Expanding Access to Opioid Substitution Therapy for Injecting Drug Users in Eastern Europe and Central Asia

Round Table on Drug Use Related Problems and Ways to Address These Problems in Central Asia

Organized by the International AIDS Society, the Harm Reduction Resource Centre and the Drug Control Agency of Kyrgyz Republic. Bishkek, 23 – 24 June 2011

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Executive Summary:

The International AIDS Society (IAS) in partnership with the Central Asian Information and Training Centre on Harm Reduction (CATIC) and the Drug Control Agency of the Kyrgyz Republic convened a regional meeting of drug treatment specialists (narcologists), representatives of the Republican AIDS centre, drug control agencies, penitentiary system and civil society including representatives of NGOs, activists participating in OST programs and international organizations from Kazakhstan, Kyrgyz Republic, Uzbekistan and Tajikistan. The meeting took place in Bishkek, Kyrgyz Republic, on 23-24 June 2011. Participants of this regional meeting discussed ways of expanding access to comprehensive services for people who inject drugs (WHO, UNODC, UNAIDS, 2009)[1] in Central Asia, and specifically, of scaling-up access to opioid substitution therapy (OST).

The Bishkek OST advocacy meeting was part of the IAS' three-year project "Expanding Access to Opioid Substitution Therapy for People Who Inject Drugs in Eastern Europe and Central Asia (EECA)". Objectives of the Bishkek meeting were consistent with the IAS project objectives:

Objective 1:	Contribute to improved knowledge and strengthened [operations] research capacity for scale up of HIV/OST programmes for people who inject drugs
Outcome:	Increased Russian language evidence base around OST and HIV.
Output:	Russian language virtual knowledge centre (VKC).
Objective 2:	Advocate for reform of drug policy; and for acceptance of OST as essential for effective HIV prevention, treatment and care for people who inject drugs.
Outcome:	Advocacy platforms/networks around OST established in three EECA countries.
Output:	Country level advocacy platform/network consisting of IAS membership and NGO/civil society, focusing on a specific advocacy goal of inclusion of OST medicines on essential medicines list for specific countries.

The meeting in Bishkek provided a high-level platform for OST advocacy and information-sharing. Participants provided useful updates on the implementation of OST projects in their countries, discussed approaches to advocate for OST scale-up at national and regional level, discussed barriers to scaling-up access to OST for people who use opiates in Kazakhstan, Kyrgyz Republic, Tajikistan and Uzbekistan and ways to overcome these barriers. Participants highlighted the need for strong technical support to OST projects in Central Asia, including availability of information about OST in Russian and national languages, coordination of advocacy efforts and effective advocacy campaign to scale-up OST and access to harm reduction services for people who inject drugs. The meeting concluded with adopting a meeting Resolution (its text is provided in Section 6).

[1] WHO, UNODC and UNAIDS. 2009. Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. *WHO Department of HIV/AIDS. Geneva. Accessed online on May 29, 2011 at http://www.who.int/hiv/pub/idu/idu_target_setting_guide.pdf (available in Russian http://www.who.int/entity/hiv/pub/idu/who_unodc_unaids_target_settings_rus.pdf)*

Participants of the Bishkek meeting discussed next steps in advocacy for OST scale-up in the regions and support that could be provided by IAS and other organizations, including the following:

- Ensure access to scientific materials, articles, guidelines, and other sources that provide scientific evidence on OST and harm reduction in Russian language (and in national languages);
- Promote knowledge and awareness about OST and harm reduction interventions through ongoing educational programs targeting professionals and activists. Provide support to regional and local networking organizations in developing online certificate courses on OST and harm reduction;
- Support the professional development of regional networks of HIV/AIDS and drug treatment professionals and activists in other possible ways (organizing site visits, providing technical support and workshops with prominent OST and harm reduction experts);
- Support the development and implementation of research projects in Central Asian countries (e.g. methodology development, training for researchers, producing (co-authoring) publications in peer reviewed journals at the national, regional and international levels);
- Support the development of an effective-sustainable approach to advocating for OST scale-up in *all* Central Asian countries.

1. BACKGROUND

Interventions such as needle and syringe programs (NSPs) and opioid substitution therapy (OST) with methadone and buprenorphine are recognized internationally as key elements of an effective response to HIV among people who inject drugs, including prison inmates.
Central Asian countries – Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan – differ with regard to HIV prevalence and the extent of their responses to HIV. In these countries, HIV epidemics is driven predominantly by unsafe drug-injecting and sexual practices.[2,3]
All countries except Turkmenistan have introduced OST therapy with methadone and/or buprenorphine to curb the spread of HIV and to ensure more efficient drug dependence treatment options. Efforts to scale-up harm reduction and OST programs in Central Asia have been uneven. Kyrgyzstan has been expanding OST programs since 2002; Kazakhstan runs three pilot projects since 2008; Tajikistan opened the first pilot OST sites in 2010 (Latypov, 2010) [4], Uzbekistan OST pilot launched in 2005 was closed in 2009 (Kerimi 2009, Khachatryan 2009).[5,6]

Barriers to scaling-up OST in Central Asia include low coverage and limited accessibility of OST, as well as legal and social barriers. While the WHO/UNODC/UNAIDS (2009) target setting guide considers anything below 20% as "low" coverage and anything above 40% as "high" coverage, Kazakhstan, Kyrgyzstan and Tajikistan have not managed to reach 5% of the estimated IDU population (Mathers et al. 2008, EHRN 2010). In Kyrgyzstan, approximately 3% of people who inject drugs have access to OST (both in health care and prison systems); in Kazakhstan and Tajikistan, less than 1% of people who use drugs have access to OST (Lancet, 2009) in healthcare settings. OST in prisons is not available. In Central Asia, OST coverage of people who inject drugs and people in detention and in prisons "was less than or equal to one recipient per 100 IDUs" (Mathers et al., 2010).[7] Canadian HIV/AIDS Legal Network and UNODC (2010) suggest that legal and social barriers are key factors that limit access to harm reduction services and OST in Central Asian countries.

The need to scale-up comprehensive services, and specifically OST, for people who inject drugs has been endorsed internationally, including by the experts who took part in the Yalta OST Summit (2008), by the United Nations (WHO, UNODC, UNAIDS, 2009)[8], and in the Vienna Declaration (2010).[9]

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[2] UNODC (Regional Office for Central Asia), *Compendium of Drug-related Statistics 1997-2008* (June 2008), p. 32

[3] HIV/AIDS data and information about harm reduction services in Turkmenistan in scientific publications and main sources of information about harm reduction and OST in countries (including the UN Reference Group on HIV/AIDS and EMCDDA) are scarce.

[4] Latypov, A. 2010. Opioid substitution therapy in Tajikistan: Another perpetual pilot? *International Journal of Drug Policy. 21(5):407-10.* Epub 2010 Feb 24.

[5] Kerimi, N. 2009. Accessibility of opioid substitution treatment in countries of Central Asia and in Azerbaijan: Recent developments and next steps. 4th Central Asian Partnership Forum on HIV Infection, 10-11th November 2009, Almaty, Kazakhstan. Available at: http://www.rcaids.kz/files/00001152.pdf

[6] Khachatrian A. 2009. Uzbekistan: government discontinues pilot opiate substitution therapy program. *HIV/AIDS Policy Law Rev. 2009 Dec;14(2):26-7.*

[7] Mathers B.M., Degenhardt, L., Ali, H., Wiessing, L., Hickman, M., Mattick, R.P., Myers, B., Ambekar, A., Strathdee, S.A. 2009. Reference Group to the UN on HIV and Injecting Drug Use. 2010. HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. *Lancet. March 20, 2010; 375(9719):1014-28. Epub February 26, 2010.*

[8] WHO, UNODC and UNAIDS, 2009.

[9] The Vienna Declaration. 2010. Website: http://www.viennadeclaration.com/the-declaration/

On 23-24 June 2011, in Bishkek (Kyrgyz Republic), the IAS in collaboration with the Central Asian Training and Information Centre on Harm Reduction (CATIC) and the Drug Control Agency of Kyrgyz Republic convened a regional meeting dedicated to scaling-up access to OST and other services for people who inject drugs. Drug treatment specialists (narcologists), representatives from AIDS centres, drug control agencies, penitentiary system, and civil society including OST program participants, and international organizations from Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan participated in this regional meeting.
The IAS/CATIC meeting brought together OST and Ham Reduction experts from Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan as well as international organizations working in the region. The meeting provided an important and much needed opportunity for review of progress and current situation and a platform for discussion. The meeting was co-chaired by Bonivur Ishemkulov, Director of CATIC, and Timur Isakov, Drug Control Agency of Kyrgyz Republic. Funding for the meeting was provided by the IAS.

The Bishkek OST advocacy meeting was part of the IAS' three-year project "Expanding Access to Opioid Substitution Therapy for People Who Inject Drugs in Eastern Europe and Central Asia (EECA)". Objectives of the Bishkek meeting were consistent with the IAS project objectives:

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The purpose of the regional meeting was to mobilize action on expanding access to comprehensive services for injecting drug users (IDUs) (WHO, UNODC, UNAIDS, 2009), and specifically to opioid substitution therapy (OST), in Central Asia. The primary objectives of the meeting were to review the current state of HIV and other drug related problems among IDUs in the four countries and in the region; to discuss barriers to scaling-up harm reduction and OST and ways to scale-up harm reduction and OST services for people who inject drugs; to discuss existing barriers and opportunities for expanding comprehensive services for IDUs and specifically, access to OST.

The IAS offered free membership to all Bishkek meeting participants as the first step toward ongoing engagement and building a regional reference group for future advocacy.

2. Evidence and foundation for scaling-up harm reduction services and OST in Central Asia

The June 2011 IAS/CATIC meeting in Bishkek built on the strong foundation provided by the ongoing work of local and international organizations, including through progress review meetings. These meetings, held between 2008 and 2011, have been important in setting targets and outlining benchmarks for scaling-up comprehensive services for injecting drug users and clients of opioid substitution treatment programmes in Central Asia.

The 2008 IAS Yalta Summit "brought together scientific leaders in EECA to act as catalysts in development of a large-scale advocacy effort and a series of activities that can generate pressure to move the issue within the region and internationally" (IAS, 2008). Three groups of recommendations for action and opportunities for expanding access to OST were put forward by the experts: 1) Research and evidence, 2) Normative work on OST in EECA and 3) Advocacy for scale-up (IAS, 2008)[10]. In 2008, IAS and the Eurasian Harm Reduction Network (EHRN) produced a report on OST in EECA (Aizberg, 2008).[11] Between 2008 and 2010, United Nations Office on Drugs and Crime (UNODC) and the Canadian HIV/AIDS Legal Network carried out an extensive review of legislation in Central Asian countries and in Azerbaijan and produced the report *"Accessibility of HIV Prevention, Treatment and Care Services for People who Use Drugs and Incarcerated People in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan: Legislative and Policy Analysis and Recommendations for Reform"*.[12] The Canadian HIV/AIDS Legal Network and UNODC (2010) concluded that legal and social barriers are among the factors that limit access to harm reduction services and OST in Central Asian countries. The report provides detailed analysis of the situation in each country and recommendations to each country.

In 2010, EHRN carried out research on OST in Central Asia, produced the report *Opioid Substitution Therapy in Central Asia: Towards Diverse and Effective Treatment Options for Drug Dependence*[13] and held a meeting of regional OST and harm reduction experts. In 2010, USAID carried out an inventory of OST related regulations and normative documents; inventory documents for Kazakhstan, Kyrgyzstan and Tajikistan are available at http://www.eematkb.com/Activity7.htm. In June 2011, the Quality Health Project of the United States Agency for International Development (USAID) and the AIDS Project Management Group (APMG) organized training for narcologists and brought together groups of experts to establish advocacy platforms.[14]

In Central Asian countries, national governmental and non-governmental organizations carry out activities in support of scaling-up OST with strong support from international organizations. The Regional UNODC office coordinates OST related activities in Kazakhstan, Kyrgyzstan and Tajikistan; in 2011, UNODC produced matrices of OST related events in the three countries. GIZ, CDC and USAID, AIDS Foundation East-West (AFEW), Department for International Development (DfID), United Nations Development Program (UNDP) and other international organizations work in Kazakhstan, Kyrgyzstan and Tajikistan. However, very few international organizations are present or are actively involved in harm reduction activities in Uzbekistan.

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[10] The International AIDS Society (IAS). 2008. Expanding access to opioid substitution therapy for injecting drug users in Eastern Europe and Central Asia. IAS Yalta Scientific Leadership Summit, 17-18 October 2008. *Available at: http://www.iasociety.org/Web/WebContent/File/19Jan-IASYaltaSummit-FinalReport.pdf*

[11] Aizberg, O. 2008. Opioid Substitution Therapy in Selected Countries of Eastern Europe and Central Asia; International AIDS Society. *Eurasian Harm Reduction Network. Available at: http://www.iasociety.org/Web/WebContent/File/19Jan-IASYalta-OST%20Overview_ENG%20final%20version-doc.pdf*

[12] The report is available on-line in English at http://www.unodc.org/documents/centralasia//Accessibility_of_HIV_prevention_treatment_and_care_eng.pdf (in Russian at ttp://www.unodc.org/documents/centralasia//Accessibility_of_HIV_prevention_treatment_and_care_rus.pdf)

[13] The Eurasian Harm Reduction Network (EHRN). 2010. Opioid Substitution Therapy in Central Asia: Towards Diverse and Effective Treatment Options for Drug Dependence. Executive Summary. Authors: Latypov, A., Otiashvili, D., Aizberg, O., Boltaev, A. EHRN: Vilnius. Full text report in English and Russian is available from April 2010 at: www.harm-reduction.org.

[14] Interview with Dave Burrows, APMG, May 2011.

At the international level, the Committee on Social, Cultural and Economic Rights produced recommendations for Tajikistan (United Nations Economic and Social Council, 2006) and Kazakhstan (United Nations Economic and Social Council, 2010) to ensure access to harm reduction in Tajikistan in and access to harm reduction and specifically to OST in Kazakhstan:

Kazakhstan[15]

Source: United Nations Economic and Social Council, Committee on Economic, Social and Cultural Rights, E/C.12/KAZ/CO/1, 2010, paragraph 34, page 8

34. The Committee is concerned by the lack of information about illicit drug production and drug-trafficking, which are reportedly serious in the State party. The Committee also notes with concern that few drug users have access to methadone as a substitute drug dependence therapy, as this programme of treatment is still in a pilot phase.

The Committee requests that the State party include in its next periodic report detailed information, including statistical data, disaggregated by urban/rural distribution, on an annual basis, on drug consumption, illicit drug production and drug trafficking. The Committee also calls on the State party to ensure that methadone as substitute drug dependence therapy is made accessible to all drug dependents (art. 12).

Tajikistan[16]

Source: United Nations Economic and Social Council, Committee on Economic, Social and Cultural Rights, E/C.12/TJK/CO/1, 2006, paragraph 70, page 10

70. The Committee recommends to the State party to conduct education campaigns on HIV/AIDS through the media, school curricula and other means, aimed at (1) ensuring that individuals (particularly those belonging to high-risk groups) have the necessary information to protect themselves from the disease, and (2) reducing the stigma and discrimination surrounding the disease and the groups most affected by it, such as injection drug users, prisoners, commercial sex workers and returning migrants. The Committee also recommends that the State party establish time-bound targets for extending the provision of free testing services, free treatment for HIV and harm reduction services to all parts of the country.

Although these recommendations are not legally binding, they are part of the process of "enforcing" international agreements; for instance, these recommendations can be used to start a litigation process as a tool for advocacy to scale-up access to comprehensive harm reduction services.[17] These recommendations provide the basis for referring to national and, if necessary, to international court systems to demand access to OST as an essential element of quality health care and as a method to ensure the right for health for everyone.

[15] United Nations Economic and Social Council, "Consideration of reports submitted by States parties under articles 16 and 17 of the Covenant. Concluding observations of the Committee on Economic, Social and Cultural Rights, Kazakhstan" (E/C.12/KAZ/CO/1). Committee on Economic, Social and Cultural Rights' Forty-fourth session, Geneva, 3–21 May 2010. Original: English. Accessed online on July 21, 2011 at http://www2.ohchr.org/english/bodies/cescr/cescrs44.htm

[16] United Nations Economic and Social Council, "Consideration of reports submitted by States parties under articles 16 and 17 of the Covenant. Concluding observations of the Committee on Economic, Social and Cultural Rights, Tajikistan" (E/C.12/TJK/CO/1). Committee on Economic, Social and Cultural Rights' Thirty-seventh session 6-24 November 2006. November 24, 2006. Original: English. Accessed online on July 21, 2011 at http://www2.ohchr.org/english/bodies/cescr/cescrs37.htm

[17] Interview with Mikhail Golichenko, Canadian HIV/AIDS Legal Network. May 2011.

3. State of HIV and Drug Use epidemics in Central Asia

"Know your epidemic, know your current response", and know the region where you work

Within the framework of the *"Know your epidemic, know your current response"* approach promoted by the Joint UN Programme on HIV/AIDS (UNAIDS), all countries and stakeholders are advised to develop "HIV prevention responses that are tailored to local contexts and are evidence-informed through epidemiological analysis, behavioral data and an understanding of social and gender norms".[18] Participants of the IAS/CATIC meeting in Bishkek, discussed the need for tailoring responses and advocacy strategies to the situation in Central Asia and in each country of the region, thus emphasizing the *know the region where you work (local context)* approach. Although former-USSR countries have similar drug and health laws and similar healthcare systems; countries of Central Asia are in many ways different from Eastern European countries. Factors such as religion, traditions and attitudes are to be taken into account when planning interventions and developing advocacy strategies. One of the points raised during the meeting was that learning from Iran, China and other countries in the region with advanced experience in drug related harm reduction would be beneficial. This can be done to complement learning from the experience of European and other Western countries.

In Central Asian countries, HIV burden is much lower compared to the neighboring Eastern European countries, particularly to Russia and Ukraine. According to the *USAID HIV/AIDS Health Profile for Central Asian Republics (2011),* over 60,000 people are living with HIV in Central Asia were HIV positive. Combined adult HIV prevalence rates in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan are relatively low – 0.3% or less. At the same time, HIV prevalence is high in the most-at-risk populations including injecting drug users and sex workers. While the use of nonsterile injecting drug equipment has been the primary mode of transmission in Central Asian countries, sexual transmission of HIV is increasing throughout the region. Therefore, sex workers and their clients and the sexual partners of IDUs are at greatest risk of HIV.[19]

The territory of Central Asian countries is heavily used in drug trafficking; as a result, cheap opiates of high quality and purity are widely available. Afghan heroin is being "trafficked to Central Asia, mainly for final destinations in the C.I.S. [Community of Independent States] countries, notably the Russian Federation" (UNODC, 2011).[20] According to the UNODC 2011 World Drug Report the number of opioid and opiate users in all Central Asian countries is estimated 320,000-350,000 people (UNODC, 2011). In Central Asian, prevalence of opiates over other types of drugs injected makes opioid substitution therapy (OST) an efficient intervention.

As indicated in Table 1, HIV prevalence rates among injecting drug users (IDUs) reach 17.6% and 14.3% nationally in Tajikistan and Kyrgyzstan, respectively. In Uzbekistan, 11% of IDUs are HIV positive nationally, according to the 2010 Report on the Global AIDS Epidemic by the United Nations Joint Program on HIV/AIDS.[21] Kazakhstan reports HIV prevalence in IDUs at 2,8%.[22]

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[18] Minimum Requirements for effective HIV prevention programming. Available at the UNAIDS website http://hivpreventiontoolkit.unaids.org/Knowledge_Epidemic.aspx

[19] This tendency was highlighted in all presentations at the IAS/CATIC meeting, June 23-24, Bishkek. Please see the presentations at the IAS website.

[20] UNODC. 2011. World Drug Report 2011. Statistical annex: illicit drug consumption *(accessed online on June 22, 2011 at http://www.unodc.org/unodc/en/data-and-analysis/WDR-2011.html)*

[21] USAID. 2011. USAID HIV/AIDS Health Profile for Central Asian Republics, 2011. *Accessed on June 15, 2011 at http://www.usaid.gov/our_work/global_health/aids/Countries/asia/caregion.html*

Table 1. HIV and Drug Use in Central Asian Countries

	Kazakhstan[23]	**Kyrgyzstan**[24]	**Tajikistan**[25]	**Uzbekistan**[26]
Total population[27]*(2009)*	*15.89 mil.*	*5.32 mil.*	*6.95 mil.*	*27.77 mil.*
Estimated number of PLHIV	18,500	8,990	9,100	30,000
Registered HIV cases (2011)[28]	15,771	3,519	3,051	15,892
Estimated HIV prevalence among adult population 15-64 years old	0.1%	0.2%	0.2%	0.1%
Estimated number of IDUs	119,140	25,000	20,300[29]	118,600[30]
Registered IDUs	34,394	7,474	7,093	9,304
HIV prevalence in IDUs	2.8%	14,3%	17.6%	11%[31]

Participants of the IAS/CATIC regional meeting "Drug use related problems in Central Asia and ways to address these problems" shared their knowledge about the situation with harm reduction services and OST programmes targeting people who use drugs. They presented experience of their respective countries and outlined challenges in scaling-up OST. Further in the report, Sections 4 and 5 describe issues that participants of the IAS/CATIC regional meeting presented and discussed. Main points of these presentations and discussions were summarized in a meeting resolution; the text of the resolution is presented in Section 5.

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[22] Republican AIDS Centre. Information note. June 2011 (not published).

[23] 2011 data, Source: Republican AIDS Centre. Information note. June 2011 (not published).

[24] Kyrgyz Republic National Report on the Declaration of Commitment to Combating HIV/AIDS 2009. Submitted to UNAIDS in 2010. (Национальный отчет о ходе выполнения Декларации о приверженности делу борьбы с ВИЧ/СПИДом ССГА ООН, Кыргызская Республика, 2009 год. Направлен в ЮНЭЙДС в 2010 г.)

[25] Tajik Republic National Report on the Declaration of Commitment to Combating HIV/AIDS 2009. Submitted to UNAIDS in 2010. (Национальный отчет о ходе выполнения Декларации о приверженности делу борьбы с ВИЧ/СПИДом ССГА ООН, Таджикистан, 2009 год. Направлен в ЮНЭЙДС в 2010 г.)

[26] Nikitina, Tatiana. 2011. Overview of HIV-prevention services for people who use injecting drugs in the Republic of Uzbekistan. *Presentation, June 23-24, 2011, Bishkek.* (Обзор доступности услуг по профилактике ВИЧ-инфекции среди потребителей инъекционных наркотиков в Республике Узбекистан Татьяна Никитина, директор ННО «INTILISH», Узбекистан . Бишкек, 23-24 июня 2011).

[27] World Bank. 2009 Data. http://web.worldbank.org

[28] Presentations from Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan*. 23-24 June 2010, Bishkek.*

[29] Isakov, Timur. 2011. Situation with Drug Use in the Central Asian Region and in Kyrgyz Republic. *Presentation. The State Drug Control Service of the Kyrgyz Republic, Kyrgyzstan, 23-24, 2011, Bishkek*. («Обзор ситуации по проблемам наркотиков в Центрально-Азиатском регионе и Кыргызской Республике». Тимур Исаков, Государственная Служба Кыргызской Республики по Контролю Наркотиков. Презентация, Бишкек 23-24 июня 2011).

[30] Ibid.

[31] USAID. 2011. USAID HIV/AIDS Health Profile for Central Asian Republics, 2011. *Accessed on June 15, 2011 at* *http://www.usaid.gov/our_work/global_health/aids/Countries/asia/caregion.html*

4. Current situation with OST and harm reduction services in the four Central Asian countries (overview of presentations)

4.1. Availability of harm reduction services in Central Asia countries

In presentations, IAS/CATIC meeting participants provided an overview of services available for IDUs in Central Asian countries. At the time of writing this report, in June 2011, in Uzbekistan, 236 NEP sites in the healthcare system and 30 healthcare sites run by the governmental Ministry of Health healthcare settings provided services to IDUs[32]; OST sites were closed in 2009 (Kerimi 2009, Khachatrian 2009).[33,34] In Kazakhstan, 168 needle exchange programs (NEP) sites in the healthcare system including 24 mobile outlets are run by the AIDS Centers and non governmental organizations (NGOs); drug treatment facilities (narcology centers) in three cities implement three pilot OST projects.[35,36] In Kyrgyzstan, 23 NEP sites and 17 OST sites are based in the Ministry of Health healthcare institutions; 19 NEP sites and three OST sites function in prison settings.[37] In Tajikistan, 45 NEP sites and 16 healthcare sites for IDUs are implemented in healthcare institutions[38] and 4 pilot OST programs in drug treatment (narcology) centers.[3940]

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[32] Nikitina, Tatiana. 2011. Overview of HIV-prevention services for people who use injecting drugs in the Republic of Uzbekistan. *Presentation, June 23-24, 2011, Bishkek.* (Обзор доступности услуг по профилактике ВИЧ-инфекции среди потребителей инъекционных наркотиков в Республике Узбекистан Татьяна Никитина, директор ННО «INTILISH», Узбекистан . Бишкек 23-24 июня 2011).

[33] Kerimi, N. 2009. Accessibility of opioid substitution treatment in countries of Central Asia and in Azerbaijan: Recent developments and next steps. 4th Central Asian Partnership Forum on HIV Infection, 10-11th November 2009, Almaty, Kazakhstan. Available at: http://www.rcaids.kz/files/00001152.pdf

[34] Khachatrian A. 2009. Uzbekistan: government discontinues pilot opiate substitution therapy program. *HIV/AIDS Policy Law Rev. 2009 Dec;14(2):26-7.*

[35] Davletgalieva, Tatiana. 2011. Implementation of opioid substitution teratment programme in the Republic of Kazakhstan. *Presentation of the Republic AIDS Center. June 23-24, 2011, Bishkek.* (Давлетгалиева Татьяна. 2011. Реализация программы по опиоидной заместительной терапии в Республике Казахста. Республиканский Центр по профилактике и борьбе со СПИД)

[36] Republican AIDS Centre. Information note. June 2011 (not published).

[37] Usenakulova, Aizada. 2011. Situation with drug use in Kyrgyzstan and provision of narcological assistance. *Presentation. 23-24 June, Bishkek. (*Айзада Усенакунова. 2011. *Обзор ситуации потребления наркотиков в КР и оказание наркологической помощи. РЦН МЗ КР, Презентация, 23-24 июня, Бишкек).*

[38] Nikitina, Tatiana. 2011. Overview of HIV-prevention services for people who use injecting drugs in the Republic of Uzbekistan. *Presentation, June 23-24, 2011, Bishkek.* (Обзор доступности услуг по профилактике ВИЧ-инфекции среди потребителей инъекционных наркотиков в Республике Узбекистан Татьяна Никитина, директор ННО «INTILISH», Узбекистан . Бишкек 23-24 июня 2011).

[39] Tajikistan Republican Narcology Centre. 2011. Situation with opiate use in the Republic of Tajikistan. *Presentation. 23-24 June, Bishkek.*

[40] Azizmamadov, Maram. 2011. Situation with opiate use in the Republic of Tajikistan. *Presentation by NGO «Volonter». 23-24 June, Bishkek.*

4.2. OST development in Central Asian countries: 2008 – 2011

Since 2008, OST development in the region has been uneven. On the positive side, Kyrgyzstan has been scaling-up OST programs in both healthcare and prison systems, Kazakhstan and Tajikistan launched pilot OST projects and have plans to scale-up OST. In 2010, the Kazakhstan Republican AIDS Center developed an OST scale-up strategy for 2010-2014 with support from UNODC.[41] While in some countries the number of OST projects has been increasing, Uzbekistan closed its pilot program in 2009 (Kerimi 2009, Khachatrian 2009).

Overall, the coverage of people who use drugs with OST is low compared to recommendations of WHO, UNAIDS and UNODC (2009)[42] – coverage below 20% is low, between 20-40% - medium and over 40% - high and efficient for combating the HIV epidemic among people who use drugs and consequently, in the general population. In Central Asian countries, the coverage remains below the low coverage mark. For instance, in Kyrgyzstan, where the highest in the region level of IDU coverage with OST services is reported, the coverage is 4.1% of estimated 25,000 IDUs and 13.6% of the officially registered 7,474 IDUs. In Tajikistan, three pilot OST projects cover about 0.6% of the estimated 20,300 IDUs and 1,9% of 7,093 IDUs registered in the drug treatment (narcology) system. In Kazakhstan, the coverage is 0.08% of estimated 119,000 IDUs and 0.2% of registered 34,394 IDUs. In Uzbekistan, before the program was closed in June 2009, 142 of the estimated 118,000 drug users had been enrolled in OST programmes (Kerimi, 2009).

All Central Asian countries currently implementing OST programs plan scaling-up OST services. In Kazakhstan, according to the Order of the Ministry of Health (2010), the OST programme coverage was to increase to reach 200 people who use drugs. In Tajikistan, 2,200 people who use drugs are to be enrolled in the OST programme by 2015 (Tajikistan Global Fund Round 10 application, 2010). Kyrgyz Republic plans to scale-up its programs to reach up to 3,000 clients both in healthcare system and in prison settings.

[41] OST Scale-up strategy for Kazakhstan 2010-14, 2010. («Расширение доступности опиоидной заместительной терапии в Республике Казахстан в 2010-14 гг: обзор ситуации, план действий и операционный план внедрения». УНП ООН, Республиканский центр по профилактике и борьбе со СПИД, Министерства здравоохранения Республики Казахстан. Астана, Республика Казахстан, Ноябрь 2010).

[42] WHO, UNODC and UNAIDS. 2009. Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. *page. 21. Accessed online on May 29, 2011 at* *http://www.who.int/hiv/pub/idu/idu_target_setting_guide.pdf*

Table 2. Overview of OST programmes in Central Asian Countries as of June 2011 (unless stated otherwise)

Country	Year of introducing OST	State of OST program	On OST[43] 2008	On OST	OST in prisons	Number of IDUs
Kazakhstan	2008	Pilot in 3 cities – scale-up to 4 sites and 200 patients is planned[44,45] - in 2011, the scale-up was deferred as a result of negative evaluation[46]	0	98 Since July 1, 2010 the pilot OST project	no	Estimates - 119,140 Officially registered – 34,394 IDUs (Republican AIDS Centre RK, 2011)
Kyrgyzstan	2002	**Total number of OST sites: 20** - In healthcare institutions: 17 - In the penitentiary system institutions: 3.[47] Plans to scale-up to 3,000 patients and in prison settings	735	**1,013:** 894 in healthcare system; 119 in prison settings	Colony #47 in Bishkek (since 2008); the Detention Centre (СИЗО) №1 in Bishkek and Detention Centre №5 in Osh (since 2009). Scale-up planned	Estimates -25,000 (UNODC, 2006) Officially registered – 7,474 IDUs (РЦН,2010)[48]
Tajikistan	2010	Pilot in 3 regions[49] – scale-up to 2,200 people is planned by 2015[50]	0	105 (pilot project capacity 200 clients)	no	20,300 (UNODC) Officially registered - 7,093 drug users[51]
Uzbekistan	2006	Closed in 2009	140	0	no	118,600 (UNODC) Officially registered - 9,304 IDUs

[43] Aizberg, O. 2008. Opioid Substitution Therapy in Selected Countries of Eastern Europe and Central Asia; International AIDS Society. *Eurasian Harm Reduction Network. Available at: http://www.iasociety.org/Web/WebContent/File/19Jan-IASYalta-OST%20Overview_ENG%20final%20version-doc.pdf*

[44] OST Scale-up strategy for Kazakhstan 2011-14 (2010).

[45] The Ministry of Health of the Republic of Kazakhstan Order # 333 «On Scaling-up Access to Substitution Treatment» of 12 May 2010. (Приказ Министерства Здравоохранения Республики Казахстан «О расширении доступа к заместительной терапии» от 12 мая 2010 № 333).

[46] The report of the evaluation team commissioned by the Ministry of Health of the Republic of Kazakhstan is available at http://spgk.kz/KTO-lobbiruet-metadon-v-Kazaxstane.html (Accessed online on May 30, 2011).

[47] Usenakulova, Aizada. 2011. Situation with drug use in Kyrgyzstan and provision of narcological assistance. *Presentation. 23-24 June, Bishkek. (*Айзада Усенакунова. 2011. *Обзор ситуации потребления наркотиков в КР и оказание наркологической помощи. РЦН МЗ КР, Презентация, 23-24 июня, Бишкек).*

[48] Ibid.

[49] The Ministry of Health of Tajikistan Republic Order # 500 of 29 November 2009. (Приказ Министерства Республики Таджикистан №500 от 29 ноября 2009 года «О реализации пилотного проекта по внедрению ОЗТ в 3-х пилотных районах Республики Таджикистан»).

[50] OST Scale-up strategy for Kazakhstan 2011-14, 2010.

[51] The Republic of Tajikistan Narcology Centre. 2011. Situation with opiate use in the Republic of Tajikistan. *Presentation. 23-24 June, Bishkek.*

4.3. Experiences and challenges in scaling up OST in Central Asian countries

Participants from Kazakhstan, Kyrgyzstan and Tajikistan highlighted positive results of OST in their countries. Most OST clients report improvement of health condition; OST has significantly improved adherence to ARV and TB treatment and treatment of other diseases; frequency of illegal drug use reduced significantly, and as a result, involvement in illegal activities reduced; overdose rates among OST clients are lower than in the IDU population. Social life of OST clients has improved: most OST clients re-established relationships with their families and some OST clients found jobs.

Among obstacles to OST scale-up presenters highlighted the following:

Kyrgyzstan

- Lack of a new Drug Treatment Law that would strengthen the positions of comprehensive harm reduction approaches including OST.
- Insufficient funding for program implementation.
- OST scale-up in prison system requires time to finalize all necessary agreements and to provide OST sites in the penitentiary system with methadone dispensers, to renovate and prepare rooms for NEP and OST, to train medical staff, etc.

Tajikistan

- High threshold service – it is hard for IDUs to comply with eligibility criteria; those criteria should be revised to make OST services accessible for more IDUs;
- Citizenship/ID requirement;
- Lack of OST outside the three pilot regions;
- Lack of OST in the prison system;
- Insufficient awareness of OST among people who use drugs;
- Insufficient funding for OST scale-up;
- Insufficient advocacy for OST in the mass media, among the public and decision makers;
- Cooperation between different services (drug treatment specialists, social workers, psychologists, experts in legal issues, AIDS and other medical specialists) should be strengthened;
- Insufficient OST training for specialists, especially before launch of OST sites;
- Lack of ongoing education for OST practitioners;
- Lack of social workers working with OST sites;
- Mechanisms of coordination between drug treatment services and NGO programmes are undeveloped.
- Referrals of people who use drugs to medical services, including OST, should be improved;
- Narcological system is underfunded;
- Insufficient access to rehabilitation programmes;
- Lack of drop-in centres and psychological and social support for OST programme participants.

Kazakhstan

- Lack of access to OST in healthcare settings (TB clinics, infectious disease clinics, etc.) and in the penitentiary system;
- OST clients are restricted in terms of travel; they cannot get OST in other cities where OST is not implemented. The clients have to visit OST sites every day;

- Travel costs a client incurs to get to an OST site every day;
- Methadone is included in the List II of controlled substances. Although the use of methadone is allowed for medical purposes, import or local production of methadone requires obtaining an annual quota through the Kazakhstan Drug Control Agency of the Government of Kazakhstan from the International Narcotics Control Board (INCB);
- OST awareness of the public and medical specialists is very low. Drug users and narcologists have low expectations from OST. There are lots of myths about OST and the available scientific information is used insufficiently;
- Insufficient integration and cooperation between different services and sectors (the penitentiary system, drug treatment, TB and other services).

Kazakhstan defers OST scale-up

In 2005, the Government of the Republic of Kazakhstan adopted the National HIV/AIDS program (2006-2010) and the Ministry of Health of the Republic of Kazakhstan Order № 609 from 08.12.2005[52] to support the implementation of two opioid substitution therapy (OST) pilot projects for 50 clients. The Kazakhstan Ministry of Health developed OST guidelines for practitioners (Rossinskiy, 2005)[53]. In 2010, the Order of the Ministry of Health of the Republic of Kazakhstan № 333 from 12.05.2010 envisaged scaling-up OST projects to 4 regions and increasing their coverage up to 200 drug users.[54] In June 2011, three OST sites were functioning in Kazakhstan (in Pavlodar, Temirtau and Ust Kamenogorsk): there were plans to open an OST site in Almaty. In 2010, the Kazakhstan Republican AIDS Centre together with UNODC developed a concept of scaling-up OST in Kazakhstan in 2010-2014 that envisaged OST access for 1,000 people who use drugs.[55] OST has been supported through a grant provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and the Kazakhstan Government committed domestic funding for OST.

In 2011, following an anti-OST campaign lead by a group of civil society representatives and medical specialists[56], the Ministry of Health of the Republic of Kazakhstan commissioned a group of healthcare specialists to evaluate the OST pilot programme. According to the evaluation report, the OST pilot programme in Kazakhstan had a number of technical problems and required significant improvements.[57] Surprisingly, instead of making recommendations for improvements, the authors of the report recommended closing the programme. As a result, at a public hearing in May 2011 it was decided to continue implementation of the pilot OST program for up to 200 people and to defer further scale-up of the OST programme for an unknown period of time.

[52] The Ministry of Health of the Republic of Kazakhstan Order # 609 «On the Introduction of Substitution Treatment» of 8 December 2002. (Приказ Министерства здравоохранения Республики Казахстан «О внедрении заместительной терапии» от 8 декабря 2005 года № 609). Accessed on July 20, 2011 at http://www.rcaids.kz/ru/regulatorylegalacts/

[53] Rossinskiy Yu.A., (2005). *The usage of methadone in narcological practice and in drug related harm reduction programs – Methodological Recommendations*, Pavlodar, 68 pages. (Россинский Ю.А. Применение метадона в наркологической практике и программах снижения вреда от незаконного потребления наркотиков: Методические рекомендации. – Павлодар, 2005. – 68 с.)

[54] Приказ Министерства Здравоохранения Республики Казахстан «О расширении доступа к заместительной терапии» от 12 мая 2010 № 333.

[55] OST Scale-up strategy for Kazakhstan 2011-14 (2010).

[56] An Open letter to the President of Kazakhstan Republic N.A. Nazarbaev from civil society representatives who are against promotion of a narcotic drug «methadone» as the method of «treatment» of drug dependent people. (Открытое письмо Президенту Республики Казахстан Н.А. Назарбаеву от представителей гражданского общества, выступающих против продвижения наркотика «метадон» в стране, как средства для «лечения» наркозависимых). Accessed on June 20, 2011 at http://www.zakon.kz/202908-otkrytoe-pismo-prezidentu-respubliki.html

[57] OST program evaluation report. Accessed on May 20, 2011 at http://spgk.kz/KTO-lobbiruet-metadon-v-Kazaxstane.html

4.4. Ways to scale up and improve OST access in Central Asian countries

The main question discussed at the Bishkek meeting was how to make advocacy for OST and comprehensive services for people who use drugs more effective. The following issues were highlighted as important points for designing advocacy actions:

- The need to look not only to Europe, but also to Iran, China and other successful Asian countries. Iran was specifically named as a country of interest. If visiting Iran is challenging, it would be good to invite specialists from Iran to Central Asia and to maintain ongoing communication;
- Peer to peer influence involving ministers, members of parliament or drug control officers is important;
- The need to pay attention to higher ranking officials when working with decision makers: providing information, organizing study tours to other Central Asian countries and other regions, learning from best practices and making allies (at the same time, a common problem in Central Asia is a lack of government stability and constant changes within governments);
- The need to pay attention to the Russian drug policy and to know the opinion of the Russian drug authorities;
- Civil society should develop a strategy for promoting OST and should better coordinate their activities;
- UN system should provide support for coordination of activities in each country as well as the coordination of donor activities. UN also should support countries' planning comprehensive human rights approaches;
- Results of OST and harm reduction programmes in Central Asian countries should be well documented and promoted;
- More scientific articles should be published by researchers and practitioners working in Central Asian countries;
- More scientific information in Russian should be made available in Central Asia to support efforts to scale-up OST in Central Asian countries and should be used for advocacy purposes;
- More Russian language materials should be made available on the internet. Participants agreed that they experience a deficit of information in Russian presenting OST as a science-based and effective approach. The Russian-language internet is now filled mostly by articles that argue against OST or provide negative information about this method of treatment;
- New advocacy strategies should be developed, including advocacy for accessible, high-quality OST services.
- UNODC should work on the agreed Central Asian drug policy and HR strategy, including OST;
- International agencies' activities should be better coordinated to avoid duplication of efforts and to make sure that all gaps are closed;
- Countries should be held accountable for their international obligations including the 2001 Declaration of Commitment on HIV/AIDS, the 2006 Political Declaration on HIV/AIDS. Civil society and international organizations can serve as watchdogs. Local NGOs should be trained in international human rights mechanisms;
- There is a need for goodwill ambassadors on OST;
- CATIC should be presented as an analytical centre for collecting information from countries in the region and advancing these experiences internationally;
- CATIC could provide online training on OST and harm reduction issues;

- In each country organizations involved in OST programme implementation and in advocacy for scaling-up access to OST should identify change agents in the governments, NGO sector, among OST programme clients and people who use drugs, and empower them by raising their awareness and building their capacity as OST advocates.

At the project level, important issues include:

- The need to open OST sites outside big cities to increase their geographic accessibility;
- Integration of OST with other health care and social services;
- OST availability in prison settings;
- Training for all staff members working in OST projects;
- Adoption of national protocols for OST. The protocols should among other things provide regulations for flexible dosage administration depending on the needs of clients;
- Eligibility criteria for entering OST projects are prohibitive; these eligibility criteria should be revisited to make sure that they do not restrict OST access.

5. Meeting Resolution and next steps in scaling-up access to OST in Central Asia

RESOLUTION
Regional Meeting
"Drug use related problems in Central Asia and ways to address these problems"
Bishkek, 23-24 June 2011

We, participants of the Round Table meeting "Drug-Related Issues in Central Asia and Ways to Address Them" which took place on June 23-24 2011 in Bishkek, Kyrgyzstan,

Having discussed drug related issues in the countries of Central Asia and ways to address them, including increasing access, coverage, improving the quality and potential effectiveness of harm reduction programs (HR) and opioid substitution therapy (OST);

With the goals of increasing effectiveness of prevention and treatment of drug dependence, HIV and other socially significant diseases among people who use drugs, and utilizing a comprehensive approach to these issues as recommended by WHO, UNODC and UNAIDS;

Taking into account

- Threats to public health and negative consequences for socioeconomic development of Central Asian countries in relation to the continued drug transit through the countries of Central Asia and the spread of drugs and drug use in these countries,
- National drug and HIV control policies of each country, and
- Obligations that countries have in the framework of regional and international agreements;

Taking into consideration the need to scale-up access of people who use drugs to a comprehensive package of services to prevent and treat HIV and drug dependency, including harm reduction programmes, opioid substitution therapy and other drug treatment programmes;

Consider it necessary to:

2. Strengthen measures to improve the regulatory basis in the region in order to establish a supportive environment for the scale-up of evidence-based methods of HIV and drug treatment and prevention, including OST.
3. Conduct periodic reviews of harm reduction and OST programs in Central Asia, including information about changes in the number of harm reduction and OST programmes and their geographic accessibility (in various regions of the countries, in cities and rural areas); the number of clients and coverage of people who use drugs; and the quality of services provided.
4. Regularly assess barriers to expanding access to OST programs in Central Asian countries, including legislative barriers, financial and technical challenges, and consistently take measures to overcome these barriers.
5. Develop and introduce effective advocacy strategies at the national and regional levels with involvement of a broad range of partners.
6. Strengthen interaction between the state, non-governmental and international organizations working in the field of harm reduction, including OST, in Central Asia. Develop a communication strategy to ensure effective interaction and partnership between non-governmental organizations, the state and international organizations, as well as a strategy of harm reduction advocacy in Central Asia.
7. Inform decision-makers and stakeholders in the region about the need to introduce and expand harm reduction programmes and OST within the healthcare system and in the penitentiary system.
8. Contribute to raising awareness about harm reduction and OST among NGOs, people who use drugs, and clients of the programmes and their relatives.
9. Actively involve civil society representatives, people who use drugs and their relatives in important political decisions related to harm reduction, OST and other programs that aim to

reduce drug demand and increase the effectiveness and accessibility of harm reduction programmes including OST.

10. Coordinate on the basis of CATIC information-sharing between experts in harm reduction and OST, including international and regional meetings and events.
11. Create on the basis of CATIC an electronic library of informational and scientific materials in national languages and in Russian, dedicated to HIV and drug related issues and to the implementation of effective harm reduction and OST programmes in Central Asian countries.
12. Establish mechanisms for coordination of technical and expert assistance and for increasing access to assistance in Central Asian countries during the introduction, adaptation and inclusion of OST in national policies and programmes. In particular: create and update, through the CATIC website, a database of experts in harm reduction and OST. Study possibilities for attracting funding to provide expert assistance.
13. Create conditions to enable effective work of CATIC experts and their professional growth in the field of advocacy for expanding access to harm reduction and OST, and to enable increased effectiveness and quality of programmes and services for people who use drugs. CATIC experts actively participate in advocating and promoting evidence-based approaches in Central Asian countries.

Participants of the Bishkek meeting discussed next steps in advocacy for OST scale-up in the region and the support that could be provided by the IAS and other organizations, including the following:

- Ensure access to scientific materials, articles, guidelines, and other sources that provide scientific evidence on OST and harm reduction in Russian language (and in national languages);
- Promote knowledge and awareness about OST and harm reduction interventions through ongoing educational programs targeting professionals and activists. Provide support to regional and local networking organizations in developing online certificate courses on OST and harm reduction;
- Support the professional development of regional networks of HIV/AIDS and drug treatment professionals and activists in other possible ways (organizing site visits, providing technical support and workshops with prominent OST and harm reduction experts);
- Support the development and implementation of research projects in Central Asian countries (e.g. methodology development, training for researchers, producing (co-authoring) publications in peer reviewed journals at the national, regional and international levels);
- Support the development of an effective-sustainable approach to advocating for OST scale-up in *all* Central Asian countries.

Appendix 1

Harm reduction and OST advocacy meeting, Bishkek, 23-24 June, 2011

List of Participants

Last name, First name	Orgaization/ position
Kazakhstan	
Loskutov, Denis	Head of the Directorate on combating drug trafficking, Department of Interior, Almaty
Derbisalova, Ardak	Director of the prevention unit, Almaty AIDS Centre
Tajikistan	
Ruziev, Firdaus	Chief Inspector of the Drug Control and Drug Use Prevention Department, Drug Control Agency
Malikov, Naimdjon	Narcologist, Republican Clinical Centre of Narcology
Azizmamadov, Maram	Chair of the Board, Tajikistan Harm Reduction Association, NGO «Volonter»
Uzbekistan	
Nikitina, Tatiana	Director, NGO Intilish
Boltaev, Azizbek	Steering Committee Member, Eurasian Harm Reduction Network
Kygyz Republic	
Kachkyaliev Kalybek	Deputy Chair of the State Penitentiary System, RK Government
Tokubaev, Ruslan	Director of the Republic Narcology Centre of the Ministry of Health
Isakov, Timur	Head of the Licensing Department, State Drug Control Service
Usenakulova, Aizada	Republican Narcology Center
Duishenova, Dinara	Head of the CCM Secretariat under the Government of Kyrgyz Republic
Akmatova, Damira	Chief of the Narcological Centre, Colony 47
Mamyrov, Mirlan	National Coordinator, UNODC
Sadykov, Ilim	Coordinator, UNDP Project «Support to the Government in HIV response»
Estebesova, Batma	Director, NGO «Socium»
Yermolaeva, Iren	Director, NGO «Астерия»
Pugacheva, Irina	Participant of prevention programmes
Shonkorov, Nurlan	Participant of prevention programmes
Central Asian programs	
Aubakirova, Bibigul	CDC in Central Asia
Sheril, Kelly	Central Asian Regional Program on HIV/AIDS, CARHAP
Ishemkulov, Bonivur	Central Asian Harm reduction Information and Training Centre, CATIC
Organizers	
Bidordinova, Asya	IAS Consultant
Yesenamanova, Ainura	Coordinator of Education Programs, CATIC
Bekenov, Sanjar	Financial Manager, CATIC
Tokombaev, Sherboto	Communication Specialist, CATIC

Appendix 2.

OPIOID SUBSTITUTION TREATMENT IN KAZAKHSTAN, KYRGYZSTAN AND TAJIKISTAN: AN OVERVIEW OF RECENT DEVELOPMENTS AND ADVOCACY ACTIVITIES (2010-2011)

Prepared by Asya Bidordinova for the International AIDS Society (IAS). 2 May 2011.

This document is an overview of developments and activities related to opioid substitution treatment (OST) advocacy in Kazakhstan, Kyrgyzstan and Tajikistan. This overview was developed in preparation for the first project meeting with the International AIDS Society to support the discussion about OST advocacy needs. This is not a complete list of advocacy activities at the regional and national level. Information in this document complements recent reports on OST in Central Asia.

RECENT ADVOCACY ACTIVITIES – REGIONAL LEVEL

9 – 10 February 2010 meeting: "Main barriers on introduction and expansion of opioid substitution therapy programs in the Central Asia and priorities for advocacy."

Source: http://www.caap.info/ca/view_news.php?id_news=4048

- EHRN together with the Central Asian Harm Reduction Training and Information Center Training held a Regional consultative meeting on advocacy of opioid substitution therapy (OST) in Central Asia in Bishkek (Kyrgyzstan).
- Participants: representatives of civil society, international and government organizations from Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan.
- Result: the EHRN report presented and findings discussed; participants from each country developed a list of actions to strengthen advocacy work on OST in Central Asian countries and active involvement of community and NGOs representatives in this field.

RECENT DEVELOPMENTS BY COUNTRY - Kazakhstan, Tajikistan and Kyrgyzstan

Kazakhstan

Overview:
. The MoH order on provision of OST treatment was issued 2005;
. MoH OST guidelines (OST) developed;
. OST pilot project was launched in 2008, two OST sites in Temirtau and Pavlodar, and later in Ust Kamenogorsk;
. OST advocacy and implementation plan 2011-2014 developed (2010);
. Working Group on OST established (2009);
. Funding for OST allocated in the budget;
. The Minister of Health was re-appointed in April 2011 and continues to be in favour of OST;
. Methadone is imported based on the State Quota for controlled drugs/substances. According to the USAID inventory report, the quota was not renewed.

Needs:
. Although supportive, the Minister of Health is cautious in implementing the scale-up and has expressed the need for scientific and media support;
. High price of methadone as an obstacle for scale-up;
. Need for equipment and education of OST specialists.

Comment:
. The list of essential medicines was abolished and replaced by the *formular* system (MoH order, 2008), whereby medical settings at all levels develop their own lists of medicines that they will need for one year and submit these requests to a specially established governmental agency responsible for procurement and drug management systems.

Results of the Evaluation of the OST pilot projects in 2011 and information about state funding for OST

Source: http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G10/412/21/PDF/G1041221.pdf?OpenElement

- In January 2011, the MoH established a Commission on the evaluation of OST pilot projects in Pavlodar and Temirtau. The Commission **concluded that the programs should be stopped**. *(AB: need to double-check this information - find official sources).*
- The Commission revealed violations of law - methadone was imported illegally as the Government did not renew the drug quota. Only 31% of patients remained on treatment.
  The RK government allocated 201 million Tenge in 2013, 252 million Tenge in 2014 and 462 million Tenge in 2015.

November 2010 – CADAP meeting with representatives of the Kazakh Government

(Source: CADAP Report, 2010)

- A Drug Control Commission representative explained that the scale-up of Opiate Substitution Treatment (OST) is high on the political agenda of the Kazakh Government. This issue had been discussed in several meetings among different ministries.
- A representative of the Ministry of Justice explained that OST is not yet planned in the prison **system**.
- According to government representatives, **a significant obstacle is the estimated high cost of nearly 20 Mio. USD for this program for 5 years, covering 40,000 patients**, because of a **very high price of methadone imported from India**.

22 November 2010 – meeting of the Working Group on OST at the Ministry of Health chaired by one of the Deputy-Ministers

- Discussion of practical issues including **how to make procurement of methadone cheaper, how to start its manufacturing in KAZ, how/whether to begin OST in the penitentiary system**.
- **The main concern was that state funding of OST scale-up covers only the procurement of methadone and not other expenses (i.e. capacity building, M&E, etc.).** Some of the expenses will be borne by local health departments (i.e. renovation of facilities).
- The Ministry of Health fully supported the idea of having a special meeting with international donor organizations to discuss their participation in OST scale-up.

21 April 2011 - Coordination Meeting to discuss Support to OST scale-up in Kazakhstan by UNODC Almaty

Source: http://cadap.eu/en/content/coordination-meeting-support-ost-scaling-kazakhstan-unodc-21-april-almaty

- Representatives of UNODC, UNICEF, WHO, Global Fund, USAID, CDC, PSI, Quality Health Project of USAID, Global Health Action of Columbia University, CADAP, GIZ PP met in Almaty to coordinate the activities of international donors and organizations in Kazakhstan, **to support the Ministry of Health and the Republican Narcological Centre in Pavlodar and the National AIDS Centre in Almaty to scale-up the pilot projects of Opiate Substitution Treatment (OST) in Kazakhstan according to the UNODC Action Plan** and to address the activities of a group of Medical Workers and Psychiatrists against OST, including organizing relevant Media Campaigns. The group decided to work according to a matrix of activities of every international organization to organize joint activities and achieve synergies.
- After the Presidential Elections in Kazakhstan on 3 April 2011, the President appointed a new government**. The former Minister of Health was re-appointed. She is in favour of OST, but as it is a very sensitive issue, she is cautious in implementing the scale-up. She needs scientific and media support. On 27th April an Advisory Council will meet to discuss this issue with her. UNODC and WHO are invited to take part.** WHO is facilitating a support letter signed by WHO, UNICEF and UNAIDS to support scale-up of OST in Kazakhstan.

Kyrgyzstan

Overview:
. OST implemented since 2002,
. Kyrgyzstan is the only Central Asian country that provides OST in prison settings
. Coordinator of the national OST program is the Director of the Republican Narcological Centre
. Clinical Guidelines on OST developed (CADAP report 2010)
. Drug Law allows implementation of substitution treatment in medical settings
. Methadone is included in the list of essential medicines
. A new "Draft Law on Psychoactive Substance Treatment" developed (2011) to be adopted the Parliament
. Relevant governmental agencies and parliament members demonstrate support to OST scale-up

Needs:
. CADAP was asked to support an advocacy site visit for Kyrgyz parliamentarians to support the new draft Law on Psychoactive Substance Treatment;
. Need for equipment for OST sites (methadone dispensers – computerized technology that allows to measure a precise to each patient);
. Need for education of OST specialists. Bigger focus on working with narcologists both in general and prison healthcare;
. Insufficient capacity and limited funding do not allow the implementation of all OST projects as planned.

22 November 2010 Meeting at the CADAP Regional Office with representatives of the Kyrgyz authorities
(Source: CADAP Report, 2010)

- The Director of the Republican Narcological Centre – as the coordinator of OST in the country – reported that the Centre is planning to install additional six new OST sites with CDC support, three of them in prison settings. Initially nine sites were planned**, but due to the; lack of structural support, only six sites can be installed**.
- **Needs: training and computer-based Methadone Dispensing Automates from CompWare Medical; the CADAP project provides assistance**.

April 2011 – CADAP meeting with the Head of Health Commission of Kyrgyz Parliament to discuss OST and the Draft Law on Psychoactive Substance Treatment. *Source: http://cadap.eu/en/content/meeting-head-health-commission-kyrgyzs-parliament-ost-and-draft-law-psychoactive-substance-t*

- Ms. Damira Niyazalieva, Head of the Health Commission of Kyrgyz Parliament (Jogorku Kenesh), Member of Social Democratic Party (SDPK), former Minister of Health met with Dr. Ingo Ilja Michels CADAP Project Leader and Aleksandr Zelichenko, CADAP National Coordinator in Bishkek to discuss support to OST scale-up in Kyrgyzstan and the Draft Law on Psychoactive Substance Treatment.
- The meeting was organized upon request from Ms. Niyazalieva who had worked with a group of parliamentarians on the draft law on drugs.
- **Ms. Niyazalieva asked for expert advice on the draft law and she asked for support to a study visit for members of all five fractions of parliament to Germany, in order to show them German drug services, OST and other types of treatment and prevention**.

18 April 2011 - the National Steering Committee Meeting of the CADAP project for Kyrgyzstan
Source: http://cadap.eu/en/content/national-steering-committee-meeting-kyrgyzstan-18th-april-bishkek

- Participants - a delegation of all Ministries and authorities relevant for the implementation of CADAP.
- Deputy Head of the State Drug Control Services (SDCS) welcomed the participants and expressed the willingness of the Government of Kyrgyz Republic to continue fruitful cooperation with the CADAP programme.
- Highlighted issues: prevention messages including OST are difficult to implement in rural areas because of the lack of capacity. **The importance of further training programs on Opioid Substitution Treatment (OST) was emphasized,** and the importance of substantial improvement of joint cooperation of all ministries in tackling the drug problem and the need to create mutual activities to **spread drug prevention to rural areas where further training programs are needed** was noted.

Tajikistan

Overview:

. A study tour for decision-makers and specialists to Vilnius (Lithuania) organized by EHRN in 2009;
. The MoH order on provision of OST treatment was issued in 2008;
. The first OST project launched in Dushanbe (the capital of Tajikistan) in 2010;
. 20 OST programme staff were trained in November 2010;
. The second OST centre opened in December 2010 in Khujand (Sughd Province), and there were plans to open another OST centre in April 2011 in the Gorno-Badakhshan Autonomous Province**.**

Source: Sulkhiddin Nidoev, Scale up of opioid substitution therapy in Tajikistan (March 27, 2011), SDOTC at the EAOTP, Tajikistan http://harm-reduction.org/news/2074-scale-up-of-opioid-substitution-therapy-in-tajikistan.html

24 November 2010 CADAP Meeting with government representatives in Dushanbe
(Source: CADAP Report, 2010)

- In Tajikistan, the National Centre for Drug Monitoring and Prevention (NCDMP), established by the government under the Ministry of Health, is a strategic partner for CADAP. The aim of the partnership is to improve the quality of services for drug users. The clinic started with installing a Methadone Dispensing point in summer 2010.
- During the meeting the Chief Narcologist, a representative of the Medical Branch of the Department for Correction services of Ministry of Justice, Head of the Centre for Monitoring and prevention of drug use, Head of the Republican Narcological Centre and representatives from UNDP and UNODC discussed ways to support the implementation of OST, which is still in an early phase in Tajikistan. In the framework of a UNDP grant 2 computer-based Methadone Dispensing Automates from CompWare Medical had been already purchased.
- CADAP provided support for on-site training of OST specialists in Chujand and Chorog.

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