

PROJECT

"Research on the medical and social aspects of behaviour of school children in grades 9-11 in Uzbekistan, dealing with risk of their initiation into psychoactive substance consumption and the spread of HIV/AIDS/STIs"

The project was implemented by the youth initiatives support centre, "ATLAS", in co-operation with the Faculty of Economy and the Organization of Public Health at the Tashkent Institute for the Ongoing Education of Health Professionals, the Ministry of Public Health of the Republic of Uzbekistan and Qalb Sadosi Fund and under the financial and methodical support of the Regional Office for Central Asia of the United Nations Office on Drugs and Crime.

CONTENTS

SECTION 1. INTRODUCTION	3
SECTION 2. SURVEY PROGRAM	4
I. Objectives of the survey:	4
II. Tasks of the survey:	5
III. Areas where the survey was conducted	5
IV. Sampling characteristics	5
V. Major requirements to the questionnaire	5
VI. Methods and tools of information collection	6
SECTION 3. ANALYSIS AND INTERPRETATION OF THE RESULTS	7
UNIT 1. SOCIAL ASPECTS	8
UNIT 2. INFORMATION ASPECTS	15
UNIT 3. CIGARETTES AND ALCOHOL	18
UNIT 4. PSYCHOTROPIC SUBSTANCES	19
UNIT 5. CONSEQUENCES OF USE OF CIGARETTES, ALCOHOL AND DRUGS	24
UNIT 6. HIV/AIDS/STI	26
UNIT 7. ATTITUDE TO PREVENTIVE ACTIVITIES AND STUDIES	30
SECTION 4. CONCLUSIONS AND RECOMMENDATIONS	35
General picture, associated with the issues of use of cigarettes and alcohol	35
General picture, associated with the issues of HIV/AIDS/STI	35
General picture, associated with the issues of drug abuse	37
Conclusions on peculiarities of risky behaviour of schoolchildren, associated with the use drugs: factors, phases, models	38
Peculiarities of the model of risky behaviour of adolescents from the group of “those who want to try”	41
Peculiarities of the model of risky behaviour of adolescents from the group of “those who used”	41
Recommendations on improvement of work in the area of prevention of the use of PTS and spreading of HIV/AIDS/STI among schoolchildren of urban schools of Uzbekistan	43
I. Recommendations on improvement of preventive work in the context of information- educational activities and training on safe behaviour	43
II. Recommendations on improvement of preventive work among schoolchildren, using drugs	45
RECOMMENDATIONS FOR THE MINISTRY OF PUBLIC EDUCATION	45
RECOMMENDATIONS FOR MASS MEDIA	47
RECOMMENDATIONS FOR MAKHALLAS AND KHOKIMIYATS	49
RECOMMENDATIONS FOR NON-GOVERNMENTAL ORGANIZATIONS, WORKING IN THE SPHERE OF PREVENTION OF DRUG ADDICTION	50
RECOMMENDATIONS FOR THE MINISTRY OF HEALTH	51

SECTION 1. INTRODUCTION

Contemporary history of drug abuse in Uzbekistan goes back to approximately mid-nineties. It was the period when efforts were made to establish stable channels for drug transit through the territory of Central Asia. Traditional drugs were replaced by heroine, and this resulted in rather fast change of traditional ways of drug consumption. Smoking and peroral consumption of drug substances was replaced by their application through injection.

According to formal statistic data, within the period of 1996-2000, incidence of drug addiction in the Republic of Uzbekistan increased almost 2.7folds, and since 1991 it raised 8-folds. Major growth of the number of drug addicts occurs for the account of age categories of 20-40 years. Results of the survey "Preliminary assistance for drug demand reduction: Rapid assessment of the situation, related with drug abuse in Central Asia" carried out among drug addicts in 2001-2002 by "Qalb Sadosi" foundation in the scope of UN ODC project, demonstrated that average age of the first drug use is 15-17 years.

Intravenous drug abuse as well as a low level of use of condoms lead to a high risk for the spread of infections transmitted through the blood, above all HIV. Due in particular to the high incidence of commercial sex work among drug addicts, there is a threat that this will contribute to the spread of STDs and HIV/AIDS beyond the limits of this particular population group, especially among youth.

Despite significant efforts, undertaken by law enforcement bodies for preclusion of spreading of drugs, situation associated with PTS (psychotropic substances) use in Central Asia still causes a concern, and as it follows from the conclusions of International Conference on the issues related with spreading of drug addiction in Central Asia (June 26-28, 2002, Tashkent), response measures should focus on activities aimed at drug demand reduction. Special and principally important place in this policy is given to primary prevention of PTS use among youth.

The most topical issue among adolescents is episodic use of alcohol, drugs and other substances, when there is no yet addiction to them. This reflects the characteristic, immanent for adolescent age, which is sometimes called as "primary", "initial" or "explorative" use of drugs by adolescents. The essence of this characteristic is that many adolescents are inclined to try effects of various substances: from alcohol, inhalants, anasha (marihuana) to heroin.

Social status of school age youth is determined mainly by their prestige among their age mates, senior adolescents, parents, teachers, and lack (or abundance) of attention and respect from their side might have significant negative effect on the behaviour of schoolchildren.

One of the major tasks of this survey, in addition to the analysis of the use of drug substances, is identification of factors associated with social environment, having the most significant effect for conceptualization of adolescents prestige. While cultural and psychological aspects of this issue are important, nevertheless, from the point of view of efficiency of preventive activities more pragmatic is the study of external factors, having the most significant effect on risky behaviour of schoolchildren – their knowledge, habits, skills.

The international standard survey was first discussed in several focus groups in order to ensure its applicability to the Uzbek situation. Another round of pilot interviewing was undertaken afterwards in order to further develop the questionnaire.

The questionnaire of ESPAD, International Program for Recording of Drug and Alcohol Use among Youth, was used as a tool of the survey, and adapted to local conditions.

The following issues are considered in major sections of the questionnaire:

- socio-demographic data
- social aspects
- information aspects
- level of consumption of tobacco and alcoholic products
- attitude to drugs
- models, scales and trends of drug use
- accessibility of drug substances
- conditions of initiation of drug substances use
- attitude to persons using drug substances
- notion about implications associated with consumption of tobacco and alcoholic products as well as drug substances
- awareness on the ways of infection and measures for prevention of invasion with HIV/AIDS/STI.
- scales and causes of risky social behaviour
- nature of the attitude to HIV-infected persons
- attitude to preventive measures and testing.

In the process of the survey implementation special emphasis was made on the following issues:

- simultaneous conducting of the survey in all schools
- obligatory observation of voluntary participation in the survey
- provision of anonymity of interviewing (questionnaires containing no names and codes, each person sitting at separate desk).

To provide higher efficiency of data processing, SPSS – special statistical software, was used.

With the purpose of better conduction of further surveys, to identify clearness of the questions, interest and usefulness of the interviewing, additionally to the main questionnaire, the schoolchildren were suggested to fill in the feedback questionnaire.

SECTION 2. SURVEY PROGRAM

1. Objectives of the survey:

- to identify major medico-social factors of youth behaviour, typical for schoolchildren of 9-th –11th forms of urban schools of Uzbekistan, associated with the risk of being drawn into the use of drugs and spreading of HIV/AIDS/STI

- to characterize the general situation, associated with use of cigarettes, alcohol, drug substances
- to issue recommendations on improvement of preventive measures among schoolchildren.

II. Tasks of the survey:

- to identify the level of children awareness about medical and social issues, associated with the risk of being drawn into the use of drugs and spreading of HIV/AIDS
- to find out most important medico-social factors of behaviour, associated with the risk of addiction to drugs and spreading of HIV/AIDS/STI
- to determine the opinions of schoolchildren on scales and trends of drug addiction and spreading of HIV/AIDS/STI among youth and to reveal the attitude of schoolchildren to their peers, using drugs, as well as HIV infected
- to identify the opinion of schoolchildren on the activities and studies in the area of prevention of drug use and spreading of HIV/AIDS/STI

III. Areas where the survey was conducted

This survey was conducted in six regions of the Republic of Uzbekistan:

- Tashkent city
- Tashkent region
- Fergana region
- Surkhandaria region
- Samarkand region
- Khorezm region

Totally throughout the Republic of Uzbekistan there were interviewed 5,500 schoolchildren of the 9th-11th forms of urban secondary schools. Average age of the interviewed persons was between 14 and 17 years.

Following review of data and rejection of some questionnaires (8.7%), 5,021 questionnaires were used for analysis of the results of anonymous interviews.

IV. Sampling characteristics

Combined sampling was used in this survey. Regions and cities were selected by expert means, while schools were selected through random sampling in each city district.

V. Major requirements to the questionnaire

- ESPAD questionnaire was to be adapted to local conditions of the survey.
- Maximum number of questions for schoolchildren was to be 40.

- Due to high volume of sampling (5,500), the questions were not to be explicit and they were to be subject to grouping and secondary coding, i.e. all questions were to have concrete option of responses.
- To identify priorities in the responses of schoolchildren, and to have better level of information that could be generated from them, it was necessary to use the questions with a number of options of response.
- The questions were to cover both medical and social aspects of the issues.
- The ways of formulating of questions and options of the responses were to be clear for the schoolchildren.
- All the questions were:
 - to reveal the real picture of knowledge and opinions of the schoolchildren
 - to take into account gender and age peculiarities
- The questions were to consider the following aspects:
 - what the children should know
 - what the children might know
- The questions were not to cause unhealthy interest of schoolchildren to drugs or to exaggerate the danger of implications of their use.
- The collected information was to enable to solve the tasks, set forth for this study.

VI. *Methods and tools of information collection*

Methods of information collection, used in this survey, were based on anonymous interviewing.

Collection of data was performed with the use of standardized questionnaire with implicit questions, including the following thematic units:

- Unit 1. Social aspects.
- Unit 2. Information aspects.
- Unit 3. Alcohol and cigarettes.
- Unit 4. Psychotropic substances (PTS)
- Unit 5. Implications of utilization of cigarettes, alcohol and PTS.
- Unit 6. HIV/AIDS/STI
- Unit 7. Attitude of schoolchildren to prevention and studies in the area of utilization of PTS and spreading of HIV/AIDS/STI among youth.

In the process of preparation and conducting of the survey a number of activities were undertaken, aimed at achievement of reliability of the results:

- discussion of the questionnaire in focus groups
- observation of ethical aspects considering local mentality
- establishment of confidential environment for the survey
- utilization of feedback questionnaire for analysis of the attitude to the survey.

SECTION 3. ANALYSIS AND INTERPRETATION OF THE RESULTS

MAJOR CHARACTERISTICS OF SAMPLING

Distribution of sampling among the areas of the survey

The following are the numbers of persons interviewed :

- in Tashkent city: 874 respondents (17% of total sampling)
- in Chirchik city: 349 respondents (7% of total sampling)
- in Almalyk city: 406 respondents (8% of total sampling)
- in Fergana city: 374 respondents (7% of total sampling)
- in Kokand city: 447 respondents (9% of total sampling)
- in Termez city: 448 respondents (9% of total sampling)
- in Denau city: 445 respondents (9% of total sampling)
- in Samarkand city: 395 respondents (8% of total sampling)
- in Urgut city: 382 respondents (8% of total sampling)
- in khiva city: 450 respondents (9% of total sampling)
- in Urgench city: 450 respondents (9% of total sampling)

Distribution of respondents according to gender principle

Totally 5,500 respondents were interviewed in the process of the survey.

Following rejection of 8.7% the questionnaires, 5,021 questionnaires were left for analysis and interpretation, including:

- Male sex respondents: 2611 (52 %)
- Female sex respondents: 2410 (48 %)

Range of deviation in sex ratio among the respondents does not exceed ± 2 , thus conforming to gender balance in regards of ration followed in the Republic in the surveys among youth (49% of men and 51% of women)
(see diagram 2)

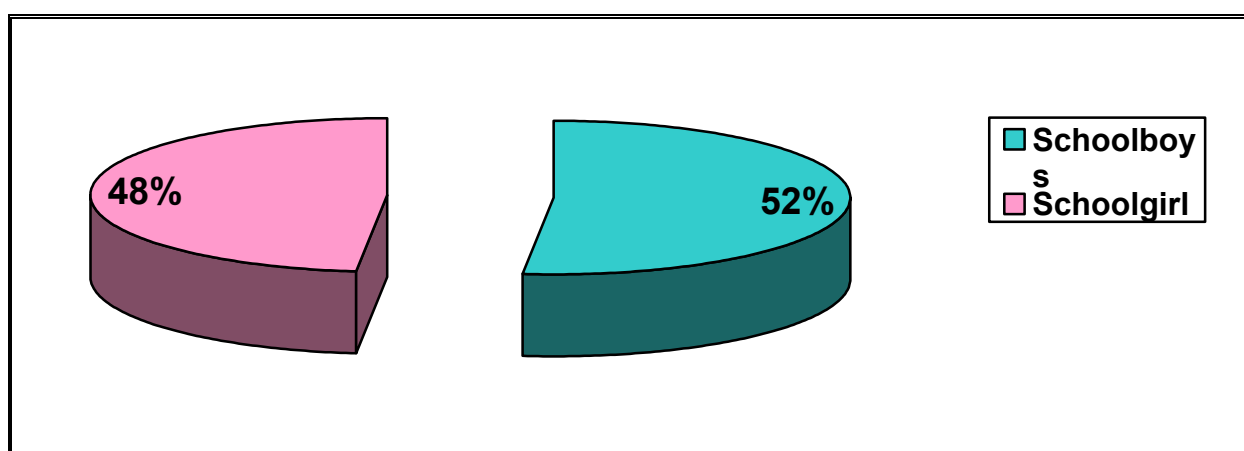


Diagram 2. Distribution of respondents according to risk groups

In the process of the survey there were distinguished three following categories of schoolchildren:

“those who used” – the schoolchildren, who used the drugs at least once;

“those who want to try” – the schoolchildren having desire to try PTS, however, who never tried them;

“the rest” – those who neither tried nor have a desire to try PTS (see diagram 3).

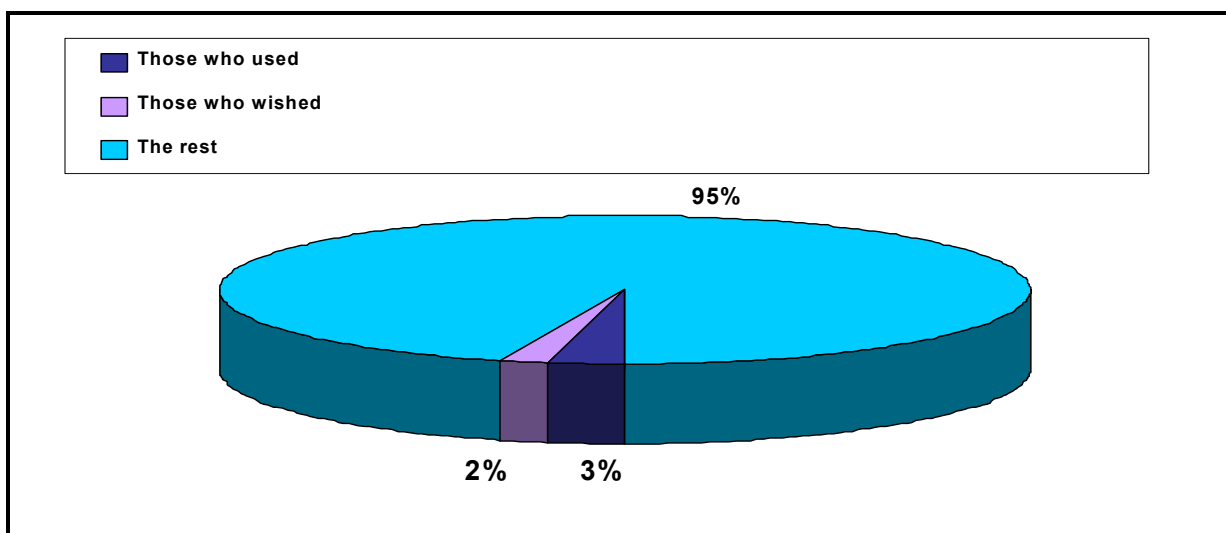


Diagram 3. Risk groups in regards of drawing in the use of PTS, among interviewed persons

UNIT 1. SOCIAL ASPECTS

The anonymous survey questionnaire included 9 questions, the purpose of which was to reveal some social and demographic factors, having influence on risky behaviour of youth.

Among “those, who used” PTS, the number of schoolboys exceeds the number of schoolgirls and makes about 2/3 of the total number of “those who used”.

Among the schoolchildren, “who want to try” PTS, the number for schoolboys was 61%, and number for schoolgirls was 39%.

Among the group of “the rest” schoolchildren, the shares of schoolboys and schoolgirls were almost equal (see diagram 4).

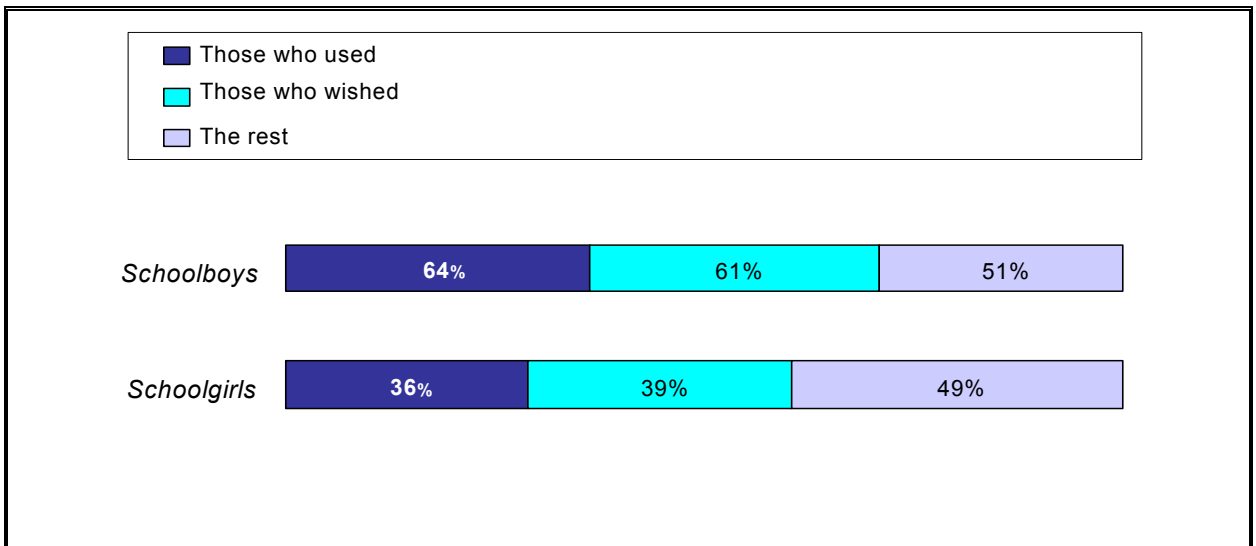


Diagram 4. Ratio between schoolboys and schoolgirls in the groups “those who used”, “those who want to try” and “the rest”.

Responses for the question “**Whom you live with?**” demonstrate, that most schoolchildren live in joint families with both parents, however for the group “the rest”, percentage of schoolchildren living in joint families is higher, and makes 93%, while among the group “those who want to try”, percentage of complete families is lower, with 84%, and among “those who use” it makes 81%.

These data might demonstrate some influence of the factor of incomplete family on the increase of the degree of risky behaviour of adolescents.

Among risk groups, in the options of incomplete families, domination of the responses “*I live only with a mother*” comes under one’s notice. This referred to 17% of “those who use”, 14% of “those who want to try” to use, and only 5% of “the rest” adolescents.

The share of the responses “*I live only with a father*” and “*I live without my parents*” made insignificant percentage, equal among all the groups (1%).

Comparative analysis of effect of completeness of a family on risky behaviour of the schoolchildren demonstrated a trend of increase of risk to being drawn to use of PTS, when a schoolchild lived only with a mother (see diagram 5):

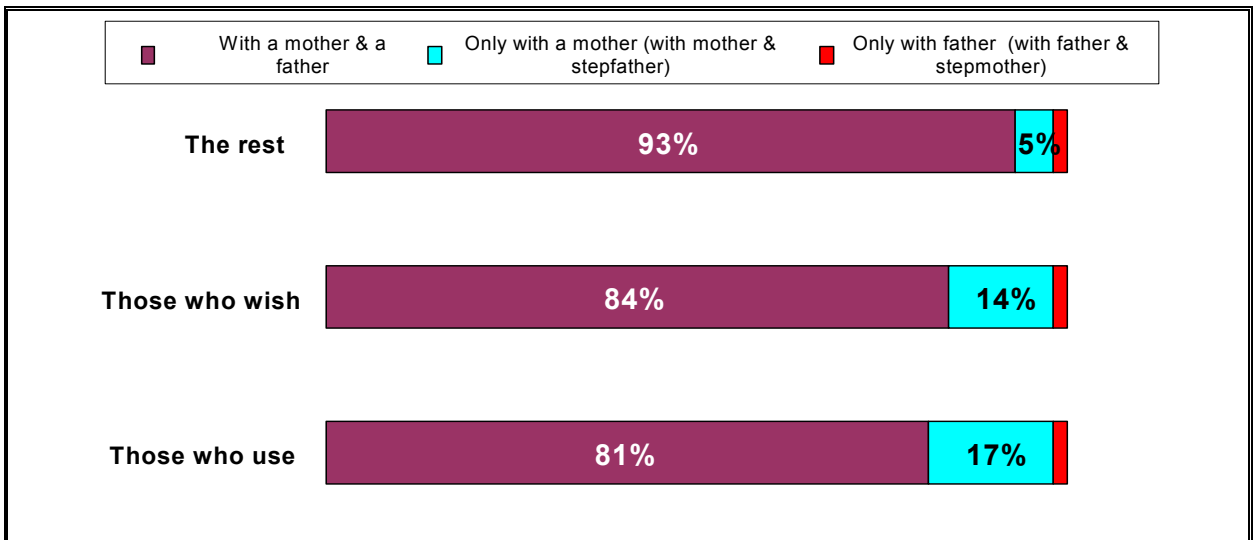


Diagram 5. Responses for the question “Whom do you live with?”

The research team considered it very important to assess the extent of impact of relatives living with adolescents, this is why the question “Who is your primary caregiver? “ was included into the questionnaire.

Responses for this question proved our assumption that equal participation of both parents in bringing up the children reduces the risk of being drawn to the use of PTS. Thus, among the “the rest” group equal participation of both parents in raising the children was pointed out in 78% of responses. Among “those who want to try” the share of such responses made 68%, while among “those who want to try” it was 59%.

Among “those who use”, 30% of adolescents are brought up mainly by mothers, while among “those who want to try” this index was only 25%, and among “the rest” schoolchildren it was 16%.

Meanwhile, adolescents from the risk group more often than “the rest”, pointed out participation of senior brothers or senior sisters in bringing them up (see diagram 6).

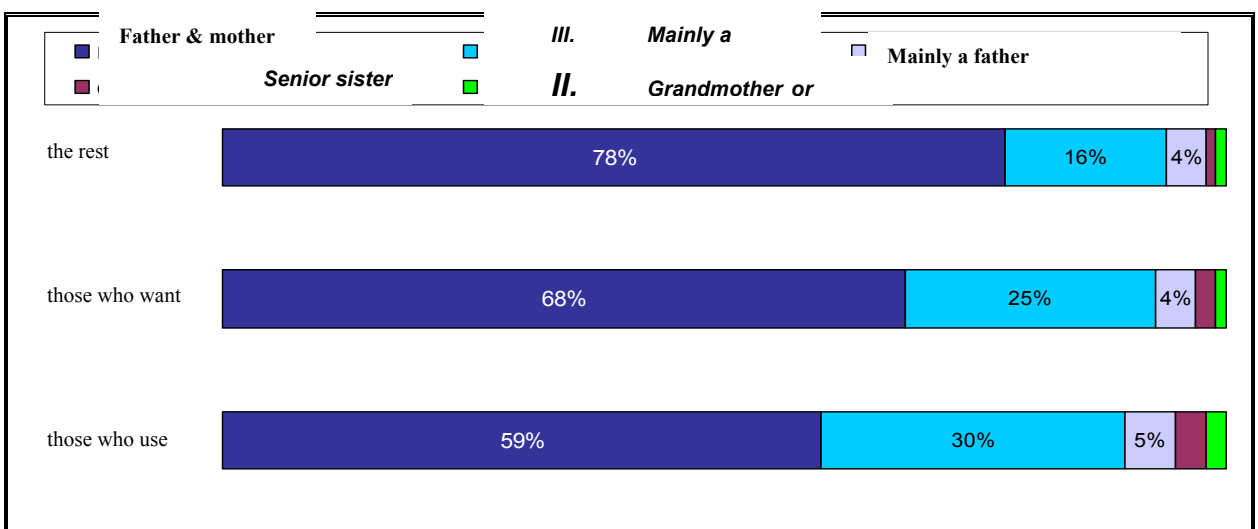


Diagram 6. Who mainly deals with bring you up?

Relations of the schoolchildren with their immediate social environment were analyzed through responses for the question “How do you think others behave towards you?”. 9% of adolescents from the group of “the rest” characterized their **parents’** attitude towards them as sometimes or often unfair, while among the groups of “those who want to try” and “those who use” this was indicated by 19% of respondents (see diagram 7).

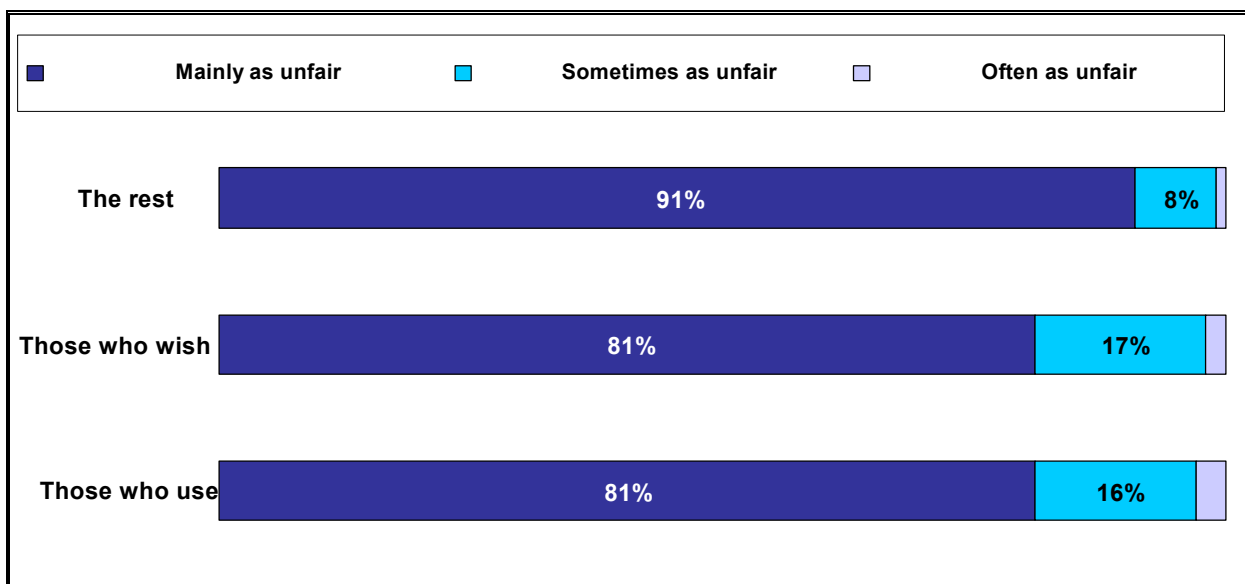


Diagram 7. How do you assess your parents’ attitude to you?

More than 50% of respondents in all the three groups indicated problems with neighbours. At the same time it should be pointed out that more than 68% of respondents from “those who want to try” group assessed their neighbours’ attitude to them as “unfair” (see diagram 8).

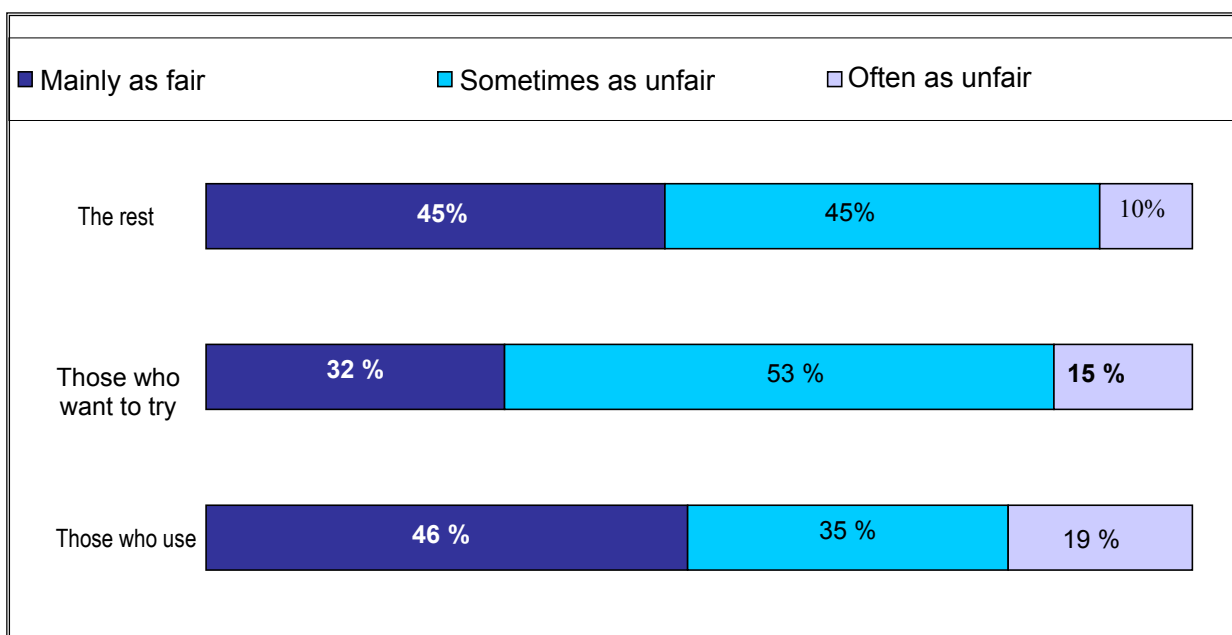


Diagram 8. How do you assess your neighbours’ attitude towards you?

It is noteworthy that more than 50% of adolescents from “those who use” group indicated unfair attitude to them from the teachers’ side, while more than 50% of respondents from other groups consider that their teachers’ attitude to them is fair.

More than 50% of all respondents assessed attitude of their classmates to them “mainly as fair”.

Attitude of schoolchildren to major social institutes can be seen from the responses for the question “What is your attitude to...?”

The group of “those who use” PTS assessed their attitude to training as indifferent in 19% of cases, and as forced – in 18%, while in groups “those who want to try” and “the rest” these indices were 6% and 1% respectively.

Attitude to one’s own health as “very important for me” was pointed out by 43% of “not using” PTS schoolchildren. This index in “those who want to try” group was 29%, while in “those who use” group it was 30%.

Attitude to house work was pointed out as “important for myself” only by 11% of “those who use” PTS, 22% of “those who want to try” to try PTS and 24% of “the rest” (see diagram 9).

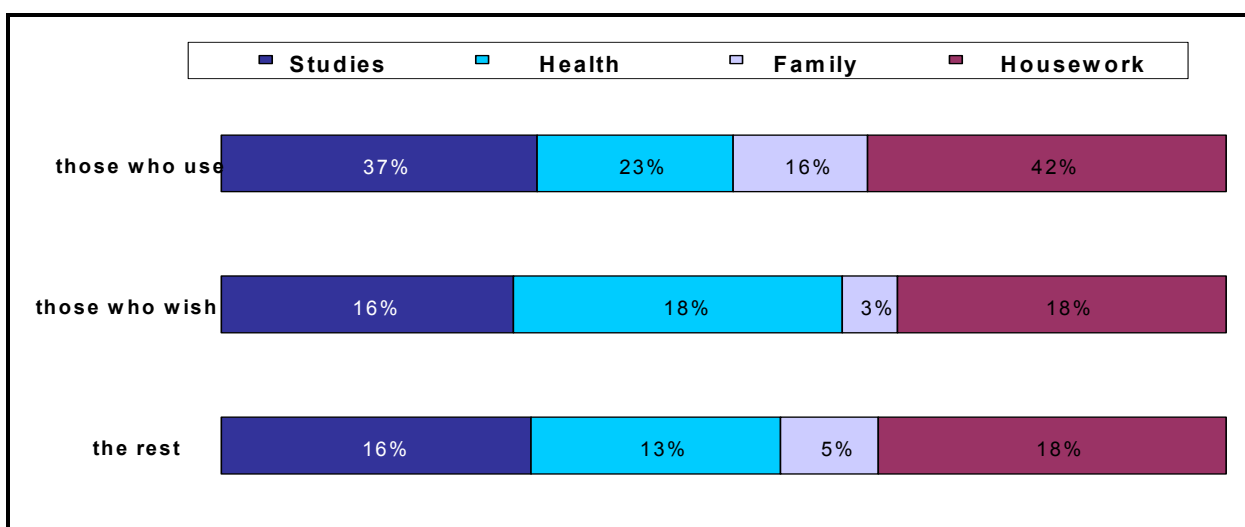


Diagram 9. Attitude to studies, health, housework

22% of adolescents, “those who use” PTS, 11% of “those who want to try” to try them and 7% of “the rest” respondents do not give their attention to studies.

60% of “those who use”, 51% of “those who want to try” and 31% of “the rest” either do not give their attention or give little attention to reading books.

Most schoolchildren contribute much of their time to watching TV programs. Responses “rather much time”, “much time” and “very much time” were given by 55% of “those who use”, 65% of “those who want to try” and 54% of “the rest”. Intercommunication with their friends is referred to priority occupation during their spare time. Thus, in “the rest” group this was indicated by 36% of respondents, in “those who want to try” group – by 40%, and by “those who use” – by 57% of respondents (see diagram 10).

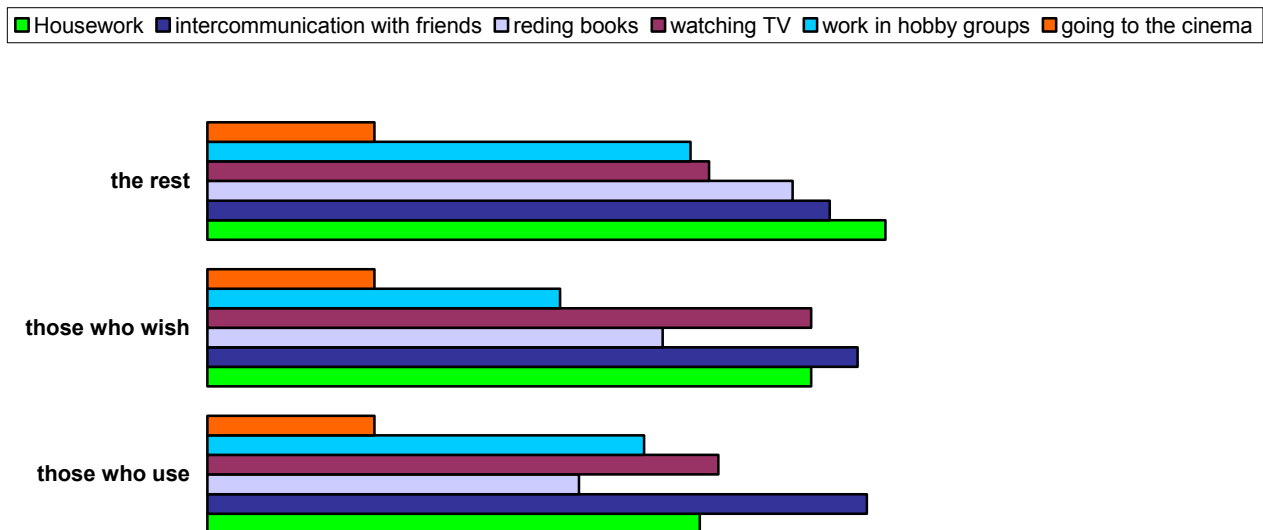


Diagram 10. Priorities in time distribution

One interesting result was obtained from the responses for the question regarding awareness of parents on, where and with whom adolescents spend their spare time. In the group of “those who use” PTS percentage of responses like “in most cases they are not aware” makes 15%, while in the group of “those who want to try” this figure makes 6%, while in “the rest” group percentage of such responses declines down to 2% (see diagram 11).

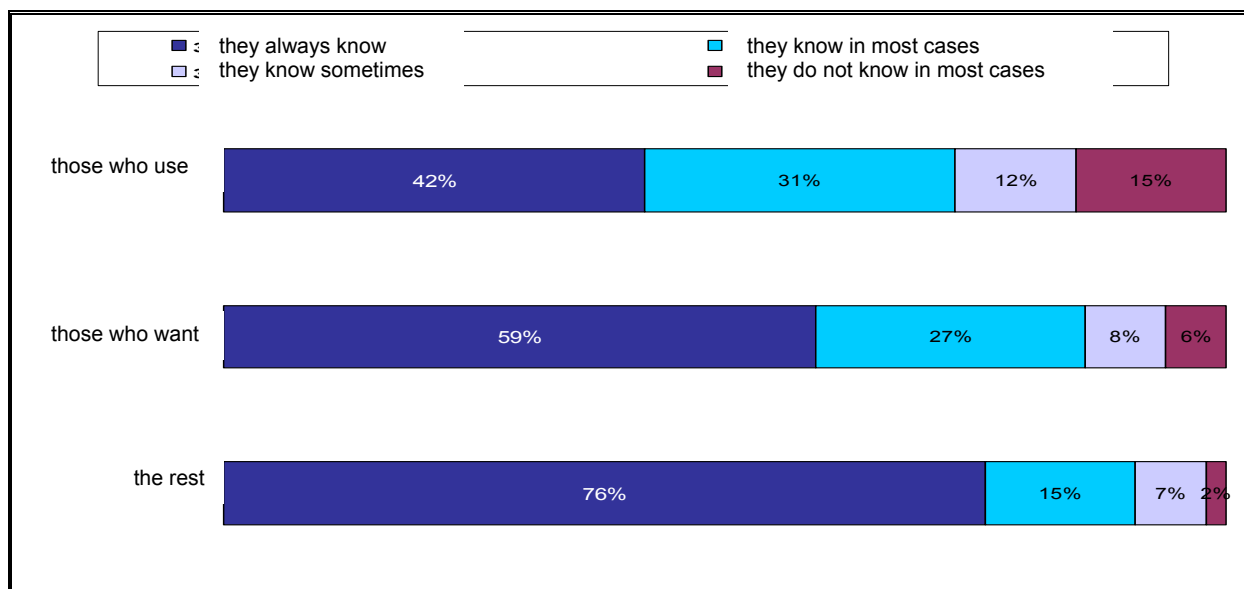


Diagram 11. Extent of parents' awareness on the point where and with whom their children spend their spare time.

Interpretation of data on welfare of the schoolchildren families (“those who use”, “those who want to try” and “the rest”), did not reveal any correlation of risky behaviour of children on this factor.

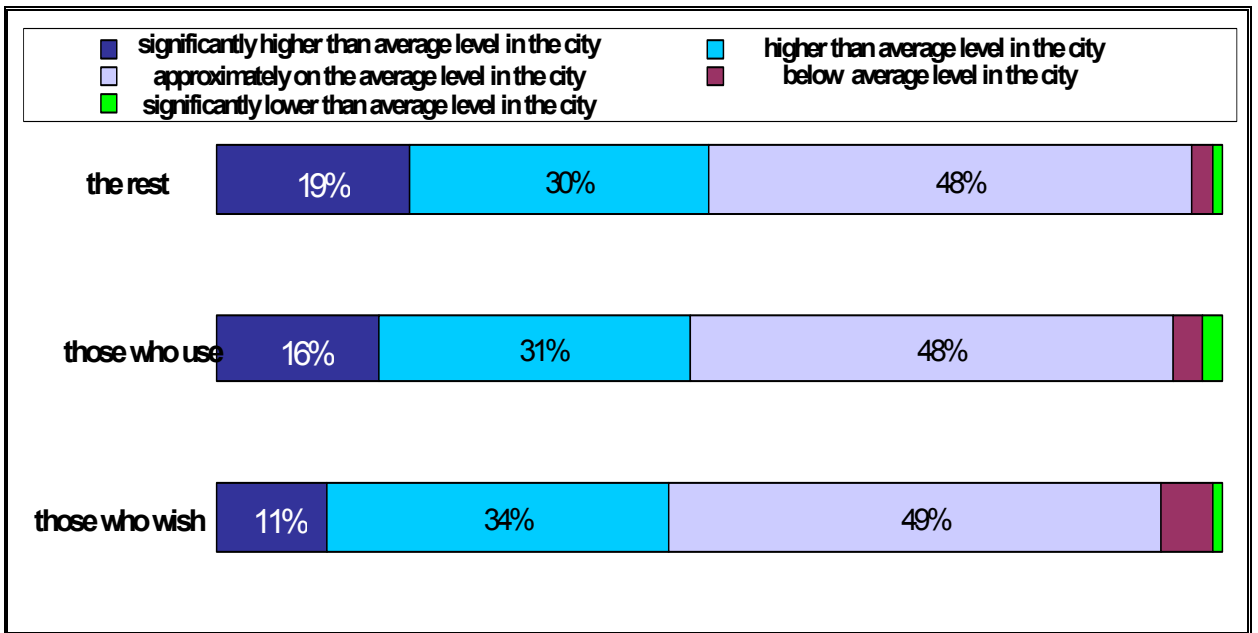


Diagram 12. What is welfare of your family as compared with the others?

UNIT 2. INFORMATION ASPECTS

Information on drugs and problems associated with them, irrespectively of the groups determined by us, adolescents of 9th-11th forms stated that they get from Russian and local mass media (51%), from school teachers and school medicals (19%), from parents (12%), from their friends (8%), from public organizations (3%), from special literature (2%).

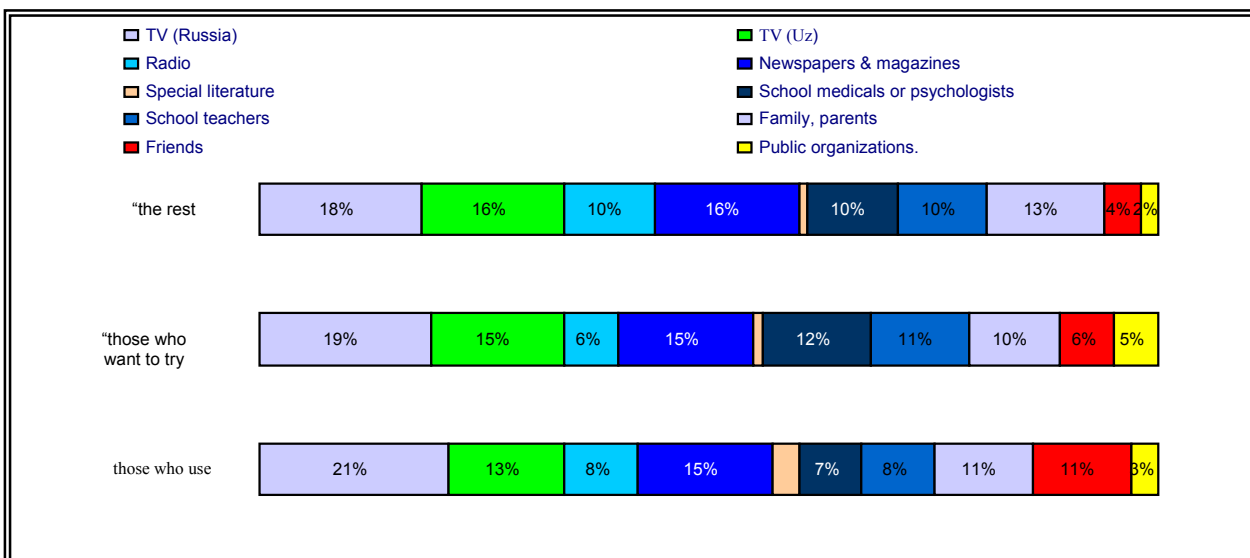


Diagram 13. From which sources do you mainly get information on the issues related with drugs?

Responding the question **“How often the issues of drugs and drug addiction are discussed in your family?”**, in the group of “those who use”, 52% of respondents stated that they “are discussed often” and “sometimes”, while in the group of “those who want to try”, such a response was given by 63% of respondents, and in “the rest” group, by 68% (see diagram 14).

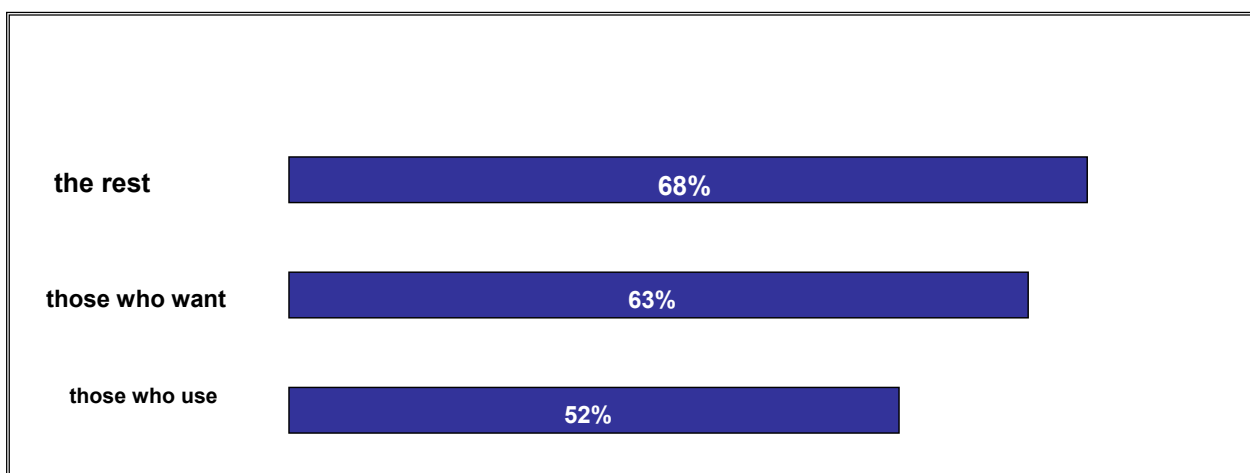


Diagram 14. How often the issues of drugs and drug addiction are discussed in your family?

Among the children of their age the most important sources of information about drugs are the opinions of children of older age (36%) and friends-classmates (25%), classmates (15%), friends-neighbours (11%). 12% of adolescents replied that they do not discuss this theme with anybody (see diagram 15).

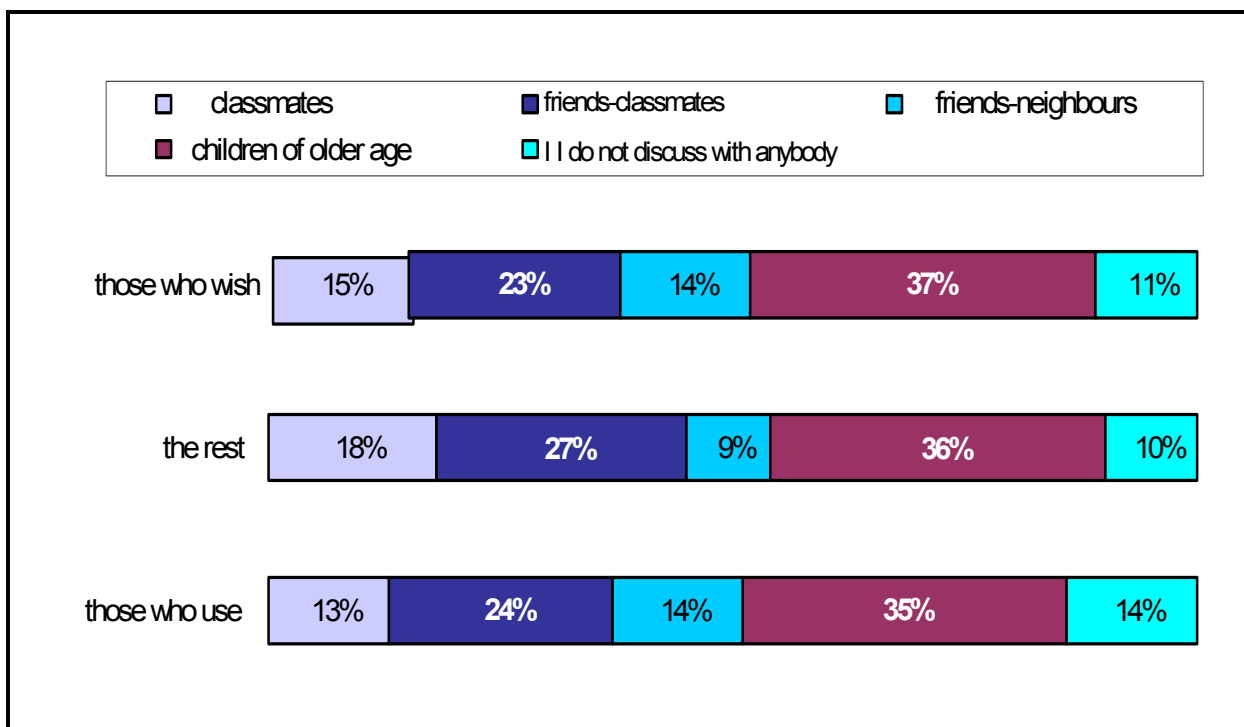


Diagram 15. Whose opinion is the most important for you in discussion of issues related with drugs?

In the process of the survey, the research team was to determine frequency of conducting preventive activities at schools.

Response of the schoolchildren revealed that only in 18% of schools preventive activities are conducted monthly; every quarter in 19% of schools; in 20% of schools they are conducted once a year; and in 43% of schools they are not conducted at all.

There were the following types of preventive activities: special lessons (38%), lectures of professionals (32%) and workshops (20%).

Such methods of prevention, as role games, information brochures, demonstration of thematic films are not involved at all. Most respondents would like to get information on the issues of drug abuse from parents and doctors (63%). In the opinion of 12% of respondents, this information is to come from school medicals.

It should be pointed out that 8% of the group of “those who use” PTS, would like to get information from public organizations (see diagram 16).

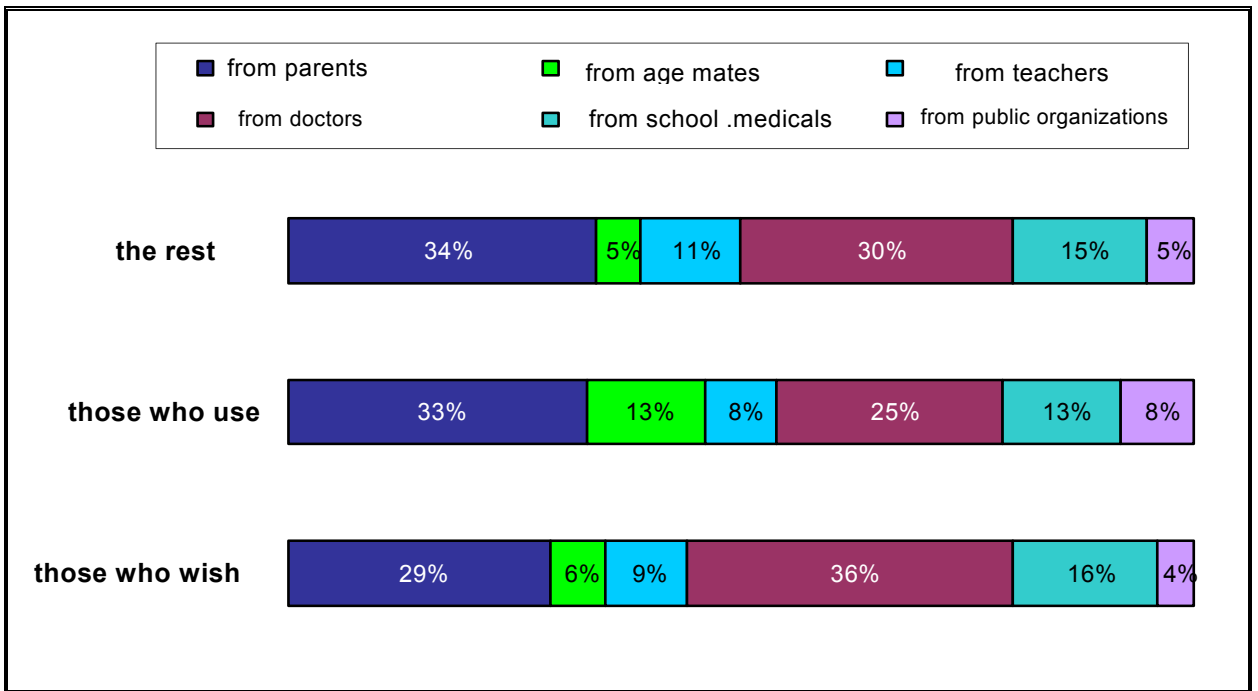


Diagram 16. From whom would you like to get consultations in the issues of drug abuse?

UNIT 3. CIGARETTES AND ALCOHOL

Questions on smoking cigarettes and consumption of alcohol were included into the questionnaire as indicators, determining the extent of risk of being drawn in drug abuse.

We set forth a task to determine the number of smokers among the three major groups of respondents. Among the group of “those who use” PTS, this indicator was 63%, in the group of “those who want to try”, it was 43%, and in the group of “the rest” it was 17% (see diagram 17).

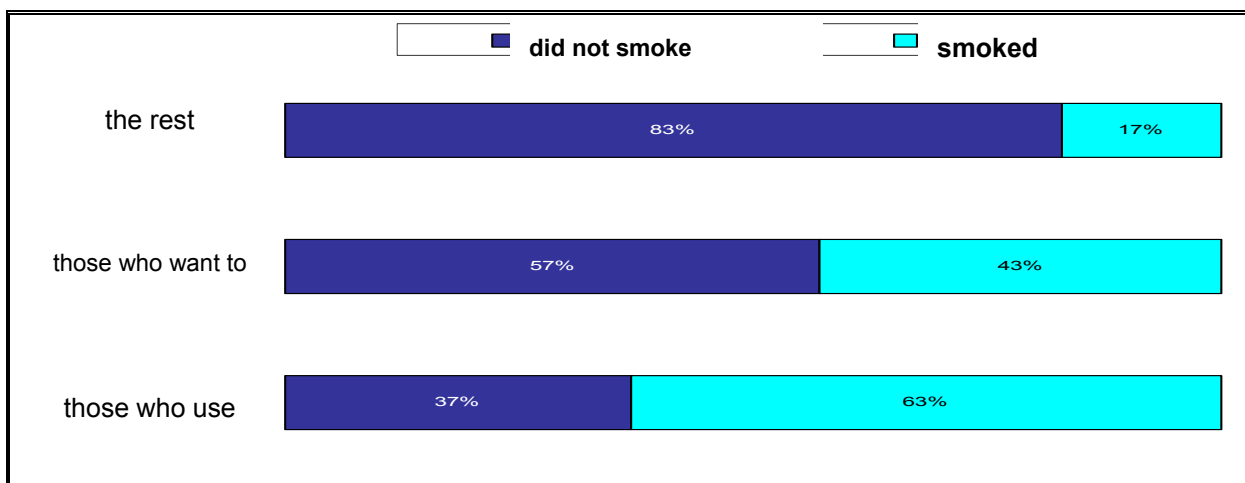


Diagram 17. Shares of smokers and non-smokers among respondents

Average number of cigarettes per day was from 1 to 5 pieces a day.

Facts of consumption of alcoholic drinks among the group of “those who use” PTS were pointed out in 58% of cases, among the group of “those who want to try” to use PTS – in 46% of cases, and among the group of “the rest” – in 23% of responses (see diagram 18).

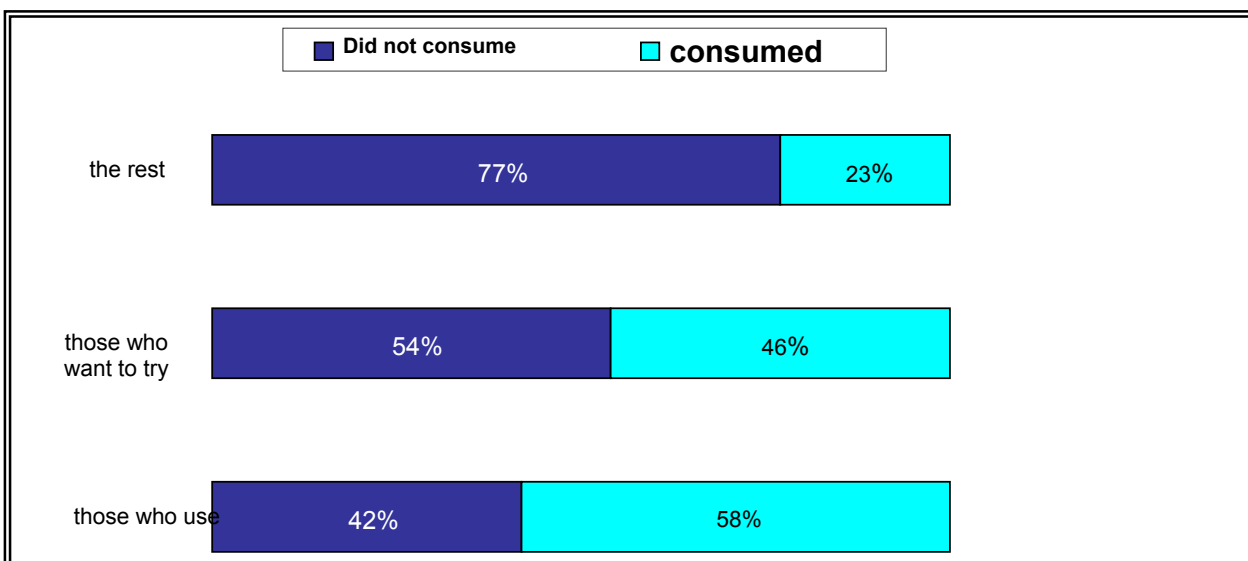


Diagram 18. Share of respondents consuming alcoholic drinks

The first trial of alcohol (a glass of wine or beer, glass of vodka) among those adolescents “who use” PTS, occurs in most cases at the age of 11-12 years. Among the adolescents, “who want to try” PTS, the age of first trial of alcohol is 13-14 years. Among the rest adolescents the age of first trial of alcohol is 15-16 years.

Analysis of the number alcohol consumption revealed their relation to the extent of risk in the groups, i.e. the higher the risk of being drawn in the use of PTS, the higher the index of alcohol consumption. For example, in the responses for the question “How many times have you tried alcoholic drinks in your life?”, one third of the adolescents from the group of “those who use”, pointed out that they consume alcoholic drinks, replied, that frequency of use of alcoholic drinks is 40 or more times. Two thirds of the adolescents, “who use” PTS, pointed the fact of consumption of 1-5 portions of alcohol within recent 30 days.

UNIT 4. PSYCHOTROPIC SUBSTANCES

The schoolchildren were asked 11 questions, related with awareness about known types of PTS, their possible ways of consumption, accessibility, initiation of consumption, attitude to drug addicts, etc.

The responses demonstrate that the following drugs are the most well-known for schoolchildren:

1. **Anasha (marihuana)** (indicated by **61%** of respondents)
2. **Heroin** (indicated by **56%** of respondents)
3. **Opium** (indicated by **51%** of respondents)
4. **Cocaine** (indicated by **42%** of respondents)
5. **Inhalants** (indicated by **38%** of respondents) (see diagram 19).

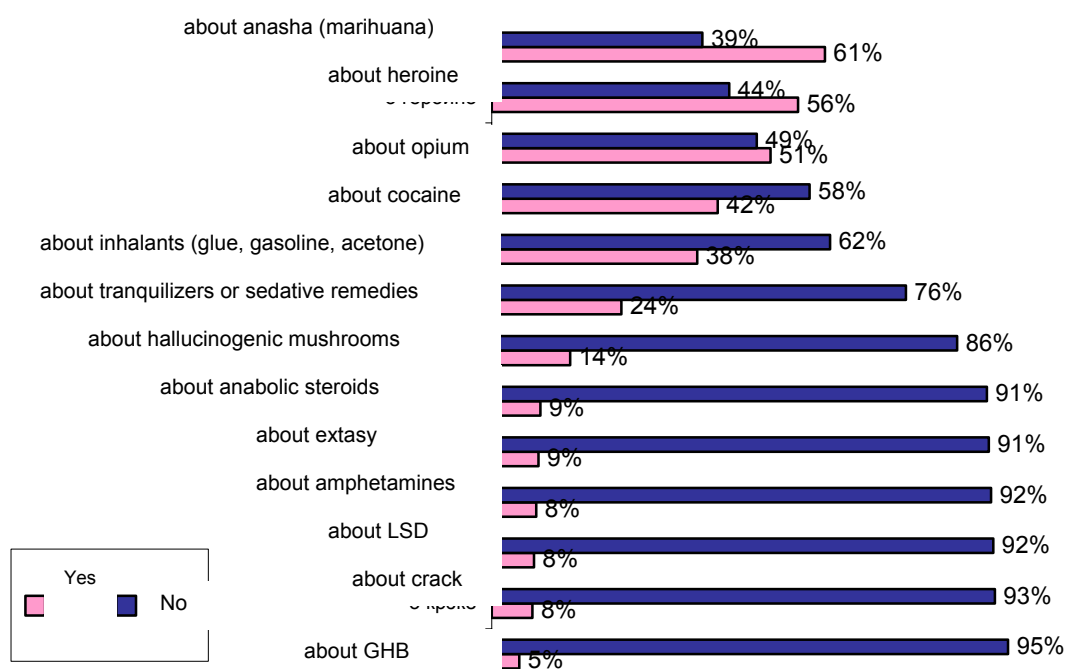


Diagram 19. Have you ever heard about the following PTS?

As for the question, how easy it is to get PTS, from 67% to 78% of all respondents replied that they do not know. Between 11 and 13% of respondents answered that it is impossible to get them.

In the opinion of schoolchildren, the following are the most accessible PTS:

- **Anasha (marihuana) (20% of respondents)**
- **Inhalants (20% of respondents)**
- **Heroine (18% of respondents)**
- **Opium (16% of respondents)**
- **Tranquilizers (14% of respondents)**

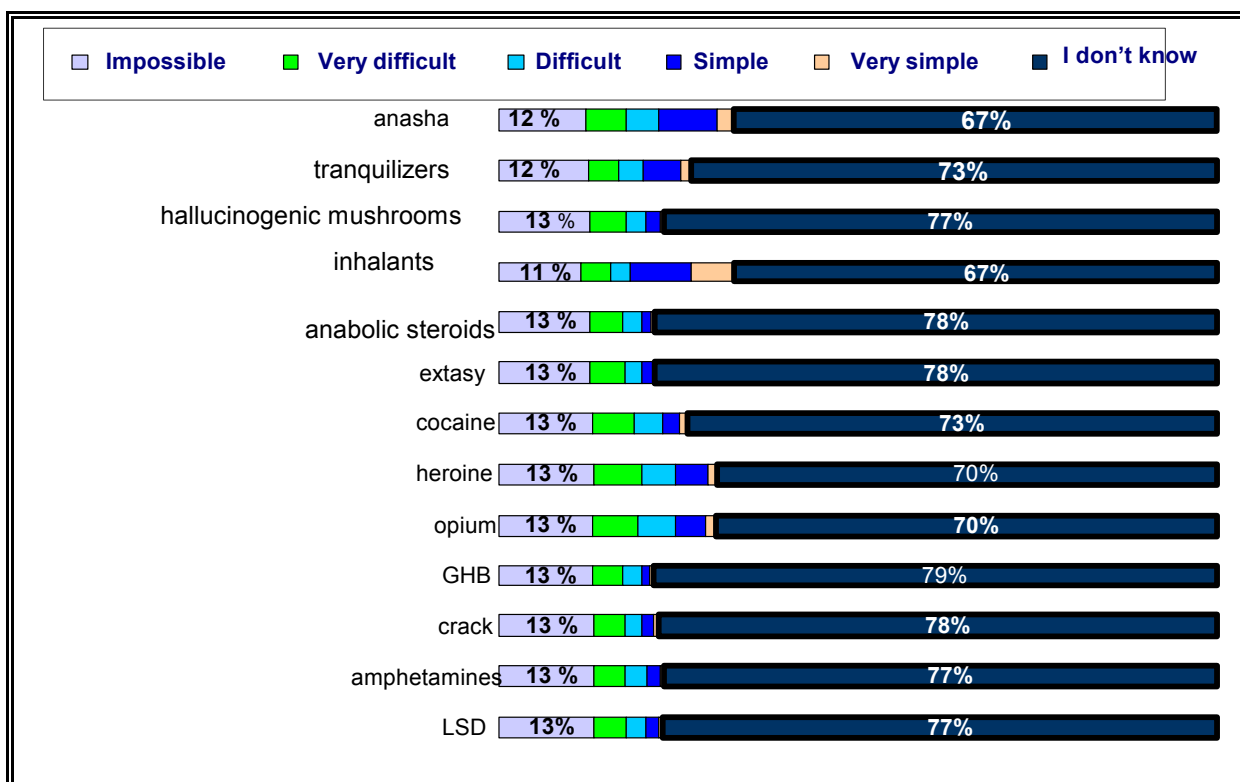


Diagram 20. How difficult, in your opinion, it is to get the substance, mentioned below

Major types of PTS, used by schoolchildren:

Among the most widely used PTS, the following were the most outstanding ones:

- **Anasha (marihuana)** (about half – 1.4% out of 3% of those who use)
- **Tranquilizers** (about a quarter– 0.7% out of 3% of those who use)
- **Inhalants** (about a quarter – 0.7% out of 3% of those who use)

Additionally to the above mentioned PTS, there were indicated anabolic steroids, opium and heroine – by 0.4% out of 3% of “those who use”.

Other PTS were indicated at low rates, and considering lack of registration of their use in the Republic, interpretation of these results is difficult.

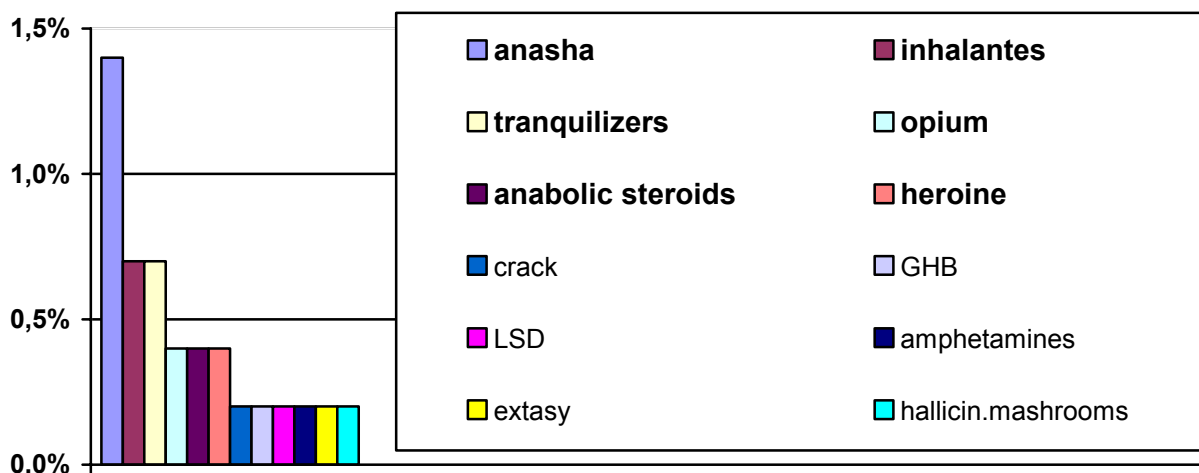


Diagram 21. Major types of PTS, used by schoolchildren

Adolescents, who gave positive replies regarding their use of PTS, indicated their episodic use (average between 1 and 2 times). However, analysis of feedback questionnaires allows to assume probability of insufficiently frank replies for direct questions, related with the use of drugs.

15% of all respondents indicated that they knew children of older age, using PTS. 13% of respondents have such friends/neighbours, about 4% know them among their classmates and the same percentage know them among their friends/classmates. At the same time, 3.5% of respondents replied that most of known by them children of older age and friends/neighbours use PTS.

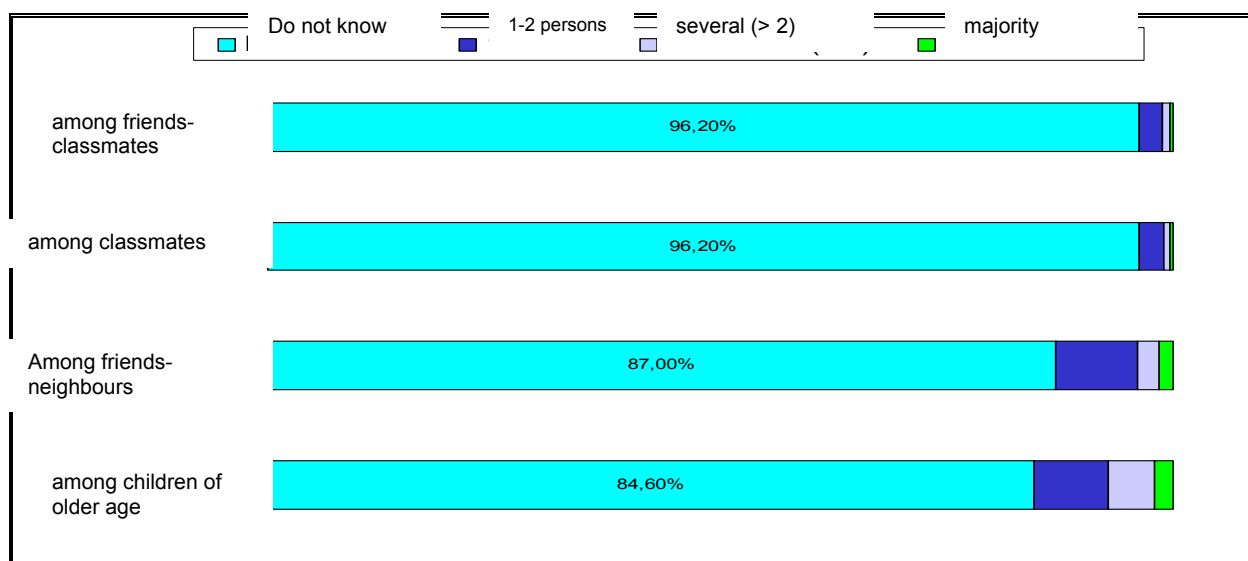


Diagram 22. How many adolescents, “those who use” drugs, are known to you?

40% of interviewed had difficulties with answering the question, whether the number of adolescents, who use drugs, has increased within the recent year. 27% of respondents replied that this number raised, 28% stated that it declined, while 5% consider that it has not changed.

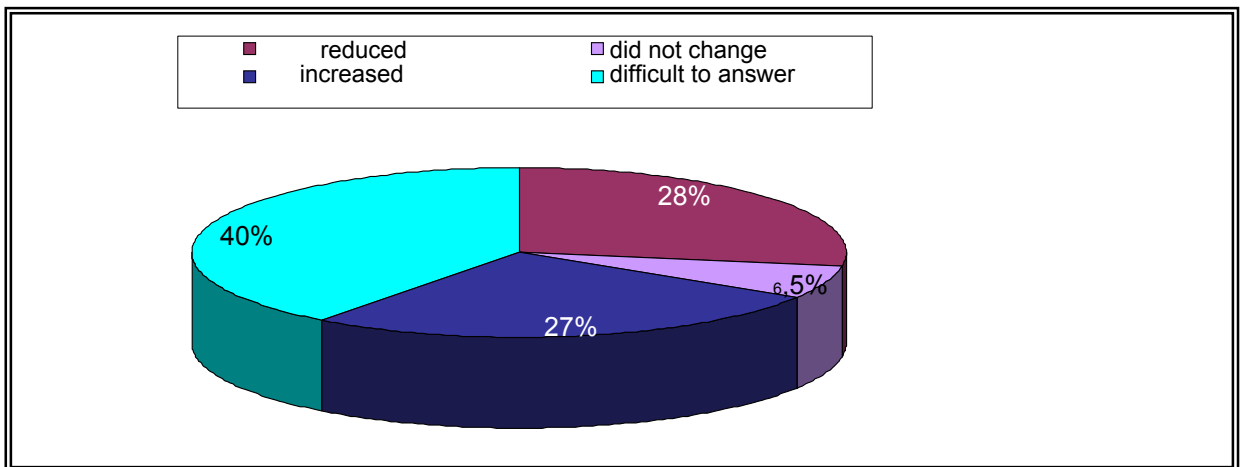


Diagram 23. How has the number of adolescents, using drugs, changed within recent year?

Analysis of responds for the question regarding the age when they began using PTS revealed that the age of the first tasting of anasha (marihuana) is 14 years (more than one third of those who use anasha), age of tasting inhalants is 11 years (more than a quarter of all those who use inhalants) that of and tranquilizers/sedative substances is 13 years (more than one third of those who use tranquilizers/sedative substances), and age of tasting heroine is 14 years.

No differences were found out in the responses for the question on the reasons of use of PTS among the three groups of respondents. At the same time, such a reason, as “it is on fashion to use them” was indicated in 7% of responses, frequency of other indicated reasons varies between 13 and 18%.

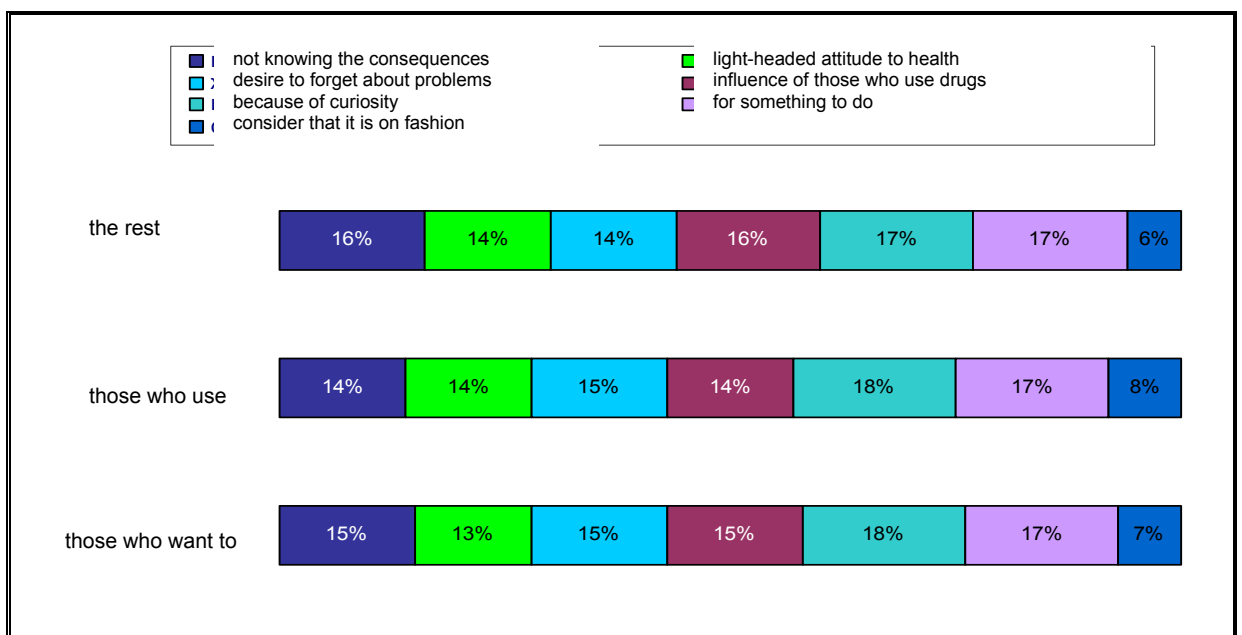


Diagram 24. Reasons of drug use

Among those who draw adolescents into using drugs, there were identified children of older age (30%), strangers (29%) and friends-neighbours (20%). 13% of “those who use” pointed out significant role of their classmates in the process of drawing them in drug consumption.

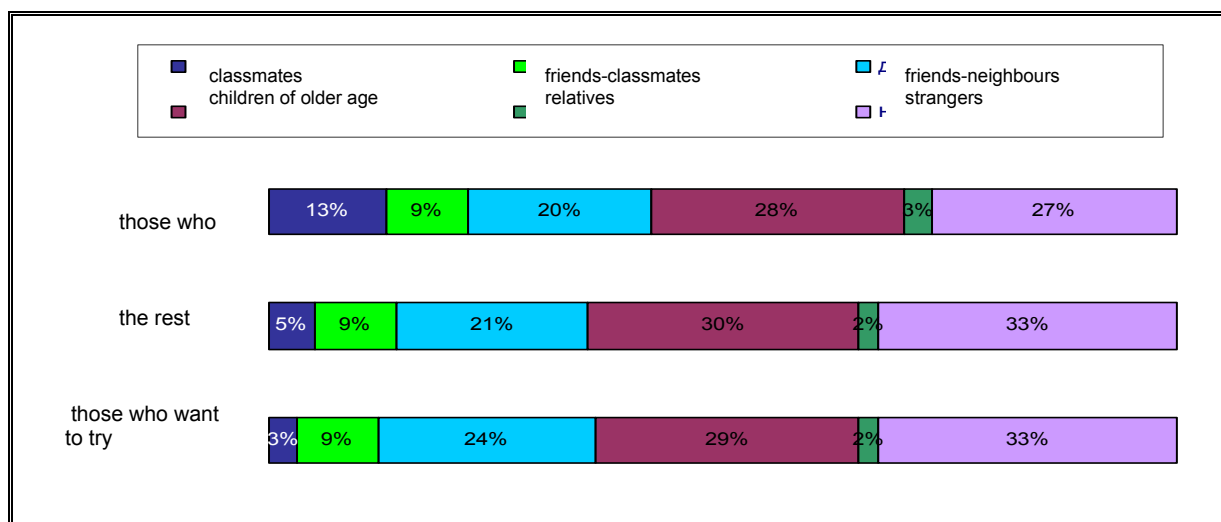


Diagram 25. Who draws adolescents in drug use?

Their attitude to the persons using drugs, was determined by most respondents as sympathy, and they would like to help them. One third (32%) of respondents from all the groups consider them dangerous and in their opinion, they should be isolated from the society.

The negative attitude of self-described drug users towards persons using drugs looks contradictory at first glance. However, it illustrates the difference in the minds of the adolescents between the notion of a occasional drug user and a regular user. Most do not count themselves among the latter category.

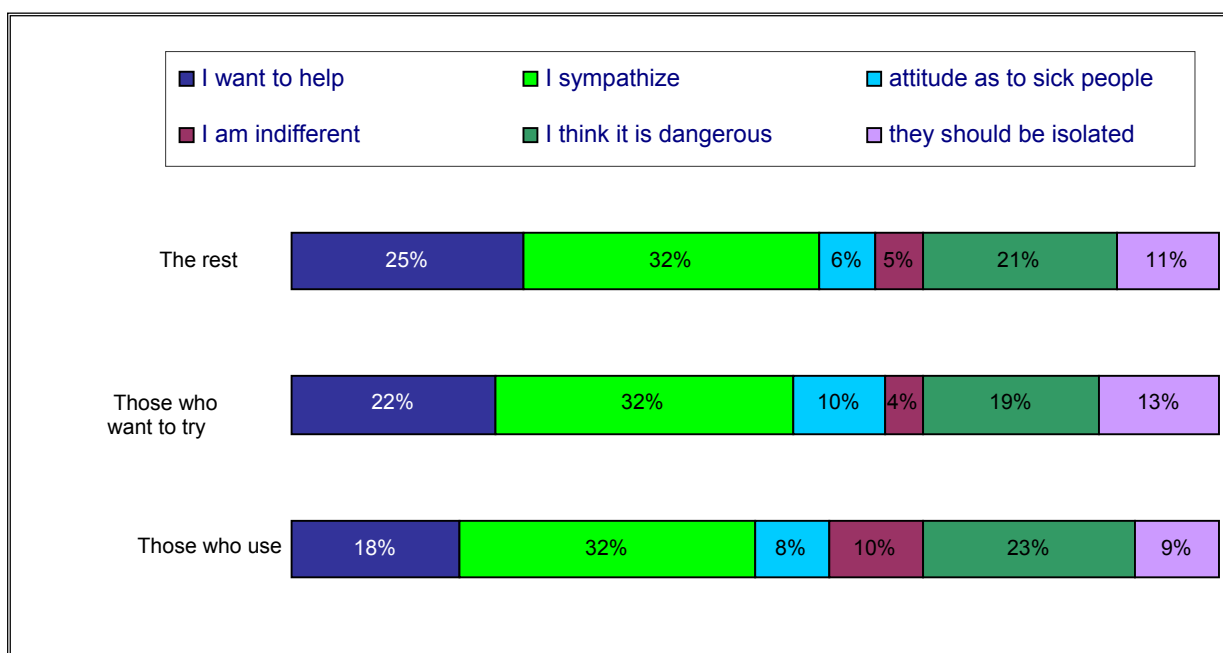


Diagram 26. Attitude of schoolchildren to people using drugs

UNIT 5. CONSEQUENCES OF USE OF CIGARETTES, ALCOHOL AND DRUGS

Most respondents do not see any particular harm in episodic smoking, and this was indicated by 68% of “those who use” PTS, 65% of “those who want to try” and about a half (48%) of respondents from “the rest” group.

However, no particular harm is seen in regular smoking by 41% of “those who use” PTS, 35% of “those who want to try” and 19% of “the rest”.

As for episodic use of alcohol, no particular harm is seen by 61% of “those who use” PTS, 40% of “those who want to try” and 34% of “the rest”. It is interesting, that actually the same number of respondents from the groups of “those who want to try” (41%) and “the rest” (34%) do not see any particular harm even from regular use of alcohol.

It is considered by 45% of “those who use” PTS, 22% of “those who want to try”, and 10% of “the rest”, that anasha (marihuana) is a drug, “not causing particular implications”.

In the opinion of 19% of “those who use” PTS, 10% of “those who want to try” and 6% of “the rest” there is no particular harm from regular use of anasha (marihuana).

In the opinion of 27% of “those who use” PTS, 17% of “those who want to try” and 8% of “the rest” there is no particular harm from episodic use of opium.

As for regular use of opium, no particular harm is seen by 17% of “those who use” PTS, 11% of “those who want to try” and 7% of “the rest”.

Heroin was pointed out as “the drug not causing any harm”, by 21% of “those who use” PTS, 12% of “those who want to try” and 8% of “the rest”.

No particular harm is seen in regular use of heroine by 15% of “those who use” PTS, 9% of “those who want to try” and 6% of “the rest”.

Significant share, 30% of “those who use” PTS, do not see any particular harm in episodic use of inhalants, the same was pointed out by 18% of “those who want to try” and 9% of “the rest”.

Harm from regular use of inhalants was assessed as insignificant by 23% of “those who use” PTS, 13% of “those who want to try”, and 7% of “the rest”.

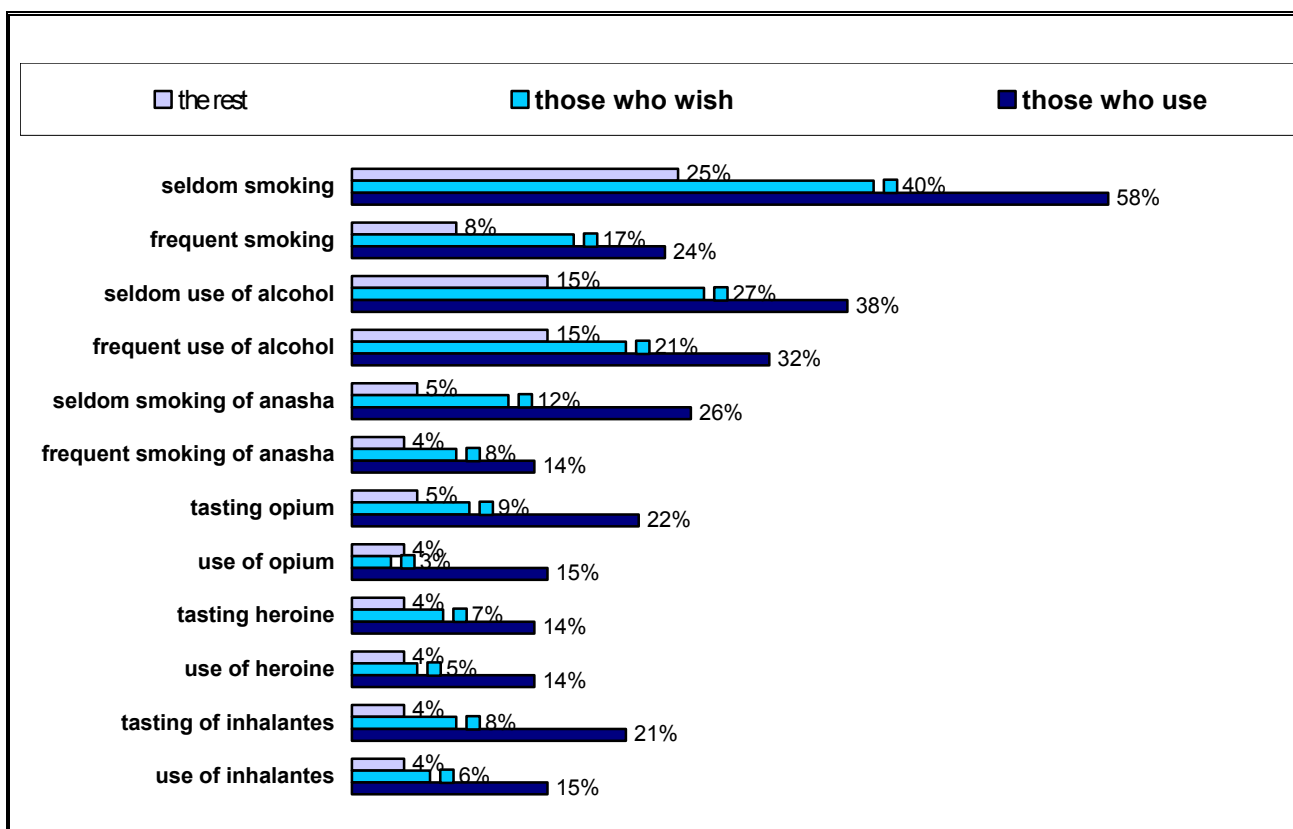


Diagram 27. Assessment of risk, associated with the use of cigarettes, alcohol and drugs (no particular harm is seen)

General “level of conflicts with the others” among “those who use” is about 5%, which allows to determine influence of the use of alcohol and drugs on the problems of relations with the society, without comparing them with each other among all the individual categories.

The shares of “those who use” PTS, having problems with the others, when they use alcohol, and associated with

- friends 15%
- relatives 12%
- health 12%
- militia 10%
- studies 9%
- teaches 8%

The data given above might be interpreted as the result of the process of narrowing social environment with the increase of behavioural risk among the adolescents.

An Interesting correlation was found out in the result of comparative analysis of conflicts associated with the use of alcohol among the three groups – “those who use”, “those who want to try”, and “the rest”. For all the categories of problems level of conflicts in the group of “those who want to try” is twice higher than the level of conflicts in the group of “the rest”, while level of conflicts in the group of “those who use” is three times as that in the group of “those who want to try”.

UNIT 6. HIV/AIDS/STI

More than half of all respondents associate use of drugs with rather high risk of getting infection of HIV/AIDS (see diagram 27).

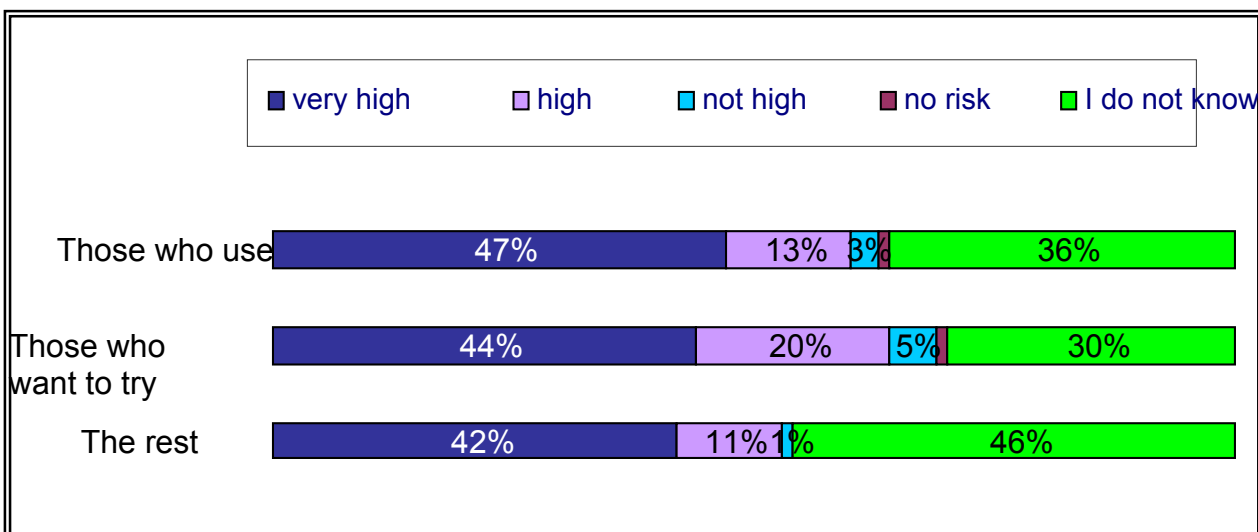


Diagram 28. How high, in your opinion, is the risk of being infected with HIV/AIDS for the people using drugs?

Many adolescents do not associate casual sexual contacts with the risk of being infected with STI and HIV. Thus, the responses “I do not know” and “it is difficult to answer” were given by 66% of schoolchildren from the group of “the rest”, 51% from the group of “those who want to try” and 49% of the group of “those who use”. It should be pointed out that in the groups of “those who want to try” and “those who use” the level of awareness on this point is higher, than in the group of “the rest” (see diagram 28).

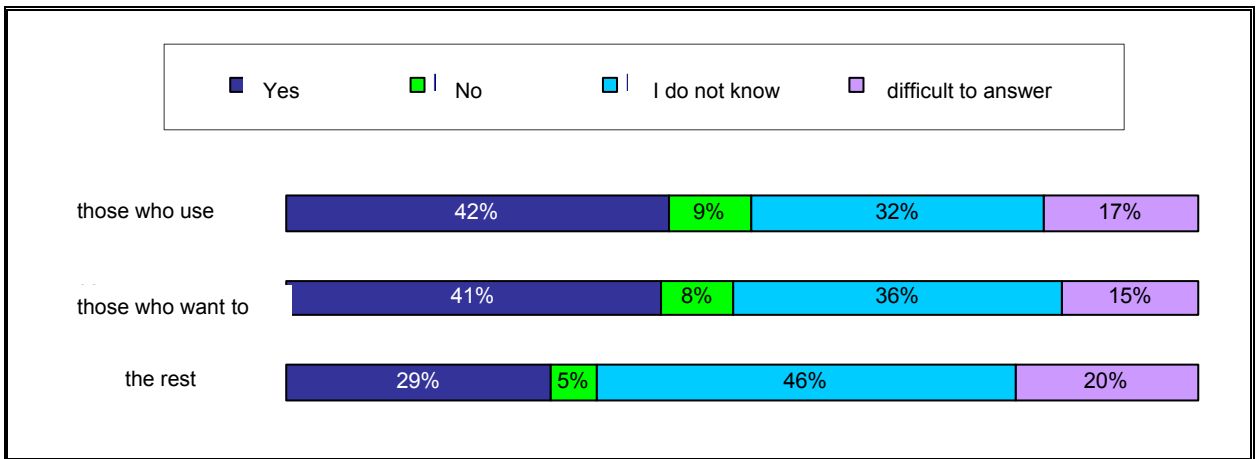


Diagram 29. Is it necessary to avoid occasional sexual contacts to prevent infestation with STI and HIV?

Significant part of adolescents do not associate the need of preventive means with the risk of invasion with STI and HIV. Thus, the responses “I do not know” and “it is difficult to answer” were given by 67% of schoolchildren from the group of “the rest”, 51% of the group of “those who want to try” and 38% from the group of “those who use”.

It should be pointed out that the level of awareness is inverse in proportion to the risk of infestation of STI and HIV. Thus, in the group of “those who use” 53% of respondents think that there is the need of use of means of prevention, while in the group of “those who want to try” this figure is 45%, and in the group of “the rest” it is 27% (see diagram 29).

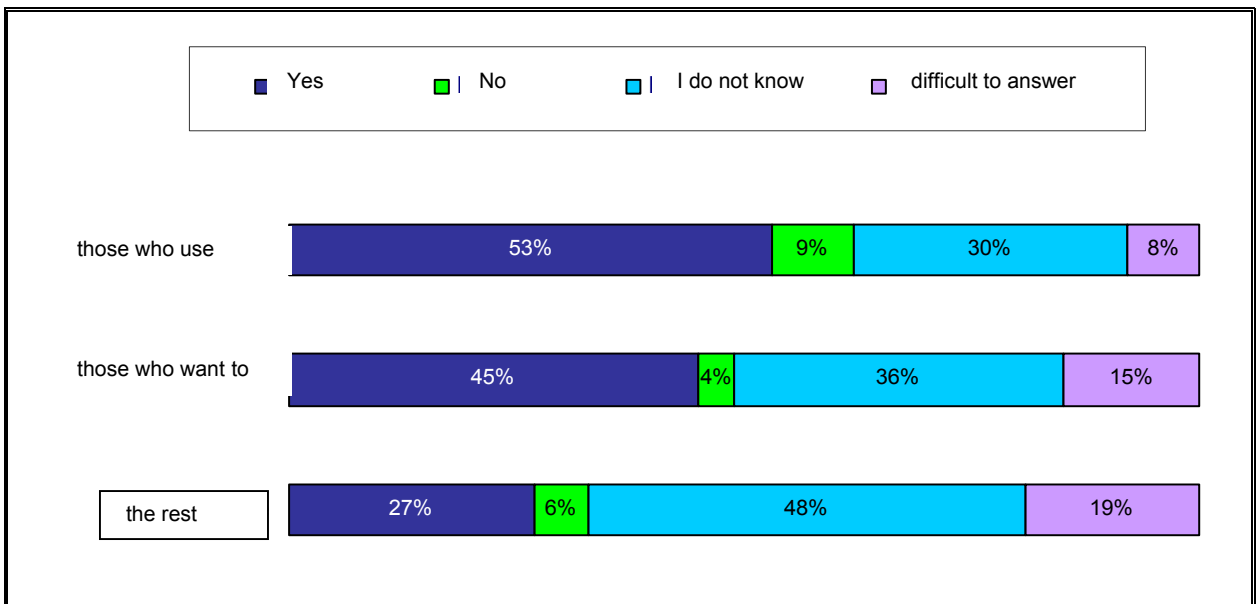


Diagram 30. Is it necessary to use condoms to prevent infestation with STI and HIV/AIDS?

Lack of knowledge on the need of utilization of disposable medical instruments among the overwhelming majority of respondents causes a concern: this was found out from 66% responses in the group of “those who use”, 70% in the group of “those who want to try”, and 83% in the group of “the rest”.

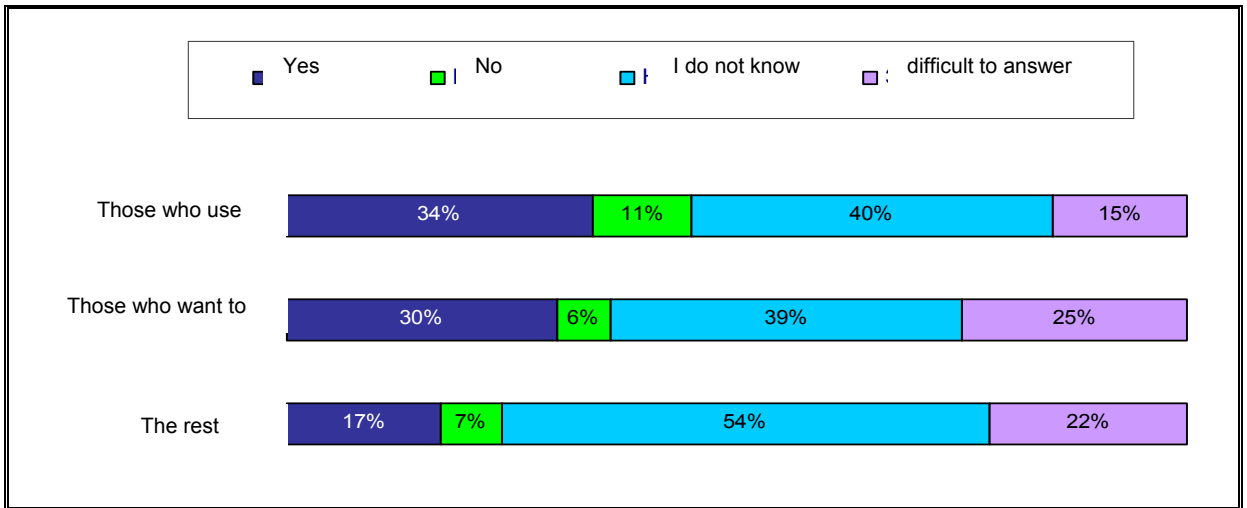


Diagram 31. Is it necessary to use disposable medical instruments to prevent infection with STI and HIV/AIDS?

About a quarter of all respondents gave wrong answers regarding the ways in which HIV/AIDS and STI are spread.

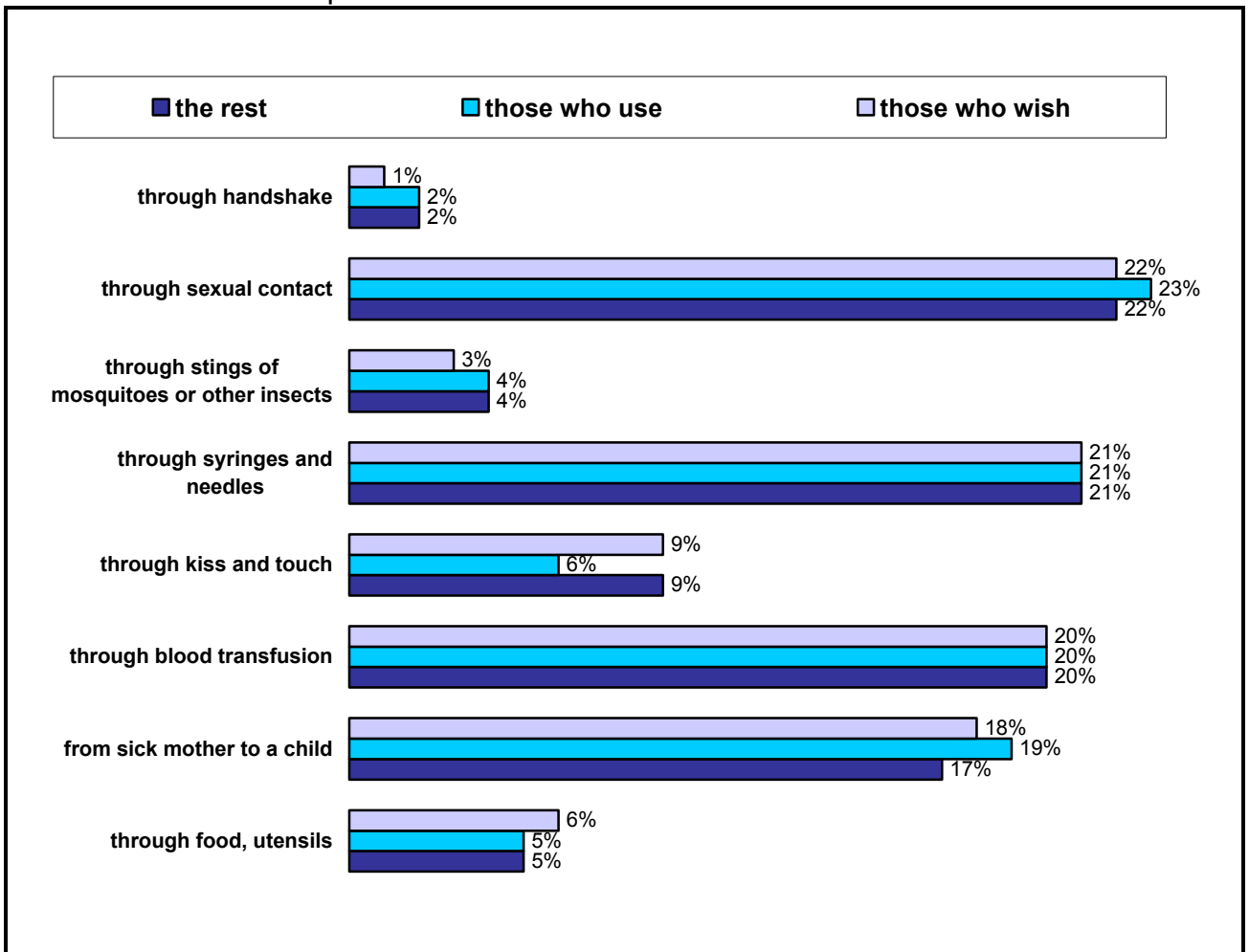


Diagram 32. What ways of infestation with HIV/AIDS do you know?

18% of the respondents from the biggest group, “the rest”, have among their acquaintances adolescents who had or have sexual contacts. In the group of “those who want to try” this indicator was as high as 37%, and in the group of “those who use” it reached 53% (see diagram 33).

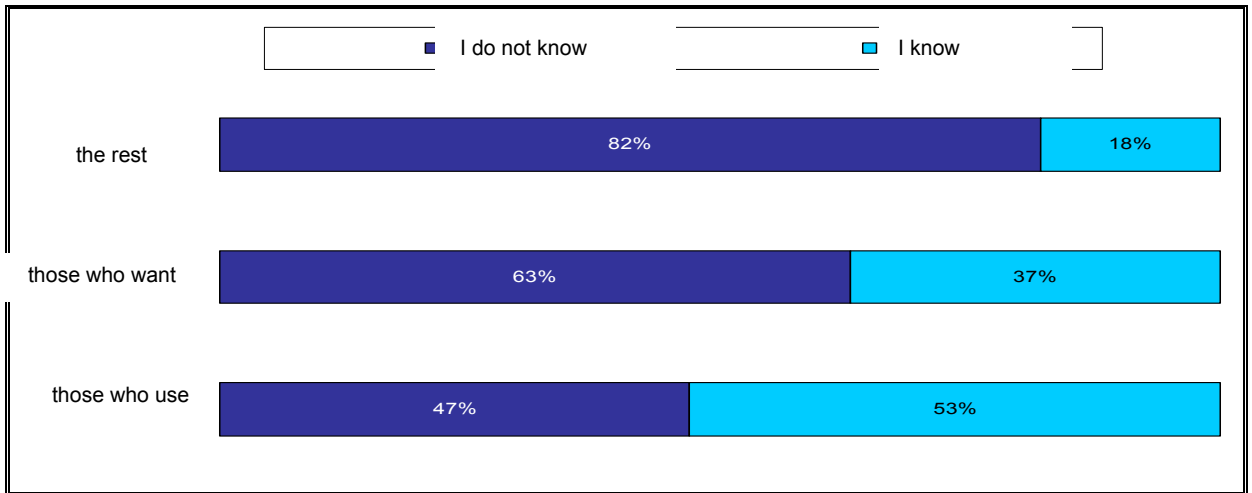


Diagram 32. Do you know children of your age having sexual contacts?

Significant part of the interviewed adolescents (45%) sympathize with HIV-infected and wish to help them. At the same time, in the opinion of a larger number (25%) of schoolchildren these people are to be isolated and contact with them should be avoided.

6% of schoolchildren from the group of “the rest”, 8% from the group of “those who want to try” and 9% from the group of “those who use” stated about their indifferent attitude to people having HIV, which can be interpreted as their assertiveness that they will never have this problem.

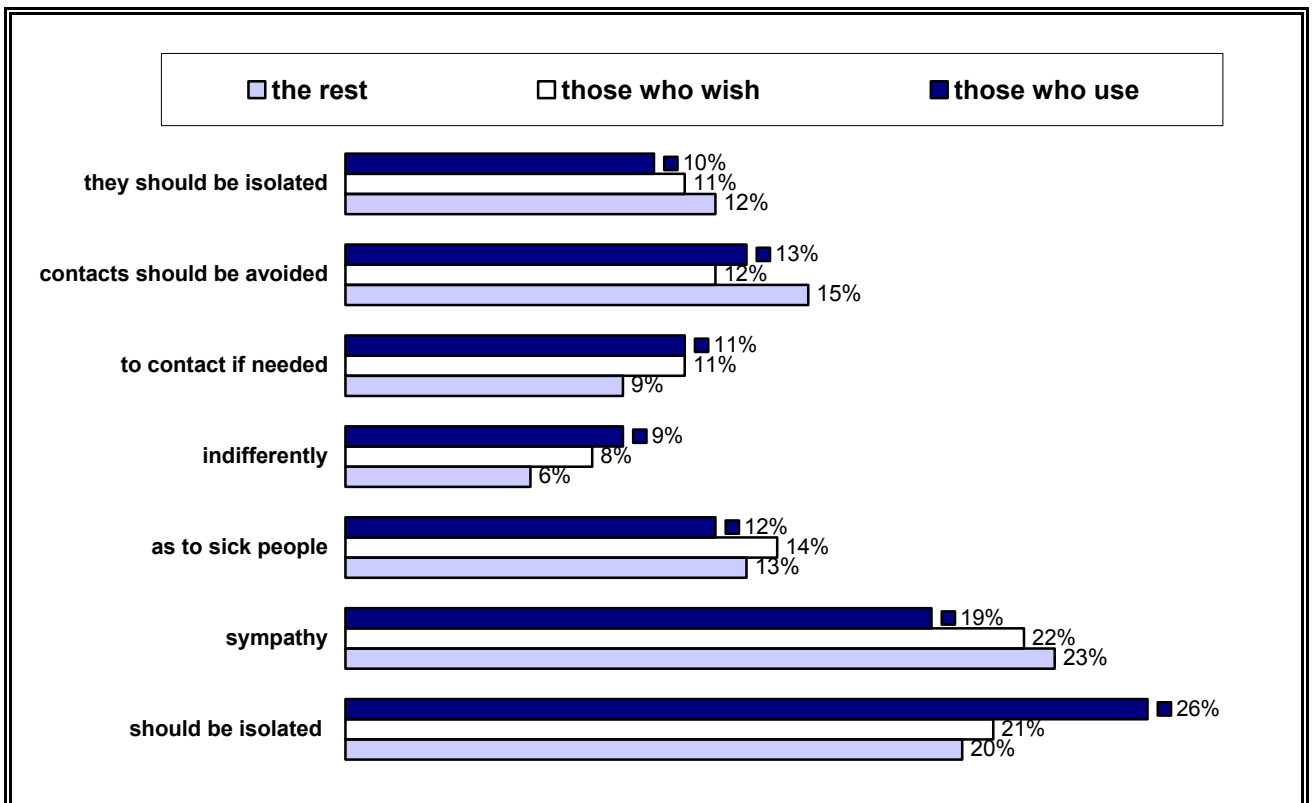


Diagram 33. How should we refer to HIV-infected people?

UNIT 7. ATTITUDE TO PREVENTIVE ACTIVITIES AND STUDIES

About 26% of schoolchildren point out that TV and radio programs are the most efficient method for prevention of drug addiction, 17% prefer lectures at schools, about 14% prefer conversations with parents, 11% point out sports events. Educational programs and games, organization of circles and special literature are pointed out as preventive measures in approximately 6-7% of responses. 9% of adolescents in all the groups pointed out the need of involvement of youth in all preventive activities (see diagram 34).

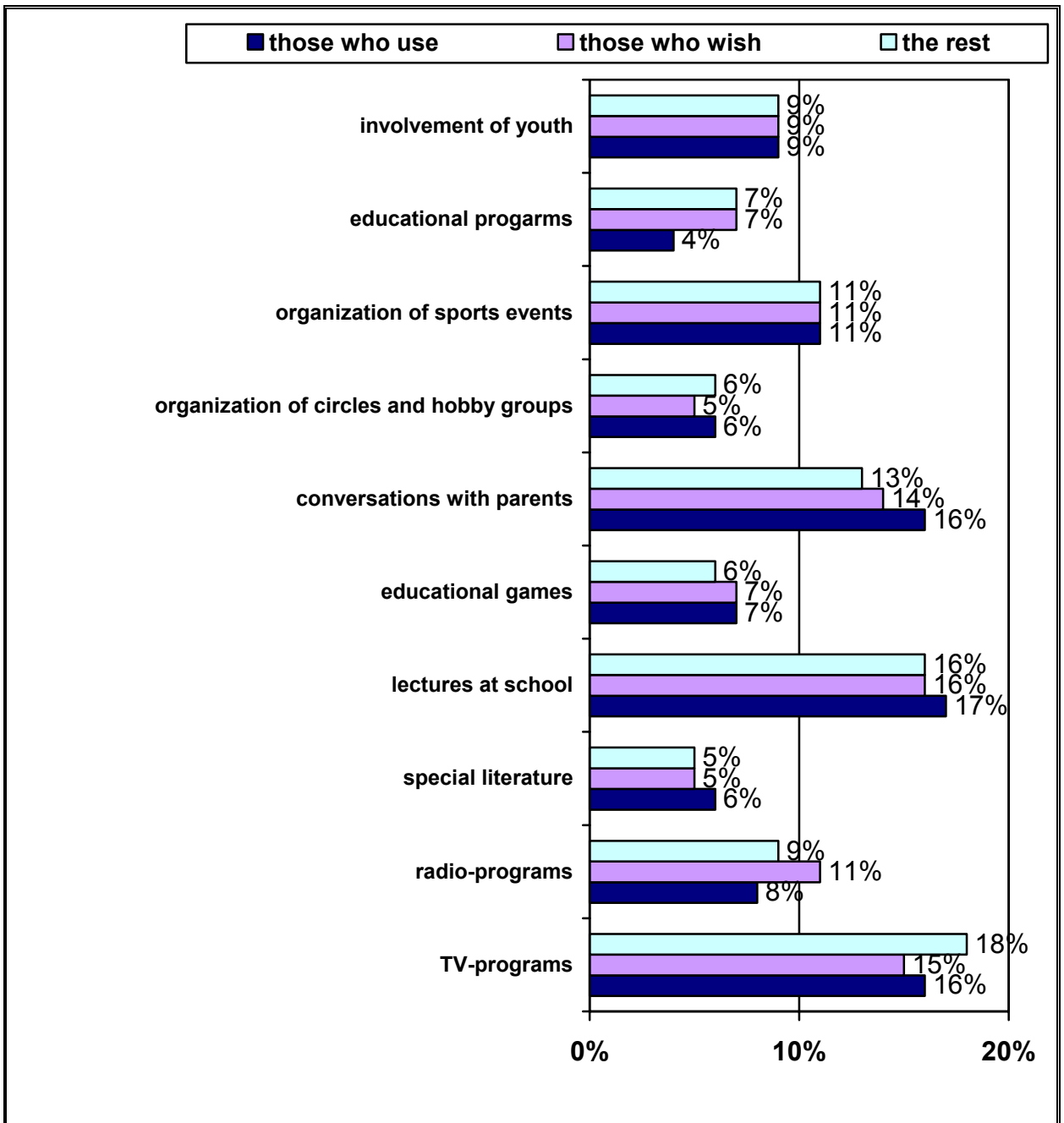


Diagram 34. Measures preventing drug abuse and spreading of HIV/AIDS/STI

More than half of respondents expressed their desire to participate in preventive activities; at the same time 14% more would like to participate in them, but have no time.

A small percent of adolescents either consider preventive activities useless or do not wish to participate in them because of the fear of negative response of “those who use”.

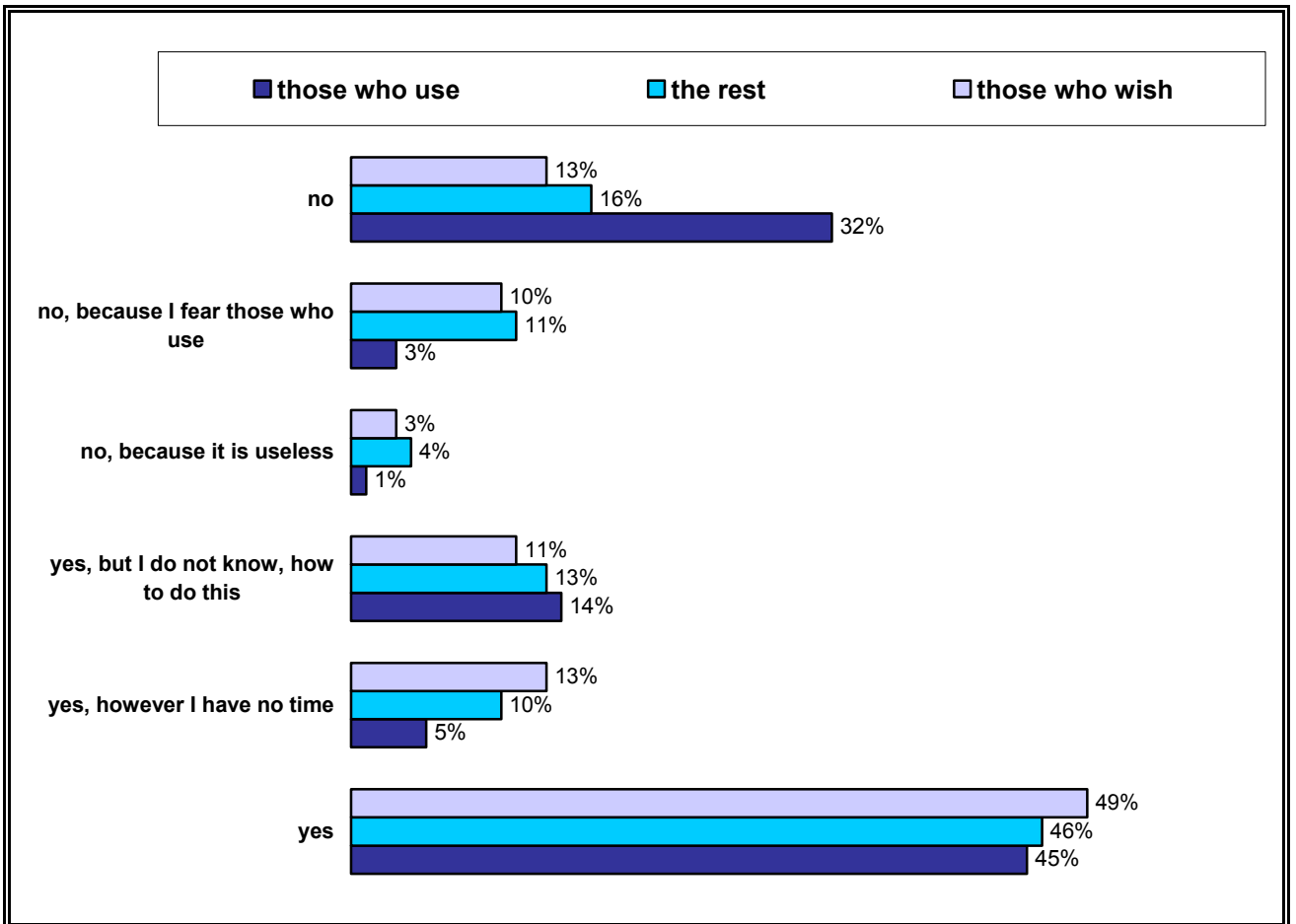


Diagram 35. Would you personally like to participate in undertaking preventive activities?

Majority of respondents consider the questions of the survey questionnaire interesting, useful, and clear.

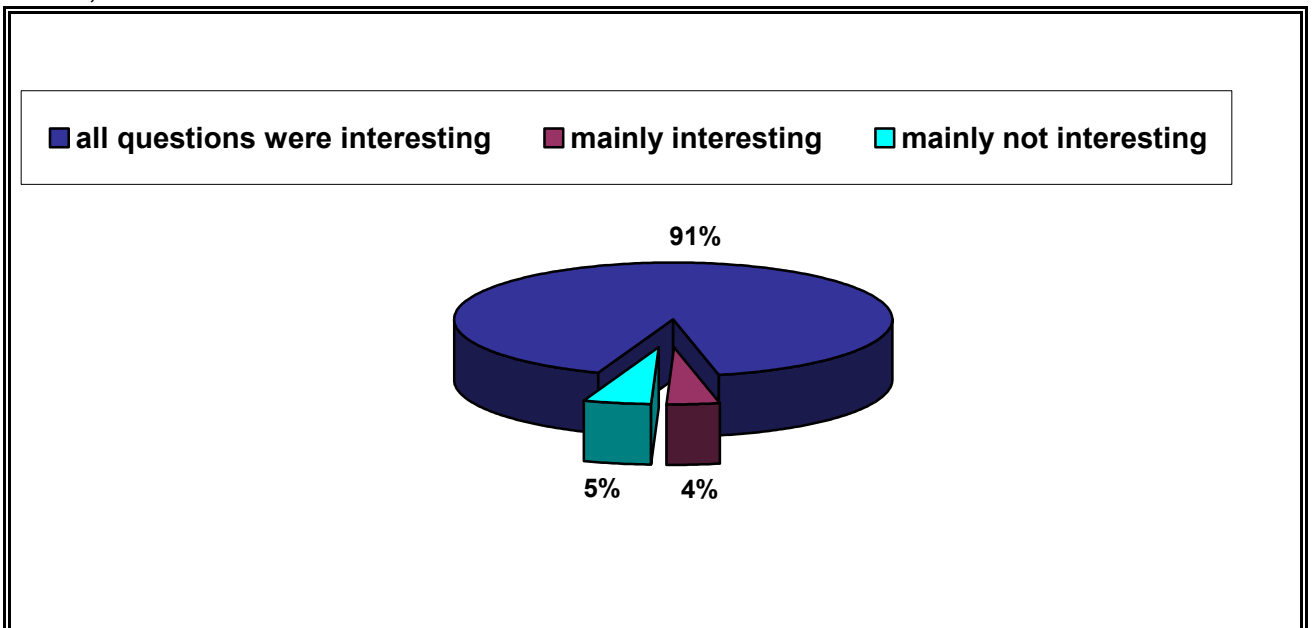


Diagram 36. Were the questions interesting?

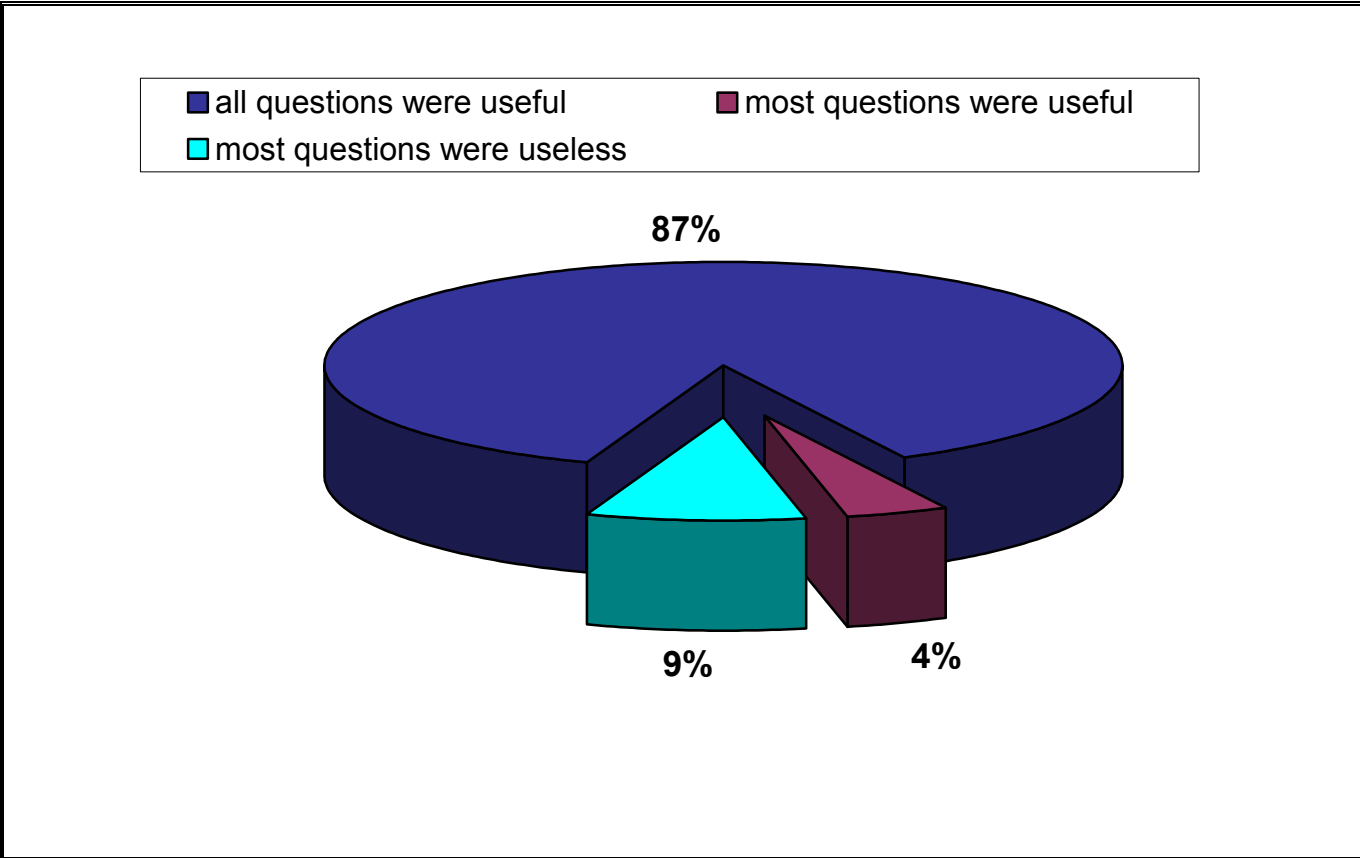


Diagram 37. Were the questions useful?

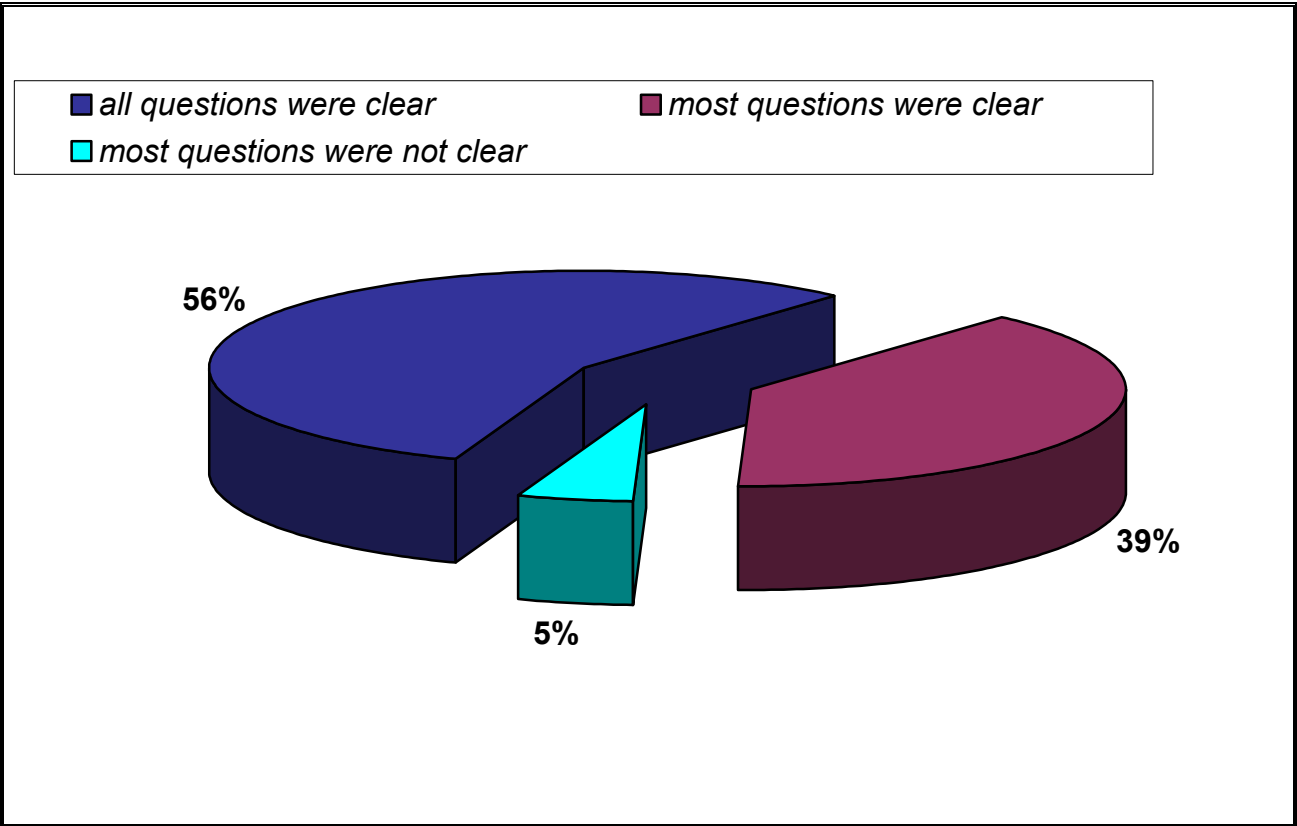


Diagram 38. Were the questions clear?

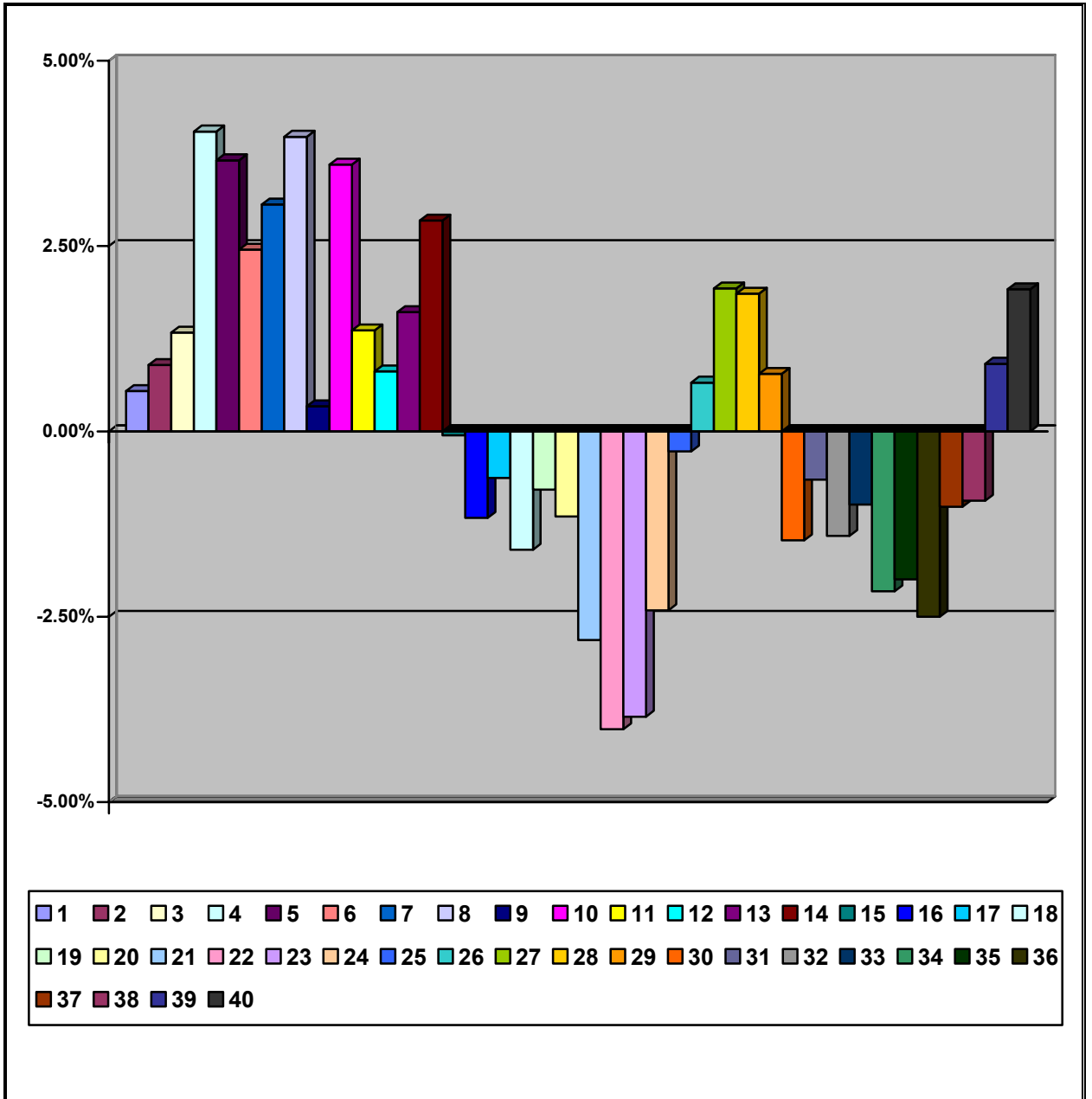


Diagram 39. Comparison of questions which the respondents liked more (>0) and less (<0)

The questions of the sections on social and information aspects (1-14), as well as general questions regarding use of drugs (26-29), and questions on the attitude towards preventive activities (39-49) were generally pointed out by the respondents as questions which they “liked more”.

The questions on the use of cigarettes, alcohol and drugs (15-25), the consequences of use of alcohol, cigarettes and drugs, and spreading of HIV/AIDS (30-38) were pointed as the questions which they “liked less”.

SECTION 4. CONCLUSIONS AND RECOMMENDATIONS

General picture, associated with the issues of use of cigarettes and alcohol

In spite of the fact that certain work for prevention of use of alcohol and smoking is undertaken at schools, it was demonstrated by the study that significant part of schoolchildren use tobacco and alcohol products.

According to the results of the survey, on the average, 20% of the children smoke, with frequency of episodic smoking of 1-5 cigarettes a day. 25% of schoolchildren do not consider risk caused by episodic use of cigarettes as high, while almost among 60% of respondents consider risk from regular smoking to be high.

About 25% of the schoolchildren who took part in the survey use alcohol, most of them episodically. Use of alcohol is more widely spread among the schoolchildren, using PTS (58%), while it is less common among those who want to try to use PTS (46%). As for the adolescents, who neither use nor have a desire to try PTS, this figure is 23%.

The first trial of alcohol (1 portion = a glass of wine or 1 bottle of beer or a glass of vodka) among adolescents “who use” PTS, occurred at the age of 11-12 years; among the adolescents, “who want to try” PTS, at the age of 13-14 years; and among “the rest” of the adolescents, the age of first trial of alcohol was 15-16 years.

The prevalence of alcohol abuse is related to the extent of risk in the groups, i.e. the more members of the group use alcohol, the more are at risk of using PTS. – One third of adolescents from the group of “those who use” indicated that they had used alcohol for 40 or more times.

Two thirds of adolescents, using PTS, used 1-5 portions of alcohol within recent 30 days period.

Almost all those who consumed alcohol from the groups of “those who want to try” and “the rest”, consumed of 1-2 portions of alcohol within recent 30 days period.

No particular harm is seen in episodic consumption of alcohol by 61% of “those who use” PTS, 40% of “those who want to try” and 34% of “the rest”.

It is interesting, that actually the same number of respondents from groups of “those who want to try” (41%) and “the rest” (34%) do not see any particular harm even from regular use of alcohol.

General picture, associated with the issues of HIV/AIDS/STI

The situation associated with the spread of HIV/AIDS in our country remains complicated. Therefore, improvement in awareness of young people on this issue, is the primary tasks of preventive activities.

In the process of this survey about a quarter of all respondents gave incorrect answers regarding the ways of infection with HIV/AIDS and STI.

Most (up to 80%) of schoolchildren do not know the ways of avoiding the risk of infestation with HIV/AIDS/STI; however at the same time, higher level of awareness was found out in the groups of higher risk.

About 20% of respondents know adolescents, having sexual contacts, and among “those who use” this share is significantly higher and makes more than 50%.

Schoolchildren gave the following reasons for not using protection against HIV/AIDS with about the same frequency:

- there is no need
- carelessness
- lack of knowledge about the risk
- non-desire to use the means of protection
- shame
- trust to a partner
- effect of alcohol

It should be pointed out that there is a direct negative relation between awareness on the means of prevention and the risk of using PTS: thus, 53% respondents from the group of “those who use” do not consider that means of protection should be used, in the group of “those who want to try” this figure is 45%, and in the group of “the rest” it is 27%.

Only few respondents thought that condoms were not used because they were too expensive.

In the group of those who use drugs, where the highest risk of sexual behaviour has been found, attention should be given to predominance of such answer, as “trust to the partner”, as the main reason of not using protection.

The highest concern is caused by a lack of knowledge on the need to use disposable syringes amongst the overwhelming majority of the respondents: 66% in the group of “those who use”, 70% in the group of “those who want to try” and 83% in the group of “the rest”.

18% of the respondents from the biggest group, “the rest”, mentioned that they knew young people who have sexual relations, but in the group of “those who want to try”, this rate was as high as 37%, and in the group of “those who use” it reached 53%.

Adolescents are very outspoken about HIV-positive persons. Thus, most of the interviewed adolescents (45%) sympathize with HIV-infected people and wish to help them; at the same time, a rather large number (25%) of schoolchildren consider that they should be isolated and do not wish to have contact with them.

6% of schoolchildren from the group of “the rest”, 8% from the group of “those who want to try” and 9% from the group of “those who use” were indifferent to people infected with HIV.

More than 60% assess the risk of HIV infection as high, and as high or very high for drug users.

General picture, associated with the issues of drug abuse

The scale of drug abuse among schoolchildren in Uzbekistan (3% - those who used, 2% - those who want to try) causes concern especially in connection with the early age of the first use of PTS (11 years). At the same time, analysis of feedback questionnaires allows to assume probability of broader prevalence of PTS among schoolchildren, in view of their expressed negative attitude to direct questions regarding PTS use.

Information about the following drugs is the most accessible for schoolchildren:

- **Anasha (marihuana)** (pointed out by **61%** of respondents)
- **Heroine** (pointed out by **56%** of respondents)
- **Opium** (pointed out by **51%** of respondents)
- **Cocaine** (pointed out by **42%** of respondents)
- **Inhalants** (pointed out by **38%** of respondents)

The schoolchildren know about the possibility acquiring following drugs with different levels ease:

Anasha (marihuana) (20% of respondents)

- **Inhalants** (20% of respondents)
- **Heroine** (18% of respondents)
- **Opium** (16% of respondents)
- **Tranquilizers** (14% of respondents)

From 67% to 78% of all respondents who answered, know where to acquire PTS. From 11 to 13% of respondents pointed out that it is impossible to get PTS.

The following PTS were found out to be the most prevalently used among schoolchildren:

- **Anasha (marihuana)** up to a half of respondents)
- **Inhalants** (up to a quarter of respondents)
- **Tranquillizers** (up to a quarter of respondents)

In the responses there was also mentioned the use of other drugs, however to a lower extent. Among such answers, special attention should be paid to heroine, opium and anabolic steroids.

Adolescents, “who use” PTS, pointed out only episodic consumption of drug substances, average from 1 to 5 cases.

15% of all respondents indicated that they know children of older age, who use PTS. 13% of respondents have such children a friends/neighbours, 4% are their classmates and the same percentage of respondents know them among their friends/classmates. At the same time, 3.5% of respondents pointed out that most of known by them adolescents of older age and friends-neighbours use PTS.

The age of the first trials of PTS is 11-14 years. Thus, the age of the first trial of inhalants is 11 years (more than a quarter of all those who “use” inhalants), that of the first trial of tranquillizers/sedative substances is 13 years (more than one third of those

who use tranquillizers or sedative substances), and the age of the first trial of anasha (marihuana) is 14 years (more than one third of those who use anasha (marihuana)).

Among the persons, involved in drawing the adolescents in the use of drugs, in the opinion of the three groups, there are distinguished adolescents of older age (30%), strangers (29%) and friends/0neighbours (20%).

13% of “those who use”, pointed out significant role of participation of their classmates in the process of drawing them in the use of drugs.

Most respondents stated that they felt sympathy for drug users and that they would like to help them. One third (32%) of respondents in all the groups consider them dangerous and in their opinion, they should be isolated from the society.

The negative attitude of self-described drug users towards persons using drugs looks contradictory at first glance. However, it illustrates the difference in the minds of the adolescents between the notion of a occasional drug user and a regular user. Most do not wish to count themselves among the latter category.

We did not manage to determine, how the situation of PTS use changes. For 40% of respondents it was difficult to answer, if the number of adolescents, using drugs, changed within recent year: 27% stated, that this number raised, 28% indicated, that it declined, while 5% of respondents consider that it did not change.

Conclusions on peculiarities of risky behaviour of schoolchildren, associated with the use drugs: factors, phases, models

Assessment of PTS abuse in Uzbekistan, undertaken in the scope of ODC project, demonstrated that prevention of drug addiction, as a component of the strategy of drug demand reduction, is on of the most topical areas of activities.

In the opinion of the research team, there is a need to synthesize conclusion regarding peculiarities of risky behaviour of schoolchildren according to the following pattern:

- conclusions regarding determination of the groups of risky behaviour of the schoolchildren
- conclusions on major positive and negative factors, influencing risky behaviour of the groups, and, particularly, influencing knowledge, conditions and skills – on the basis of comparison of responses in these groups
- conclusions on the revealed phases of drawing in to PTS and models of risky behaviour of schoolchildren – on the basis of the revealed risk factors

Based on these conclusions, specific recommendations on improvement of the activities aimed at prevention of PTS use and spreading of HIV/AIDS/STI among children, studying in urban schools, have been developed, and they are given at the end of this section.

The following groups have been determined in the process of the analysis:

1. those who used PTS:

- those who use PTS in the 6th-8th forms
- those who used PTS for the first time, when they had a wish
- those who used PTS for the first time, when they had no wish
- those who used PTS episodically or regularly
- those who ceased using PTS

2. those who want to try, however having never tried PTS

3. those who did not wish and having never tried PTS (the rest)

In accordance with the material presented in the section "Analysis and interpretation of the results", risky behaviour of schoolchildren is mainly characterized by the influence of the following factors:

Knowledge and perception:

negative factors:

- problems with getting topical information on drugs and problems, associated with their use
- trusting adolescents of older age
- lack of a system of preventive activities at schools
- difficulties in getting information from school doctors
- shortage of school psychologists
- difficulties with getting information from parents
- rarely discussing about of the issues associated with PTS, in the families
- tolerance for consumption of tobacco and alcohol
- tolerance among schoolchildren for the use of "light" PTS

positive factors:

- striving of schoolchildren to get information from parents, school medicals and doctors
- popularity of mass media (TV, radio) among schoolchildren
- positive attitude to preventive activities at schools

Conditions:

negative factors:

- living with a single parent
- being brought up by one of the parents
- non-productive and unsupervised leisure
- problems in the relations with parents
- impossibility for parents to contribute sufficient time to their children
- low prestige of major social institutes – family, labour, education and healthy way of life
- problems with their social environment
- negative influence of adolescents of older age or friends-neighbours
- insufficiency of willpower, independent of thinking, lack ability to say "no".

positive factors:

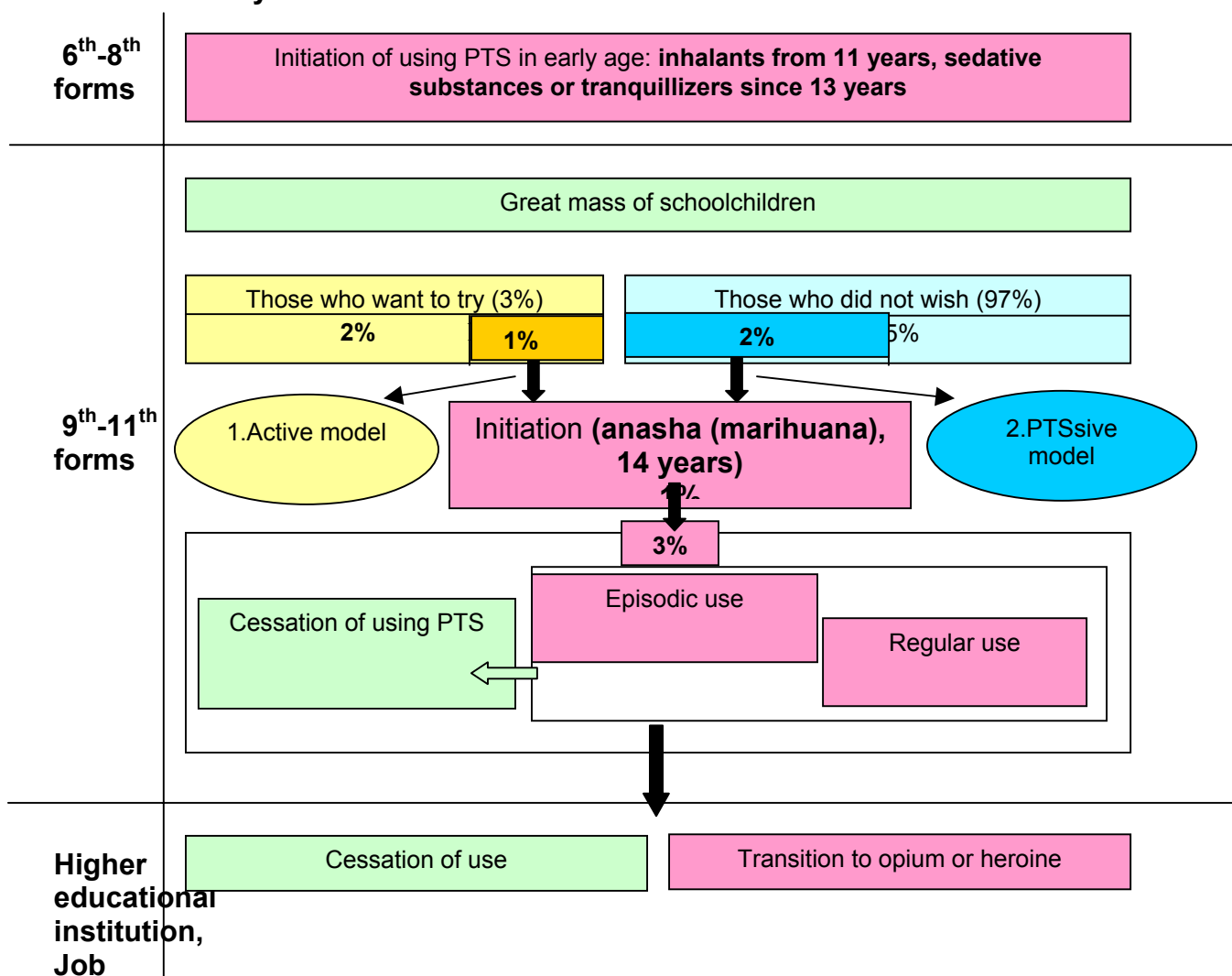
- desire to participate in preventive activities/participation

Skills:

negative factors:

- lack of skills of safe behaviour (2/3 of those schoolchildren, who are drawn in consumption of PTS, did not have a desire or could not refuse from the offer to use drugs because were unable to make independent decisions (ability to say “NO”).

Major phases of use of drug substances by schoolchildren and respective models of risky behaviour



According to the key phases of this scheme, in our opinion, there is the need of development of special preventive activities in the following target groups:

1. Prevention of early use of PTS among the schoolchildren of the 6th-8th forms
2. Prevention of drawing in the use of PTS among the schoolchildren of the 9th-11th forms
3. Prevention of drawing in the use of PTS among the groups of higher risk (9th-11th forms)

4. Preventive activities among those schoolchildren of the 9th-11th forms, who use PTS.

Peculiarities of the model of risky behaviour of adolescents from the group of “those who want to try”

Many of **“those who want to try”** believe that the attitude of parents, neighbors, teachers and classmates towards them is “unfair”. This indicator (19%) significantly exceeds similar indicators in the group of “the rest” (9%). This demonstrates that proclivity towards drug use is associated with a complex of problems in the relationships with the immediate social environment.

The prestige of major aspects of social life – family, work, study and their own health – in the group of **“those who want to try”** remains approximately on the level of “the rest” group.

Among the schoolchildren from the group of **“those who want to try”**, there is a higher interest, as compared to the group of “the rest”, in getting information about the problems of drug addiction from various sources: doctors, school medicals, psychologists, teachers and older adolescents. There is a high desire of adolescents from the group of **“those who want to try”** to get information from professional doctors and school nurses.

“Those who want to try” usually use alcohol first at an earlier age, and in higher quantities than **“the rest”**. At the same time, they have less understanding of the risk, associated with the consumption of tobacco and alcohol products.

Due to higher interest to information, associated with this subject, there is pointed out higher level of awareness on the issues of HIV/AIDS/STI, as compared with “the rest” group.

There was revealed a big share of acquaintances among adolescents, who have sexual contacts, as compared with “the rest” group.

Peculiarities of the model of risky behavior of adolescents from the group of “those who used”

- Being brought up by a single parent usually without a father occurs significantly more often than in the groups of “those who want to try” and “the rest”.
- Parents of “those who use” are less informed as to where, and with whom they spend their spare time as compared with the groups of “those who want to try” and “the rest”
- Attitude of them from their parents, teachers and classmates is more often unfair, as compared with the groups of “those who want to try” and “the rest”.
- They spend little time doing their homework, with organized leisure activities and reading books, and spend sufficiently long time with their friends.

- Major aspects of social life, such as family, housework, study and health, have no great importance for this group, as compared with the groups of “those who want to try” and “the rest”.
- “Those who use” are well aware about how HIV/AIDS/STI is spread and measures for prevention, as compared with the groups of “those who want to try” and “the rest”.
- They get Information on the problems of drug addiction mainly from the following sources: Russian TV, local TV, newspapers and magazines, parents, friends
- In the families of “those who use” the problems of drugs and drug addiction are discussed very seldom
- Among the children of the same age, the most authoritative sources of information on the problems of drug addiction for the group of “those who use” are adolescents of older age and classmates
- They would like to be consulted by parents and doctors
- From the point of view of “those who use”, the most preferable methods of preventive work are as follows: lectures at schools, conversations with parents, TV programs, sports events
- The first glass of beer, wine, vodka, cigarette was tried by them at the age of 11-13 years
- Smoking cigarettes and use of alcoholic drinks is typical for them
- Consumption of alcoholic drinks by them sometimes results in various problems with relatives, friends, teachers, militia, health
- In their opinion, episodic smoking is not very dangerous, while regular smoking is considered by them as rather dangerous
- They recognize the danger of alcohol consumption, however they do not think that regular consumption of alcohol is very dangerous
- At the age of 11-14 years they try inhalants, or sedative substances, or anasha (marihuana) for the first time, and the most widely spread is the use of anasha (marihuana) at the age of 14 years, while the least spread is the use of inhalants at the age of 11 years or tranquillizers/sedative substances at the age of 13 years
- The reasons of initiation of use: curiosity, nothing to do, desire to forget about their problems. At the same time, the reason just “because it is on fashion” was indicated 2-3 times less frequent than the other reasons
- Initiation of use was contributed by strangers, adolescents of older age or friends-neighbours

- They realize that use of anasha (marihuana), inhalants or sedative substances is harmful for health

Recommendations on improvement of work in the area of prevention of the use of PTS and spreading of HIV/AIDS/STI among schoolchildren of urban schools of Uzbekistan

In the opinion of the research team, preventive work is to be supported by the following principles:

- conformity with the state policy;
- conformity with contemporary achievements of world and international experience;
- regularity, comprehensiveness and scale;
- involvement of professionals: narcologists, psychologists, sociologists, experts in work with youth, journalists, etc;
- close cooperation of state and public organizations with international organizations;
- utilization of modern interactive technologies/preventive actions are to be interesting for the schoolchildren
- conducting of monitoring of the efficiency of preventive activities

In accordance with the above mentioned conclusions, preventive work is to be based on determined phases, groups, factors and models of risky behaviour.

I. Recommendations on improvement of preventive work in the context of information-educational activities and training on safe behaviour

Preventive work in the 6th-8th forms

Taking into account the facts of early drawing in the use of inhalants and sedative substances, revealed in the process of the study, as well as peculiarities of preventive work among adolescents of 11-13 years, the research team considers that in information and educational activities specifics of pre-pubescent children should be taken into account. Preventative work should also take into account differences in the level of awareness of schoolchildren on the problem and their attitude to it. Information on PTS is to be clear and accurate. Training the schoolchildren the skills of safety behavior in the scope of the school subject "Basics of life safety " seems to be extremely important.

Preventive work in the 9th-11th forms

Conducting preventive activities in the 9th-11th forms represents certain difficulties. This is related to the fact that majority of schoolchildren by this age is already aware about psycho-active substances, including alcohol, they had personal experience of consumption alcoholic drinks, tobacco, some PTS.

It is rather difficult to use the methodology of sanitary education among adolescents for preventive purposes. Sanitary education in its present form try to explain the consequences of abuse of alcohol, drugs and other PTS, the harm it does to the

physical and psychological development, and its negative impact on the future lives. However, a certain group of adolescents seems rather indifferent towards their health. The question "What is your attitude towards your own health?" was answered as "it is important for me" and "it is very important for me" by 43% of those adolescents who have used PTS episodically, by 57% of those who want to try PTS, and by 63% of the rest. On the average, only 54.3% of adolescents have a serious attitude to their health.

Information on the harmfulness of alcohol abuse is seen by many adolescents as hypocritical, given the wide-spread abuse of alcohol by adults. As a rule, harm caused by the use of drugs is recognized by adolescents, and the danger of becoming a drug addict is also realized. This threat holds back a significant number of adolescents from drug abuse. However, inappropriate dissemination of information on drugs can cause a desire among the other adolescents to try them.

Moreover, efficiency of preventive work, which is carried out currently at schools, is not high, judging from the results of the survey. Only 52% of respondents pointed out medium and high level of risk for health caused by episodic use of alcohol, and 55% of respondents pointed out the risk for health when alcohol is used regularly. At the same time, 21% of respondents do not know anything about the harm to health neither with episodic nor with regular consumption of alcohol. In regards to heroine, these figure make respectively 59%, 59% and 33%, respectively. For opium these figures are 51%, 56% and 36%; for cannabis - 61%, 67% and 24%; for inhalants 51%, 53% and 37%. At the same time, more than 70% of respondents point out that at schools there are conducted thematic lessons, lectures and seminars (with different periodicity), information materials are distributed and thematic films are demonstrated.

Issues associated with the use of PTS, HIV/AIDS/STI, as well those related to sexual contacts, were pointed out by schoolchildren as questions which they did not like. Such assessment, in the opinion of the research team, is associated for the first turn with their low level of awareness and peculiarities of their education, not encouraging open discussion of these issues. Considering this fact, efficiency of the programs for prevention of use of PTS as well as HIV/AIDS/STI in the 9th-11th forms looks rather ambiguous. Therefore, information and education work and training the skills of safe behaviour should begin not later than in the 6th form and should be conducted not only in the scope of school programs, but in families as well. This statement is proved by the results of this survey, where domination of PTSsive model was found out in 2/3 of cases drawing in the use of drugs, when at the first trial of drug schoolchildren were not able to refuse from the offers of adolescents of older age, strangers or friends-neighbours.

Considering striving of schoolchildren of the 9th-11 forms to get information on harm of drug abuse from parents, doctors and school medicals, conditions should be created for making this information accessible and competent. Therefore, preventive programs should envisage special training for parents, medical officials in school, family doctors. It would be appropriate to organize anonymous (confidential) consulting services, for adolescents under central district polyclinics or based on the developing network of NGO (non-governmental non-commercial organizations). These services could have hot line telephones, to provide consultations not only on the issues related to use of PTS, but also on the issues of HIV/AIDS/STI, sexual education etc. These services could have rapid test kits for determination of PTS. Such structures would be extremely useful for adolescents from the groups which run a high risk of using drugs, as well as for their parents, in particular since this survey proved that these groups desire competent information in confidential form.

Taking into account the fact that mass media were mentioned by schoolchildren as major source of getting information on PTS, their activities should become competent, correct and committed.

II. Recommendations on improvement of preventive work among schoolchildren using drugs

Above mentioned consultative services could become intermediate link between family and school.

Opportunity of getting professional consultations and referral for anonymous treatment to specialized clinics will facilitate timely provision of both emergency and planned stationary aid for adolescents, using drugs.

It should be pointed out that to improve preventive work, there is a need in regular arranging of large-scale and comprehensive studies, similar to this one, covering schools, higher and secondary special educational institutions. Such monitoring of the situation would allow to build state strategy in the area of prevention of drug abuse, differentiate it considering risk groups, to train professionals and to put it in practice sooner.

RECOMMENDATIONS FOR THE MINISTRY OF PUBLIC EDUCATION

1. There is a need for preventive activities at schools (only in 18% of schools preventive activities are conducted monthly, in 19% they are conducted each quarter, in 20% of schools they are conducted once a year, and in 43% of schools they are not conducted at all);
2. It is appropriate to include into curriculum lessons on the issues of drug abuse, HIV and AIDS;
3. There is a need of upgrading of skills of teachers and medicals in the issues of drug abuse, HIV and AIDS, because adolescents of the 9th-11th forms in 19% of cases would like to get information on drugs from school teachers and school medicals;
4. Healthy way of life should be promoted through interactive methodologies for adolescents (role games, demonstration of thematic films, etc.);
5. To arrange collaboration with non-governmental organizations and to provide access to schools for the best of them, at the same time school personnel should be involved in active work with non-governmental organizations;
6. To arrange on a regular basis training workshops with involvement of doctors – narcologists, psychologists;
7. To elaborate the curriculum on the subject “Healthy way of life” for the 3rd-5th forms, because for the first time adolescents use alcohol (a glass of wine, beer or vodka) at the age of 11-12 years;
8. Activities for prevention of drug abuse should be initiated before the 6th form, because at the age of 11-14 years children already have experience of the first trial of psychotropic substances (inhalants, anasha (marihuana), tranquillizers and heroine).

The following are methods suggested for this:

- To upgrade the skills of school psychologists and their role in educational process;

- To conduct anonymous surveys among schoolchildren about drugs and their consumption, which will then allow schools to follow-up on the situation;
9. To facilitate training of trainers for peer education of schoolchildren, jointly with non-governmental organizations for dissemination of knowledge on drug addiction, HIV/AIDS on peer basis (among the age mates the most important are the opinions of adolescents of older age (36%), friends-age mates (25%), classmates (15%), friends-neighbours (11%).
 10. To facilitate strengthening of trustful relations between children and parents in the families (in 15% of cases there is lack of mutual understanding, and in 15% of cases parents do not know, where and with whom their parents spend their spare time).

Suggested activities:

- To get parents involved in social life of school;
 - To arrange joint walking tours, friendly evenings with humorous speeches, verses, panel games, workshops, with participation of children and their parents;
 - To inform parents on quarterly basis, on school attendance of their children;
11. To improve the level of awareness of parents and schoolchildren on the issues of drug addiction and HIV/AIDS (52% of adolescents pointed out rare discussion of these subjects in the families);
 12. In the process of development of manuals on “Healthy way of life” it should be taken into account that 45% of schoolchildren expressed their view regarding anasha (marihuana) as the drug “not causing particular implications”.
 13. To strengthen and diversify sports events at schools, because 11% of schoolchildren indicate that this is the most efficient method of prevention of drug abuse.
 14. To take into consideration, the desire of adolescents to participate in all preventive activities (more than 9% of adolescents in all the groups pointed out the need of involvement of youth in all preventive activities).

RECOMMENDATIONS FOR MASS MEDIA

1. Youth TV and radio programs, advertising healthy lifestyle, are efficient forms of anti-drug outreach activities. More than 55% of young people spend significant time watching TV programs.
2. It should be taken into account that deterrence methods are not efficient (about 60% of adolescents do not assess their health as something valuable). There is a need in objective, informative and competent programs, articles with participation of narcologists, psychologists, former drug addicts, etc.
3. It is necessary to inform readers, spectators that the problem of drug addiction concerns everybody. It is a mistake to consider that drugs are used only by children from well-off families. Results of the survey demonstrate that there is no relation between the financial status of a family and use of psychotropic substances by the children.
4. There is a need of permanent improvement of awareness and upgrading of skills of journalists, writing about the problems of drug addiction and HIV/AIDS, about recent trends and situation with drugs in the region and in the world, because 51% of schoolchildren consider that information they get through mass media, is reliable.
5. TV programs and social visuals on the issues of drug addiction and spreading of HIV/AIDS, should be demonstrated during prime time, and this will create conditions for discussion of these programs in the families. 52% of respondents from the group of "those who use" drugs, pointed out that they never discuss these issues in their families.
6. Preparing programs, advertising healthy way of life, it is necessary to determine clearly the audience, which they are intended for, taking into account that first trial of alcohol and cigarettes occurs at the age of 11-13 years. Most schoolchildren do not see any particular harm from episodic smoking (65%) and consumption of alcohol (61%). It is interesting, that actually the same number of respondents do not see any particular harm even in regular consumption of alcohol.
7. Programs and educational articles are needed, which can objectively and in competent manner, explain to youth, children and the population in general, the consequences of use of drugs, what drugs are and why it is dangerous to use them. The following types of drugs were indicated by schoolchildren as known to them: anasha (marihuana) (indicated by 61% of respondents), heroine (indicated by 56% of respondents), opium (indicated by 51% of respondents), cocaine (indicated by 42% of respondents), inhalants (indicated by 38% of respondents).
8. There is a need in TV and radio programs, columns in newspapers for youth, where attention should be given to safe behaviour, because two thirds of adolescents from the group of "those who use" were drawn in the use of drugs not on their own will.
9. There is the need to change public opinion, to be more compassionate towards drug users and HIV-infected people. The survey demonstrated that 32% and 50% of respondents consider drug addicts and HIV-infected people dangerous and in their opinion, they should be isolated from the society, while in the opinion of about 10% people, these problems will never concern them or their families.
10. Special attention should be paid to the terminology used in publications, programs on drugs, classification of weak and strong drugs. The survey demonstrated that adolescents consider anasha (marihuana) as the drug not causing negative

implications (45% of “those who use” PTS, 22% of “those who want to try” and 10% of “the rest”).

11. There is a need to improve awareness of the general population on the problems of HIV/AIDS, because more than 80% of schoolchildren are not aware of the ways of prevention of HIV/AIDS, and about a quarter of respondents gave wrong answers regarding the ways of infection with HIV/AIDS and STI.
12. Quality of TV and radio programs on drugs should be upgraded. About 20% of schoolchildren state TV and radio programs as the most efficient method of drug addiction prevention.

RECOMMENDATIONS FOR MAKHALLAS AND KHOKIMIYATS

1. Adolescents from single parent families should be actively involved in public activities, arranged in makhallas, because it was demonstrated by the results of the survey that factor of single parent families influences upon risky behaviour of adolescents, particularly when children live only with a mother and are brought up only by a mother.
2. It would be appropriate to establish consulting psychological services for parents attached to makhallas or district khokimiyats, aimed at improving relationships between parents and children, because more than 19% of adolescents from the groups of “those who use” or “those who want to try” to use drugs, point towards unfair attitude of parents.
3. Activities in makhallas should be arranged with involvement of youth and adult population, which can effect establishment of confidential relations between them, because 68% of respondents pointed out unfair attitude towards them from their neighbours (makhalla).
4. Khokimiyats should create youth clubs and centers attached to makhallas, where adolescents could spend their spare time (more than 50% of schoolchildren pointed out that intercommunication with their friends is the priority type of activities during their spare time).
5. Active members of makhallas should have conditions for arrangement of meetings on the issues of drugs and HIV/AIDS with involvement of professionals from the Ministry of Health and non-governmental organizations.
6. To work with children below the age of 11 years, with whom adolescents could work on the principle “from older to younger”, for dissemination information on the issues of drug addiction, HIV/AIDS and development of the ability of children to say “no”. According to the result of the survey, opinion of adolescents of older age is important for 65% of adolescents.
7. To arrange sports groups on the basis of makhallas, participation of which should be encouraged through a system of discounts in payment for them, taking into account that most adolescents do not see any harm in episodic smoking and use of alcohol (in the opinion of 11% of adolescents, participation in sports groups is the most efficient way of prevention of drug abuse).
8. To improve the level of awareness of makhalla population. 14% of adolescents would like to discuss the issues of drug addiction and HIV/AIDS with their parents, however they have no this opportunity because of lack of awareness among adults.

RECOMMENDATIONS FOR NON-GOVERNMENTAL ORGANIZATIONS, WORKING IN THE SPHERE OF PREVENTION OF DRUG ADDICTION

1. In the process of development of the strategy of preventive activities of NGO (non-governmental non-commercial organizations) it should be taken into consideration that deterrence methods (exaggerating the negative effect of drugs on health, or claiming that even one time use will immediately result in addiction) are not efficient (about 60% of adolescents do not consider their own health an important value), and deterrence methods sometimes cause unhealthy interest of adolescents to drugs. It is necessary to speak to adolescents about drugs honestly and truthfully.
2. To collaborate with television and radio, to participate in TV programs on these subjects. The results of the study demonstrate that most of schoolchildren (about 55%) spend much time watching TV programs, and 51% of respondents indicated Russian and local mass media as major source of information about drugs.
3. It is necessary to work more intensively with youth audience, carefully elaborating strategies of the activities. Schoolchildren spend most of their spare time (about 50%) with their friends, the most important source of information on drug addiction for them are their friends outside of school (36%), friends who are their classmates (25%), their classmates (15%), and friends among their neighbours (11%).
4. To conduct the work on advertising healthy way of life at schools, with active involvement of teachers, school psychologists and young people, because information on drugs and problems associated with them adolescents of 9th-11th forms in 19% of cases get from school teachers and school medicals.
5. To train trainers to teach the use of the peer-to-peer principle for promoting a healthy way of life among schoolchildren below 10 years of age. 15% of all respondents indicated that they know adolescents of older age, using PTS. 13% of respondents have such friends-neighbours, about 4% know them among their classmates and the same percentage know them among their friends-classmates. At the same time, 3.5% of respondents pointed out that most of known by them children of older age and friends-classmates use PTS.
6. Attention should be paid to conducting preventive activities in children below 11 years, because the age of the first trial of anasha (marihuana) is 14 years (this was indicated by more than one third of those who use anasha (marihuana)), age of first trial of inhalants is 11 years (more than a quarter of those using inhalants, tranquillizers/sedative substances), and age of the first trial of heroine is 14 years. In the process of preparation of workshops and training, special attention should be paid to competent information on the most widely spread psychotropic substances in Uzbekistan, like anasha (marihuana) (indicated by 20% of respondents), inhalants (20%), heroine (18%), opium (16%), tranquillizers (14%).
7. Information on HIV/AIDS/STI must be included into preventive activities, because more than half of respondents do not associate risk of infection with HIV/AIDS with the use of drugs, about a quarter of respondents gave wrong answers regarding the ways of infection with HIV/AIDS and STI, and more than 80% gave wrong answers regarding ways of prevention of these infections.
8. Young volunteers should be involved in the work conducted by NGOs, through participation in mass campaigns, keeping in mind that about 50% of schoolchildren would like to participate in advertising of healthy lifestyle.

RECOMMENDATIONS FOR THE MINISTRY OF HEALTH

1. Health education in its current form aims to raise awareness on the harm caused by abuse of alcohol, drugs and other PTS for health, physical and psychological development, and the future of the adolescents. However, certain part of adolescents significantly underestimate importance of their own health. The question “What is your attitude to your own health?” in our survey was answered as “important for me” and “very important for me” by 43% of adolescents, having episodes of PTS use, 57% of those who want to try to use PTS, and 63% of the rest. Average percentage of such answers is as low as 54.3%. Therefore, we consider it is appropriate to **change the traditional orientation of health education from emphasizing the negative aspects of various risk factors, towards development of motivation of positive behaviour among adolescents, ensuring concern about their own health.**
2. **The task of training school teachers and psychologists on the programs of drugs demand reduction, undoubtedly, requires involvement of narcologists and professionals in the area of public health care.** Hence, it should be appropriate to organize, on agreement with the Ministry of Public Education, permanent training courses for training of school teachers and psychologists on the issues of conducting preventive activities at schools.
3. It has been demonstrated by the results of “Rapid Assessment Situation on Drug Abuse in Uzbekistan”, conducted by ODC in 2001-2002, that heroine was the most widespread drug. However, due to various reasons, absolute majority of those who use heroine, initiated their drug abuse from the use of cannabis when they studied at school. It is considered that more typical for adolescents is episodic use of drugs, without addiction to them. Most adolescents simply want to “try it themselves”. For most of them, it remains an episode, but for some of them, episodic use transfers into regular abuse. In future they form major contingent of drug users. Therefore, real danger for schoolchildren is use of cannabis, because cannabis is not perceived by many schoolchildren as a drug, and those who use it are not perceived as drug addicts, particularly if they use it episodically. Considering these peculiarities, it would be appropriate **to establish a task force out of leading experts – narcologists, venereologists, experts on the issues of HIV, staff of the Faculty of Economy and Organization of Public Health of the Tashkent institute of professional upgrading for doctors, psychologists – for development of new and adaptation of existing international programs on drug reduction (targeting the programs depending on age and gender, as well as reference of adolescents to “risk group”).**
4. **Permanent changes of the level and character of PTS consumption causes the need to introduce monitoring system, to facilitate development of relevant preventive activities, and to make the whole system of prevention more targeted and differentiated.** With this, major area of monitoring of the situation in the area of drug use in the country in general is to be focused on growth dynamics of the use of drugs in the country by adolescents and young people, because peculiarities of involvement of these age groups in drug use is very important for further development of general drug use situation.

5. Involving specially trained medicals in training for safe behavior skills for schoolchildren seems very important with regards to the issues touched upon in the school subject "Basics of Life Safety".
6. Results of the survey revealed domination of passive model of involvement in drug use in 2/3 cases, when for the first time of drug schoolchildren were not able to refuse the offer of senior adolescents, strangers or friends-neighbors. Consequently, activities aimed at information, education and training the skills of safe behavior should begin from the 3rd form, and they are to be conducted not only under school curricular, but families as well. In this context, participation of family doctors in preventive work could have been determinant.
7. It would be appropriate to **establish anonymous consulting services for adolescents**, for example, under central district polyclinics, with hot line telephones, to provide an opportunity to be consulted not only on the issues of PTS use, but on the issues of HIV/AIDS/STI, sexual education, deviation behavior of adolescents, etc. These services could have rapid test kits for determination of PTS. Such consultative structures would be extremely useful for adolescents from the high-risk groups and their parents, due to the desire these groups expressed in the survey to get competent information in a confidential form. Anonymous consulting services for adolescents could have a role of an interlink between family and school, on the one side, and specialized narcological institutions, on the other side. The opportunity of getting professional consultations and referral for treatment to specialized clinics on anonymous basis will contribute for timely provision of both emergency and planned stationary aid for adolescents, using drugs.
8. Taking into account that mass media were indicated by schoolchildren as major source of getting information on PTS, while mass media often make emphasis on the issue of injection drug use, which is not a typical problem for schoolchildren, they should be oriented on urgent issues, related with the use of PTS at schools. Activities of mass media in the areas of prevention and highlighting the issues related with drug use and spreading of HIV/AIDS/STI, should be correct and competent. It has been demonstrated by the survey that in the opinion of rather many adolescents, harm caused by consumption of anasha (marihuana) (the most widely spread drug among 9th-11th forms) is not significant. Therefore, for prevention purposes it is extremely important to exclude the concept of "light" drugs. Key point here is to become the statement that even episodic use of PTS is the first phase of dangerous addictive behaviour, which can be reflected negatively not only on physical health, however, in some cases it might fatally change their personality and seriously complicate achievement of social success in future.