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UNODC regional responses to drug use and TB/HIV

**The 16th Core Group Meeting of the TB/HIV Working Group
26-28 May 2010, Almaty, Kazakhstan**

**Nina Kerimi
UNODC Regional Project Coordinator**



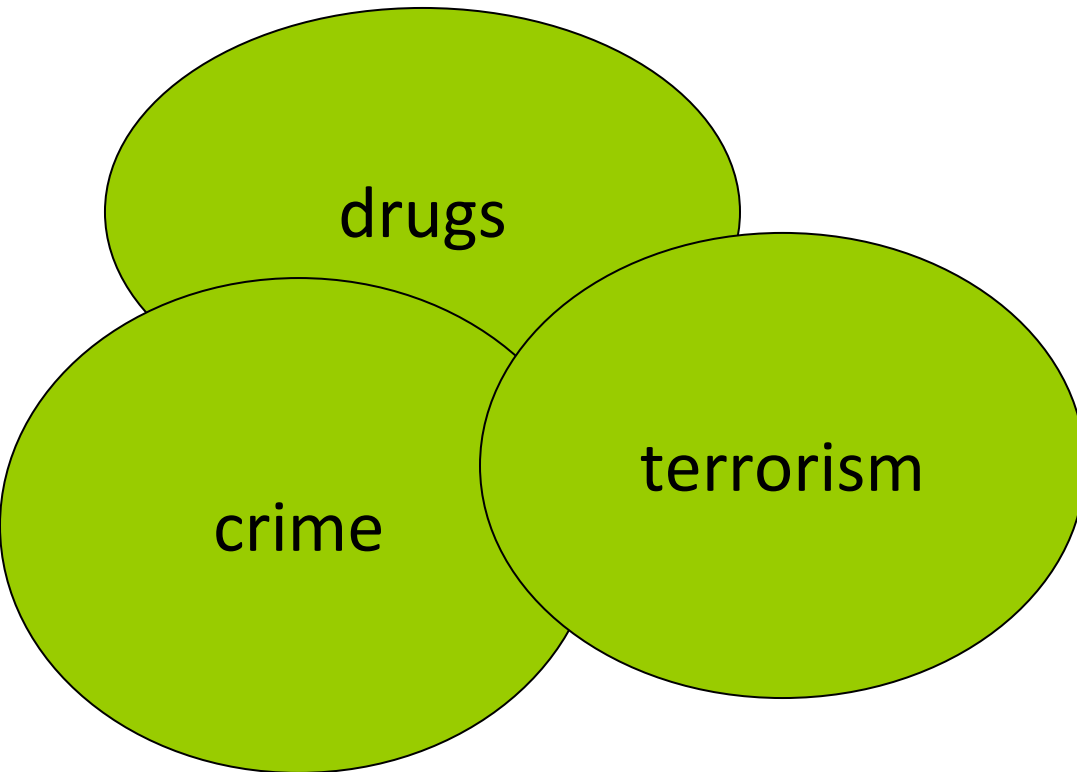
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**UNODC
Regional
Office for
Central
Asia
covers 6
countries:
AZE, KAZ,
KYR,TAJ,T
KM, UZB**



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Global activities:

- Development of legal and normative frameworks

- research and analysis

Country work:

technical assistance and capacity building

HIV prevention and treatment:

Main result



Strengthening countries' capacities for the development and implementation of large-scale programmes on HIV prevention

Drug
use/injecting

Penitentiary
system

Trafficking in person

Key results

Improved access to and increased effectiveness of comprehensive HIV – related services for IDU's

Effective strategies for HIV prevention and treatment in penitentiary system

Effective strategies in providing HIV-related services for people vulnerable to human trafficking



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**Brief overview
of drug use, related harms and access to HIV-
related services
in
Central Asia and Azerbaijan**



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Drug use prevalence estimates in Central Asia (UNODC, 2006)

Country	Prevalence %	Number of drug users	Number of IDUs	Prevalence of IDUs %
Kazakhstan	1.02	103000	100000	0.9
Kyrgyzstan	0.8	26,000	25000	0.76
Tajikistan	0.6	20000	15000	0.4
Uzbekistan	0.8	131000	80,000	0.49

In Turkmenistan: 32 382 registered drug dependent patients (2008), prevalence -0.5% prevalence, 26% IDUs

In Azerbaijan: 23 927 registered drug dependent patients (2009), prevalence - 0.3% , 60% IDU



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Prevalence of HIV in countries of Central Asia is around **0.1-0.2% (2008)**

However, the speed of HIV spreading is not decreasing

In some population groups HIV prevalence up to 10 times higher than in general population:

- injecting drug users
- people engaged in sex work
- prisoners



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HIV prevalence in general population

Country	Reported number of HIV infection cases	Population HIV prevalence (reported cases)	Estimated number of HIV infection cases	Estimated population HIV prevalence (estimates)	% of IDUs among PLWH (reported cases)
Azerbaijan (2008)	1,815	0.2%	5400	0.2%	63%
Kazakhstan (2008)	11,709	0.1%	12,000	0.1%	70%
Kyrgyzstan (2008)	552	< 0.1%	4,200	0.1%	67%
Tajikistan (2008)	1,422	<0.1%	4900	0.1%	56%
Turkmenistan (2008)	2 cases	n/a	<500	0.1%	n/a
Uzbekistan (2007)	15,831	0.2%	31,000	0.2%	47%



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Expert estimates of the prevalence of HIV and other infections among IDUs and prisoners in countries of Central Asia and Azerbaijan (2007-2008rr)

Injecting drug users:

- HIV 4 - 34%
- Hepatitis C 24 - 65%
- Syphilis 11 - 14%
- Tuberculosis 1 - 17%

Prisoners:

- HIV 1 - 4%
- Hepatitis C 40 - 50%
- Syphilis 14 - 16%
- Tuberculosis 2 - 3%

Estimated number of IDUs in CA& Azerbaijan: 240 000-250 000 people (2006-2008), 90% use opioids

60-80% all HIV cases are due to its transmission via injecting drugs

Up to 60% of IDUs reported of sharing of injection paraphernalia



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Prevalence of HIV among IDUs in countries of Central Asia and Azerbaijan

Country	HIV prevalence among IDUs	
	National average (Sentinel surveillance)	Highest estimates (Sentinel surveillance)
Azerbaijan (2008)	10,3 %	33% (Hagigabul)
Kazakhstan (2008)	4.2%	17.3% (Temirtau)
Kyrgyzstan (2007)	7,7%	12,9% (Osh)
Tajikistan (2008)	18%	23% (Khudjand)
Turkmenistan	n/a	n/a
Uzbekistan (2007)	13%	33% (Termez)

Selected statistics on prisons (ICPS, 2006-2008)

Country	Total number of people in prison	Incarceration rate per 100 000 population	% of women among prisoners	% of prisoners in pre-trial detention	Estimated capacity and occupancy rate of prisons
Azerbaijan (2006)	19,559	229	1.9%	13.3%	22,470 (79%)
Kazakhstan (2008)	56,012	378	6.6%	14.4%	71,310 (78.5%)
Kyrgyzstan (2008)	8,427	156	4.7%	20.8%	16,342 (51.6%)
Tajikistan (2008)	7,350	109	1.6%	15.0%	11,950 (61.5%)
Turkmenistan (2006)	10,953	224	12.3%	12.4% ^a	12,882 (85%)
Uzbekistan (2008)	34,000	122	n/a	11.5%	56,300 (60%)

Drug dependence and HIV infection in penitentiary: statistics 2006-2008, UNODC

Country	% of drug-related crime among total crime	% of registered drug dependent inmates among all prisoners	HIV among prisoners
Azerbaijan (2008)	13%	16%	2,9 %
Kazakhstan (2008)	8%	9.5%	2.4%
Kyrgyzstan (2008)	6.5%	3% (estimate 35%)	3.3%
Tajikistan (2008)	6%	19% (estimate)	7.8%
Turkmenistan (2008)	46%	27%	n/a
Uzbekistan	12% (2008)	8% (2004)	4.7% (2007)



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- ❖ Injecting drugs while using contaminated instruments is the main factor of HIV spread in community and in penitentiary system in countries of Central Asia and Azerbaijan
- ❖ Injecting drug use is widespread in the region with up to 1% of adult population in some countries
- ❖ Incidence and prevalence of HIV infection is not decreasing, a proportion of sexual transmission is growing with sexual partners of IDUs thought to be the most affected group
- ❖ **To solve the problem there is a need for the large scale evidence-based targeted HIV prevention interventions among drug users**

Services and facilities IDU's have contact with (expert estimates, 2007)

State health care services **20%**

Drug dependence treatment services **30-45%**

Low threshold HIV related services **18-30%**

TB clinics **15-20%**

Injecting drug users

Other than specialized NGO's **10%**

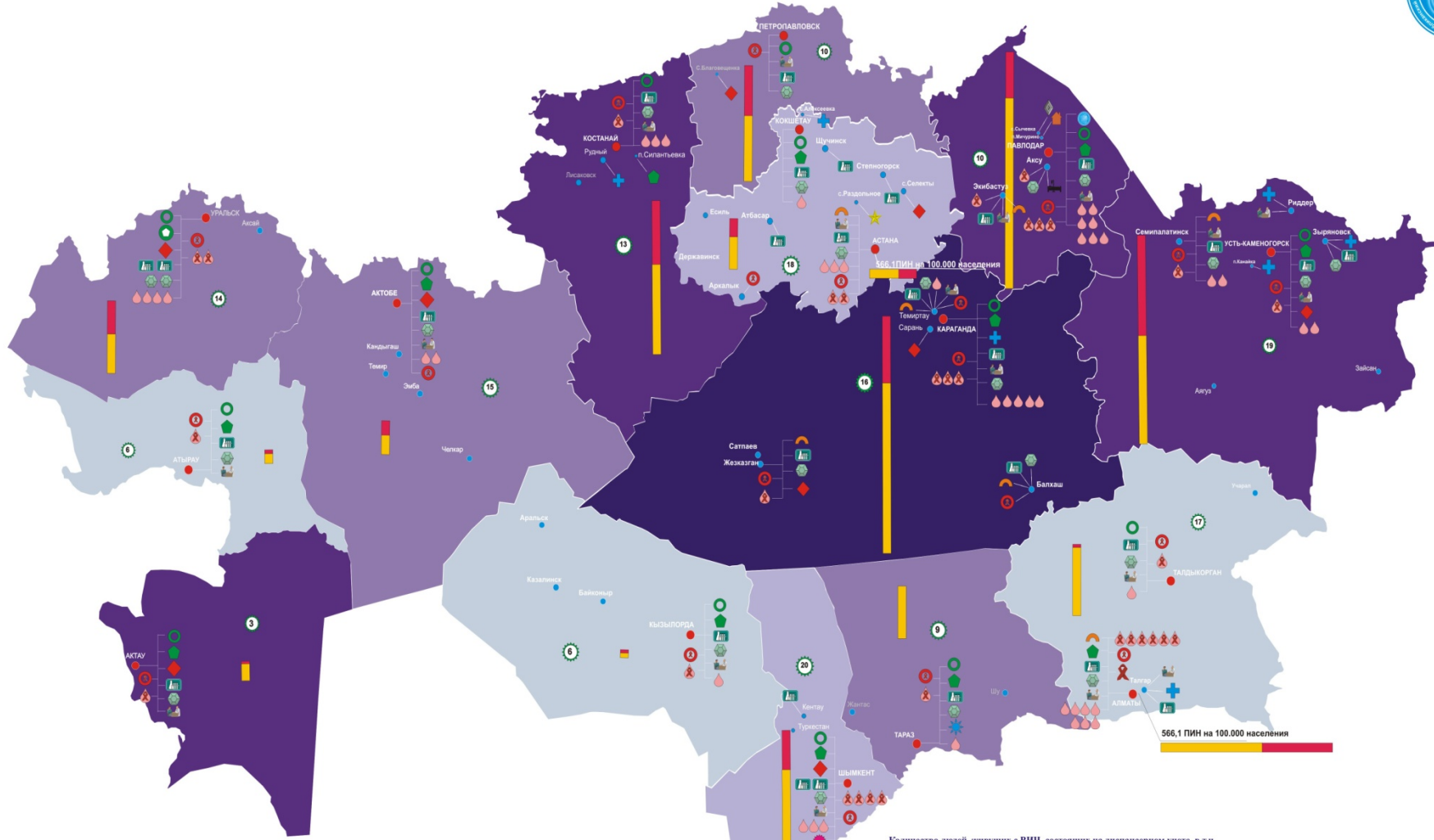
Pharmacies **10-50%**

Employment services **5%**

Penitentiary system **2-20%**

Police **15-90%**

ПРОФИЛЬ РЕСПУБЛИКИ КАЗАХСТАН В СФЕРЕ ОКАЗАНИЯ НАРКОЛОГИЧЕСКОЙ ПОМОЩИ И УСЛУГ ДЛЯ ЛЮДЕЙ, ЖИВУЩИХ С ВИЧ 2008 ГОД



УСЛОВНЫЕ ОБОЗНАЧЕНИЯ

- РНП "Республиканский научно-практический Центр медико-социальных проблем наркомании"
- Областные наркологические диспансеры
- Городские наркологические диспансеры
- СПУ
- Наркологические отделения в психиатрических ЛПО
- Наркологические койки в общей лечебной сети
- Отделения медико-социальной реабилитации при ИПО
- Отделения социальной реабилитации системы МЗ
- Отделения социальной реабилитации системы МВД
- Отделения социальной реабилитации ИПО
- Подразделение наркологические кабинеты
- Кабинеты анонимного лечения при ОНД и ГИД
- Кабинеты экспертизы наркологического и алкогольного опьянения
- Частные наркологические кабинеты и клиники
- ИПО наркологического профиля
- Наркологические клиники при ИПО
- Кабинеты наркологического кабинеты в общей лечебной сети регионов
- Республиканский Центры по профилактике и борьбе со СПИД
- Центры по профилактике и борьбе со СПИД
- ИПО СПИД-сервисного профиля

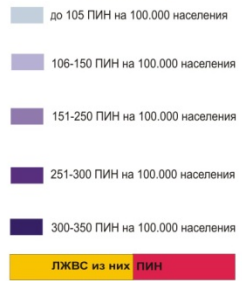
Количество потребителей инъекционных наркотиков (ПИН) по регионам Республики Казахстан (опеочные данные по БОС 2008 г.)

Регион	Кол-во учетных наркологической службы ПИНов на 01.01.2009	ПИН по БОС	% ПИН сест. на учет от БОС
Акмолинская	992	2200	45,5
Актюбинская	1723	4500	38,2
Алматинская	1678	4500	37,3
Атырауская	504	2000	24,8
ВКО	4068	14000	29,1
Жамбылская	2213	6800	32,6
ЗКО	1391	4000	34,8
Карагандинская	4621	16900	27,4
Кызылординская	655	2000	32,9
Костанайская	2373	3900	58,1
Мангыстауская	1118	4100	30,0
Павлодарская	2068	12000	25,1
СКО	1278	3500	35,9
ЮКО	2718	20500	13,0
г. Алматы	7613	21700	29,8
г. Астана	3118	6500	43,1
КАЗАХСТАН	38071	129100	29,1

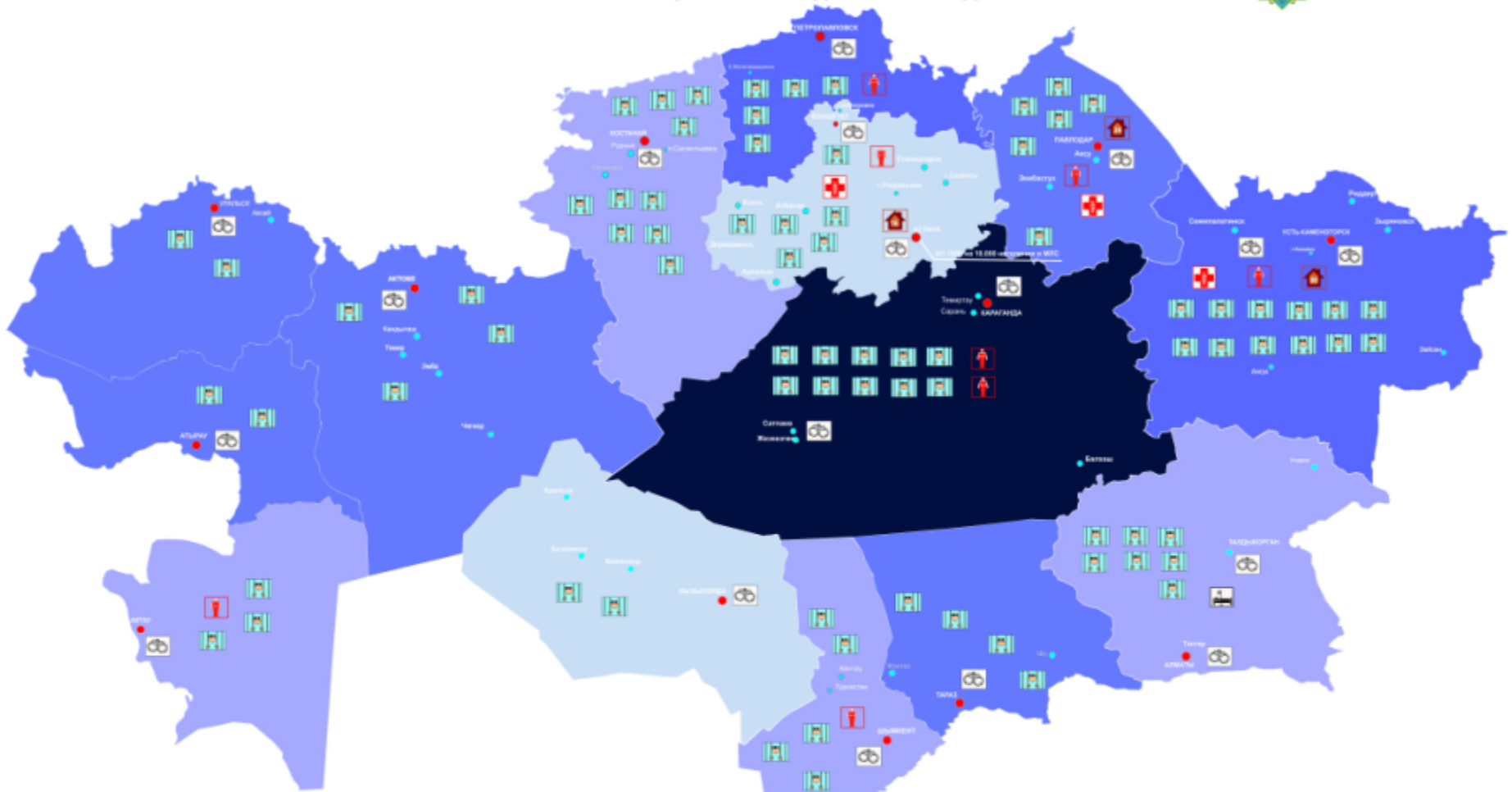
Количество людей, живущих с ВИЧ, состоящих на диспансерном учете, в т.ч. Потребители инъекционных наркотиков (ПИН), на 01.01.2009г.

Регион	Абсолютное число	в том числе ПИНов	на 100000 населения всего ЛЖВ в т.ч. ПИНов	население на 01.01.09	% ПИНов среди ЛЖВ
Акмолинская	153	87	20,5	11,7	744672 56,9%
Актюбинская	93	59	13,1	8,3	707894 63,4%
Алматинская	716	32	43,3	1,9	1655210 4,5%
Атырауская	30	14	6,0	2,8	490997 48,7%
ВКО	977	901	68,9	63,6	1417574 92,2%
Жамбылская	338	338	33,0	0,8	1024994 0,0%
ЗКО	153	131	24,8	21,2	617048 85,6%
Карагандинская	1452	952	108,0	70,8	1344226 65,6%
Кызылординская	22	14	3,5	2,2	636899 63,6%
Костанайская	510	360	57,2	40,4	891781 70,6%
Мангыстауская	47	7	11,3	1,7	416544 14,9%
Павлодарская	922	645	120,8	86,3	747639 71,5%
СКО	270	219	41,5	31,9	651079 77,0%
ЮКО	1052	575	45,9	24,4	2356523 53,1%
г. Алматы	963	666	71,6	49,5	1344922 69,2%
г. Астана	127	70	20,5	12,2	620998 59,8%
КАЗАХСТАН	7835	4727	50,0	30,2	15674000 60,3%

количество ПИН учетных наркологической службы на 100.000 населения



ПРОФИЛЬ УСЛУГ УГЛОВНО-ИСПРАВИТЕЛЬНОЙ СИСТЕМЫ РЕСПУБЛИКИ КАЗАХСТАН. КОЛИЧЕСТВО ПОТРЕБИТЕЛЕЙ НАРКОТИКОВ И ЛЮДЕЙ, ЖИВУЩИХ С ВИЧ/СПИД В МЕСТАХ ЛИЦЕНЗИЯ СВОБОДЫ НА 2009 ГОД



УСЛОВНЫЕ ОБОЗНАЧЕНИЯ

- Специализированные больницы в системе УИС (3)
- Реабилитационный центр в системе УИС, работающий по системе "Классик" (2, количество один) (1)
- Психиатрические больницы в системе УИС (1)
- Искусственные учреждения (74)
- Трудовые больницы в системе УИС (3)
- Специальный корпус (12)

Количество потребителей наркотиков (ПНП) в местах лишения свободы по регионам Республики Казахстан (2009 год)

Регион	Количество потребителей наркотиков в системе УИС на 01.06.2009	Количество потребителей наркотиков в системе УИС на 01.06.2009	Объемные показатели ПНП в СИЗО в % к 2008 году	Объемные показатели ПНП в СИЗО в % к 2008 году
Алматы	274	307	1247	32,0%
Актюбинская	287	393	963	84,0%
Астана	267	320	2320	24,0%
Атырауская	382	393	393	49,0%
ВКО	309	343	2622	24,0%
Жамбылская	470	548	2036	37,0%
ЖТД	100	100	446	37,0%
Западноказахстанская	298	318	302	49,0%
Карагандинская	19	19	19	49,0%
Костанайская	383	403	1286	34,0%
Магистральная	187	187	1840	17,0%
Павлодарская	397	403	1070	34,0%
СКО	389	403	907	49,0%
СЭО	389	403	1234	34,0%
Т. Аланья	307	343	762	37,0%
КАЗАХСТАН	4898	5339	23094	30,0%

Количество людей, живущих с ВИЧ в местах лишения свободы по регионам Республики Казахстан (2009 год)

Регион	Количество ЛЖВ в СИЗО	Количество ЛЖВ на 10 000 населения в СИЗО	Количество ЛЖВ, получающих АРТ
Алматы	35	13,2	0
Актюбинская	26	12,8	4
Астана	103	95,4	6
Атырауская	75	168,0	2
ВКО	640	609,0	24
Жамбылская	93	43,7	6
ЖТД	35	27,4	7
Западноказахстанская	444	499,0	49
Карагандинская	7	49,0	0
Костанайская	121	35,3	21
Магистральная	23	96,8	2
Павлодарская	146	39,4	9
СКО	304	46,7	6
СЭО	102	49,4	9
Т. Аланья	69	31,8	9
КАЗАХСТАН	2388	486,8	144

КОЛИЧЕСТВО НАРКОМАНИАКОВ НА 10 000 НАСЕЛЕНИЯ В СИЗО (2009 год)

- до 500 наркоманов на 10 000 населения в СИЗО
- от 500 до 1000 наркоманов на 10 000 населения в СИЗО
- от 1000 до 1500 наркоманов на 10 000 населения в СИЗО
- от 1500 до 2000 наркоманов на 10 000 населения в СИЗО
- свыше 2000 наркоманов на 10 000 населения в СИЗО

Уровень преступности в тюрьмах на 01.06.2009 - 53359 человек





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The comprehensive package of interventions for prevention and treatment of HIV infection among IDUs

1. Needle and syringe programmes (NSP)
2. **Opioid substitution therapy (OST) and other drug dependence treatment**
3. Voluntary HIV counselling and testing (VCT)
4. Antiretroviral therapy (ART)
5. Prevention and treatment of sexually transmitted diseases (STIs)
6. Condom programmes for IDUs and their sexual partners
7. Targeted information, education and communication (IEC) for IDUs and their sexual partners
8. Vaccination, diagnosis, and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis (TB)

WHO/UNODC/UNAIDS: "Technical Guide for countries to Set Targets for Universal Access to HIV prevention, treatment and care for injecting drug users (2009)"



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Drug dependence treatment – any structured intervention with the prescription of pharmaceuticals or the usage of psychosocial techniques aimed at reduction of illicit drug use or the full abstinence

- In most countries of Europe and US majority of patients are those on **outpatient treatment**, pharmaceutically assisted or receiving only psychosocial services, **OST is a prevailing method**
- Almost in all these countries there exist special treatment **programmes for adolescents and women**
- In 9 countries of Europe – treatment programmes for **migrants** and ethnic minorities



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Accessibility of drug dependence treatment in countries of Central Asia and in Azerbaijan, 2008-2009 (1)

In community: 20%-50% of the estimated number of drug users are registered in narcological services - an opportunity for HIV-related interventions

The treatment effectiveness as per official records [abstaining from drugs for > 1 year] is not higher than 12%



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Accessibility of drug dependence treatment in countries of Central Asia and in Azerbaijan, 2008-2009 (2)

In penitentiary system:

3-27 % out of all prisoners are registered as drug dependent meaning that they have undergone or undergoing treatment (mainly compulsory treatment)

Estimate: 35-45% drug users out of all inmates

None of the countries of CA have conducted a formal evaluation of compulsory drug dependence treatment in prison



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Accessibility of methadone and buprenorphine in countries of Central Asia and Azerbaijan, October, 2009

Country	Methadone			Buprenorphine		
	Controlled narcotic drug allowed for medicinal use	Included in the national List of Essential Drugs	Procured	Controlled psychotropic drug allowed for medicinal use	Included in the national List of Essential Drugs	Procured
Azerbaijan	yes	no	Ministry of Health	yes	no	no
Kazakhstan	yes	no	GFATM	yes	no	no
Kyrgyzstan	yes	yes	GFTAM	yes	no	no
Tajikistan	yes	no	GFATM (for 2010)	yes	no	no
Turkmenistan	yes	no	no	yes	no	no
Uzbekistan	no	no	no	no	no	no



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Number of OST sites in countries of Central Asia and Azerbaijan October 2009

Country	Start year of OST pilots	Current status	Projections /plans for 2010
Azerbaijan	January 2004	2 sites	At least 3 sites
Kazakhstan	November 2008	2 sites	4 sites
Kyrgyzstan	2002	18 sites	50 sites
Tajikistan	2010	Methadone imported, staff of one site trained	3 sites
Turkmenistan	Not started	None	No definite plans
Uzbekistan	February 2006	OST pilot closed in June 2009	None



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Ongoing projects related to HIV/drugs/prisons
(RAC-I29)

**Effective HIV prevention, treatment and care
among vulnerable populations in Central Asia
and Azerbaijan**

(2006-2010) - \$4,800,000



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RAC-I29

Objective:

Establish a favourable environment in all project countries to better implement HIV/AIDS prevention and care activities among injecting drug users and in prison settings **through addressing normative policy and programmatic aspects and capacity building needs.**



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Expected outcomes

Outcome 1: Updated legal and policy frameworks

Outcome 2: National quality standards for the provision of a full spectrum of the effective evidence-based HIV related interventions for IDUs and inmates in custodial settings

Outcome 3: Updated occupational standards in health care, social protection, law enforcement and penitentiary system

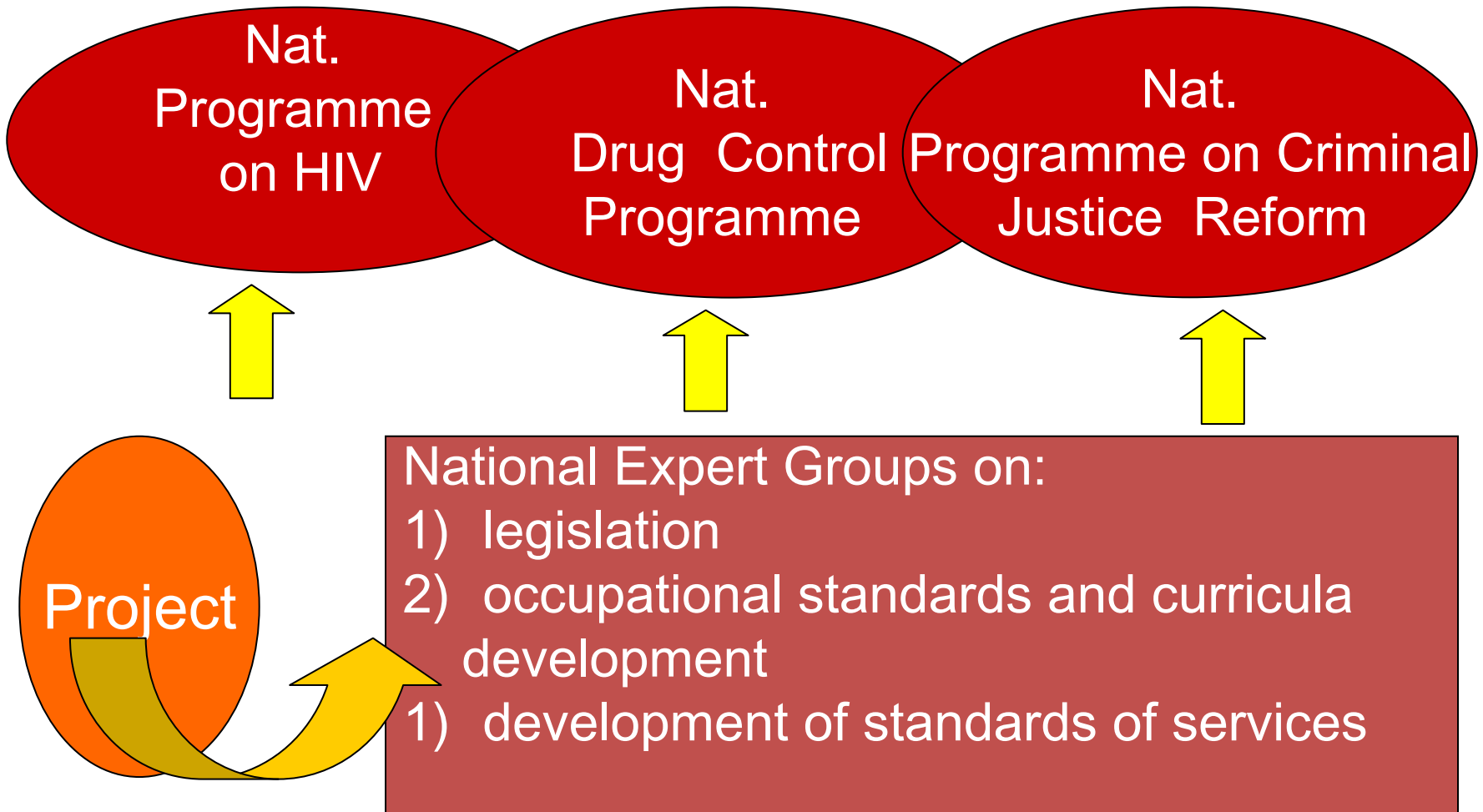
Outcome 4: Updated curricula for undergraduate, graduate and postgraduate/continuous professional education for relevant service providers in health care, social protection, law enforcement and penitentiary systems



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How the project works



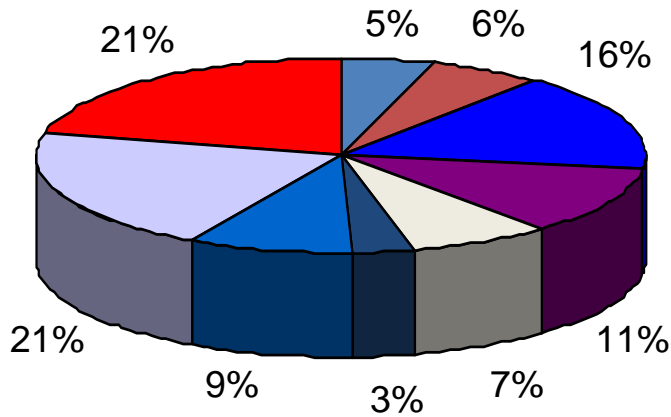


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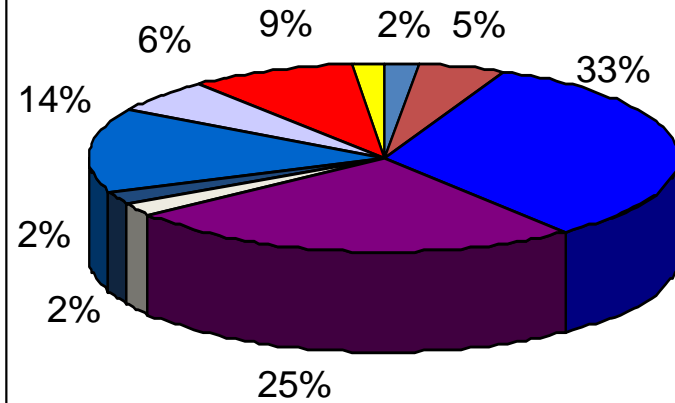
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**Partners:
176 people**

**Participants of workshops, meetings:
> 1000 people (230 events)**



- Governm.
- Education
- Health
- Justice
- Law enfor.
- Legislator
- Nat.NGOs
- UN
- Intl.org.



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- Nat.NGOs
- UN
- Intl.org.
- Mass media 16



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RAC-I29 Major results

Contributed to the process of legal and policy reforms in six project countries as it relates to accessibility of HIV-related services for drug users and people in prison:

(1)

The national drug/HIV-related **legislation and policy assessment and recommendations** for their amendments directly contributed to the improvement of laws and normative documents that regulate the access of injecting drug users (IDUs) and prison inmates to HIV related Services.

Based on the recommendations the countries have started amending their legislation (Kazakhstan, Uzbekistan) or have already adopted some amendments (Tajikistan) or developed HIV law (Azerbaijan).



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**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**

United Nations Office on Drugs and Crime
Canadian HIV/AIDS Legal Network
2010

www.unodc.org/centralasia



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The main issues:

- **punitive drug policies towards people who use drugs including their incarceration (sometimes for possession of very small amounts of drugs) and few or no alternatives to incarceration for people who use drugs in the case of non-violent offences**
- **imitations of the rights of people living with HIV, people who use drugs, and prisoners with HIV and/or drug dependence, and no effectively enforceable anti-discrimination provisions**



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The main issues (cont-d 1):

- broad provisions for non-voluntary medical interventions such as coercive drug testing, compulsory treatment of drug dependence, and mandatory HIV testing**
- absence of regulatory frameworks that clearly enable and support evidence-based HIV prevention interventions, including harm reduction services, that results in low access of people who use drugs and incarcerated persons to effective HIV prevention and treatment interventions**



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The main issues (cont-d 2):

- insufficient availability of effective drug dependence treatment services, especially of opioid substitution treatment (i.e., no OST in some countries or low capacity pilot programmes in a few others), and limited or no rehabilitation or overdose prevention programmes in communities and in prisons; and
- limited meaningful participation of civil society, including groups of people living with HIV, people who use drugs and prisoners in the development, implementation and evaluation of the effectiveness of national strategies and laws on both HIV and on drugs.



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RAC-I29 Major results

(2)

Updated curricula for professional education in health care, social protection, law enforcement and penitentiary system and relevant **occupational standards** that would enhance professional competencies of service providers for delivering comprehensive HIV- related services for IDUs and inmates in custodial settings developed and the process of their adoption has been started in all the countries.



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RAC-I29 Major results (3)

National action plans for scaling up the access to opioid substitution treatment (OST) in four countries (Azerbaijan, Kazakhstan, Tajikistan and Turkmenistan) finalized for inclusion in the national programmes on HIV preventions and drug control and endorsed by governments.

Based on the plans the access to OST expanding in Azerbaijan and Kazakhstan, and OST is being introduced in Tajikistan [MoH plans to actually start OST in late May 2010, methadone is already in the country], in Turkmenistan, the plan is under consideration of the government



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Ongoing projects related to HIV/drugs/prisons (GLOJ71)

TREATNET – Treating drug dependence and its health consequences (2009- 2011) - \$1.490 000

Objective: Enhanced awareness and in targeted Member States, sustained commitment to increased access to quality and affordable drug dependence treatment services thus contributing to reduce negative health and social consequences of drug use including HIV



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(GLOJ71)

What was done in 2009-May2010:

- Current drug use situation, drug dependence treatment services and training needs identified in 5 CA countries
- National quality standards for drug dependence treatment under assessment
- Project coordination mechanism established
- ToT's held (35 trainers)
- >1000 service providers trained in Kazakhstan and > 100 in Uzbekistan.
- Submission of grant proposals started in 5 countries



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New Project:

Phase II- Effective HIV prevention, treatment and care among vulnerable populations in Eastern Europe and Central Asia (Moldova, Ukraine, Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan) (July 2010- July 2013) - \$6,000,000

Objective: Improved availability, coverage and quality of HIV services for injecting drug users and prisoners in community and prison settings [in the above countries]



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New Project:

Expected outcomes:

- 1:** Increased range and improved management of HIV-related services to ensure provision of integrated and easily accessible, gender-sensitive, evidence-based and comprehensive services for MARPs in community and prisons.
- 2:** Strengthened institutional capacity and professional competences of service providers in the healthcare, social protection, law enforcement, and penitentiary system through implementation of updates to the teaching curricula for professional education systems and relevant occupational standards



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New Project:

Expected outcomes: (cont-d):

- 3.** The national monitoring and evaluation (M&E) frameworks on the access to HIV-related services for injection drug users and prison inmates strengthened and consistent with international standards and recommendations of the Technical Guide.
- 4.** A model of integrated and easily accessible services that would allow for the implementation of human-rights based, gender-sensitive, evidence-informed, large-scale and comprehensive HIV-related interventions for MARPs in community and places of detention developed, endorsed and piloted in selected territories.



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Thank you