and programmes in line with the guiding principles of drug demand reduction; and thirdly to provide assistance for the establishment of national information systems including data on regionally and internationally recognized core indicators.

Thus, in brief UNDCP and various other stakeholders have been given two principle mandates by the General Assembly. Firstly, to identify and then disseminate base practices and strategies in all area of drug reduction which includes data collection and analysis, prevention and treatment and the reduction of the prevention of the adverse health and social consequences of drug abuse and, secondly, to support capacity building and strategic development in these areas.

Now, how is this translated into action and how may one define or describe best practices and strategies, drawing on basic research evaluation reports and field experience?

Best practice work aims at offering the best current thinking about policy, about programme and about methodology development in these various areas that I've mentioned to you. To identify best practice involves processing knowledge from various sources in order to produce a better understanding of what constitutes effective action in this area.

Therefore, best practices should be seen as a synthesis of technical scientific research results: the lessons learned from previous programmes and projects and understanding of the impact of social and cultural effects. Such lessons can be extracted from external evaluations or from project monitoring or the knowledge resulting from learning by doing, so to speak. What is important, once one has identified a best practice or strategies, is to link these with, capacity building; and working in partnership towards an integrated approach to demand reduction.

As it may be known UNDCP's demand reduction activities are carried out at the global, regional and national levels. Global level activities include the identification and dissemination of best practices,

strategies assisting in standard setting, developing practical tools for activities in all areas of demand reduction.

At a regional level UNDCP is supporting training and networking for the sharing of information and experiences and at national level the support goes to strategy programme and project development for capacity building.

Thus, in simple terms, the global level activities of UNDCP support regional and national level activities, which in turn monitor and evaluate how to allow learning from experience. I'll very briefly touch on what may be seen as principles for effective capacity building in demand reduction within the broader framework of UNDCP's conceptual and strategic framework for demand reduction.

First of all, there needs to be a sound approach. In another words, any programme, any strategy, any policy not only needs to be based on an assessment of the drug abuse situation and the identification of available resources as well as resource gaps but should also be in accordance with internationally accepted best practices. There needs to be priority given to identify groups and communities most affected or most at risk.

The approach needs to be culturally and gender sensitive and be relevant to the specific country context. The whole issue of synergy and partnership needs to be emphasized. We need to work together to enable developing and strengthening of government and private enterprise, civil society, NGO partnerships. We need to develop partnerships with other relevant UN and international regional organizations to avoid duplication of efforts and insure maximum impact.

There needs to be, thirdly, a potential for sustainability, in another words let us not duplicate, let us not overlap, wherever possible, let us rather build and complement and coordinate with existing regional and national organizations.

Wherever possible, as I mentioned before, these initiatives need to be integrated into broader social health and wealth promotion programmes, and we need to support the development and strengthening of regional, national and local demand reduction expertise.

But also and extremely important, there needs to be an evaluation of such initiatives that include monitoring and evaluation mechanisms to ensure

that the activities contribute to an improved understanding of what works. I have already very briefly mentioned the main areas of activities, which are mentioned in the declaration on the guiding principles of demand reduction, and they could be summarized under the following four themes:

5. Data collection;
6. Prevention;
7. Treatment and rehabilitation;
8. Reducing the health and social consequences of drug abuse.

Also a number of key target populations have been identified for these activities. Member states have therefore provided UNDCP and its partners with the set of general themes for project activities and within these general themes, some elaboration of some key target groups. Obviously, priorities will have to be need based and this applies both geographically as well as across communities

I'll summarize my argument with the following statement: Considerable challenges are being posed for UNDCP, other relevant UN agencies, international organizations and member states by the declaration on the guiding principals of drug demand reduction and its accompanying action plan.

UNDCP has been responding to this challenge by both increasing the amount of activities in the area of demand reduction and by configuring new activities to reflect the strategic objectives outlined in the declaration. Nevertheless, considerable efforts are still required, the outcomes of which will largely depend on whether UNDCP receives additional donor support for both ongoing and planned activities.

My presentation has provided an outline of the role of UNDCP in supporting the realization of the special session targets, the demand reduction declaration and the action plan. This presentation essentially has touched on two main relevant General Assembly mandates given to UNDCP, mainly to identify and disseminate best practices and strategies in all areas of demand reduction and to support capacity building and strategic development in these areas.

Thank you very much for your attention.

## **ROUND TABLE DISCUSSION ON ENHANCING INTERAGENCY COOPERATION IN DRUG DEMAND REDUCTION: PRESENTATION BY ALMAZ IMANBAEV, MEDICAL OFFICER FOR ALCOHOL AND DRUGS, WORLD HEALTH ORGANIZATION REGIONAL BUREAU FOR EUROPE<sup>20</sup>**

First of all, on behalf of World Health Organization, let me thank the Government of the Republic of Uzbekistan and the ODCCP Regional Office for the opportunity to participate in this conference and to exchange information. Thank you very much. As a start to my presentation, please let me give you some background of how the WHO began its involvement in drug problems in Central Asia.

Traditionally, the work of the WHO Regional Bureau for Europe did not focus on drug problems in the CIS countries specifically the Central Asian countries. In 2001 some countries of the former Soviet Union applied to the WHO Regional Bureau for Europe for technical assistance on how to tackle drug problems. By participating to this conference we look forward to acquainting ourselves with the results of the rapid situation assessments.

According to the WHO, if the number of tuberculosis cases exceeds 100 in 100,000 of the population, this is to be considered an epidemic, a national tragedy for which countries have to apply to the world community for help. The results of the rapid assessments revealed that the level of drug related diseases (or the number of drug users) far exceed the level of tuberculosis by 5 times in Uzbekistan and by 20 times in Kyrgyzstan.

If one takes into consideration the social consequences of this phenomenon, one becomes aware of how serious this problem is. The WHO is presently mobilizing a number of funds and forces to address the problems related to tuberculosis. The WHO also implements the Direct Observation Therapy (DOT) strategy and helps with provision of drugs and organization of training courses. We thank ODCCP for the research done. In future I believe our activities will be based on this research. This is the short story of why the WHO began dealing with this problem.

In consultations with the respective Central Asian countries we came to an agreement to work in three main areas.

The first area includes technical support for the development of national policies and demand reduction strategies. I take pleasure to inform you that a number of national round tables were organized with ODCCP and USAID. This is an example of demonstrated efficiency for an increased cooperation and co-ordination between the Government and international organizations. The round tables were a primary activity in this area. In addition, we conducted a training seminar on the development of national policies in the drug demand reduction sphere, and as a result, we develop a draft national policy plan, which is now under the consideration of the Government of Kyrgyzstan.

The second area includes training of human resources such as training of medical staff, mass media practitioners and staff in education system and different NGOs in drug treatment and rehabilitation. Recently we conducted a two-day training seminar on drug treatment and rehabilitation for the representatives of Uzbekistan and Central Asian countries. We will develop similar mechanisms in each Central Asian country as soon as the countries clarify their policy in the sphere of drug users' treatment and rehabilitation. As there are different interpretations and approaches related to the problem of drugs abuse we don't put pressure and don't dictate, but just help find a solution to this problem.

The third area of WHO activities includes the support to existing networks, structures or systems. At this stage, we target the health and education system and different mass media networks, but I would like to emphasize that we started our activities in this field since 1 January 2002, only and we are still in a negotiation process with countries and donor organizations.

One of the most important features is that our organization is ready to take part in developing or implementing demand reduction programmes. This is one of the elements of drug treatment and prevention. Various agencies in different countries undertake a lot of activities in this sphere and we are ready to cooperate and coordinate our activities.

<sup>20</sup> This is a translation of the speech delivered by Mr. Almaz Imanbaev, Medical Officer of Alcohol and Drugs on 27 June 2002 at the Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses, Tashkent, Uzbekistan. Original text in Russian.



We are always open for proposals on cooperation in this sphere. Analysis carried out by our office revealed that insufficient co-ordination, both between governmental organizations and between donor organizations, is the main problem in the countries of the Central Asian region.

However, we coordinate all our activities in this sphere with ODCCP Office and this work is very productive. We try and coordinate each initiative with ODCCP for further implementation. The same could be said regarding USAID. There is a continuous data exchange between our offices.

This round table is instrumental in the solution of existing problems. We present two demonstrative pilot projects in each Central Asian countries focusing on primary prevention. The first exercise will be conducted in Kyrgyzstan. They made a concrete project proposal, which is still in the negotiation phase. In the nearest future we will start the same activity in other countries of the Central Asian region.

Under the present circumstances, we are not so active in Turkmenistan, as many other agencies, but, nevertheless we try to negotiate. The activity of the WHO Regional Bureau for Europe in the Central Asian region is grounded on a two-year agreement on cooperation and four Central Asian countries put drug prevention problems as a priority for the cooperation with the WHO.

Moreover the WHO implements a special project called "Initiatives in controlling psychoactive substances" for CA countries, i.e. the WHO develops regional, interregional programmes focused on the Central Asian region as a whole.

We just began the development of our programme and are open for any proposals and ready for cooperation. We are expanding our activities in Azerbaijan, where we conducted a national round table on drug problems, which generated big interest among the representatives of the Government and Parliament of Azerbaijan.

I would like to underline again that we want to cooperate and coordinate our activities with other organizations to make our idea of building a "common" house a reality. The problem is that this idea of a "common" house is not clearly understood in some countries. Demand reduction strategy is not completely elaborated in some countries and due to this fact the "common" house idea is developing slowly.

Still, I think that we can make this idea a reality together.

Thank you for your attention.

## ROUND TABLE DISCUSSION ON ENHANCING INTERAGENCY CO-OPERATION IN DRUG DEMAND REDUCTION: PRESENTATION BY MS JENNIFER ADAMS, DIRECTOR, OFFICE OF HEALTH, POPULATION AND NUTRITION, USAID/CAR<sup>21</sup>

I have a brief presentation here about the work of USAID in Central Asia.

We are a regional mission, so we work in all of the five countries of Central Asia including having staff in all of those countries representing the office of Health and Population. So my approach to the question of drug trafficking and drug prevention is coming very much out of a health prospective. USAID in Central Asia has been focused on supporting and strengthening primary health care and the prevention and control of infectious diseases including HIV/AIDS, which is a global objective for USAID. The prevention of HIV/AIDS is, of course, closely related to issues of drug use. In the future, USAID's focus will expand to include a program on primary prevention of drug abuse. What I'm going present today relates largely to the work that we have done so far.

The drug problem is a relatively new phenomenon for Central Asia Governments and communities. As we can see quite clearly from this conference, there is a resolve to deal with these problems in a serious way and to benefit from international experience. Currently in Central Asia no system of primary drug prevention is functioning efficiently so new concepts and standards need to be introduced. There are a number of serious problems that result from drug trafficking and from drug abuse. HIV/AIDS infection is the most obvious, but there are other blood born diseases (some fatal) such as hepatitis B and hepatitis C that are also drug related. In addition are the problems of overdose, crime and the many social problems that accompany drug abuse.

In term of the HIV/AIDS epidemic, I think we can summarize the situation in a couple of slides. The number of intravenous drug users in Central Asia is expected to grow at a rapid pace fuelling HIV/AIDS infection from contaminated needles. In addition to the expansion of HIV/AIDS epidemic among intravenous drug users, the epidemic could grow even faster through so-called "bridge"

populations: sexually active drug users and drug injecting sex workers. Unless prevention measures are soon expanded, this trend could lead to wide spread heterosexual transmission as HIV/AIDS finds its way into the general population and could result in the very sad scenario that we've witnessed in other part of the world.

The situation in Kazakhstan, Uzbekistan and Kyrgyzstan, with the rapidly escalating HIV/AIDS infection among intravenous drug users means, as was agreed at the previous regional meeting in Almaty on HIV/AIDS, that the situation can be characterized as a concentrated HIV/AIDS epidemic. A concentrated HIV epidemic means a very low prevalence of HIV in the general population, but prevalence of about 5% in one significant sub group, in this case drug users.

This is, I think, a very interesting slide, which shows HIV/AIDS trends in Eastern Europe and Central Asia and in Western Europe from 1993 to the year 2000.

So if one looks at the continuous line on the top of Figure 4. "HIV Trends in Eastern Europe & Central Asia and Western Europe, 1993-2000", one will see that in 1995 there were about half a million HIV/AIDS infected people in Western Europe and almost none in Central Asia and Eastern Europe. But if one looks five years later to the year 2000, one can see that the number changed very little for Western Europe because of the very serious prevention and control effort whereas in the case of Eastern Europe and Central Asia, the number escalated very dramatically to the point when the number of HIV/AIDS infected people in Eastern Europe and Central Asia significantly exceeds those in Western Europe.

One can see along the bottom that this is because of a very significant difference in the number of new cases of HIV that have appeared in Eastern Europe and Central Asia, particularly since 1997.

<sup>21</sup> This is a transcript of the speech delivered by Ms. Jennifer Adams, Director of the Office of Health and Population, USAID on 27 June 2002 at the Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses, Tashkent, Uzbekistan. Original text in English

For just our region, for the Central Asia region, the result is the following statistics of formally notified HIV infected people as of April 2002, statistics that we saw yesterday.

I think that it is important to note that there are centres across Central Asia where the number of HIV/AIDS infected people are concentrated and those include Temertau in Kazakhstan, Osh in Kyrgyzstan and in Yangi Yul in Uzbekistan.

There are a number of components to a strategy of drug prevention. One of them is drug interdiction, which USAID does not work on. There are other US government agencies that deal with this, but USAID does not become involved in drug interdiction. We do deal with drug demand reduction. Primary prevention of drug abuse is an area that USAID will support. Our new program will have slightly different focus from HIV/AIDS prevention, since it relates to a wider group, specifically youth.

Areas we would like to work on include community level interventions in schools and out of schools and with youth. Complementary to drug prevention is a harm reduction approach. I know that the Soros Institute, which has been a pioneer and leader in this, will speak about harm reduction in their presentation. USAID has a joint program with Soros that includes some elements of a harm reduction programme and Soros has, of course, their own longstanding activities.

All strategies are needed in addressing drug abuse; there is not one that can necessarily solve the problem. It is important to link these strategies to other existing efforts including condom social marketing, community based information, education and communication programs and STI syndromic management.

To summarize the main target groups for USAID's HIV/AIDS strategy and for our drug prevention strategies are vulnerable youth aged 15 to 25, injecting drug users and sex workers. The specific interventions that we focus on include the following for high risk groups: surveillance, in order to get better data and understand more about the transmission patterns, condom social marketing, including outreach and peer education and access to STI treatment and prevention, particularly syndromic case management, something that can be introduced, within the existing network of services for high risk groups.

Interventions need to be somewhat different when they relate to vulnerable youth; and would include population behaviour surveys and qualitative assessments of the problem to understand better the behaviours that exist and the context; social marketing; outreach education, including mass media; and access to STI prevention and treatment. To conclude, the premises of our strategy and work on HIV/AIDS and drug prevention indicate that there are different stages of the epidemic in Central Asia but common risks.

A number of so-called "bridge" populations already exist and they could drive a more widespread sexual epidemic. These bridge populations include sexually active intravenous drug users, drug injecting sex workers and bisexual men who have sex with men. There have been numerous examples of best practices developed to address these groups.

Other good news in this region is that a number of regional projects including UNAIDS, UNDCP, UNESCO, UNICE and Soros network already exist and provide a very good basis to build on for future innovations.

There has been strategic planning of the national response to HIV/AIDS and this is ongoing in all of the five Central Asia countries accompanied by a growing commitment to strategic priorities. So while there is a very significant problem in terms of drug prevention and HIV/AIDS prevention, there is also a lot of very good work and models already existing to build on.

USAID is a donor organization so we support and work through specialist organizations that implement particular programmes and I just want to mention those that we are supporting currently here in Central Asia.

One is the Centre for Disease Control which has a regional office in Almaty and works in all five countries. They are particularly addressing issues related to HIV surveillance. We also support a group called Measure Evaluation to develop a methodology of mapping and identifying high transmission areas. We have a joint programme with the Open Society Institute, the Soros network that includes enhancing and expanding harm reduction programmes and also includes NGO organization development and capacity building.

Finally, we are supporting an organization called Population Services International for work on education, mass media and condom social marketing.

Thank you.

## **ROUND TABLE DISCUSSION ON ENHANCING INTERAGENCY COOPERATION IN DRUG DEMAND REDUCTION: PRESENTATION BY MR. SIMON STRACHAN, SENIOR PROJECT OFFICER, UNICEF<sup>22</sup>**

---

*Ladies and Gentlemen,*

Firstly, on behalf of the United Nations Children's Fund I will thank ODCCP and the cosponsors for the taking the initiative in organizing this conference. The subject matter is one of many challenges pressing upon the young people of Central Asia and along with HIV/AIDS drug abuse presents a growing and potential threat.

UNICEF's mandate is guided principally by the United Nations Convention on the Right of the Child and it is also shaped by the other UN conventions such as the Convention on the Elimination of Discrimination against Women and the Plans of Action of the UN General Assembly special sessions, specifically that on children which met last months.

Within that framework we seek to respond to the problems of young people guided by three principals.

Firstly, to insure that all young people have access to information about healthy life styles, secondly, to ensure that all young people in schools are able to acquire life skills to avoid problems such as drug abuse and thirdly, to target interventions for the specially vulnerable young people.

In responding to the challenges of drug abuse and indeed the HIV/AIDS epidemic we seek to balance the need for evidence-based approaches, as Chris Van De Burg spoke earlier, with the urgency demanded by a rapidly evolving situation.

This may pose something of a dichotomy, but the choice of solely a developmental approach to set aside the pressing needs of those currently affected by these problems, whilst the choice of only an emergency approach, risks overlooking the right of future generation to achieve the fullest development of their potential. UNICEF seeks to respond to these contrasting demands through three strategies.

Firstly, with policy advocacy we seek to promote stronger national partnerships. This needs not necessarily centre upon financial resources or loans, for example, the stigma attached to the young people using drugs or engaged in high risk behaviour is a serious obstacle to addressing those problems and we need to work to set aside such stigma.

We also seek to support the scaling up of prevention efforts including outreach efforts such as youth friendly health services. We also look to support the strengthening of surveillance and monitoring with a view to enhancing best practices. I think, each of the presenters and the session has already spoken about best practices and evidence based interventions and I'll not add to that.

Running through all of these strategies, Mr. Chairman, we seek to draw on youth participation not only through interventions such as "peer to peer" education but also engaging with decision makers and experts. It is all too often that the views of those most directly affected are not heard in the corridors of power.

Finally, Mr. Chairman, at the regional level and by regional I would refer to Central Eastern and Europe the CIS countries, UNICEF is pleased to play an active role in the Regional Interagency Task Force on Young People. Along with ODCCP, UNAIDS and WHO we have founded an interagency task force on young people to be an effective body, not only in the areas of programme co-ordination between the UN agencies, but also in the development of programmes strategies in a sphere of work that fewer organizations can claim to have a complete understanding of.

Thank you Mr. Chairman.

---

<sup>22</sup> This is a transcript of the speech delivered by Mr. Simon Strachan, Senior Project Officer, UNICEF on 27 June 2002 at the Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses, Tashkent, Uzbekistan. Original text in English.

## **ROUND TABLE DISCUSSION ON ENHANCING INTERAGENCY COOPERATION IN DRUG DEMAND REDUCTION: PRESENTATION BY MR. MICHAEL FAVOROV, PROGRAMME DIRECTOR FOR CENTRAL ASIA FOR THE CENTRE FOR DISEASES CONTROL<sup>23</sup>**

---

The Centre for Disease Control and Prevention (CDC) is the leading public health agency of the United States. It has representation in the Central Asian region operating in close collaboration with and under the funding of the USAID.

It is a pleasure for me that Ms. Jennifer Adams has just presented general information, which may be introductory to my talk. We view our role as an implementing agency providing scientifically based information for any group working in HIV control and prevention.

It doesn't surprise us that the spread of HIV in this region is heavily connected with drug use. Any parentally transmitted disease such as HIV, hepatitis B and C, syphilis and, by the way, brucellosis, in the region can be spread among drug users and should be under our attention to be prevented.

Is there an outbreak of HIV in the region? Yes, there is. The outbreak is reported in four cities of Kazakhstan; here we use data from Kazakhstan because this data is most reliable and accessible in the region.

Outbreak of HIV among drug users. In year 2000 there were more than a hundred cases in the small region of Temirtau that is, as you can see, disseminating to the neighbouring rayons which is specific for an outbreak of any infectious disease.

This presentation will show you our work on case identification system evaluation for Kazakhstan, system of surveillance assessment, HIV infection risk factors and prevalence of hepatitis C and HIV among drug users.

We used the materials available from Kazakhstan National Centre for HIV Prevention. All possible measures for good quality data were taken. 146 individuals were recruited through various systems of surveillance - through prisons, through hospitals or identified as the contacts of known HIV positive individuals.

For comparison we had a special group of 92 clients of the Temirtau city needle exchange point that gave us some access to an independent group of drug users. We created database which it is being analyzed with standard statistical tools.

There are four types of surveillance on HIV and seven on drug use exist now. Two of them are so called active surveillance and the other two are so-called passive surveillance. Active surveillance is when professional epidemiologists or other specialists involved in investigation go to needle exchange sites and interview IDUs with the questionnaire or perform a prevalence testing.

The active surveillance is when the specialists come to the drug users. Another type of active surveillance is when the epidemiologist calls or visits the household identified through discussion with HIV infected people. We can talk of active surveillance: they are coming because they know that this person has been in a contact with an HIV infected individual.

The passive surveillance, which is common for all Central Asian countries, provides you with the test results of people hospitalized to addiction clinic for treatment, and what I call, there is a super passive surveillance that is a mandatory testing of prisoners or army recruits.

We didn't find any difference in approaching the drug users based on their age with means of all four types of surveillance. But when we analyzed which type of surveillance provides you with the best information about the drug users recently involved in drug use, we found that this is the so called active surveillance investigation, you remember, I've mentioned that this is when someone calls or visits the household of known HIV infected individuals who mentioned their contacts with the third party and it gives you an opportunity to reach individuals recently involved in drug use and you can not get to them through passive surveillance or, even, what surprises us, through needle exchange sites.

---

<sup>23</sup> This is a transcript of the speech delivered by Mr. Michael Favorov, Programme Director for Central Asia, and Centres for Diseases Control and Prevention on 27 June 2002 at the Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses, Tashkent, Uzbekistan. Original text in English.

Why then needle exchange sites? People do not start using the needle exchange points before they get to the point when they understand the threats to their health, they feel that it is time for them to take care of themselves. That is why the people do not get to needle exchange points' service until they feel they need help.

In the group that we investigated at the needle exchange points there were 18 per cent HIV positives among drug users in Timertau. We have to remember that these are special 4 sites as I mentioned earlier. The study was undertaken in an outbreak situation and Temirtau cannot represent other places of Kazakhstan or Uzbekistan. But I believe and we will do this study starting in September that if you do the same investigation in Yangi-Yul or Angren of Tashkent oblast you would get approximately the same data. Again, I am mentioning the HIV outbreak cites.

Interesting enough is that in one month after drug users start the drug use 70-80 per cent of them become positive for hepatitis C. It means that this virus transmitted much easier than HIV. And in certain way we can think and discuss how we can use this high prevalence of hepatitis C antibody as a surrogate marker for drug use.

Let's say, in a certain institutions among young people you will find 40-50 per cent of Hepatitis C positives and this will indicate that something wrong going on there in terms of parentally transmitted diseases compared with the baseline which should be established, of course. One year later 40 per cent of the injecting drug users became positive for HIV infection. These figures are statistically significant.

Interestingly, similar data was published in Baltimore study - 80 per cent of IDUs became HCV positive six months after starting drug use and about 20 per cent became positive for HIV about one year later.

What we worry about in our findings, and I have to mention it in the very beginning, it is that it is a very small number of only 12 female, nevertheless

among those 12 female 42 per cent were positive for HIV and among males - 15 per cent were HIV positive which is at borderline of statistical significance and it was one of the reasons why now CDC is conducting the full scale investigation of the event in Karaganda and Timertau.

How long has HIV been circulating in the region? Quite recently. If you analyze the distribution of HIV infection among various age groups you would not find any difference. These 26 per cent are not different from these 12 per cent. It means that elderly people are not infected higher than younger people; it means that infection was recently introduced to the region and this has been actually shown at Jennifer Adam's previous presentation. Unfortunately, the majority of the people who began using drugs less than a year ago started with parental way of administering drugs.

We've done all possible investigations of the role of drugs used in the drug users' community based on available information, and we found prevalence to be twice higher among people who use "raw" drug ("vtoryak" in Russian) compared to the ready-to-use drug. This is not statistically significant because of limited size, nevertheless it provides us the thought that the use of sera in "vtoryak" for purification may be the reason for higher infection rate within economically damaged group of drug users because "vtoryak" is three or five times cheaper than ready-to-use drug.

Working in close collaboration with all government institutions, with the Ministry of Health and HIV Centres of all five countries we mainly target at vulnerable groups: the group of prisoners; the group of drug users; the infected children and doctors who are affected by the outbreak in their work. We can conclude that we are dealing with a concentrated HIV epidemic in Central Asia. We will conduct further investigation for a better understanding of behaviour and what is needed for HIV control strategy and prevention development.

Epidemiological surveillance is not about the numbers it's about people!

Thank you very much for your attention.

## **ROUND TABLE DISCUSSION ON ENHANCING INTERAGENCY CO-OPERATION IN DRUG DEMAND REDUCTION: PRESENTATION BY MR. ALEXANDER KOSSUKHIN, UNAIDS NATIONAL PROGRAMME OFFICER IN KAZAKHSTAN<sup>24</sup>**

---

*Ladies and Gentlemen!*

First of all let me thank you for the opportunity to make a speech at this conference. Unfortunately, Mr. Rudik Adamyan, Head of the Sub Regional Office, couldn't attend this conference. Let me commend the excellent organization of the conference and the greatest efforts made by ODCCP office headed by Ms. Antonella Deledda.

As you aware HIV/AIDS is spreading in the Central Asian countries in connection with the use of injectable drugs. Drug use in itself, is not a cause of HIV infection, but the HIV virus is injected into organism via drugs. Presently the HIV epidemic in Central Asia is mainly present among injected drug users. Based on this, UNAIDS is promoting two strategies related to drug abuse.

The first strategy is a demand reduction based strategy targeting drug users; the second strategy is drug use prevention oriented strategy.

In cooperation with co-sponsors and pursuant to a Declaration of Commitment on HIV/AIDS ratified on 26th Special Session of the UN General Assembly in 2001, the Central Asian countries are identifying and implementing strategic programmes of national responses to the HIV/AIDS epidemic. These programmes put an emphasis on preventive measures within the framework of harm reduction and drug demand reduction.

The situation with HIV infection in the countries of Central Asia and Eastern Europe is really dramatic. In 2001 the overall number of HIV infected people in Central Asia was twice as high as in Western Europe. In 2001 there were significantly more people infected with the HIV virus in the Central Asian region than in Eastern Europe and Northern America.

According to the results of the assessment conducted in the East European and Central Asian re-

gions, the number of people who died of HIV/AIDS in 2001 was much higher than in the Eastern Europe countries. Within the Central Asian countries, Kazakhstan has the highest number of HIV/AIDS infected people followed by Uzbekistan. This data, however is not accurate since it is based on registered HIV infected cases (which is based on the collection of purposive samples), and not on the results of epidemiological surveillance which are based on a random selection.

More than 80 % HIV infected people in the Central Asian region are drug injecting users. Studies on HIV distribution within different groups of people showed that drug-injecting users become more frequently infected with HIV than other population groups. The highest incidence index of HIV infected cases per 100 investigated people in all Central Asian countries was observed among drug-injecting users. This incidence index matches the one observed among prisoners who constitute a large part of drug-injecting users.

Earlier we mentioned that syringes used by trust points drug-injecting visitors were found contaminated with HIV positive blood residue in a percentage calculated at 40 percent in Tashkent alone. These numbers were revealed during the surveillance of selected samples. Today I would like to talk about some facts, revealed during the surveillance of drug-injecting users in Kazakhstan that was conducted selectively using through unrelated anonymous testing. But before this I would like to present the outcomes of a demand reduction program, which has been under the implementation since 1997 in Timertau.

In cooperation with co-sponsors and the private sector (i.e. the metal factory "Ispatkamet"), UNAIDS assisted Timertau authorities to develop preventive programmes. The outbreak of HIV infection in Timertau begun in 1997 when there were 365 cases HIV

---

<sup>24</sup> This is a translation of the speech delivered by Mr. Alexander Kossukhin, UNAIDS NPO in Kazakhstan on 27 June 2002 at the Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses, Tashkent, Uzbekistan. Original text in Russian.

infected case registered. In 2001, after implementing a number of strategies on harm reduction, the number of HIV cases in Timertau decreased whereas in Kazakhstan this number increased substantially. Moreover, at the same time, there was a significant increase in the number of drug-injecting users both in Kazakhstan, as a whole, and in Timertau itself. Based on the experience in Timertau, similar interventions are developing in 13 more significant settlements of Kazakhstan in cooperation with and the assistance of the UN representative offices and Soros foundation. Between 80 and 100 thousand people are tested every month for HIV infection with a reduction in the number of HIV positive cases.

Let's now examine the outcomes of the second generation epidemiological surveillance recently conducted in Kazakhstan. Here infection of HIV among drug-injecting users varies from 3% to 4%. This information was shown as a result of random selections in 9 cities of Kazakhstan. It is interesting to notice that out of more 11 000 prisoners and drug users in 2001 examined, 33 to 1000 were HIV positive.

If we take the results of recent drug abuse assessment (both drug addicts and occasional users) adding up to approximately 250, 000 people, then total number of drug-injecting users in Kazakhstan spans from 7,500 to 10,000 people.

I would like emphasize that, despite the implementation of harm reduction strategies in Kazakhstan, drug users still make use of infected needles. Most drug users share syringes and needles and do not boil drug solution. We were unable to achieve any reduction in the number of injecting drug users below 25 % in any activities indicated.

In Kazakhstan there has been a change in the drugs used. Traditional opium is now being replaced by heroin. Opium is still used by the majority of drug users. Thus the risk HIV infection via injections (drugs with blood) is increasing.

Despite current interventions, the percentage of drug-injecting users who has accessibility to disposable syringes does not exceeding 70 % and in some regions 35 % only. Naturally, limited accessibility to disposable syringes is not conducive to a positive behavioural choice. Unfortunately, we observe the same situation with the use and access to condoms. Almost half of drug-injecting users out of whom 3-4 % is HIV infected do not use condoms.

Average statistics show that HIV positive drug users have the potential to infect in a year one person by sex. This finding is based on certain patterns of sexual life: the number of contacts (on average about 100 in a year), the number of sex partners (on average 10 in a year), the frequency of condom use (on average 50%), also possibilities of HIV infection as a result of unprotected sex (0.1%) and sexually transmitted infections which increase twice the risk of HIV transmission.

So the main preventive measure against HIV infection among the population is the provision of adequate protection against HIV transmission. It is significant to notice that most drug users, frequently women but also men are involved in commercial sex.

With regard to preventive measures and their effectiveness, indicators and empirical observations show that an optimal coverage is achieved when 60% of the affected population is the target of those preventive measures. As you can see we should make additional efforts to achieve this coverage in all cities of Kazakhstan indicated here.

Despite the fact that preventive interventions have been made for the past two years, drug users are not really informed on how to protect themselves and others from the HIV infection. Nevertheless, a significant number of drug users give a positive answer when asked whether the use of non sterile syringes and unprotected sex may cause HIV infection. Also, the majority of drug-injecting users seem to know about protective measures against HIV. This is encouraging because two years ago answers were absolutely different.

Nevertheless, a formal knowledge is not a guarantee for safe behaviour, which depends not only on awareness but also, in many respects, from the subculture of the specific social group where there is need for special interventions.

In conclusion, I would like to underline the necessity of co-ordinated efforts against HIV/AIDS infection among drug-injecting users an area where, together with other UNAIDS co-sponsors, an important role is granted given to the ODCCP office.

Thank you for your attention.



## ROUND TABLE DISCUSSION ON ENHANCING INTERAGENCY CO-OPERATION IN DRUG DEMAND REDUCTION: PRESENTATION BY MS. VALERIA GUREVICH, DIRECTOR OF THE JOINT PROJECT “HIV PREVENTION IN CENTRAL ASIA”, USAID/OSI <sup>25</sup>

---

*Dear Friends,*

Let me present the activities of the Open Society Institute, Soros foundation in Central Asia on HIV prevention.

Soros Foundation is the main donor in the implementation of harm reduction programmes. I would like to present the new joint project “HIV prevention in Central Asia” implemented in partnership with the USAID mission and the Soros Foundation network in Central Asia.

First of all, I want draw your attention to the fact that our project addresses three specific target groups.

They are:

1. Drug-injecting users;
2. Commercial sex workers;
3. Prisoners.

We chose to address probably the most difficult population groups for behavioural changes. I will make a bold statement and say that our new project is an example of unique joint partnership.

What’s so remarkable in this project? First of all, its ability for cooperate under different political approaches. The question is that the USA federal policy does not accept harm reduction programmes just as they are, particularly the component of needle exchange.

In our project this problem we tried to address this problem by allocating funds as follows:

4. 2,000,000 dollars from USAID to be expended on the so called institutional support of those whom the funds were granted i.e. salaries, office equipment, a considerable amount of the grant goes to their professional development, training, study tours and provision of technical assistance.

5. Approximately 1, 300 000 USD from the Soros Foundation network to be expended on the needle component.

This means that those who receive grants from our project sign two contracts, one with USAID and another with the Soros Foundation. By doing this we undertaken not to use USAID resources for needles and other matters related to injection.

The second feature of the project is the emphasis it puts on correctness, respect and trust between partners. More specifically, USAID entrusts to the Soros Foundation network with the setting up of revolving grants, provision of expertise to the project and further elaboration of the project strategy.

Thos is to say that the Soros Foundation network is independent in its operational activities. We also promote an efficient system of accountancy to our partners and full co-ordination with them in any important decision. Presently, 31 harm reduction projects exist in 5 countries.

**Kazakhstan.** Presently, five new cities were given grants to implement new projects with 6 projects being already carried out. I would like to draw your attention to Timertau city. This is a unique project headed by an ex drug user, HIV infected young man, and we really believe that the project will develop into an extraordinary project on public assistance to HIV infected drug users in this city.

**Kyrgyzstan.** In Bishkek we have two professional projects “Bishkek” and “Bishkek 2”, i.e. we have a project on HIV prevention in Takmak prison “Osh” and “Osh 2”, needle exchange points and project addressing commercial sex workers.

---

<sup>25</sup> This a translation of the speech delivered by Ms. Valeria Gurevich, Director of joint USAID/OSI Project “HIV Prevention in Central Asia”, Open Society Institute/ Soros Foundation on 27 June 2002 at the Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses, Tashkent, Uzbekistan. Original text in Russian.

**Tajikistan.** In addition to two long-standing projects Dushanbe and Horoq, we implement Kurgan-Tube, Hudjant, Hudjant 2, also in cooperation with sex workers and drug users, and Pynjikent. Please, pay attention to Hudjant. I would like to introduce Mr. Dishod Pulatov, who is attending the conference, because this young man's involvement somehow provide an example of cooperation and combination of different programme approaches. Important to notice is that he is the director of the Drug Prevention and Rehabilitation Centre, which means that he is closely working with drug users, so that is why we gave a grant the needle exchange project that he runs. Thank you, Dilshod.

**Turkmenistan.** Projects Ashgabat, Balkanabad, Tushagus, Turkmenabad. One of them is a project on HIV prevention in prisons. In addition to this we will support the implementation of needle exchange projects and support to commercial sex workers as much as possible.

**Uzbekistan.** In Tashkent we implemented project run by the NGO "Sabo" which provides assistance to commercial sex workers and upon its completion the new "Tashkent 2", Termez and Fergana projects were added. Termez and Fergana are needle exchange points projects.

I would like to add that Uzbekistan is a key country in the project strategy. Certainly for four cities in Uzbekistan four projects are not enough. We hope to expand our activities, at least, in 5 regions of Uzbekistan.

Let me express my personal point of view about the ineffectiveness of a number of preventive programmes on HIV prevention or drug addiction. Ineffective programmes have in my view a number of common features. Some of them target heterogeneous large population groups, for example youth. Some of these programmes are elaborated and directed by outsiders with a very limited knowledge of the ways of life of a certain targeted group. And, finally, an important common feature of ineffective programmes is when the project coordinators consider a group, for instance, a target group of drug users as an object to influence but not as conscious force.

Our programmes are indicators of the changes occurred in the drug situation in different countries. Any report on drugs seizure that has an impact on the field of drug trafficking affects negatively our projects.

We are just receiving reports from our project coordinators about the catastrophic situation with our clients. In Kustana we have a high incidence of strokes caused by the abuse of drug solutions like "Coldex".

In Aktubins there has been reported a high incidence of necrosis and overdoses. In Karaganda alcoholism is on the rise among our clients due to an increase in the price of heroin. We think that the use of common syringe by a group is a catastrophe for our project. The point is that in Karaganda now heroin sells in grammas and no longer in not in dose. This affects the efficiency of our activities negatively. I would like to appeal to everyone to use caution in any programmes on the HIV prevention and vulnerable group of drug users.

Finally, last slide is called "substitute therapy". Last year at the conference "HIV/AIDS problems in Central Asia" in Almaty I made a presentation titled "Methadone suffering" and at the present conference the name of the slide is more constructive "substitute therapy".

The OSI Soros Foundation, while encouraging all possible rehabilitation methods, places a great and serious emphasis on substitute therapy in general and on the treatment by methadone in particular.

Mr. Emilis Subata, an International Advisor with OSI Lithuania is the person with whom you may want to discuss any aspects of the substitute therapy by methadone. He has an extensive experience in this sphere. Also, you may want to talk with Mr. Asanov who is a beginner in the methadone therapy in the Central Asian region. The methadone substitute therapy programme has been underway since April with the support of the Soros Foundation.

Though we can't speak yet about any results of this programme, still we are ready to coordinate with anyone in this matter and provide consultation and relevant information. We, I mean the Open Society Institute. With this I finished my lyrical digressions

Thank you for your attention.

## **ROUND TABLE DISCUSSION ON ENHANCING INTERAGENCY CO-OPERATION IN DRUG DEMAND REDUCTION: PRESENTATION BY MS. EKATERINA IVANOVA, FOCAL POINT ON HIV/AIDS AND THE WORLD OF WORK, INTERNATIONAL LABOUR ORGANIZATION<sup>26</sup>**

---

*Ladies and Gentlemen,*

First of all, let me take this opportunity and thank the organizers of this conference for the opportunity to meet here and hear the results of the assessments that were conducted for us since the awareness on the issue of drug abuse is unfortunately still too limited as well as to hear those existing opportunities available with the international organizations and specialists who devoted themselves to work on this problem.

At this conference I represent the International Labour Organization regional office for Eastern Europe and Central Asia. Our office covers activities in 10 countries of CIS, including all Central Asian countries. However, we should not forget about those groups of population who are at high risk and injecting drug users who work in mines, in oil fields, at sea and in different employment fields including commercial sex workers that have to do this because their salaries are not enough to keep their families.

The International Labour deals with the population in employment, unemployed people groups, people who attend employment services, those who attend vocational training schools and re-training institutions

But let's return to the subject of our round table: how we can achieve demand reduction. How can we, as International Labour Organization, contribute to the solution of the problems related to demand reduction and drug abuse at the workplace? Why the workplace? Why should we work in this field? This is the first question, which is asked by the employers, trade unions and governments represented by ministries of labour – our main partners in all countries. The answer is the following: first of all if there are drug and alcoholic addicts among the employees in the work place this may cause a large number of absentees.

According to the available statistics, absence caused by illness affecting drug and alcohol addicted employees is 2-3 times higher than among other employees. As for accidents, the statistics show that 20-25 percent of accidents involve drug and alcohol addict employees.

Of all accidents with a lethal outcome, 15-30 percent is caused by these risk groups sometimes leading to industrial injuries, death of other people who are not drug addict themselves.

As a result and what is important for the employers, the productivity suffers with a fall in productivity thus forcing the employer to find other ways to support the well-being of the company. What does the ILO do? Which are ILO's approaches to this problem?

The first approach is preventive and supports measures directed to all employees. Secondly, ILO works with those employees who suffer from alcohol and drug addiction and help them in their rehabilitation and further reintegration to society including providing them with work opportunities which will prevent them from relapsing into their drug and alcohol habits. One of the instruments, which guide us in implementing our activities in this sphere, is a book which is a collection of practical ILO guidelines with the title "Guidance on alcohol and drug problems in the workplace".

This book which serves is a methodological tool contains recommendations for the employers and employees for the follow up of those guidelines which I have just mentioned. More specifically, it contains those guidelines meant at raising employees' awareness, their level of education, as well as the training programmes of specific categories of staff, specialists in labour protection, managers, and departments of personnel.

---

<sup>26</sup> This is a translation from the Russian transcript of the speech delivered by Ms. Ekaterina Ivanova, Focal Point on HIV/AIDS and the World of Work, International Labour Organization on 27 June 2002 at the Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses, Tashkent, Uzbekistan. Original text in Russian.

This book includes the policy guidelines related to alcohol and drug abuse prevention in the workplace, the mechanisms for support and rehabilitation of addicts as well as the commitments made by governments, employers and the employees themselves. It is also important to notice that the approach to drug and alcohol abuse is seen here from the perspective of a common disease.

Another significant aspect is the book is its emphasis on non-discrimination of employees who have recovered from the disease. In this document it is mentioned that employers cannot refuse employment to an ex addict with the appropriate background and qualifications who otherwise meets the requirements of the job, as indicated in the job advertisement

Specific programmes and mechanisms do already exist for the implementation of these principles which are backed included in this book. For example, in 1995-1999, ILO implemented the project "Mobilization of enterprises and workers for the prevention of alcohol and drug abuse in Central and Eastern Europe". The CIS region was represented together with Ukraine and Russian Federation.

The most successful results were achieved in Ukraine with the organization of an employer association called "Armada". The association brings together those employers who opened the doors of their enterprises to preventive programmes. It also appeals to all employers in the country to follow this example. Unfortunately, in the Russian Federation the results of the project were not equally successful.

At the same time a new programme was developed within the scope of ILO activities which focuses on health problems and psychosocial aspects in the workplace. Numerous studies showed that problems such as stress, smoking, alcoholism, drug abuse, HIV/AIDS and all kinds of violence including sexual harassment at the workplace are closely interrelated phenomena to a point that sometimes it is hard to tell cause from effect. A person who is under stress is more likely to become a drug and/or alcohol addict. According the available data there are mines in the Russian Federation where 20 percent of employees are injecting drug users.

This programme, as I have just mentioned focuses on the training of company managers advocating that the adoption of preventive measures among the employees and support and help to those who managed to give up alcohol and drugs is of direct advantage to the enterprise.

The last thing I want to underline is that drug abuse is directly connected with the spread of HIV/AIDS and related problems in our region. In response to these problems our office in Moscow is undertaking a number of activities. For example, in December we conducted a seminar for the CIS countries that drew the attention of the participants to the importance of HIV/AIDS problems in the labour sphere. Presently, we are also elaborating training courses on HIV/AIDS and drug abuse prevention for employees in the workplace.

Thank you for your attention.

## **ROUND TABLE DISCUSSION ON ENHANCING INTERAGENCY COOPERATION IN DRUG DEMAND REDUCTION: PRESENTATION BY MR. SOEREN KLEM, PROJECT MANAGER, EUROPEAN COMMISSION<sup>27</sup>**

---

Mr. Klem introduced himself as newly appointed task manager in the Europe Aid Co-operation Office for the Central Asia Anti-Drug Programme (CADAP), and for two other programmes in the NIS region i.e. the Belarus, Ukraine, Moldova Anti-Drug Programme (BUMAD) and the South Caucasus Anti-Drug Programme (SCAD) involving the three countries Azerbaijan, Armenia, Georgia.

He also introduced Mr. Maierhofer, the European Union Drug Co-ordinator for Central Asia (EUDROCA), who also participated in the Conference.

He emphasised the commitment of the European Union to help the Central Asian States to fight organised crime and drug trafficking notably in light of the 11th September.

He out-lined EU's general objective to reduce drug trafficking from notably Afghanistan via Central Asia, Caucasus and/or Russia towards EU by strengthening the control and law enforcement capacities and legislation in the relevant countries and to help these countries to cope with the negative effects of the increased drug trafficking in the region.

He emphasised EU's policy for a balance approach between drug supply reduction on one side and drug demand and harm reduction as well as good governing and democratic reforms on the other side

Mr. Klem briefly presented CADAP as an "umbrella" programme covering various individual projects/priorities. During the first phase of CADAP, the following four projects have been launched: CADAP Air & Sea aiming at strengthening control capacities at four airports: Almaty, Bishkek, Tashkent and Dushanbe. Outputs: Provision of drug control equipment and cascade training to the four

airports and feasibility study in two seaports of Kazakhstan to be completed before expiry of current contract by 30 June 2003.

EUDROCA (EU Drug Regional Office in Central Asia) aiming at reinforcing the CADAP umbrella programme on the ground in the five Central Asian countries. Outputs: Since April 2001, the EUDROCA has been operating from its office at the EU delegation in Almaty staffed with an EU Expert and three local employees.

National Anti-Drug Information Networks (NADIN) aiming at reinforcing the capacity of Central Asian states to collect and analyse non confidential data on drugs, covering both supply and demand reduction. These are the projects to be implemented.

Anti-Drug Measures in Tajikistan (ADMIT). Following the recent developments in Afghanistan the project was launched in Tajikistan aiming at reinforcing anti-drug capacities of law enforcement authorities in Tajikistan in a regional perspective.

Mr. Klem made the following general observations:

- the need for the programmes to be co-ordinated at multi -agency, -country and -regional level;
- the necessity for the programme sponsors and implementing agencies to co-ordinate their activities to avoid over-lapping and waste of resources to achieve complementarity and cost effectiveness.

Finally, he stressed the importance of "achieving tangible results on the ground" and thereby gaining confidence of the programme beneficiaries in Central Asia and the importance of making use of the best experiences gained in the field.

---

<sup>27</sup> This is an extract of the presentation made by Mr. Soeren Klem, Project Manager European Commission on 27 June 2002 at the Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses, Tashkent, Uzbekistan. Original text in English.

## RECOMMENDATIONS OF THE PARALLEL COUNTRY WORKSHOPS FOR KEY PRIORITIES AT COUNTRY LEVEL ON KEY MEASURES FOR DRUG DEMAND REDUCTION IN THE REPUBLIC OF KAZAKHSTAN<sup>28</sup>

The group started by considering the present situation in Kazakhstan and by outlining that specific measure being undertaken to counteract drug abuse in the territory. The group's discussions centred mainly on identifying the problems and providing a number of solution and/or strategies.

### Present situation and baseline

- Existence of a national strategy to combat drug abuse and drug trafficking for 2001-2005
- Existence of an appropriate state programme
- Implementation of the first stage of strategy is underway which defines the key actors in the narcotic counteraction system

The group moved on to identify the national priorities for the republic in the field of drug demand reduction, namely:

- **Creation of a multi-sectoral system approach** (based on complementarity, co-ordination, competency, responsibility, rationality and appropriate management)
- **Support to institutional reforms** (essential and substantial change in the activities of the main agents of anti-narcotic work required; also change of systems of education and upbringing, health, mass media and other mass media and information agents,).
- Facilitation of a constructive interaction of state sector with NGO sector
- Facilitation of a constructive international co-operation (Central Asia, CIS, international organizations)

Problems and specific issues were analyzed in more depth along with the proposed strategies (below).

### A. Multi-sectoral system approach in drug demand reduction supply

#### PROBLEMS

#### SOLUTIONS

Lack of a systematic conception on the problem of drug abuse expansion.

Implementation of concrete research programmes of the Republican Scientific Practical Centre of Medical and Social Problems of Drug Abuse.

Lack of distribution of areas of competency and responsibility among subjects on anti-narcotic activity.

Science-based, normative and legal strengthening of competency and responsibility areas among the main actors involved in anti-narcotic activities.

Limited co-ordination of anti-narcotic activities.

Enhancement of the normative and legal basis in the area of anti-narcotic activities; support to an adequate system of informational maintenance; support to the activities of coordinating body.

Limited efficiency in the use of financial resources and the development of human and technical resources.

Establish appropriate state programme at central, republic, regional and decentralized level).

<sup>28</sup> Original text in Russian.

**A. Multi-sectoral system approach in drug demand reduction supply (cont'd)**

PROBLEMS	SOLUTIONS
Limited control.	Establish a system of intermediate and final indicators for an efficient identification of programmes in each sector.

**B. Institutional reforms**

PROBLEMS	SOLUTIONS
Lack of personnel qualification.	Improve qualification requirements
Limited training of personnel.	Establish new educational standards and programmes.
Imperfect structure of institutions.	Change normative legal basis.
Limited financial supply.	Establish appropriate state (republic, regional, decentralized and branch) programmes.
Lack of effective technologies (Education, upbringing, diagnostics, treatment, rehabilitation).	Establish and introduce new technologies.
HIV/AIDS expansion by injecting drug users.	Establish valid programmes on harm reduction.
Low level of faith of drug users in the help provided by official narcological centres.	Change record/monitoring system (privacy established by contract); permanent anonymous monitoring.
Crisis of family institution.	Provide continuous and reliable informational support to the family.
Limited leisure opportunities for children.	Encourage and support programmes on children leisure and recovery centres.

**C. Cooperation between the state sector and NGOs**

PROBLEMS	SOLUTIONS
Lack of control the quality of NGO activity.	Improve normative legal basis for NGO licensing.
Limited information on NGO activities.	Improve the normative legal basis for NGO accountancy issues.
Limited professional personnel training.	Encourage state support in the field of NGO personnel training.
Limited sources of financing for NGO activities.	Provide NGO access to state budget financing.
Limited cooperation between government and NGOs.	Establishment and realization of joint projects.

## D. International cooperation

### PROBLEMS

### SOLUTIONS

Limited effective use of general informational resources.

Establish general database; promote intensive information exchange.

Limited development of personnel/human resources.

Develop and implement education and science projects.

Limited finance supply of the mentioned processes.

Establish and implement appropriate international projects with the active participation of donors.

## E. Main recommendations

The main recommendations in the field of drug demand reduction to be presented in the plenary session of the conference given by the group are summarized below:

- Support institutional change in the field of anti-narcotic activities
- Encourage vigorously the development of appropriate professional venues (psychotherapy, psychology consultation, social and special pedagogical needs, social work, voluntary consultation etc.)
- Advocate and promote ways to combat drug abuse expansion in the Republic of Kazakhstan



## RECOMMENDATIONS OF THE PARALLEL COUNTRY WORKSHOPS FOR KEY PRIORITY AT COUNTRIES LEVEL ON KEY MEASURES FOR DRUG DEMAND REDUCTION IN THE REPUBLIC OF KYRGYZSTAN<sup>29</sup>

The group discussed the main features and characteristic of drug abuse in the Republic of Kyrgyzstan. It reviewed the main indicators as identified during the RSA exercise and went on to identify possible strategies based the country's main priorities. A limited group was appointed to summarize to the participants the results of the RSA conducted in Kyrgyzstan with the view to prepare the recommendations and course of future action to be presented in the plenary session of the conference

### A. Main features of drug abuse:

High accessibility of drugs that is marked by a decrease in the price of drugs alongwith an increased drug penetration into to penitentiaries and other establishments;

Social and economic hardships interconnected with drug trafficking: a phenomenon involving several levels of society, but first of all – youth and exacerbated by poverty and unemployment. Key respondents confirmed this finding. A major concern outlined is that the number of women implicated in drug trade has steadily been on the increase. So the factor used to measure women's criminality rose to 180 times in 2000 from 1992;

Transformation in the pattern of choice drugs and incidence of drug abuse that was confirmed by the RSA key respondents (drug addicts and former prisoners), showed that at heroin abuse comes at first place, while hashish occupies the second place and opium the third one. This finding contrasts somehow with the findings outlined by the official indicators;

HIV/AIDS spread: the risk of infection increases exponentially as a direct result of drug abuse; Rehabilitation of narcological patients is still not an established priority;

Insufficient/lack of expertise on drug abuse problem;

Lack of legal basis a law on narcological help;

Limited access to narcological services (all services are on payment);

Limited access to organized youth leisure (all services on payment);

Lack of adequate financing of state programmes on drug abuse counteraction.

### B. Indicators

The group examined the indicators which were extrapolated from the RSA study, namely:

- The total number of drug addicted in republic is estimated from 80, 000 to 100, 000
- Number of women is estimated from 17 to 22 thousands, men from 88 to 98 thousands;
- Of these 40-55 thousands are >35 years and 11-15 thousands are >19 years.

### C. Main priorities

The group went on to indicate the main national priorities in the field of drug demand reduction. They are outlined below:

Work in informational field (establish educational centre on prevention of diseases of chemical abuse;

Improve and raise the access to narcological help. More specifically: - establish a network of programmes on harm reduction (consultancy, trust lines, syringe exchange offices) and – a centre for the training and preparation of specialists.

### D. Main strategies:

The group divided the strategies into two sets of complementary and mutually reinforcing strategies.

<sup>29</sup> Original text in Russian.

They are:

- Demand reduction strategies
- Harm reduction strategies

### **E. Work direction to address priorities**

The group felt the necessity to outline the directions to be followed when establishing working mechanisms to address the above-mentioned priorities. The groups' recommendations in this regard are outlined below:

- Establish a national system of medical and social rehabilitation;
- Train specialists (social workers, family doctors, psychologists) particularly on transmission of know-how modern methods and informational materials to be used as the basis of prevention at initial stage;
- Support informational and educational programmes for students;

- Establish programmes for injecting drug users (IDU);
- Programmes for drug users of penitentiary institutions;
- Establish and introduce specialized education programmes for mass media, law enforcement, schoolteachers, family doctors and others;
- Support non-government mutual aid groups.

### **F. Main course of action:**

- Establish a national centre of medical and social rehabilitation;
- Expand existing programmes on harm reduction (syringe exchange office network, in penitential system);
- Establish educational centres for specialized training.

## RECOMMENDATIONS OF THE PARALLEL COUNTRY WORKSHOPS FOR KEY PRIORITIES AT COUNTRY LEVEL ON KEY MEASURES FOR DRUG DEMAND REDUCTION IN THE REPUBLIC OF TAJIKISTAN<sup>30</sup>

The group began its work by identifying five main fields of integrated and mutually complementary work in the fight against drugs in Tajikistan. They are clustered among five main groups outlined below. The group recommendations were summarized and bullet pointed under each heading.

### A. Supply reduction – control for illicit drug trafficking

- Maintain and increase efficiency of investigation and border control capacities;
- Involve the community, including clergy in issues related to supply reduction;
- Improve the system of data collection;
- Increase the co-ordination level of various government structures working in supply reduction

### B. Drug Demand Reduction

The main priority in this regard is the development of the National Strategy and National Activity Plan on prevention of drug abuse. Having outlined this, the group indicated that the National Activity Plan must include specific measure to:

- Establish a special multi-sectoral organ that will coordinate the activities of the government and public structures in the field of drug abuse prevention at national and local level and seek for the involvement of new partners;
- Strengthen the information-analytical, methodological and technical activity in the field of drug abuse prevention;
- Establish and introduce a monitoring and evaluation (M&E) system to assess the effectiveness of prevention programmes;
- Assist the mass media and the clergy in the conceptualization and implementation of realization of prevention programmes.

- Increase the involvement by the youth in the establishment and implementation of prevention programmes, healthy lifestyle advocacy and in the support of the “equal to equal” approach.
- Expand and strengthen social services for youth including healthy opportunities for leisure time.

### C. Harm Reduction

With regard to harm reduction the group identified: a) treatment and rehabilitation and b) HIV prevention as the main components of harm reduction activities.

More specifically, with regard to **treatment and rehabilitation** the group recommended to:

- Restore and strengthen the technical capacity of medical institutions that provide narcological services;
- Improve quality of treatment services, especially in the regions;
- Establish long-term and medium-term rehabilitation centres at city and local level including centres that use labour therapy as a component of treatment;
- Establish an articulate strategy of substitute therapy that includes the implementation of pilot projects for specific target groups;
- Support the establishment of self-help group as basic component of rehabilitation networks.

### D. HIV/AIDS Prevention

Furthermore, with regard to HIV/AIDS prevention, the group recommended to:

- Upgrade specific points of the law, prohibiting the implementation of projects on harm reduction among risk groups;

<sup>30</sup> Original text in Russian.

- Maintain continuous financing and technical support to HIV/AIDS prevention;
- Support projects on harm reduction, including trust centres and help lines in the country to be preferably implemented by the Centre on HIV prevention and NGOs;
- Expand and strengthen “equal to equal” system on HIV prevention;
- Establish and implement of projects on HIV prevention among labour migrants, leaving the republic;
- Establish and implement projects among prisoners and military men on HIV prevention;
- Ensure safety and effective screening of donors’ blood;
- Involve the clergy in the implementation of prevention programs.

## **E. Human resources**

The group insisted that one of the main issues to be addressed was the development of human resources and their potential. More specifically the group recommended to:

- Organize training events and seminars for specialists to work with youth, youth leaders, police and NGOs that work with youth;
- Establish and strengthen the system of social workers training and upgrading through the organization short-term/refresher courses and trainings abroad;
- Increase teachers’ qualifications and grades on drug abuse issues;
- Improve the quality of narcologists training and upgrading;
- Train journalists to contribute increase public knowledge of HIV and HIV prevention;
- Support and encourage know how exchange and networking among specialists and workers in the field of harm reduction in CA countries and at international level.

## **RECOMMENDATIONS OF THE PARALLEL COUNTRY WORKSHOPS FOR KEY PRIORITIES AT COUNTRY LEVEL ON KEY MEASURES FOR DRUG DEMAND REDUCTION IN THE REPUBLIC OF UZBEKISTAN<sup>31</sup>**

---

The group discussed and approved the rationale and the principles on which to form their recommendations on the key measures to ensure effective drug demand reduction in the country. The group's recommendations in the field of enhancement of prevention and rehabilitation were identified in accordance with the following principles:

- Priority
- Feasibility
- Effectiveness

With regard to the different principles, the group expressed its vision of those and how they apply to the specific circumstances of the country: More specifically:

### **Priority**

A combined and synergetic approach should be sought to make best use the international and national experience and replicate best practices, choose directions bearing in mind that direction should be tailored to the current situation in the republic and particularly be based on concrete evidence from studies and research.

### **Feasibility**

The group considered issues related to the feasibility and adequacy of measures for the enhancement of prevention and rehabilitation services. An important issue examined was the necessity to ensure the services adequacy to the state policy and develop at the same time a sound legal basis for their development. Among the issues mentioned the group unanimously noted the importance of ensuring an adequate and sustainable technical and financial support as well as continuous development of human resources.

### **Effectiveness**

When discussing issues related to effectiveness, the group emphasized among other issues that efforts should be renewed and strengthened to maintain access to target groups, maintain and monitor their motivation and ensure confidentiality.

### **Recommendations**

Based on the above analysis, the group identified four main areas of focus on which to make their recommendation for drug demand reduction in Uzbekistan. These areas were:

#### **A. Drug abuse prevention**

##### **Recommendations:**

- Mass popularization campaigns for healthy life-style should be organized routinely among all groups of society but especially among students in high schools and universities;
- Drug abuse prevention among risk groups should be pursued through training of family doctors for initial diagnosis and identification;
- Autonomous institutions and social organizations such as mahallas (neighbourhood committees) should be vigorously encouraged to take part in drug abuse prevention activities;
- Training and upgrading course for professional specialists from state and non-state structures on methods of prevention.

---

<sup>31</sup> Original text in Russian.

**B. Diversified services for drug treatment and HIV/AIDS and rehabilitation, including services for injecting drug users**

Recommendations:

- Improve the system of treatment rehabilitation by establishing pilot project on substitute therapy use and providing assistance to volunteers institute;
- Support and assistance to public organizations in establishment of non-state rehabilitation centres, aimed at “street drug users”;
- Train professional psychologists and social workers and assess their level of competency regularly as well as their motivation factors.

**C. Public awareness**

Recommendations:

- Enhance the information and communication systems through an active involvement and participation of the mass media in the process

**D. Monitoring of drug abuse situation and enhancement of development of informational infrastructure**

Recommendations:

- Establish data collection, monitoring and evaluation mechanisms;
- Encourage the creation of Internet portals, communication and network systems by e-mail for the organization, participation in workshops and seminars organization of conferences etc.

## PARALLEL THEMATIC COUNTRY WORKSHOPS RECOMMENDATIONS OF THE WORKSHOP ON “STRENGTHENING POLICY AND ADVOCACY FOR DRUG DEMAND REDUCTION”<sup>32</sup>

The group began its work by re-stating that the strategic approach in policy should be integrated, holistic and multisectoral, addressing the underlying causes of addiction, poverty and social discrimination. With regard to this, the group also referred to the results of the “Priority Setting Workshops in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan” which were held within the two projects presented at the conference.

### Issues discussed and needs identified

Among the issues discussed the participants focused their attention on the socio economical and geopolitical situation of CA countries and noted that some countries are transit points, producers and markets for drugs. Some discussion ensued on enabling alternative economic venues to poppy cultivation in the region. The group also noted that demand would always exist regardless of supply so strategies must go beyond a supply reduction approach.

It was generally felt that EU and other donors need to increase efforts to help in region including ensuring sustainability of resources

### Recommendations

In the field of drug demand reduction policy the participants arrived at the following recommendations:

- Enable and sustain harmonization of national policies and interregional systemic approach to prevention based on an intersectoral approach for an effective development of a culture of drug demand reduction/ environment conducive to a decreased demand for drugs;

- Strengthen prevention through strengthening family;
- Develop regional information exchange including monitoring and a journal;
- Strengthen the role and interaction of the mass media across region;
- Increase awareness among politicians regarding prevention and drug misuse;
- Develop regional policies and partnership between civil society and state on harm reduction activities;
- Ensure that drug laws and policies do not lead to the marginalisation of users and the spread of HIV etc.;
- Ensure effective regional networks;
- Promote education on alcohol, tobacco and other licit /legal substances;
- Request UNDCP, WHO, USAID to review and develop policies in region.

### Main Recommendations for the region

The group felt that at the international level there should be more co-ordination and linkages with international networks, e.g. the HIV/AIDS networks already existing in the CIS countries, the various numerous networks in the EU and the United States of America and rehabilitation methods in the neighbouring Islamic countries.

<sup>32</sup> Original text in Russian.

## PARALLEL THEMATIC COUNTRY WORKSHOPS RECOMMENDATIONS OF THE WORKSHOP ON “PREVENTION AND PUBLIC AWARENESS”<sup>33</sup>

---

During the workshop the Thematic Working Group begun its work with a review of the main problems related to prevention and public awareness as well the CA countries’ associated needs.

### Issues discussed and needs identified

During the group’s discussion it emerged that there were a number of needs that require urgent attention. They were summarized by the participants as listed below:

- The need to provide support to schools for the promotion of primary prevention (i.e. the promotion of a healthy life style) through development of curriculum, modules, training of teachers and school psychologists, production and dissemination of IEC materials, etc. to reach both children and parents;
- The need to provide support for targeting young vulnerable groups with the assistance from both the Government and NGO sides through outreach activities, facilitation of access to health services, counselling, peer to peer education and information material on safe behaviour;
- The need to supply Government and NGOs with the means of protection to reduce risk behaviour related to drug abuse and HIV/AIDS among street and disadvantaged children;
- The need to continue to train mass media top managers and practitioners to promote drug prevention initiatives in a friendly way to reach the youth through channels they recognize and accept;
- The need to strengthen the capacities of NGOs to enable them to promote demand reduction through advisory, training, information and grants to support drug prevention among youth.

The group reviewed the results of the recently conducted rapid situation assessments (RSA) which confirmed that the drug prices are decreasing in

pace with the higher drug availability on the local markets and a greater drug transit through the five Central Asian countries. The group also took note that drug related crimes and the social marginalisation of the drug addicts are increasing very fast and identified the following as the main risk groups:

- Youth under 19 of age with a growing number of girls;
- Disadvantaged youth, street children including children with HIV infected parents.

The group also reconfirmed that that there is a need to introduce a multisectoral approach that will cover various sectors and efforts at the same time from the Government, civil society and donor community. This approach can also facilitate learning from international and regional best practices that are becoming more and more numerous in the area of drug abuse prevention.

The group recognized that raising public awareness of the negative impact of drug abuse, drug related offences, organized crime and terrorist activities require a multisectoral approach that make use of education institutions, mass media and meaningfully involve NGOs and civil society at large. For this, the assistance of the Government, schools, media and civil society is very important.

### Recommendations

The group recommended that the prevention of drug abuse among youth should be the objective to be pursued by future activities.

More specific immediate objectives should be:

- Promote primary prevention in schools;
- Reduce risk behaviour related to drug abuse and HIV/AIDS among street and disadvantaged children;

---

<sup>33</sup> Original text in Russian.



- Train mass media top managers and practitioners to develop appropriate curricula, modules, training of teachers and school psychologists, production and ensure dissemination and good use of IEC materials, etc.;
- Create mass media based and driven mechanisms on the negative effects of drug abuse.

The group also identified some of the immediate outputs of these activities:

- Identification and implementation (both from the Government and NGO sides) of a number of targeted outreach activities, facilitation of access to health services, counselling, peer to peer education and distribution of information material on safe behaviour;
- Promotion of drug demand reduction and prevention youth friendly initiatives through mass media (radio programmes, adverts, competitions, TV serials etc) and other youth friendly social events;
- Public awareness on negative health and socio-economic implications of drug problem raised;

The group identified some of those who will benefit from future activities and strategies in the field of prevention and public awareness as indicated below:

- Various Ministries (such as the ministry of Health, Education and Social Reconstruction), AIDS Prevention Centres,
- Health Centres,
- Schools and kindergartens as well as agencies and community based organizations at both central and
- Local level (NGOs, Youth Unions etc),
- State Committee for Information and Press, TV/Radio Committee

The main international partners and sponsors identified during the workshop for possible cooperation were:

- International organizations such as UNICEF, UNESCO and UNFPA for education, information and culture;
- Save the Children, OSI and UNESCO (could help develop curricula, while UNICEF and NGOs such as Save the Children could help access to and work with street children, OSCE and OSI could help with the development of media and open society.

## PARALLEL THEMATIC COUNTRY WORKSHOPS RECOMMENDATIONS OF THE WORKSHOP ON “TREATMENT AND REHABILITATION”<sup>34</sup>

---

### Issues discussed and needs identified

During the workshop the Thematic Working Group mainly discussed issues related to the anonymity of services and compulsory treatment.

It was pointed that anonymous treatment may lead to poorer tracking of patients’ case histories. An option examined was to ensure the confidentiality of treatment. This was proposed alongside with the availability of anonymous counselling and treatment. The confidentiality of treatment should also be ensured by the national legislation.

Some members of the working group suggested reviewing the compulsory treatment existing in some of CA and in the Caucasus countries with caution. Doubts were expressed, that with abolishment of compulsory treatment, as there are no adequate community treatment and social services, drug use will intensify.

Some of the participants felt that there is a threat the rights of members of drug users’ families may be violated. At present, with the compulsory treatment in isolation, families can protect themselves from violence and abuse from drug users.

The workshop participants had a consensus that more funding should be allocated to demand reduction programs. Participated agreed that, so far, national and international funding was allocated mostly to drug supply reduction, law enforcement which as it was noted, was not fully effective in the end, as the street prices of drugs steadily declined.

### Recommendations

The recommendations made by the group are summarized below:

- Ensure a balance between government, NGO and private centres services;
- Endorse NGO activities by a special legislation in order to expand and strengthen their services in drug demand reduction;
- Coordinate regionally for the development of university-training curricula for medical, psychology and social worker students;
- Diversify treatment and rehabilitation and know-how services as much as possible with in- and out-patient service, short- and mid-term (as long-term services might be too expensive);
- Run these centres by governmental organisations as well as by NGOs placed in urban areas as well as on the countryside;
- Link these centres to existing community-based services. (The methods used may be drug free or medically supported and should include training and work therapy).
- Identify funds for sustainable centres and services including after care and post rehabilitation;
- Secure sustainable funding and a relative self-sustainability of the rehabilitation centres.

---

<sup>34</sup> Original text in Russian.

## PARALLEL THEMATIC COUNTRY WORKSHOPS RECOMMENDATIONS OF THE WORKSHOP ON “INJECTING DRUG USE AND HIV PREVENTION”<sup>35</sup>

The workshop participants began their work by re-confirming the results of the analysis of HIV/AIDS incidents in Central Asian countries which show that injecting drug use is the predominant mode of HIV/AIDS transmission. Because it is a relatively recent social phenomenon and it is an illegal activity, the extent of the problem is difficult to assess.

While the trends in all five countries point to a clear and substantial increase in drug consumption, the statistics on drug abuse remain imprecise and unreliable (see also parallel workshop on data collection and monitoring of drug abuse).

### Issues discussed and needs identified

The group agreed that there are a number of needs to be addressed. These are:

- Improve and further develop the range of HIV prevention and drug treatment services for injecting drug users;
- Set up effective systems for outreach, low-threshold services and in-patient provision of: HIV/AIDS prevention education, access to condoms and clean injecting equipment, counselling, detoxification, treatment and rehabilitation;
- Replicate existing successful initiatives in the region, in-service training through exchanges among organisations in the region and training seminars organised at the regional level;
- Develop linkages to other services to meet other health and social needs of the drug users.

The group maintained that the identification of special target groups (adolescents, women HIV positive, prisoners and children of drug-addicted parents) is an important step for targeted action to reach different groups effectively.

### Recommendations

The main recommendation of the group was to improve the range of effective HIV prevention and drug treatment services accessible to injecting and other

drug users in the five countries of Central Asia. The group specific recommendations are listed below:

- Preparation of an implementation strategy on the basis of the results of the needs assessment through the organization of national, regional and international workshops including representatives from different sectors of society;
- Creation of a functioning network for know-how transfer through seminars, study tours for know-how transfer on best practice within CA countries, from Russia and Western countries and the development of a website for informational and co-ordination purpose to introduce methods for monitoring and evaluating efficiency of services;
- Support to improved and cost effective services for injecting and other drug users through training in the drug demand reduction strategies and methods; replication of successful ongoing low-threshold and outreach activities including support to implementation of rehabilitation initiatives and new initiatives on HIV/AIDS prevention education, access to condoms and clean injecting equipment, counselling, detoxification, treatment and rehabilitation; the development of linkages to other services to meet other health and social needs of the drug users;
- Support to increased awareness of rights of drug abusers and individuals with HIV/AIDS through conduction of seminars on legal rights and public awareness campaigns and advocacy.

The group unanimously reconfirmed that harm reduction activities for the prevention of HIV/Hepatitis C including consultation, needle exchange through trust points, mobile needle exchange, legal advice to drug users and people with HIV/AIDS and Hepatitis C, outreach work and peer, to peer are immediate priorities.

Considering the fact that small scale harm reduction programmes have now been piloted in all countries (with the exception of Turkmenistan) for some time, the group recommended to continue mobilize donors, sponsors, local governments and other partners for the provision of technical and material support to trust points across the countries.

<sup>34</sup> Original text in Russian.

## PARALLEL THEMATIC COUNTRY WORKSHOPS RECOMMENDATIONS OF THE WORKSHOP ON “DATA COLLECTION AND MONITORING OF DRUG ABUSE”<sup>36</sup>

---

The group began its work by stating the objective of the workshop, which was twofold, i.e. provides the participants with a forum for an update on information methodology and promote interregional partnership. The participants reviewed the sources of data available. Some debate ensued on and various systems of data collection and related problems.

### Issues discussed and needs identified

In the field of data collection and monitoring of drug abuse, the group felt that there is a need to develop systems for the collection, analysis, sharing and evaluation of data on drug abuse at the national, regional, interregional and international levels by establishing mechanisms for the gathering, sharing and exchange of information among all relevant agencies and bodies, with an emphasis on information systems.

The group re-stated that analysis and assessment of trends, patterns and dynamics of drug abuse are crucial priorities that deserve immediate attention.

### Recommendations

During the discussion a proposal was elaborated to deepen the involvement of the international community, including the possibility of creating an international monitoring centre to develop, evaluate and promote policies and best practices in this field. Based on this the group proposed to set up a Regional City based Drug Abuse Monitoring System and Epidemiology Workgroup in Central Asia comprising initially of one major city, preferably the capital city of the country and later on, based on the results, extend to include one additional district from each country.

The national focal points already nominated by the respective governments to take part in the Rapid Situation assessment (RSA) will continue to participate in the regional network. Each focal point will continue to collect drug abuse indicator data.

The data would cover:

- Drug treatment admissions / requests including new and cumulative cases
- Hospital admission or discharge due to drug problems
- Drug related infection diseases (HIV/AIDS, and where possible Hepatitis B, and C)
- Police arrests (interventions) for drug use or drug related offences
- Convictions for drug related offences
- Imprisonment for drug related offences
- Seizures of illicit drugs
- Price/purity of drug

Data should be disaggregated by:

- Age
- Gender
- Area of residence
- Type and method of drug use

Additional information to be collected would focus on:

- Drug related emergencies
- Drug related deaths
- Drug users known to social welfare service or other services

---

<sup>36</sup> Original text in Russian.

Some of the expected outputs/products will be:

- A functional drug abuse monitoring and assessment system with, ongoing data collection at city and regional levels with periodic reports on drug using trends and patterns
- Improved quality of reporting on drug abuse trends resulting in the national and regional annual drugs report
- Better understanding by the national counterparts of the nature of drug problems in the country, drug abuse epidemiology, and evidence based planning of national and local interventions for drug demand reduction.

The group concluded its work by restating that the biggest challenge for CA countries is to mobilize sufficient resources for the expansion and consolidation of successful pilot interventions, promote national ownership and coordinate international assistance at the sub-regional level.

## FINAL RECOMMENDATIONS OF THE CONFERENCE PARTICIPANTS<sup>37</sup>

We, the participants of the Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses, hosted by the Government of Uzbekistan and organized by the UN ODCCP with the support of the Government of Austria, USAID, OSCE and WHO-Regional Office for Europe on 26-28 June 2002 in Tashkent, Uzbekistan, having reviewed the presentation materials and experts' reports have come to the following conclusions and recommendations:

### Nature of the problem

During the last decade, the drug abuse problem in the Central Asian countries has assumed worrying dimensions and the growing trend of injecting drug abuse is directly linked to the spread of HIV/AIDS and other infections. The problem affects the society as a whole, particularly young men and women, and results in an increase of deaths, HIV infections and crime. Recognizing the magnitude of the drug abuse problem and its attendant harms and expressing our very deep concern, we the Central Asian Governments and the international community commit ourselves to join efforts to address drug abuse at national, regional and international level.

### Recommendations

During the conference, recommendations were agreed upon at the country level, which were then clustered around five thematic areas (policy and advocacy, prevention, treatment and rehabilitation, injecting drug abuse and HIV prevention, and data collection and monitoring of drug abuse). The specific conclusions reached form an integral part of these recommendations and are attached.

The recommendations are:

- Multisectoral national strategies for demand reduction and for HIV/AIDS prevention should be harmonized and co-ordinated;
- Demand reduction approaches should be evidence-based, integrated, comprehensive and multidisciplinary and should promote empowerment of communities and individuals;
- Services for drug abusers should be diversified in order to address the needs of different groups and achieve maximum impact;
- International organizations should be increasingly involved in demand reduction in the region on a consensus basis; they should cooperate to maximize the efficient use of national and international resources in the region;
- Regional and international cooperation and networking should be enhanced in order to develop common standards of policy and practice, sharing of experience and expertise, development of human resources and of training curricula
- Special attention should be paid to the mobilization, capacity building, and sustainability of NGOs in drug demand reduction
- Increased financial resources should be mobilized at national and international levels to support drug demand reduction activities and programmes
- National and regional surveillance and monitoring systems should be developed to provide standardized and comparable information for monitoring and evaluating drug abuse trends and effectiveness of responses at policy and programme levels
- National, regional and international bodies should immediately recognize the magnitude of the drug injection related HIV/AIDS epidemic in the region and act without delay to avert further human suffering.
- National laws and policies should be in agreement with international conventions on human rights, should facilitate the inclusion of all members of society and should ensure protection of privacy and confidentiality;
- Drug laws and policies should be conducive to effective prevention and control of the HIV/AIDS pandemic;

**Tashkent, 28th June 2002**

<sup>37</sup> Original text in Russian.

## **CLOSING REMARKS BY MR. SODIQ SAFAEV, FIRST DEPUTY MINISTER OF FOREIGN AFFAIRS AND CHAIRMAN OF THE CONFERENCE<sup>38</sup>**

The Regional Conference on Drug Abuse in Central Asia: Situation Assessment and Responses was held in Tashkent on 26-28 June 2002. The Conference, which was organized jointly by the United Nations Office for Drug Control and Crime Prevention and the Government of the Republic of Uzbekistan, was co-sponsored by the Government of Austria, USAID, OSCE and WHO/EURO.

At the opening of the Conference the bureau was elected and the agenda adopted. The Minister of Foreign Affairs of Uzbekistan read the address of the President of the Republic of Uzbekistan; he and the ODCCP Regional Representative for Central Asia delivered the welcoming speeches.

The Conference was attended by around 180 delegates from Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan and representatives of 22 other countries as well as 25 international organizations. Mass media representatives took part in the event and a press conference was held with the participation of the heads of Central Asian delegations, organizers and co-sponsors of the Conference.

At the plenary session the representatives of Austria, USA, OSCE and WHO/EURO made presentations on their programmes and highlighted the importance of drug demand reduction measures in Central Asia as well as the need for the co-ordination of these efforts at national, regional and international levels.

The delegations of the Central Asian states and Azerbaijan provided an overview of the drug abuse situation and measures taken by their respective governments. Appreciation was expressed for the activities implemented by ODCCP through its drug demand reduction projects, including the organization of the Conference.

The delegates were informed on the results of ODCCP projects on drug abuse prevalence, patterns and trends in Central Asia, and on the needs assessment exercises on drug demand reduction. Presentations were delivered by ODCCP Epidemiological Adviser and International Expert and extensive discussion followed.

A round table on enhancing inter-agency cooperation in demand reduction provided the participants with an in-depth insight on the activities of the international organizations in this field. Representatives of ODCCP, WHO/EURO, USAID, UNICEF, CDC, UNAIDS, OSI, EC, ILO made presentations and emphasized the importance of ensuring co-ordination in the delivery of assistance. A series of parallel country and thematic workshops were held to discuss key priority demand reduction activities at regional and national levels. Findings and recommendations of the workshops were reported to the final plenary and adopted.

The Conference agreed that drug demand reduction measures are a priority for both national governments and the international community and that comprehensive assistance programmes are instrumental in addressing the problem effectively.

Side events of the Conference included a concert and poster exhibition "We Choose Life" devoted to the International Day Against Drug Abuse and Trafficking, as well as a ceremony of incineration of seized drugs.

<sup>38</sup>

Original text in Russian.

# ANNEX 1

## CONFERENCE CONCEPT PAPER

---

### 1. Background

UNODCCP's main priorities are governed by the various United Nations Drug Control Conventions and the 1998 UNGASS *Political Declaration*, as well as the *Declaration on the Guiding Principles of Drug Demand Reduction*. While the Declaration on the Guiding Principles of Drug Demand Reduction sets out the general principles for what is good quality demand reduction, the Political Declaration establishes two time-bound goals for reducing demand during the present decade: new or enhanced drug demand reduction strategies and programmes by the year 2003; and significant and measurable results in demand reduction by the year 2008.

As indicated in the action plan, developed as guidance to Member States in implementing the above-mentioned Declaration, UNODCCP's main task in the region is to support Central Asian countries in the implementation of the Declaration in the following ways:

- Supporting governments in developing and implementing demand reduction strategies and programmes;
- Encouraging the dissemination and application of research findings;
- Facilitating the sharing of information on best strategies;
- Promoting the development of guidelines;
- Facilitating inter-country exchange of experts for training purposes;
- Facilitating the participation of foreign experts in national training programmes;
- Establishing co-ordination mechanisms of evaluation results and other data assessing the effectiveness of strategies and activities.

Before formulating a comprehensive strategy, however, it is necessary to collect reliable information on the actual extent, nature, and trends of drug

abuse and drug related problems in the region, and to set up a sustainable data collection system at national and regional level.

In response to the lack of reliable data on the current magnitude and nature of the drug abuse problem in Central Asia, as well as the institutional needs to address it, UNODCCP implemented two major assessment projects in 2001. The first project was to conduct an assessment of drug consumption problems in the region. The second was to assess the needs for the development of policies and strategies, and to identify priority areas for implementation of drug demand reduction programmes in individual countries and the region as a whole. These two projects were in-line with the recommendations of the International Conference on "Enhancing Security and Stability in Central Asia: An Integrated Approach to Counter Drugs, Organized Crime and Terrorism" held in October 2000 in Tashkent, and organized by UNODCCP and OSCE.

The national assessments of drug consumption problems were conducted using a multi-method approach, in which both qualitative and quantitative data from different sources were collected. The research teams in each country supported by technical inputs by an international consultant and UNODCCP's Global Assessment Programme conducted key informant studies, snowball studies of current drug users, and in-depth studies of intravenous drug users and drug users in prisons and correctional facilities. They also reviewed secondary data sources and conducted analyses of existing data on the treatment for drug abuse problems, arrests on drug related offences, drug seizures and HIV/AIDS. The entire project was designed and implemented in a manner that not only enabled the national research teams to assess the nature and extent of drug problems in each of the Central Asian countries, but also helped in developing their capacities to address these issues on an ongoing basis.

The second project, Assessment of Needs and Priority Areas for Drug Demand Reduction, was implemented by an international expert. The existing policies and programmes for demand reduction in each country were reviewed using individual interviews, focus group discussions and workshops with



stake holders comprising programme planners, professionals from within the public sector, and representatives of NGOs. Additionally, gaps in terms of policies, human and financial resources, and programme implementation were reviewed; priority areas for future action were also identified as part of this needs assessment exercise.

## 2. Conference objectives

In order to present the results of the two assessment projects and to build consensus on major issues concerning drug abuse problems in Central Asia and proposed strategies to counter these, UNODCCP is organizing a 3-day “Regional Conference on Drug Abuse Problems and Responses in Central Asia” in June 2002 in Tashkent, Uzbekistan. The conference will bring together decision makers and experts from all the Central Asian countries, the international donor community, individual researchers, and international and national NGOs to review, discuss and build consensus on the key priority demand reduction activities in the region.

Specifically, the conference will achieve the following objectives:

- Help develop a better understanding of the nature and extent of the drug problem in Central Asia, as well as in individual countries of the region
- Develop consensus among stakeholders on strategies and priority areas for demand reduction programmes in the region
- Establish a regional network for the exchange of expertise, information and experiences on effective demand reduction activities

## 3. Methodology & Conference Outline

The conference will be organized in plenary sessions as well as workshops to address specific issues/ areas of demand reduction. Through small group discussions the participants will finalize the key priority demand reduction activities in the region.

Following is the proposed outline of the conference:

### Presentations on:

- The results of National Assessment of Drug Problems in Central Asian countries and issues emerging thereof.

- Priority action areas regarding drug demand reduction in Central Asia, as well as needs for human and financial resources to address these priority areas.
- Demand reduction activities of key international organizations in the region.

**Workshops** on methods of best practices in the field of drug demand reduction especially on:

- Policies and advocacy for drug demand reduction.
- Issues concerning treatment and rehabilitation.
- Opportunities and programs to reduce the harmful consequences especially of intravenous drug use in different settings – street outreach, NEP, prisons etc.
- Prevention and public awareness.
- Data collection and monitoring of drug abuse.

### Discussions on:

- Opportunities and needs for developing national and regional networks for addressing drug demand reduction issues.
- Opportunities for fund raising and networking for exchange of expertise and best practice methods with international organizations.

Small group discussion of key priority demand reduction activities in Central Asia.

Final presentation of recommendations for future actions.

## 4. Participation

The proposed constituents from each of the Central Asian countries would include:

- Head/Representative of Drug Coordinating Agency (Drug Control Commission/Agency/ Committee)
- Minister of Health and/or Deputy responsible for drug abuse issues
- Representative of Ministry of Education
- Representative of Ministry of Interior

- Chief Narcologist of the country
- Director of AIDS Prevention Centre
- Director of Centre for Promotion of Healthy Lifestyle
- Representative of State Body for Youth Policy
- National Assessment Team members (3)
- NGO representatives (2)

It is also envisaged to invite representatives from UN agencies, international financial and economic institutions, donor countries, as well as from other international institutions.

### **5. Sponsorship**

The Conference is kindly hosted by the Government of Uzbekistan and sponsored by a number of organizations, including ODCCP, WHO Regional Office for Europe, USAID, Austrian Ministry of Foreign Affairs and OSCE.

## ANNEX 2

### CONFERENCE PROGRAMME

---

#### Agenda

##### Wednesday, 26 June 2002

08.00 – 09.30 Security Procedures and Registration of Participants

##### Plenary session

##### 1. Opening of the Conference

09.30 – 09.40 Election of the Bureau of the Conference and adoption of the agenda

09.40 – 10.00 Welcoming statements by:  
Representative of the Host Country  
Representative of ODCCP

##### 2. Statements by the co-sponsors of the Conference:

10.00 – 10.40 Statements by representatives of:

Austria  
WHO/EURO  
USAID  
OSCE

10.40 – 11.10 Coffee break

##### 3. Overview of drug abuse situation in Central Asia

11.10 – 12.30 Presentations by delegations of the Central Asian States on drug control policies and drug demand reduction programmes:

Kazakhstan  
Kyrgyzstan  
Tajikistan  
Turkmenistan  
Uzbekistan

12.30 – 14.30 Lunch

##### 4. Presentation of ODCCP drug abuse situation and needs assessment results

14.30 – 15.00 Drug abuse prevalence, patterns and trends in Central Asia  
Mr. Kamran Niaz, UNDCP/GAP Regional Epidemiological Advisor

15.00 – 15.30 Discussion

15.30 – 16.00 Coffee break

16.00 – 16.30 Results of needs assessment exercise on drug demand reduction  
in Central Asia Mr. Franz Kumpl, ODCCP Project International Consultant

16.30 – 17.00 Discussion

17.00 Wrap up of the first day

##### Thursday, 27 June 2002

##### 5. Round table discussion on enhancing inter-agency cooperation in demand reduction

09.30 – 11.00 Presentations by:  
ODCCP  
WHO/EURO  
USAID

	UNICEF
	CDC
	UNAIDS
	OSI
	EC
11.00 – 11.30	Coffee break
11.30 – 12.15	Discussions
12.15 – 12.30	Introduction to the workshop objectives and methodology
12.30 – 14.00	Lunch

## 6. Discussions of key priority demand reduction activities at regional and national levels

### Workshop session

14.00 – 15.30	Five parallel country workshops (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) <ul style="list-style-type: none"> <li>• Presentations by RSA Focal Points</li> <li>• Discussion of country specific priorities in drug demand reduction</li> </ul>
15.30 – 16.00	Coffee break
16.00 – 17.30	Continuation of country workshops <ul style="list-style-type: none"> <li>• Recommendations for key priorities at country level</li> </ul>

### Friday, 28 June 2002

09.30 – 11.00	Five parallel thematic workshops
Workshop 1:	Strengthening policy and advocacy for drug demand reduction
Workshop 2:	Prevention and public awareness
Workshop 3:	Treatment and rehabilitation
Workshop 4:	Injecting drug use and HIV prevention
Workshop 5:	Data collection and monitoring of drug abuse <ul style="list-style-type: none"> <li>• Discussion of regional priorities for cooperation in drug demand reduction</li> </ul>
11.00 – 11.30	Coffee break
11.30 – 12.30	Continuation thematic workshops <ul style="list-style-type: none"> <li>• Recommendations for key priority regional demand reduction activities</li> </ul>
12.30 – 14.00	Lunch

### Plenary session:

## 7. Presentation of the outcomes of the workshop discussions

14.00 – 15.30	Reports by workshop rapporteurs
15.30 – 16.00	Coffee break

## 8. Adoption of the Conference recommendations

16.00 – 16.15	Presentation of the draft Conference Recommendations
16.15 – 16.30	Adoption of the Conference Recommendations

## 9. Conclusion of the Conference

16.30	Closing remarks by representatives of:
Host country	
ODCCP	

## ANNEX 3

### LIST OF PARTICIPANTS

#### Kazakhstan

1. Mr. Bulat Baybulov  
Head of Delegation, Chairman of the Committee for combating drug abuse and trafficking, Ministry of Justice
2. Mr. Grigoriy Prishepa  
Head of National Analytical Centre, General Prosecutor Office
3. Ms. Raisa Sher  
Head of the Department, Ministry of education and science
4. Ms. Aigul Tastanova  
Chief specialist on narcology and psychiatry, Ministry of Health  
Address: 66, Moskovskaya str., Astana  
Telephone: 3172-317715  
Fax: 3172-317715  
Email: zdrav@nursat.kz
5. Mr. Sagat Altynbekov  
Chief Narcologist, Director of the Republican Scientific Practical Center of Medical-social problems
6. Mr. Aikan Akanov  
Director of Healthy Lifestyle Promotion Centre  
Address: 11, Beibitshilik str., Astana  
Telephone: 3172-152416  
Fax: 3172-152308
7. Ms. Isidora Erasilova  
General Director of the Republican Centre on AIDS prevention
8. Mr. Rinat Fatakhov  
NGO "Drug free Kazakhstan"  
Address: 22A-29 Dunentaeva str., 480079 Almaty  
Telephone: 3272-520500  
Fax: 3272-520500  
Email: beginnewlife@mail.ru;  
beginnewlife@rambler.ru
9. Ms. Aizhan Sadykova  
NGO "Ak niet"  
Address: 117/1, Kazibek bi str., Almaty  
Telephone: 3272-624301  
Fax: 3272-331684  
Email: sadykova\_aizhan@yahoo.com
10. Mr. Aleksandr Katkov  
Deputy Director of Republican Scientific and practical centre on medical and social problems of drug abuse  
Address: 200, Kutuzova str., Pavlodar  
Telephone: 3182-450056  
Fax: 3182-450056

11. Mr. Aleksandr Ramm  
RSA research team member,  
Chief of department of the Republican Scientific Center of Medical-Social Narcological Problems  
Address: 200, Kutuzova str., Pavlodar  
Telephone: 3182-450056  
Fax: 3182-450056
12. Mr. Adil Djalilov  
Journalist of the newspaper "Panorama"  
Telephone: 8-300-3277870
13. Ms. Gaukhar Issayeva  
NGO "Zhusan"  
Address: 57, Turgut Ozal str., apt. 5, 480009, Almaty  
Telephone: 3272-411776  
Fax: 3272-411776

#### Kyrgyzstan

14. Mr. Kurmanbek Kubatbekov  
Head of Delegation, Chairman of the State Commission on Drug Control  
Address: 63, Razzakova str., Bishkek  
Telephone: 996312-210664  
Fax: 996312-224529  
Email: gkkn@bishkek.gov.kg
15. Mr. Tynctykbek Asanov  
Chief Narcologist of the Republican Narcological Center  
Address: 24, Fuchik str., 720054 Bishkek  
Telephone: 996-312 652894  
Fax: 996-312 652894  
Email: asantk@elkat.kg
16. Mr. Leron Saidashev  
Director of AIDS Centre  
Address: 8, Logvinenko str., Bishkek  
Telephone: 996312-227290  
Fax: 996312-664523
17. Mr. Turatbek Orozakunov  
Deputy Head of Drug Control Office, Ministry of Interior  
Address: Botanicheskiy pereulok 1A, Bishkek  
Telephone: 996312-542345  
Fax: 996312-542416
18. Mr. Almazbek Abduazizov  
Chief specialist, Ministry of Education and science  
Address: 257, Tynystanov str., Bishkek  
Telephone: 996312-228946  
Fax: 996312-661409  
Email: sch319@bishkek.gov.kg

- 19 Mr. Kalysbek Shadykhanov  
Representative of Committee on Tourism,  
sports and youth policy  
Address: 17, Togoloka Moldo str., Bishkek  
Telephone: 996312-214854  
Fax: 996312-212845
- 20 Ms. Gulmira Aitmurzaeva  
Director of Healthy Lifestyle Promotion Centre  
Address: 8, Logvinenko str., Bishkek  
Telephone: 996312-224403  
Fax: 996312-661024
- 21 Ms. Batma Estebesova  
NGO "Sotsium", Director  
Address: 24, Fuchika str., Bishkek  
Telephone: 996312-2531-43  
Fax: 996312-652017  
Email: sotsium@elcat.kg
- 22 Ms. Raushan Abdildaeva  
NGO "Interdemilge", Director  
Address: 24, Fuchika str., Bishkek
- 23 Ms. Altynay Kudaikulova  
RSA Focal Point, National Project  
Coordinator UN ODCCP  
Address: 63, Razzakova str., Bishkek  
Telephone: 996312-210656  
Fax: 996312-224529  
Address: altynay14@hotmail.com
- 24 Ms. Zhaynagul Baizbekova  
RSA research team member, Secretary of the  
Academy of Scientific Manufacturing  
Association "Preventive Medicine"  
Address: 34, Baitik Baatyra str., Bishkek  
Telephone: 996312-544576  
Fax: djayna2001@mail.ru
- 25 Mr. Erlan Satybekov  
Head of criminal department, Vecherniy  
Bishkek daily  
Address: 2, Usenbayeva str., Bishkek  
Telephone: 996312-286919
- 30 Mr. Abdusattor Fattoev  
Deputy Chief, Fighting against Illicit Drug  
Trafficking Department, Ministry of Interior
- 31 Mr. Dilshod Pulatov  
Project Coordinator  
Address: 2, Molodyozhnaya str., posyolok  
"Palas", Chkalovsk  
Telephone: 992-3422-51969  
Email: dld@khj.tajik.net
- 32 Mr. Asadullo Rakhmonov  
Cheif Editor of news programmes of Tajik TV  
Address: 2/6, Lomonosova str., Apt. 17, Dushanbe  
Telephone: 992-372-214632  
Fax: 992372-214632
- 33 Ms. Nabot Dodkhudoeva  
NGO "Madina"  
Address: Tajikistan, Horog city, Lenin str., 26  
Telephone: 992-372-345567  
Fax: 992-372-348042  
Email: gulos@khoruga.tajik.net
- 34 Ms. Nazira Dodkhudoeva  
RSA Focal Point, Senior Inspector of the Drug  
Control Agency under the President of Tajikistan  
Address: 52, N. Karabaev str., Dushanbe  
Telephone: 992-372-345567  
Fax: 992-372-348042
- 35 Mr. Vladimir Myagkoev  
RSA research team member, Senior Specialist  
of the Drug Control Agency under the  
President of Tajikistan  
Address: 52, N. Karabaeva str., Dushanbe  
Telephone: 992372-345567  
Fax: 992372-212947
- 36 Mr. Askarsho Devlokhiev  
Senior specialist, Ministry of Health  
Address: 69, Shevchenko str., Dushanbe  
Telephone: 992372-211823  
Fax: 992372-214871
- 37 Mr. Salakhiddin Miraliev  
Senior Therapist of the Ministry of Health  
Address: 69, Shevchenko str., Dushanbe  
Telephone: 992372-211823  
Fax: 992372-214871

## Tajikistan

- 26 Mr. Rustam Nazarov  
Head of Delegation, Director of Drug Control  
Agency under the President of Tajikistan  
Address: 52, N. Karabaev str., Dushanbe  
Telephone: 992-372-218042  
Fax: 992-372-218042  
Email: dca@tojikiston.com
- 27 Mr. Subkhonidin Ashurov  
Deputy Chairman of the Committee for Youth  
Address: 112, Rudaky str., 734003 Dushanbe  
Telephone: 992-372-240976  
Fax: 992-372-240115
- 28 Mr. Muratboki Beknazarov  
Director of AIDS Centre
- 29 Mr. Zie Rakhmon  
Director of Healthy Lifestle Promotion Centre

## Uzbekistan

- 38 Mr. Sodik Safaev  
First Deputy Minister of Foreign Affairs  
Address: 9 Uzbekistan str., Tashkent  
Telephone: 99871- 133 64 75  
Fax: 99871- 1391517
- 39 Mr. Kamol Dusmetov  
Deputy Chairman of the State Commission on  
Drug Control  
Address: 5 Mustaqilik sq., 700000, Tashkent  
Telephone: 99871- 139 10 63
- 40 Mr. Rustam Mukhammadiyev  
Cabinet of Ministers  
Address: 5 Mustaqilik sq., 700000, Tashkent

- 41 Mr. Damin Asadov  
First Deputy Minister of Health  
Address: 12, Navoi str., Tashkent, 700011  
Telephone: 99871-41 16 80
- 42 Mr. Mumtoz Khakimov  
Director of AIDS Centre  
Address: Suite 12, 16, Chilanazar str., Tashkent  
Telephone: 99871-762608  
Fax: 99871-763776
- 43 Mr. Abdukakhkhor Tukhtaev  
1st Deputy Mayor of Tashkent
- 44 Omon Mirtazayev  
Director of the Institute for "Healthy Life"
- 45 Davron Abdullayev  
Ministry of Foreign Affairs  
Address: 9 Uzbekistan str, Tashkent  
Telephone: 99871-133 64 75  
Fax: 99871- 1391517
- 46 Mr. Victor Terekhov  
First Secretary, Departament of UN and International Organizations, Ministry of Foreign Affairs  
Address: 10 Uzbekistan str, Tashkent  
Telephone: 99871-133 64 76  
Fax: 99871- 1391518
- 47 Mr. Alexander Artemov  
Chief of Departament, National Centre on Drug Control  
Address: 5 Mustaqilik sq., 700000, Tashkent  
Telephone: 99871-139 10 63  
Fax: 99871-139 10 63
- 48 Mr. Abdugafur Mukhamedjanov  
Chief of Departament, National Centre on Drug Control  
Address: 5 Mustaqilik sq., 700000, Tashkent  
Telephone: 99871-139 10 63  
Fax: 99871-139 10 63
- 49 Mr. Maksud Duliyeu  
Chief of Departament, National Centre on Drug Control  
Address: 5 Mustaqilik sq., 700000, Tashkent  
Telephone: 99871-139 10 63  
Fax: 99871-139 10 63
- 50 Mr. Furkat Khalilov  
Secretary of the Regional Commission on Drug Control under the Mayor of the City of Tashkent
- 51 Mr. Oleg Mustafin  
Chief Narcologist of Tashkent and Chief of NGO "Kalb Sadosi"  
Address: Akhunbabaev str., 15, 700047 Tashkent  
Telephone: 99871-133 58 96  
Email: galbsadosi@albatros.uz
- 52 Mr. Bakhtiyor Khodjaev
- 53 Mr. Jurat Umargaliev  
Head of Narcology Department, Ministry of Health
- 54 Mr. Igor Bokun  
Consultant on RSA
- 55 Mr. Shanasir Shavakhabov  
National Consultant on HIV/AIDS
- 56 Mr. Batyr Ubaidullaev  
Youth Organisation Kamolot  
Address: 11, Navoi str., Tashkent  
Telephone: 410050  
Fax: 410850  
Email: kamolot@infonet.uz
- 57 Mr. Shukhrat Irgashev  
NGO Ibn Sino Foundation
- 58 Ms. Yulduz Kurbanova  
NGO Kamolot Konun  
Address: 11, Navoi str., Tashkent  
Telephone: 410050  
Fax: 410850
- 59 Ms. Malika Kasimova  
NGO "IKBOL"  
Address: 15-44, Shakhrisabskiy str., Tashkent  
Telephone: 998-712-561013  
Fax: 998-71-1527570  
Email: kasmalik@mail.tps.uz
- 60 Mr. A.Yuldashev  
Chief of Departament of the Drug Control and Organised Crime, Ministry of Internal Affairs
- 61 Mr. J. Tashmatov  
Chief of Departament, Ministry of Education
- 62 Mr. Temur Islamov  
Chief of Departament, Drug Control, National Security Service
- 63 Mr. Ulugmirzo Abduvaliyev  
Deputy Chief of State Border Protection Committee
- 64 Ms. Bakaeva Feruza  
NGO Kamolot Konun
- 65 Mr. Bahrom Nazirov
- 66 Mr. Nicolay Todorov
- 67 Ms. Umida Vafakulova
- 68 Mr. Abdunamon Sidikov
- 69 Mr. Ulugbek Alimov
- 70 Mr. Ilkhom Kasimov

### NAMRU-3

- 71 Mr. Murad Tursunkhodjaev
- 72 Mr. Jamol Fazilov
- 73 Mr. Nematilla Nazarov
- 74 Mr. Ulugbek Khamidjanov

## ODCCP

- 75 Ms. Antonella Deledda  
Regional Representative for Central Asia,  
UN ODCCP  
Address: 30a, Abdulla Kahhor str. Tashkent 700100  
Telephone: 998-71-1208050  
Fax: 99871-1206290  
Email: antonella.deledda@odccp.uz
- 76 Mr. Chris Van Der Burgh  
Officer-in-Charge of Demand Reduction Section,  
UNDCP/HQ  
Address: Vienna International Centre,  
P.O. Box 500, A-1400 Vienna  
Telephone: 43-1-26060-5928  
Email: Chris.Van.Der.Burgh@undcp.org
- 77 Ms. Juana Tomas  
Expert in Drug Abuse Treatment, DDR section,  
UNDCP/GQ  
Address: Vienna International Centre,  
P.O. Box 500, A-1400 Vienna  
Telephone: 43-1-26060-5284  
Fax: 43-1-26060-5928  
Email: Juana.Tomas@undcp.org
- 78 Mr. Roberto Arbitrio  
Programme Coordinator, UN ODCCP  
Address: 30a, Abdulla Kahhor str., Tashkent 700100  
Telephone: 998-71-1208050  
Fax: 99871-1206290  
Email: roberto.arbitrio@odccp.uz
- 79 Mr. Tofik Murshudlu  
Law Enforcement Advisor, UN ODCCP  
Address: 30a, Abdulla Kahhor str., Tashkent 700100  
Telephone: 998-71-1208050  
Fax: 99871-1206290  
Email: tofik.murshudlu@odccp.uz
- 80 Ms. Elena Glazkova  
Information and Analysis Officer, UN ODCCP  
Address: 30a, Abdulla Kahhor str., Tashkent 700100  
Telephone: 998-71-1208050  
Fax: 99871-1206290  
Email: elena.glazkova@odccp.uz
- 81 Ms. Galina Fomaidi  
Project Coordinator, UN ODCCP  
Address: 30a, Abdulla Kahhor str., Tashkent 700100  
Telephone: 998-71-1208050  
Telephone: 99871-1206290  
Fax: galina.fomaidi@odccp.uz
- 82 Mr. Mirzakhid Sultanov  
Project Coordinator, UN ODCCP  
Address: 30a, Abdulla Kahhor str., Tashkent 700100  
Telephone: 998-71-1208050  
Fax: 99871-1206290  
Email: mirzakhid.sultanov@odccp.uz
- 83 Ms. Zhannat Kosmukhamedova  
National Programme Officer in Kazakhstan  
Address: 84, Karasay Batyr str., Almaty  
Telephone: 3272-624883  
Fax: 3272-924967

- 84 Mr. Bahtiar Mambetov  
National Programme Officer in Kyrgyzstan  
Address: 70, Pushkina str., Bishkek  
Telephone: 996312-224264  
Fax: 996312  
Email: nc@mail.elcat.kg
- 85 Mr. Rasul Rakhimov  
National Programme Officer in Tajikistan  
Address: 25, Nasyrov str., Dushanbe  
Telephone: 992372-248660  
Fax: 992372-240096  
Email: rakhimov@odccp.tojikiston.com
- 86 Mr. Chary Ataev  
National Programme Officer in Turkmenistan  
Address: 40, Atabayev str., Ashgabad  
Telephone: 993 12 428992  
Fax: 99312-428992  
Email: chary.ataev@untuk.org
- 87 Mr. Franz Kumpl  
Project International Consultant of F08  
Address: Invalidenstrasse 11, A-1030, Vienna  
Telephone: 43-1-7150715-34  
Fax: 43-1-7159715  
Email: franz.kumpl@care.at
- 88 Mr. Janusz Sieroslawski  
Project International Consultant of E93  
Address: Sobieskiego 1/9, 02-957 Warsaw, Poland  
Telephone: 48 22 8422700  
Fax: 48-22-6427501  
Email: sierosla@ipin.edu.pl
- 89 Mr. Kamran Niaz  
GAP Regional Epidemiological Advisor  
Address: 45, Pardes str., Molla Sarda,  
Venak Sq., Tehran. Iran  
Telephone: 9821-8795031  
Fax: 9821-877-6661  
Email: kamran.niaz@un.org.tr
- 90 Ms. Silvia Franke  
ODCCP/ROCA Consultant  
Address: A-1030, Vienna, Erdbergstrasse 88/19  
Telephone: 0043-1-7156377  
Fax: 43-1-4000 7977  
Email: silvia.franke@I-one.at

## INTERNATIONAL ORGANISATIONS

### British Council

- 91 Mr. Neville Mc Bain  
Director of representation in Uzbekistan  
Address: 11. Kunaev str., 700031 Tashkent  
Telephone: 998 71- 1206752  
Fax: 998-71- 1206762  
Email: neville.mcbain@britishcouncil.uz

### Centres for Disease Control and Prevention

- 92 Mr. Michael Favorov  
Programme Director for Central Asia  
Address: 91/97 Furmanov str., #15  
Telephone: 3272-638657  
Fax: 7-3272-638657  
Email: Favorovm@state.gov



93 Mr. Umid Sharapov  
Medical Consultant  
Address: 46, Druzhba Narodov str.,  
7th floor, Tashkent, Uzbekistan  
Telephone: 998-71-1739299  
Fax: 998-71-1739299  
Email: drumid@tk.uz

### Canadian International Development Agency

94 Mr. Najeeb Mirza  
First Secretary  
Address: 34, Karasai Batir str., Almaty  
480100, Kazakhstan  
Telephone: 3272-501151/52/53  
Fax: 3272-582493  
Email: najeeb.mirza@dfait-maeci.gc.ca

95 Mr. Ryszard Komenda  
Programme Advisor  
Address: 34, Karasay Batir str., 480100,  
Almaty, Kazakhstan  
Telephone: 3272-501151  
Fax: 3272-582493  
Email: ryszard\_komenda@acdi-gc.ca

96 Ms. Nailya Okda  
Technical Cooperation Programme Officer  
Address: 34, Karasay Batir str., 480100,  
Almaty, Kazakhstan  
Telephone: 3272-501151  
Fax: 3272-582493  
Email: nailya.okda@dfait-maeci.gc.ca

### Counterpart Consortium

97 Mr. Bobur Turdiev  
Programme Coordinator, Uzbekistan  
Address: 11A, Donskaya str., Tashkent  
Telephone: 1691614/18  
Fax: 99871-1691641  
Email: bobur@cpart.uz

### European Commission

98 Louis Blondeau  
EU Consultant

99 Mr. Wolfgang Maierhofer  
EC Drug Coordinator in Central Asia  
Address: 20A, Kazibek Bi, 480100, Almaty,  
Kazakhstan  
Telephone: 3272-582056; 582087  
Fax: 7-3272-911683  
Email: wolfgang.maierhofer@cec.eu.int

100 Mr. Soeren Klem  
Project Manager  
Address: Rue de la Loi 200 Brussels B-1040  
Telephone: 32-2-2957912  
Fax: 32-2-296 0423  
Email: soeren.klem@cec.eu.int

### International Committee of Red Cross

101 Ms. Anait Ayrumova  
Assistant Head of Delegation  
Address: Asaka str., 1 pereulok-8  
Telephone: 998-71-684636  
Fax: 998-71-1367120  
Email: tachkent.tac@icrc.org

102 Ms. Mukaddas Endibaeva  
Assistant Protection Coordinator  
Address: Asaka str., 1 pereulok-8  
Telephone: 998-71-684636  
Fax: 998-71-1367120  
Email: tachkent.tac@icrc.org

### International Labour Organisation

103 Ms. Ekaterina Ivanova  
Focal Point on HIV/AIDS and the  
World of Work  
Address: 15-23, Petrovka str., 103031,  
Moscow, Russia  
Telephone: 7-095-933-0821  
Fax: 7-095-933-0820  
Email: ivanova@ilo.ru

### Mercy Corps International

104 Ms. Sue Savage  
Country Director in Uzbekistan  
Address: 83/3, Navoi str., Tashkent, Uzbekistan  
Telephone: 99871-548919; 1332810  
Fax: 99871-1440089  
Email: mcu@naytov.com

### Medecins Sans Frontieres

105 Mr. Roy Male  
Head of Mission in Uzbekistan  
Address: 4, Konstituziya str., Tashkent,  
Uzbekistan  
Telephone: 998-71-1524031/32  
Fax: 998-71-1207072  
Email: hom@msfh-tashkent.uz;  
admin-team@msfh-tashkent.uz

### Organisation for Security and Cooperation in Europe

106 Mr. Dariuzs Zietek  
OSCE, Kazakhstan

107 Mr. Mikola Melenevskiy  
Adviser on Economic Issues, OSCE, Osh,  
Kyrgistan  
Address: Kurmanjan Tatka 211/57, Osh  
Telephone: 996-3222-23434  
Fax: 996-3222-59471

108 Mr. Vadim Nazarov  
Deputy Head of Mission, OSCE Mission in Tajikistan  
Address: 12 Zikrullo Khojaev str., Dushanbe,  
Tadjikistan  
Telephone: 992-372 214063  
Fax: 992-372 249159  
Email: vadim@osce.tojikiston.com

109 Mr. Gantcho Gantchev  
Ambassador in Uzbekistan  
Address: Hamid Olimjon sq, Western Side,  
second floor, Tashkent  
Telephone: 998-71-1320152/56  
Fax: 998-71-1206125  
Email: ggantchev@osce.sand.uz  
cmusinschi@osce.sand.uz

## Open Society Institute / Soros Foundation

110 Ms. Valeria Gurevich  
Director of the Joint Programme USAID/Soros  
Network "HIV prevention in Central Asia  
Address: 117-20, Furmanova Str., 480091,  
Almaty, Kazakhstan  
Telephone: 3272-503811  
Fax: 3272-506814  
Email: vgourev@hiv.soros.kz

111 Emilis Subata  
Technical Adviser  
Address: Gerosios Vilties 3, Vilnius, LT-009  
Telephone: 3705-2137274  
Fax: 3705-2160019  
Email: EmilisSubata@takas.lt

112 Mr. Iskander Ismailov  
Deputy Director, OSI/Soros Foundation  
in Uzbekistan  
Address: 31, Zarbog str., Tashkent  
Telephone: 152 39 15 / 16 / 98 / 33  
Fax: 120 68 54  
Email: alisher@osi.uz

## Peace Corps, US

113 Mr. Lawrence Leahy  
Country Director in Uzbekistan  
Address: 63-65, 2nd Kunayeva str.,  
Telephone: 1525389 / 90, 1526852  
Fax: 120 73 92  
Email: lleahy@uz.peacecorps.gov

114 Ms. Kristina Gutschaw  
Volunteer  
Address: 63-65, 2nd Kunayeva, str.,  
Telephone: 1525389 / 90, 1526853  
Fax: 121 73 92  
Taxis Programme, EU

115 Mr. Bakhtiyor Sadrididinov  
National Director  
Address: 4, Taras Shevchenko str., Tashkent,  
Uzbekistan  
Telephone: 99871-1394018  
Fax: 99871-1206588  
Email: directcor@taxis.uz

## UNAIDS

116 Ms. Galina Karmanova  
UNAIDS National Programme Officer  
Address: 40, Galkynysh str.,  
744000 Ashgabad, Turmenistan  
Telephone: 99312 42 52 50  
Fax: 99312 42 53 17  
Email: unaids@untuk.org

117 Mr. Aziz Khudaiberdiev  
UNAIDS National Programme Officer  
Address: 4, Taras Shevchenko str.,  
Tashkent, Uzbekistan  
Telephone: 99871-139 14 62  
Fax: 998-71-1336965  
Email: aziz.khudaiberdiev@undp.org

118 Mr. Alexandr Kossukhin  
UNAIDS NPO in Kazakhstan  
Email: alexander.kossukhin@undp.org

## UNDP

119 Mr. Richard Conroy  
Resident Representative  
Address: 4, Taras Shevchenko str., Tashkent 700029  
Telephone: 998-71-1206677  
Fax: 998-71-1336965  
Email: richard.conroy@undp.org

120 Ms. Laura Rio  
Inter-Agency Co-operation Advisor  
Address: 4, Taras Shevchenko str., Tashkent 700029  
Telephone: 998-71-1206677  
Fax: 998-71-1336965  
Email: laura.rio@undp.org

## UNFPA

121 Ms. Aida Alzhanova  
Programme Officer, Kazakhstan  
Address: 67, Tole Bi str., Almaty 480091,  
Kazakhstan  
Telephone: (3272) 58-26-43, 58-24-42  
Fax: (3272) 58-26-82  
Email: kz.aa@undp.org

## UNHCR

122 Mr. Kiran Kaur  
Protection Officer, OIC  
Address: 14, M. Tarabi str., 700030 Tashkent,  
Uzbekistan  
Telephone: 998-71-1206893/95  
Fax: 998-71-1206891  
Email: kaurk@unhcr.ch

## UNICEF

123 Ms. Nargiza Egamberdiyeva  
UNICEF, Uzbekistan  
Address: 11, Obid Akhromkhodjaev str,  
700100 Tashkent, Uzbekistan  
Telephone: 99871-1738390/1/6  
Fax: 99871-120 65 08  
Email: negamberdiyeva@unicef.org

124 Mr. Simon Strachan  
Senior Project Officer in Almaty  
Email: sstrachan@unicef.org

**USAID**

- 125 Ms. Jennifer Adams  
Director, Office of Health, Population  
and Nutrition  
Address: Park Palace Building 41, Kozibek  
Bi str., 480100, Almaty  
Telephone: 3272-507612  
Fax: 7-3272-507635  
Email: jeadams@usaid.gov
- 126 Mr. Alisher Ishanov  
Public Health Specialist, Uzbekistan  
Address: 41, Buyuk Turon str., Tashkent,  
Uzbekistan  
Telephone: 99871-1206309  
Fax: 99871-1337656  
Email: alisher@usaid.uz
- 127 Ms. Aziza Khamidova  
Health Specialist, Tajikistan
- 128 Mr. Andreas Tamberg  
Health Adviser  
Address: 41, Buyuk Turon str., Tashkent,  
Uzbekistan  
Telephone: 99871-1206309  
Fax: 99871-1337656
- 129 Ms. Elena Samarkina  
Health Specialist, Turkmenistan
- 130 Ms. Diane Riley  
IHRA/CFDO, University of Toronto, USAID  
Consultant  
Address: 23 Hillview avenue, Toronto  
Ontario M6P 1J2, Canada  
Telephone: 416 604-1752  
Fax: 416 604-1752  
Email: Rileydm@aol.com

**WHO**

- 131 Mr. Almaz Imanbaev  
Medical Officer of Alcohol and Drugs  
Address: 8, DK-2100,  
Copenhagen, Denmark  
Telephone: 8-10-4539171273  
Fax: 8-10-4539171818  
Email: asi@who.dk
- 132 Mr. Arun Nanda  
Head of Office in Tashkent  
Address: 12, Navoi str., Tashkent, Uzbekistan  
Telephone: 998-71-1447534  
Fax: 998-71-1449342  
Email: arn@who.ccc.uz
- 133 Mr. Srdan Matic  
WHO Office in Copenhagen  
Email: sma@who.dk
- 134 Dr. Arne Andresen  
WHO Office in Copenhagen  
Email: arne.andresen@rusmideletaten.oslo.kommune.no

- 135 Ms. Zukhra Vakhidova  
Programme Assistant  
Address: 12, Navoi str., Tashkent, Uzbekistan  
Telephone: 998-71-1447534  
Fax: 998-71-1449342  
Email: zva@who.ccc.uz

**World Bank**

- 136 Mr. David Pearce  
Head of Mission  
Address: 43, Suleymanova str., Tashkent,  
Uzbekistan  
Telephone: 998 71 133 41 68  
Fax: 998-71-1206215  
Email: dpearce@worldbank.org
- 137 Ms. Dilnara Isamiddinova  
Operational Officer  
Address: 43, Suleymanova str., Tashkent,  
Uzbekistan  
Telephone: 998 71 133 41 68  
Fax: 998-71-1206215  
Email: disamiddinova@worldbank.org
- 138 Joana Godinho  
World Bank CA HIV/AIDS, STIs & TB Study  
Mission
- 139 Hiwote Tadesse  
World Bank CA HIV/AIDS, STIs & TB Study  
Mission
- 140 Mr. Anatoly Vinokur  
World Bank CA HIV/AIDS, STIs & TB Study  
Mission

**OTHER COUNTRIES****Austria**

- 141 Ms. Heidemaria Guerer  
Ambassador for Central Asia  
Address: Department II, 3a Ballhausplatz 2,  
A-1014, Vienna  
Telephone: 43-1-531753661  
Fax: 43-1-536663661  
Email: heidemaria.guerer@bmaa.gv.at

**Azerbaijan**

- 142 Mr. Surkhay Aliev  
Counselor, Embassy of Azerbaijan in Tashkent  
Address: 25, Shark tongi str., Tashkent,  
Uzbekistan  
Telephone: 998-71-1739487  
Fax: 998-71-1732658  
Email: sefir@rol.ru
- 143 Mr. Israfil Aliyev  
Head of Department of State Committee on  
Combating Drugs and Illicit Drug Trafficking;  
Head of delegation
- 144 Mr. Araz Aliguliev  
Chief Narcologist in Azerbaijan

145 Mr. Bakhrom Vezirov

146 Mr. Rahim Rahimov

147 Mr. Gasanov Elshan  
Third Secretary, Ministry of Foreign Affairs

## Belgium

148 Serge Hauppe  
Federal Police, Embassy of Belgium in Russia  
Address: Khlebny pereulok, 5 Moscow  
Telephone: 2910463  
Fax: 2910463  
Email: loberu@co.ru

## China

149 Mr. Su Fanzziu  
Second Secretary, Embassy of China in Tashkent  
Address: 79, Gulyamova str., 700047,  
Tashkent, Uzbekistan  
Telephone: 998-71-1338088  
Fax: 998-71-1334735  
Email: office@chinaemb.uz

## France

150 Mr. Gilbert Galy  
Police Atache for CA, Embassy of France  
in Tashkent  
Address: 25, Akhunbabaev str., Tashkent,  
Uzbekistan  
Telephone: 998-71-1334019  
Fax: 998-71-1334019  
Email: gilbert.galy@diplomatie.gouv.fr

## Georgia

151 Mr. Zaza Seturidze  
Consul, Embassy of Georgia in Tashkent  
Address: 16, Tarabi str., 700090, Tashkent,  
Uzbekistan  
Telephone: 998-71-545408  
Fax: 998-71-546535  
Email: ZazaSeturidze@hotmail.com

## Germany

152 Thomas Hausberger  
3rd Secretary, Senior Inspector of FCPO, DLO  
for Central Asia  
Address: Embassy of Germany in Uzbekistan  
Telephone: 1206994  
Fax: 1206994  
Email: gerembuz@online.ru

153 Manfred Mentsches  
3rd Secretary, Senior Inspector of FCPO, DLO  
for Central Asia  
Address: Embassy of Germany in Uzbekistan  
Telephone: 1206994  
Fax: 1206994

## Indonesia

154 Mr. Hermono Singgih  
Charge d'affairs, Embassy of Indonesia  
in Tashkent  
Address: 73, Gulyamov str., 700000,  
Tashkent, Uzbekistan  
Telephone: 998-71-1320236  
Fax: 998-71-1206540  
Email: kbritash@online.ru

## Iran

155 Mr. Hosseini Seyed Mokhammad Ali  
Embassy of Iranian in Tashkent  
Address: 20, Parkentskaya str., Tashkent,  
Uzbekistan  
Telephone: 998-71-686968  
Fax: 998-71-1206761  
Email: emirtas@hotmail.com

156 Ms. Roshanak Vameghi  
Director General of Prevention Department

157 Mr. Hassan Rafiey  
Director General of Addiction Department

## Italy

158 Mr. Leopoldo Ferri De Lazarra  
Italian Ambassador to Uzbekistan  
Address: 40 Yusuf Khos Khojib str., 700100,  
Tashkent  
Telephone: 998-71-1206605  
Fax: 998-71-1206607  
Email: ambital@online.ru

159 Mr. Marco Messina  
Narcotic & Police Liaison Officer  
Embassy of Italy in Russia  
Address: Devezhny per. 5, 121002 Moscow  
Telephone: 095-9169886  
Fax: 095-9169886  
Email: marcomes@online.ru

## Jordan

160 Mr. Maher Lukasha  
Charge d'affairs a. i., Embassy of Jordan  
Address: 9, Farkhads kaya str., 15-Chilanzar,  
700173, Tashkent  
Telephone: 998-71-742479  
Fax: 998-71-1206644  
Email: jordanuz@online.ru

## Norway

161 Ms. Anne Grete Riise  
First Secretary, Delegation of Norway to the  
OSCE  
Address: Reiserstrasse 55-57, 1030 Vienna, Austria  
Telephone: 43-1-7156692, 877375  
Fax: 43-1-7126552  
Email: agr@mfa.no

**Pakistan**

- 162 Ayub Minkhas  
First Secretary Embassy of Pakistan  
Tashkent, Uzbekistan
- 163 Younis  
Second Secretary Embassy of Pakistan  
Tashkent, Uzbekistan

**Poland**

- 164 Mr. Jan Soroka  
First Secretary (Consul), Embassy of Poland  
Tashkent  
Address: Madjidkhon Bakhadirov str.,  
700084, Tashkent, Uzbekistan  
Telephone: 998-71-1208652  
Fax: 998-71-1208651  
Email: ambasada@bcc.com.uz

**Russian Federation**

- 165 Mr. Evgeniy Plotnikov
- 166 Mr. Vladimir Blednyh  
Counsellor, Embassy of the Russian in Tashkent  
Telephone: 998-71-1526280  
Fax: 998-71-1522143

**Saudi Arabia**

- 167 Abushihada Main  
Embassy of Saudi Arabia  
Tashkent, Uzbekistan

**Slovak Republic**

- 168 Mr. Peter Juza  
Charge d'Affaires, Embassy of the Republic  
of Slovakia in Tashkent  
Address: 18, Yakkasaray str., 700121,  
Tashkent  
Telephone: 120-68-52  
Fax: 120-68-51  
Email: slovakia@buzton.com

**Turkey**

- 169 Mr. Sadin Ayyildiz  
Third Secretary, Embassy of Turkey in Tashkent  
Address: 87, Y. Gulyamova str., Tashkent,  
700047, Uzbekistan  
Telephone: 998-71-1332104  
Fax: 998-71-1206535  
Email: turemb@bcc.com.uz

**United Kingdom**

- 170 Mr. Cristopher Ingham  
Ambassador, Embassy of the Kingdom  
of Great Britain and Northern Ireland  
Address: 67 Gulyamov str., 700000,  
Tashkent, Uzbekistan  
Telephone: 998-71-1207852/53  
Fax: 998-71-1206549  
Email: brit@emb.uz

**Ukraine**

- 171 Mr. Vladimir Yakovenko  
Advisor, Embassy of Ukraine in Uzbekistan  
Address: 68, Gulyamova str., 700000,  
Tashkent, Uzbekistan  
Telephone: 998-71-133-17-58  
Fax: 998-71-1331089  
Email: vladimir@ukremb.uz

**United States of America**

- 172 Mr. John Herbst  
Ambassador, Embassy of US in Uzbekistan  
Address: 82, Chilanazar str., Tashkent, Uzbekistan  
Telephone: 998-71-1205450  
Fax: 998-71-1206335
- 173 Ms. Laurel Botts  
Political Drog. Econ. Officer, Embassy of US  
Address: 82, Chilanazar str., Tashkent,  
Uzbekistan  
Telephone: 998-71-1205450  
Fax: 998-71-1206335  
Email: BOTTSLA@state.gov

**Vietnam**

- 174 Mr. Bao Nguyen  
Ambassador Embassy of Vietnam in Uzbekistan  
Address: 100, Rashidov str., Tashkent, Uzbekistan  
Telephone: 998-71-1335674  
Fax: 998-71-1206265  
Email: dsgvntas@online.ru

## **ANNEX 4 (A)**

### **PRESS RELEASE INTERNATIONAL DAY AGAINST DRUG ABUSE AND ILLICIT DRUG TRAFFICKING<sup>39</sup>**

---

**26 June 2002**  
**Tashkent, Uzbekistan**

The International Day against drug abuse and illicit drug trafficking is celebrated on 26 June to commemorate the signature of the Declaration adopted on the 1987 International Conference against drug abuse and illicit drug trafficking.

On 23 February 1990 the General Assembly endorsed a Global Program of Action to combat illegal drugs and stated that the International Day against drugs was to be observed as a part of the efforts to raise public awareness and advocate drug abuse prevention measures.

Every year a theme for the day is established and thousands of people around the world are mobilized through the UNODCCP field office network to celebrate the day. Drug addicted people will be the theme of this year. There is a "Plan of actions on celebration of the International day against drugs in Uzbekistan on 26 June 2002".

The Plan envisages events to be arranged all over the country. This will include public meetings, concerts, sports contests, TV and radio programmes and theatre performances. There will be a concert of Uzbek show stars under the motto "Drug free Uzbekistan" in the concert hall "Turkiston" on 26 June organized jointly by the State Drug Control Commission, UNODCCP, British Council, UNICEF and WHO. The exhibition of anti drug posters from all around the world will be held in the Centre of modern art.

The UNODCCP/Regional Office for Central Asia jointly with the Government of the Republic of Uzbekistan have opened today a Regional Conference on Drug Abuse in Central Asia which will present the results of the drug abuse study conducted in Central Asian countries.

Traditionally, this day is widely celebrated in each of the Central Asian counties. Seminars, round table meetings, press conferences, concerts and sports events will be held in each of the countries of the region this day.

---

<sup>39</sup> Original text in Russian.

## **ANNEX 4 (B)**

### **PRESS RELEASE “REGIONAL CONFERENCE ON DRUG ABUSE IN CENTRAL ASIA: SITUATION ASSESSMENT AND RESPONSES”<sup>40</sup>**

**26-28 June 2002**

***Tashkent, Uzbekistan***

As per information of the UN ODCCP/Regional Office for Central Asia the drug transit through the countries of the Region, after a small decrease in the beginning of anti terrorist campaign in Afghanistan, has reached the previous volume. The level of drug abuse morbidity tends to grow whilst the average age of drug addicts becomes younger.

Drug prices, particularly for heroin, the widest spread drug, are falling and drugs become easily accessible. The bulk of HIV infected people are injecting drug users. With the consideration of these trends ODCCP has elaborated and conducted two projects during 2001, which were aimed at assessing drug abuse situation in the countries of the Region, and institutional needs to enhance drug abuse prevention, treatment and rehabilitation activities in these countries.

The national research teams were set up in each country of the region comprising experts of the State Drug Control Commissions, NGOs, narcologists, sociologists and former drug addicts. Due to the fact that Turkmenistan has not finalized the study in time and did not submit reports to ODCCP the study may be considered as finalized in four Central Asian countries – Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan.

The main objective of the Conference is to present the results of the assessments to the governments of the Central Asian countries and donor community and to build consensus on priority actions in the field of drug demand reduction at national and regional level.

Results obtained from the assessments laid a ground for reports which will help the governments of the Central Asian countries in enhancing national structures involved in drug demand reduction. Results will also be a basis for presentations to be made at the conference both by the national research focal points and three international experts who provided necessary technical and methodological support in the course of the study. It is envisaged that the conference participants will work out proposals on elaboration of the drug demand reduction strategy at national as well as on the regional level.

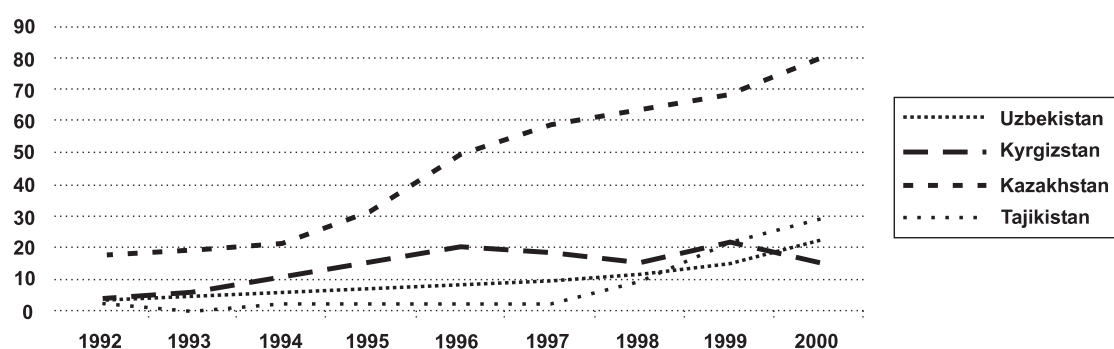
The Conference is hosted by the Government of the Republic of Uzbekistan, and sponsored by the Ministry for Foreign Affairs of Austria, USAID, WHO Regional Office for Europe and OSCE.

<sup>40</sup>

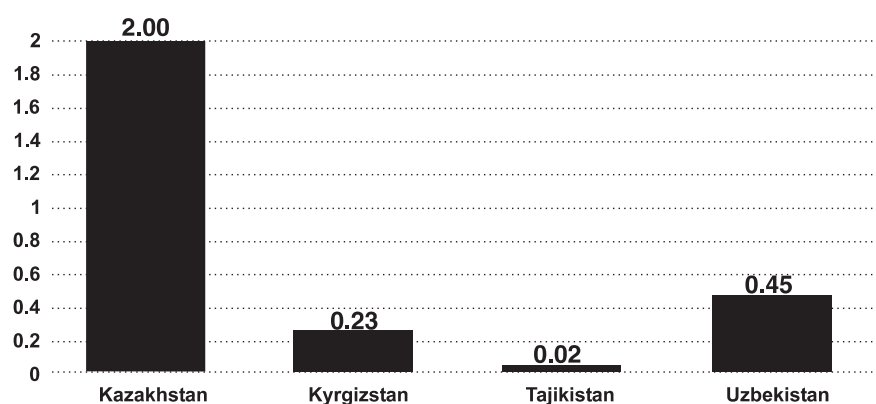
Original text in Russian.

# ANNEX 5 FIGURES

**Figure 1. Drug Users Registered 1st time Per 100,000 pop**



**Figure 2. HIV Infection Rate among IDUs**



**Figure 3. Drug related offences per 100 000 Population according to police data**

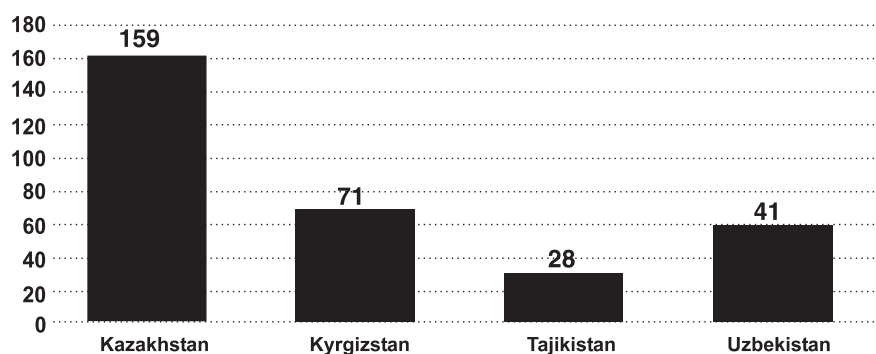
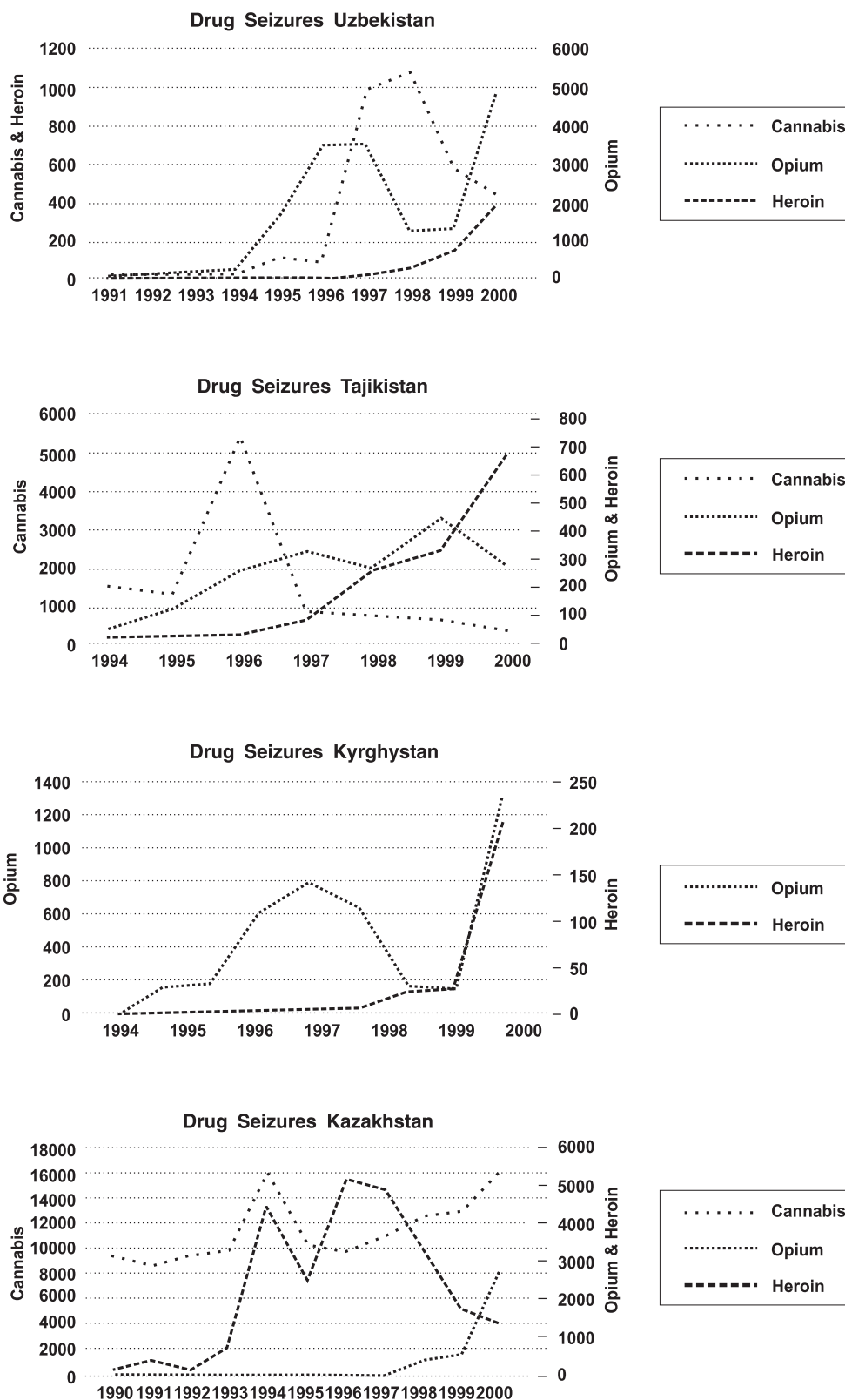
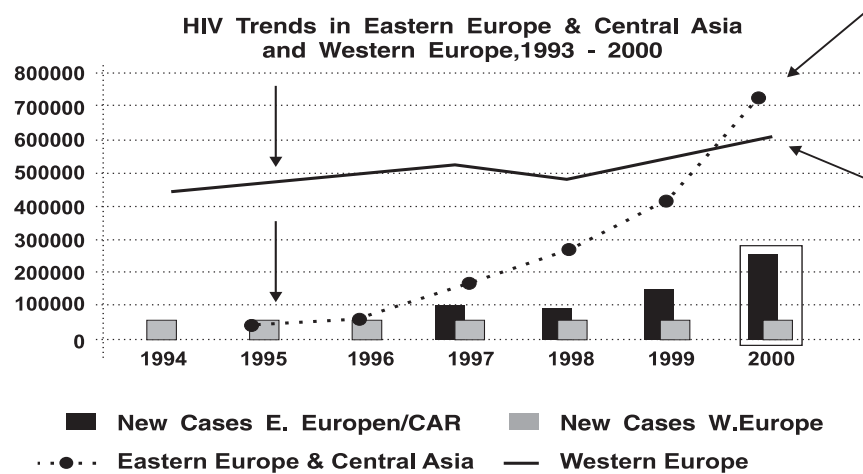




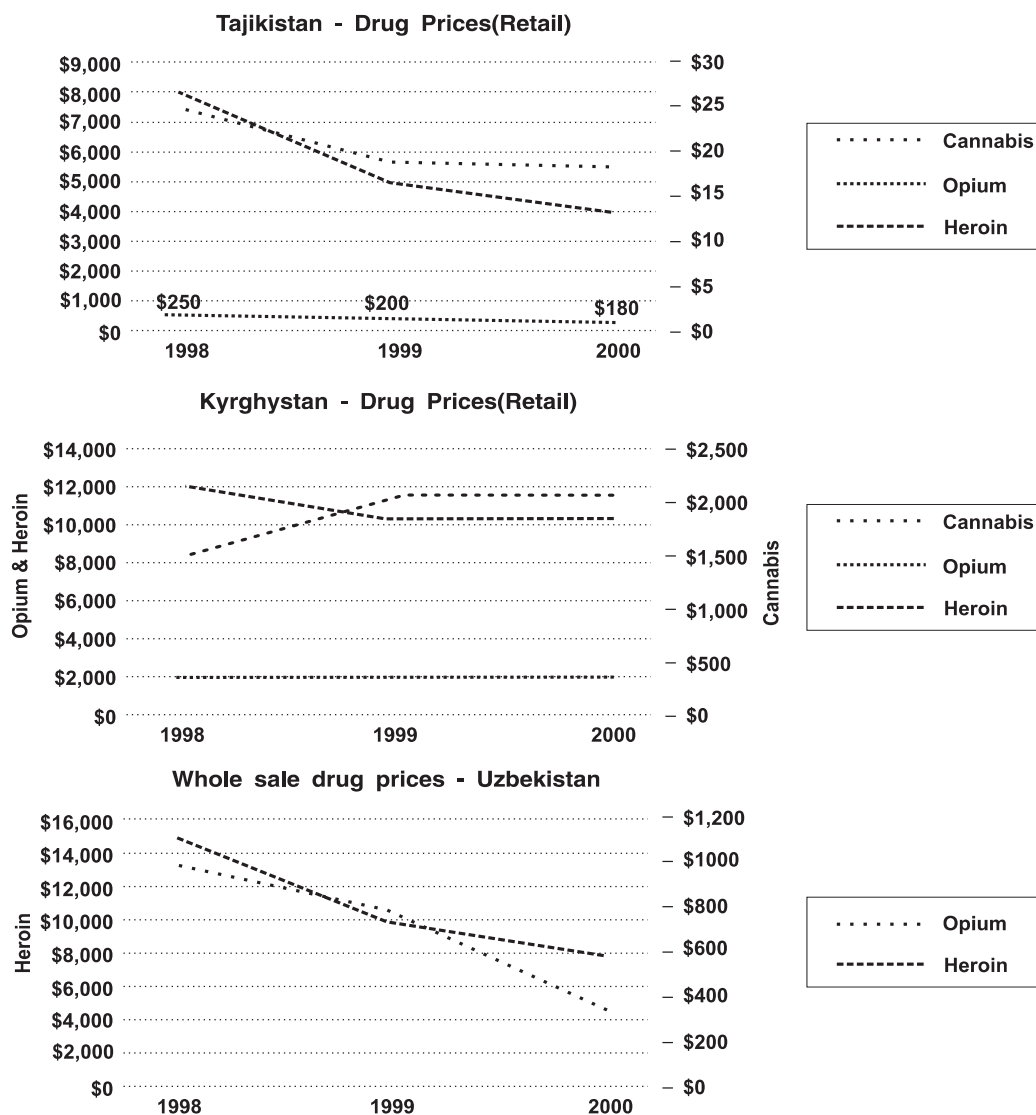
Figure 4. Drug Seizures in Central Asia



**Figure 5. HIV Trends in Eastern Europe & Central Asia and Western Europe, 1993 - 2000**

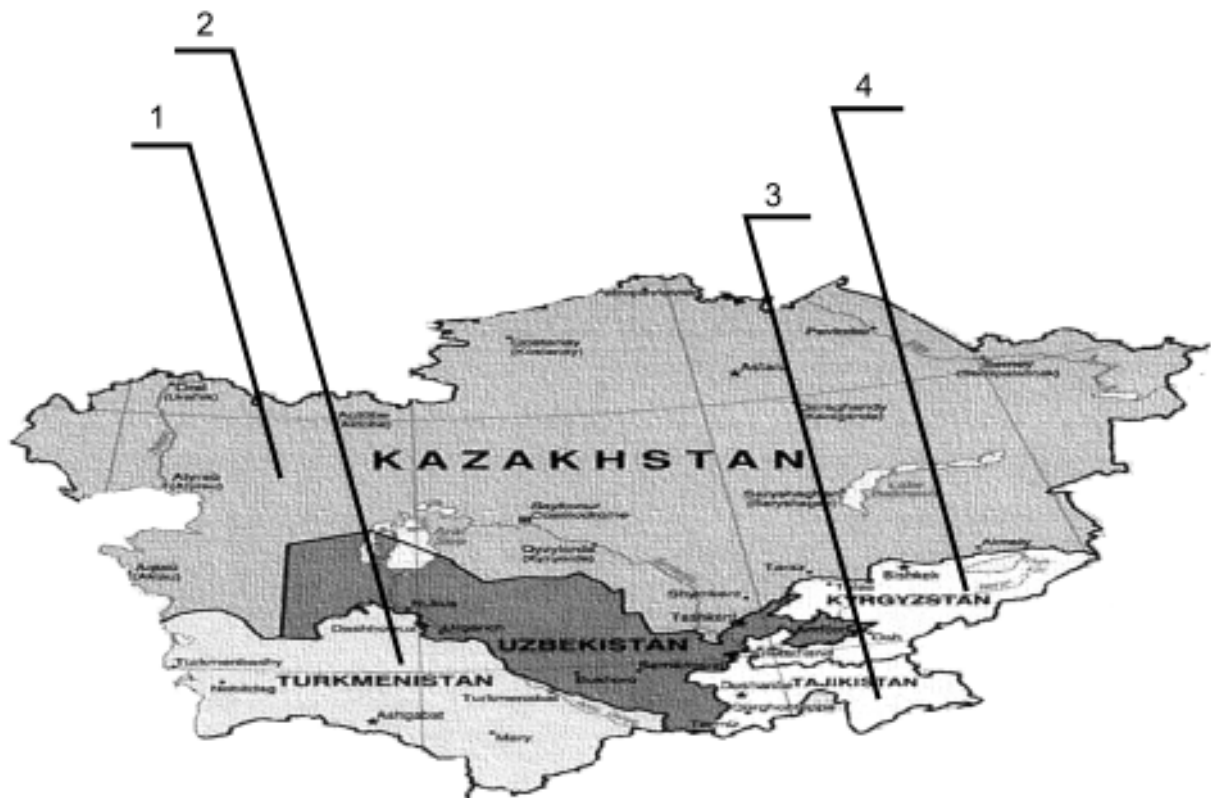


**Figure 6. Drug Prices in Central Asia**



**Figure 7. Rates of drug use in Central Asia**

- 1 Highest rates of drugs users in Rx drug related offences 74% of drug users registered – Opiates 20% under 19 years 1/4<sup>th</sup> drug users women > 80% of HIV + IDUs
- 2 Increase in number of opiate users – mainly Heroin; >40% registered for Opiates, Majority of drug users <25 - 35, 40 – 60% IDUs, IDUs main high risk group for HIV infections.
- 3 Highest rate of drug use prevalence - 1,644-2,054. 1999 Opiates users accounted for 10% of users. In 2000 > Opiate users 80%. IDUs 60 – 80%. Mainly younger age groups >50% under 35 years; >15% under 19 years
- 4 Heroin Users account for 74% of registered drug users in 2000, 120x increase in # of female drug users registered (actual 6 percent), IDU > 1/3<sup>rd</sup>, Increasing number of younger drug users



**UN Office on Drugs and Crime  
Regional Office for Central Asia**

**30a Abdulla Kahhor Street  
Tashkent, Uzbekistan, 700100  
Tel: (998 71) 120-80-50  
Fax: (998 71) 120-62-90  
E-mail: [odccp.roca@odccp.uz](mailto:odccp.roca@odccp.uz)  
Web Page: [www.odccp.org/uzbekistan](http://www.odccp.org/uzbekistan)**