



AIDS  
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# **Drug Demand Reduction Education and Referral of Migrants**

**USAID-funded Drug Demand Reduction  
Program in Uzbekistan, Tajikistan, and  
the Ferghana Valley Region of Kyrgyzstan**

**DDRP BEST PRACTICE  
COLLECTION**

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## **DDRP best practice collection series:**

- **Drug Demand Reduction Education and Referral of Migrants**
- Drug Demand Reduction Program
- Unique Identifier Code
- “Sister to Sister”
- Treatment Readiness for Drug Users
- Drug free Treatment and Rehabilitation for Drug Users
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## INTRODUCTION AND OVERVIEW

The USAID-funded Drug Demand Reduction Program (DDRP) aims to address social problems among vulnerable populations involved in or at risk of involvement in drug use in Central Asia. DDRP activities in Uzbekistan, Tajikistan and the Ferghana Valley Region of Kyrgyzstan are a response to the dramatic rise in opiate injection in the region.

The term “drug demand reduction” is used to describe policies or programs aimed at reducing the consumer demand for narcotic drugs and psychotropic substances covered by international drug control conventions [1]. The countries covered under this program have experienced significant increases in opiate consumption due to geography and recent socio-political events including the collapse of the Soviet Union and the Afghan conflict. Heroin transiting through these countries has created epidemics of drug use, undermining already fragile economies and threatening to overwhelm health systems with HIV. This has also occurred in other nearby former Soviet republics. DDRP’s mission is to engage all levels of society in reducing demand for heroin and other opiates. The program began in 2002 and will cease in 2007.

The Drug Demand Reduction Program involves a network of leading international organizations active in HIV prevention and drug demand reduction in the region.



*The key components of DDRP are:*

- educating target populations on drug-related issues
- promoting healthy lifestyles
- providing access to alternative occupational and leisure activities
- assisting in solving social problems
- supporting the development of pragmatic drug demand-reduction strategies at national and local levels.

This Drug Demand Reduction Education and Referral of Migrants Model is one of ten developed under DDRP for replication and contribution to HIV and drug demand reduction policy and program development in the Central Asian region.

### **What is the DDRP Drug Demand Reduction Education and Referral of Migrants Model?**

DDRP has implemented five Drug Demand Reduction Education and Referral of Migrants projects, all in Uzbekistan. Four sites were visited to capture the experience of these projects as they were implemented and evolved. The lessons learned were distilled to produce this DDRP Model.

*The migrant projects targeted three groups:*

1. Internal economic migrants, or *pereselentsy*, moving from rural to urban areas within the same country, as a reaction to poverty and unemployment in villages and former collective farms.
2. Economic migrants leaving *na zarobotki*, or on a short-term or long-term basis to work in another country within the CIS as a result of high unemployment in their country of origin.
3. Refugees from surrounding countries, driven by post-Soviet conflicts and economic uncertainty.

# **BENEFITS OF THE DDRP DRUG DEMAND REDUCTION EDUCATION AND REFERRAL OF MIGRANTS MODEL**

## **Targeting migrants reaches marginalized populations**

Each of the projects reviewed developed practical and innovative approaches to working with hard-to-reach migrant communities. The legal status of many migrants is uncertain, meaning many migrants are not eligible for health, education and welfare services and may wish to avoid close scrutiny. Outreach work with migrants proved particularly valuable in reaching marginalized migrant populations at risk of involvement with drug use and drug related crime. Migration has for many resulted in chronic poverty and social isolation. This has been exacerbated by host country regulations limiting migrants' rights to residency, employment, medical care and social services. Faced with these burdens, many migrants live for years at risk of involvement in drug use, sex work and disease.

Innovative outreach approaches have proved to be the most effective means of reaching these partially hidden migrant populations. Outreach is an effective strategy for reaching hard-to-reach, hidden populations of at-risk individuals and injecting drug users (IDUs). In studies of injecting drug users, a significant proportion of IDUs receiving outreach-based interventions reduced their risk behaviors around drug use and sexual practices and increased their protective behaviors [2]. An example of successful outreach is the NGO Mekhri's work in Tashkent, targeting the streets where casual laborers gathered across the city before dawn each morning and offered a broad range of drug demand reduction and health related activities.

## **DDRP projects have demonstrated the relationship between drug use and migration in Uzbekistan and Tajikistan**

The Drug Demand Reduction Education and Referral of Migrants Model has been the catalyst for a more open debate about migration-associated social dislocation in Uzbekistan and Tajikistan. Migration has been driven by conflict, rural poverty and large populations of young, unskilled people. Whether it is the arrival of refugees from surrounding countries, rural to urban migration, or the mass economic exodus of males to work in Russia, social dislocation has created the precon-

ditions for an injecting drug use epidemic and drug-related crime. The far-reaching social implications of this phenomenon are now being recognized by donors.

Education needs to be credible to target groups if messages are to be effective. The problems created by male economic migration resonated strongly with elected officials, community leaders



Teaching children of Afghan refugees, Business and Personnel Center, Uzbekistan

and men and women across the region, and provided a credible context for all interventions. In the migrant projects, each funded organization sought to identify issues of local importance and developed a unique response to reach the local marginalized migrant population.

While the issue of migration was a particular focus of the migrant projects, migration was a strong and recurring issue through all DDRP projects. As such, this Model is much more than the documentation of a series of projects – it is an example of donor support for innovative local responses to a genuine social crisis in Uzbekistan and Tajikistan.

### **The projects led to significant benefits for individuals**

Each of the migrant projects focused on reducing the demand for drugs among migrants in Uzbekistan and Tajikistan. The broad range of groups that could be considered migrants, meant that a broad range of individuals benefited from DDRP interventions. For example, the Ferghana Branch of the Uzbekistan Association for Reproductive Health (UARH) targeted female migrants for assistance with obtaining residency permits, and the Samarkand UARH targeted sex worker and drug user migrants. By contrast, Mekhri in Tashkent targeted young males and provided them with emotional support and advice on employment contracts and work safety, while the other project in the same city targeted the entire Afghan diaspora through children's education.

## LITERATURE REVIEW

This is a brief literature review covering issues of migration and drug demand reduction. It is an overview of theoretical assumptions underpinning the individual projects within the DDRP Drug Demand Reduction Education and Referral of Migrants Model.

### **Migration-associated risks**

In the countries of the former Soviet Union, democratic transition has been accompanied by economic decline. There exists a strong link between increased drug use, unemployment and impoverishment in the region. New drug routes and growth of informal economies since 2001 have created large illegal drug and sex work sectors fuelled by local political and cultural factors [3].

Migration, too, is closely connected with economic disadvantage and social inequity [4]. Large scale post-Soviet rural unemployment has created waves of young rural to urban economic migration. Regional conflicts and labor migration to Russia and Kazakhstan have contributed to the large scale cross-border population movements.

Migrants generally lack legal documentation, access to health care and social support networks. Unease associated with fear of deportation, violence, exploitation and language difficulties affect both males and females. In response to the many stresses, migrants often cluster in neighborhoods with other socially and economically vulnerable and socially marginal populations including sex workers and injecting drug users [5, 6].

### **Risk and protective factors**

In adolescent mental health literature, the likelihood an individual will abuse drugs is ascribed to their childhood experiences across a number of potential sources of influence, or domains. Interventions should thus focus on domains including the individual, family, peers, school, community, and the broader social environment [7].

Similarly, drug demand reduction interventions should focus on addressing the risk and protective factors present in a specific situation. Risk factors include social and economic disadvantage, unemployment, changing social controls and values, as well as failing education and health systems [8]. The intensity of interventions should thus reflect the local level of risk [9].

## **Environmental approaches to understanding drug use risk**

Evidence from HIV and injecting drug use literature suggests that interventions that focus exclusively on individual motivations and behavior change are only partially effective [10, 11]. Environmental approaches to drug demand reduction and HIV prevention suggest that individuals may have little control over their choices in engaging in high risk behaviors. Interventions, therefore, need to include activities targeted at structural, community and individual levels [12, 13]:

■ *For example, at the structural level, interventions need to consider the following factors:*

- Policy: How are drug use and associated risks dealt with by the new society?
- Legal issues related to drug use, drug trafficking, migration and employment;
- Gender: What does it mean in terms of risk to be a man or a woman in the society?
- Marginalization as a migrant, drug user, sex worker or a person living with HIV/AIDS (PLHA).

■ *At the community level, interventions need to address the following issues:*

- Power: Who has the power to obtain and regularly use the means of prevention, and who has the power to stop that happening? For example, community leaders may have the power to allow, encourage, or to block access to drug demand reduction project activities among individuals in a community.
- Norms: Migrants come from surrounding countries and share many religious beliefs, customs and language;
- Social networks: Mahallas, ethnic committees (e.g. Afghan Refugee Councils) are reported to have a protective effect;
- Social capital and marginalization of migrants in communities;
- Resources available to migrants who inject drugs and/or engage in sex work.

■ *At the individual / family level, activities need to address the following issues:*

- Literacy issues and access to drug use and reproductive health information;
- Socio-economic status and basic needs for food, shelter and medical care;
- Agency: Does the person or family live in circumstances that prevent them from using the means of protection?

- Community connection was fractured as the result of migration;
- Health seeking behavior has been constrained by lack of funds and access to healthcare.

Surrounding these factors is the physical and macro-political environment, in which there may be natural disasters, coups, wars and other events and conditions on which drug demand and HIV prevention programs can have little control or effect.

## INDIVIDUAL PROJECT DESCRIPTIONS

This section provides an overview of four sites reviewed during the DDRP Drug Demand Reduction Education and Referral of Migrants Model development process:

- UARH Ferghana Branch, Uzbekistan
- UARH Samarkand Branch, Uzbekistan
- NGO Mekhri (now Zulfiya Kizlari,) Tashkent, Uzbekistan
- Training Innovative Center “Business and Personnel”, Tashkent, Uzbekistan (Please refer to the Appendix for a complete list of all DDRP funded migrants projects.)

### **Uzbek Association of Reproductive Health, Ferghana Branch (UARH FB), Uzbekistan**

Ferghana is a city of 183,000 people, 420 kilometers east of Tashkent. Ferghana is the capital of Ferghana province, at the southern edge of the Ferghana Valley near the border with Kyrgyzstan. It is one of the largest cities in Uzbekistan. Unemployment in the Ferghana Valley region of Uzbekistan is very high, and drug routes from Afghanistan pass through the city. The main risk facing migrants in Ferghana is the lack of a *propiska* (internal registration). The lack of *propiska* can also mean a lack of full time employment, denial of social services and living with the threat of arrest or forcible deportation. Although a *propiska* is required to obtain accommodation, in practice, mahalla committees assist with housing, ensuring that individuals and families are not homeless. Nevertheless, many individuals and families live for years without a *propiska*, forced into unskilled and informal employment and vulnerable to exploitation.

The Ferghana branch of the Uzbek Association for Reproductive Health had significant previous experience with grant administration before undertaking the drug demand reduction education and referral of migrants' project. It is a member of the 10-member NGO network UARH and has received the majority of its funds through this source for work on reproductive issues and gender rights since 2001. UARH FB previously worked on migrant advocacy and reproductive rights projects near the Kyrgyz border as well as Asian Development Bank, UNFPA, and ZdravPlus projects.



Drug demand reduction seminar among female migrants, Ferghana, Uzbekistan

UARH FB's DDRP-funded project focused on drug demand reduction among internal and cross-border migrants in the Ferghana Valley. The Ferghana UARH provided a range of legal and medical services that facilitated migrants' integration into their new communities and provided information about the consequences of drug use and HIV. The UARH FB ran a six-month project that focused on three mahallas in two of the poorest neighborhoods in Ferghana city. These are areas with high rates of crime, drug trading and sex work. They are also areas with the highest concentration of migrants.

The majority of UARH FB's clients were rural-to-urban Uzbek migrants. Approximately 10 percent of these were Kyrgyz refugees and a smaller number of Tajik civil war refugees. Of the total clients, 85 percent were women between the age of 25 and 70 years old. Over the six months of the project, 90 clients received direct services. All of these clients were literate and spoke fluent Russian. An additional 250 anonymous clients received telephone services via the hotline. The project director noted particular difficulties associated with reaching men due to their unavailability during daylight hours. The project therefore focused on reaching women, including a large number of sex workers.

*UARH FB provided the following services:*

- Legal services focused on propiska facilitation, advocacy and assistance with completion of associated documentation;



Collaboration meeting of Uzbek Association of Reproductive Health, Ferghana branch, with law-enforcement officials, Uzbekistan

- Prevention of drug use via face to face counseling and telephone hotline;
- Face to face psychological and legal counseling on non-drug issues;
- Mahalla-based drug demand reduction seminars.

In addition to the DDRP-funded activities, UARH FB provided information about reproductive health and contraceptives to project clients through outreach workers. This is one of the main activities conducted by UARH FB. The project employed full or part-time staff including a director, coordinator, psychologist, narcologist, gynecologist, lawyer and outreach volunteers.

Several staff received initial drug demand reduction orientation training and additional training in use of the Unique Identifier Code from the Tashkent-based social research organization Ekspert Fikri. Volunteer outreach workers also received formal training funded by DDRP. The project received a new computer and Internet access with the assistance of DDRP.

### **Uzbek Association of Reproductive Health, Samarkand Branch (UARH SB), Uzbekistan**

Samarkand is the second largest city in Uzbekistan and the capital of Samarkand province. This city of 360,000 people (1999) lies close to the Tajik border. The majority of its population are Tajik-speaking. Samarkand is an ancient Silk Road city and a destination for international tourists. It also lies on a drug route from Afghanistan. Migrants seeking casual work gather in two areas – in the Lyulikhona district and at the Mardikor market (casual manual laborers market).

The DDRP drug demand reduction education and referral of migrants project, conducted through the Samarkand branch of the Uzbek Association for Reproductive Health, focused on drug demand reduction among migrants. During this five-month project, UARH SB provided legal counseling and drug awareness seminars for migrants. The UARH SB has extensive experience working on reproductive health and condom distribution and working with sex workers. The impetus for the DDRP project came from earlier refugee projects near the Tajik border in the Urgut district of Samarkand province. This is considered as the epicenter of drug use and trade in the region. At that time, the UARH SB noted few refugees had identification papers, most were unemployed, and many used drugs. On the basis of this experience, UARH SB was approached by the local administration and asked to implement a project addressing drug demand reduction and legal assistance for migrants.

*The following services were provided by the UARH SB:*

- Legal services associated with migration and drug use;
- Prevention of drug use and psychological counseling;
- Twelve-step program sessions were conducted every week. These attracted between 10-25 people in each group for an average of four to five hours.



Drug demand reduction seminar, Uzbek Association of Reproductive Health, Samarkand branch, Uzbekistan

### **Outreach services provided by the UARH SB staff on a voluntary basis also proved to be valuable to project clients.**

The mahalla women's committees were a strong source of referrals to the UARH SB project. Mahallas were targeted early in the project as a potential site of referrals, and this proved to be effective. The Samarkand Province Narcological Dispensary was a further source of referrals to the project.

The Samarkand project attracted 161 drug users, who were almost all injecting heroin users. The clients were 65 percent male and 35 percent female. The clients were generally literate and on average aged between 23-25 years. Of these, 80 percent were migrants and 20 percent locals referred by the mahalla. In addition, an estimated 20 percent of clients were former prison inmates. Many people came two or three times, resulting in more than 400 service occasions over the life of the project.

The UARH SB project employed full or part-time staff including the director, coordinator, narcologist, psychologist, lawyer and outreach volunteers. Four volunteers were trained during the project.

### **NGO Mekhri (now Zulfriya Kizlari), Tashkent, Uzbekistan**

NGO Mekhri was located in central Tashkent, the capital of Uzbekistan. Tashkent attracts many young unskilled workers seeking to escape the high rural unemployment of Uzbek villages. Mekhri implemented a DDRP drug demand reduction education and referral of migrants project that was aimed at reducing the risk of drug use among migrants and provided legal consultations and seminars for newly arrived workers on drug prevention and healthy lifestyles.

New and generally young economic migrants to Tashkent face a number of risks. Chief among these are the lack of a propiska and a lack of understanding of their employment rights. This frequently creates a great deal of uncertainty and stress among newly arrived workers. Faced with separation from friends and family, many young males turn to alcohol, drugs and unsafe sex.

Before the DDRP project, Mekhri had operated an anonymous counseling hotline and worked in gender and women's issues. While Mekhri received UNICEF and UNDP grants in the past, the organization had provided counseling services with no external funds for several years. The impetus for work with drug demand reduction came from the frequency with which drugs were mentioned during telephone counseling.

All of Mekhri's work was undertaken on an outreach basis in places where casual laborers gathered. Some services were provided at work sites. Across Tashkent, every morning from 5 am, laborers seeking work gather in groups at specific streets and markets and wait for employers to approach them with offers of casual work. These odd jobs include private housing construction, work in warehouses and demolition work.

*Mekhri provided the following services:*

- Legal services and education about propiska and passport regulations: particular care was given to ensuring that all outreach advice and discussions in small groups remained strictly within the boundaries of Uzbek law and balanced client needs with advice that included the official Uzbek government perspective;
- Four-part on-site training on drug demand reduction, particularly focused on 15-30 year old males believed to be at highest risk of drug use;
- On-site discussions in small groups of four or five – informal discussions about drug use and legal issues associated with drug use;
- Employment and contract law and counseling: Mekhri explained the importance of written agreements in preference to verbal contracts, to avoid the threats of violence and non-payment at the end of some employment arrangements;



Drug demand reduction seminar for migrants, Zulfiya Kizlari center, Tashkent, Uzbekistan

- Psychological counseling to raise confidence and improve self-esteem;
- Medical advice and referrals through staff members' personal networks to ensure effective treatment outcomes;
- First aid assistance on-site and provision of first aid kits to assist with work-related injuries;
- Discussions about sexual health, including explanations about HIV and sexually transmitted infections (STIs): however, no condoms were distributed in this project;
- While telephone services were offered, only 25 calls were received throughout the life of the project, and these largely were inquiries about where to obtain low-cost medical care for family members.

In addition to the rural to urban migrants, Mekhri reported that young unskilled workers frequently attempt to travel to Russia in search of employment with no understanding of the need for a passport or identification papers.

At the time the DDRP migrant project ended, Mekhri had established contact with 1,510 clients. Of these, some 65 percent were effectively illiterate and unskilled rural to urban migrants aged between 15 and 22 years. The remainder were older and included individuals with vocational skills, including 8 percent who claimed to have higher educational degrees. The vast majority were male. The language spoken among casual laborers was almost exclusively Uzbek.

A number of referrals from police were received during the course of the project. Mekhri staff were aware of serving an advocacy function and acting as a bridge between police and migrants. During the course of the DDRP project, Mekhri referred a number of clients to national medical centers in Tashkent for emergency treatment. In addition, several referrals were made to the DDRP treatment readiness project and the Tashkent AIDS Center.

The project employed a director, coordinator, three counselors, two trainers and a project assistant.

### **Training Innovative Center “Business and Personnel”, Tashkent, Uzbekistan**

Another project targeting migrants was located within the Training Innovative Center “Business and Personnel” in central Tashkent. This project was aimed at decreasing the risk of drug use among the Afghan refugee community through a range of education activities. In 2005, Afghanistan produced 67 percent of the global heroin supply [14]. The Tashkent Afghan community,

which retains strong links with their relatives who remain in Afghanistan, was targeted precisely because of their lack of awareness of the risks of drug use and high risk of exposure to heroin and other drugs.

There has been a constant flow of refugees from Afghanistan to Uzbekistan since the early 1990s. In 2006, there were approximately 3,000 Afghans living in Tashkent, primarily in the Khamza and Chilanzar Rayons, with a smaller number living in Termez, on Uzbekistan's southern border with Afghanistan. Despite being a tightly knit community, Afghans have integrated into Tashkent society. The similarity of religious beliefs, customs and physical



Children of Afghan refugees during scene performance, Business and Personnel center, Tashkent, Uzbekistan

appearance between Afghans and Uzbeks all facilitated integration. Inter-marriage between Afghans and local Uzbeks and Slavs is increasingly common.

The "Business and Personnel" center has worked with the Afghan community in Tashkent since 2001. The center has worked with funding from the UN High Commissioner for Refugees (UNCHR) to prepare Afghan children for life in Uzbekistan and in local schools. The center provides specialized Afghan cultural education for approximately 100 school-aged children between the ages of 6-18 years. A further 30 young people receive vocational education. The center thus had a strong relationship with the Afghan community before receiving funds for the DDRP project. Many of the students attending the school have lived in Tashkent most of their lives and speak fluent Uzbek and Russian as well as Dari, Pushtu, and, increasingly, English.

At the beginning of the DDRP project, an anonymous survey of drug use exposure was conducted among the Business and Personnel center students. The survey results became a valuable instrument for engaging parental and Afghan Refugee Council support for further work with the community. Many parents had assumed their children had no knowledge of drugs and were shocked by the results. Far from never having heard about drugs, many students had tried *anasha*, and many knew the discos where drugs could be purchased.

The DDRP funded project was conducted alongside existing school and vocational education courses for Afghan refugees at the Business and Personnel

center. There were three distinct groups targeted during the project. These were two groups of children, and one group of parents. In total, 60 children and 30 parents attended seminars. A total of 600 Afghan community members were exposed to project bulletins, sports events, evening seminars and round table discussions. In addition, the close links among community members resulted in a multiplier effect, effectively spreading information about drug use and HIV prevention through the entire community via the authority of the Afghan Refugee Council. Further project promotion came from Afghan radio journalists, who visited the school, and prepared a story that was broadcast in Afghanistan.



Award ceremony of a sport competition organized for migrants' children, Business and Personnel center, Tashkent, Uzbekistan

The Business and Personnel Center's relationship with the Afghan Refugee Council was critical to the success of the DDRP project.

The project employed full or part-time staff including a director, accountant, coordinator and trainers. A lawyer was also on staff to assist with migration issues.

## LESSONS LEARNED

This section of the DDRP Drug Demand Reduction Education and Referral of Migrants Model provides an overview of general recommendations and lessons learned. The information in this section serves two purposes. Firstly, to provide a broad project plan for other organizations seeking to implement drug demand reduction projects among migrants. Secondly, to capture the best practices observed during the project process, which might serve as a guide in the region. This section is divided into the following categories:

### Pre-project planning

The following points should be considered in the planning phase for projects targeted at provision of legal and drug demand reduction services for migrants in Central Asia.

#### *Target group characteristics*

- The characteristics of the target group should be clearly defined to ensure effective project implementation and monitoring of outcomes. Each DDRP project focused on distinct target groups. For example, the Ferghana Branch of the Uzbek Association of Reproductive Health focused on rural to urban female migrants, the UARH SB focused also on drug using sex workers, Mekhri focused on young male rural migrants to Tashkent and Russia and the Business and Personnel Center on Afghan refugees.

#### *City characteristics*

- A good understanding of the target city is important to reach the target population. Areas of disadvantage, high migrant populations and drug dealing should all be considered. Drug routes should be considered when selecting project location. For example, Ferghana city and Samarkand are close to national borders. Both of these cities have experienced dramatic increases in drug traffic and injecting drug use since 2001.



Drug demand reduction seminar for young migrants, Business and Personnel center, Tashkent, Uzbekistan

### ■ *Establish target mahallas in cities*

There is a correlation between areas of high drug use, socioeconomic disadvantage and migrant concentration. These areas are well known to local administrations, police and health services. The local administration should direct project planners to the appropriate local mahalla committee. The mahalla committee may be able to further assist with project planning, by providing resources for meetings, and by suggesting a mechanism of referral and promotion during the implementation phase. Importantly, the target mahallas where men gather seeking work may not be the most disadvantaged, but rather lie close to markets, railway or bus stations. Within the target mahalla, certain sites will be the points where male or female migrants gather. Fixed facilities, within a few minutes walk of these sites, should be selected. For example, the UARH SB was located several minutes' walk from the Lyulikhona market. This allowed all staff to easily conduct outreach, and clients to be easily attracted to center-based medical, counseling and legal services.

### ■ *Determine the language spoken in the target group*

The borders between Central Asian countries do not correspond to ethnic and language groups. Age is an additional influence on language. The interplay between age, ethnicity and migration can produce unexpected patterns of language use and literacy. For example, Tashkent tends to attract many younger and unskilled Uzbek males from rural areas seeking casual work. These individuals have poor literacy and frequently do not speak Russian. However, those born before 1981 are more likely to both speak Russian and be more literate. Nevertheless, in practice, Russian remains the common regional language across Central Asia. The needs of the target group need to be balanced against the official government language policies, and sensitivity toward use of the national language should be considered. This may mean planning for appropriate staff and making materials available in more than one language.



One of the important points in project implementation is delivering information materials in several languages, Business and Personnel center, Tashkent, Uzbekistan

■ *Males and females should be targeted separately*

Legal services for female migrants can be directed via the target mahalla women's committee. Projects targeting men are best provided via outreach, as they are likely to be either working or seeking work during the day. Organizations should be prepared to adjust their working hours to the patterns of casual labor done by migrant laborers.

■ *Local laws on migration*

Post-Soviet regional conflicts, population movements and local laws on refugees and migration should be researched in the early stages of a project. There have been several conflicts in Tajikistan, Kyrgyzstan and Uzbekistan since 1991. Each of these conflicts produced both internal population movements, and external migration to neighboring countries. In border areas, there exist sizeable populations displaced from their home countries or regions for long periods. For example, there is a large Tajik population in Urgut district of Samarkand province in Uzbekistan.

■ *Pre-project stakeholder partnerships and advocacy*

The local government administration is a crucial point of contact in the planning phase. The city administration assists in identifying the mahallas where migrants are concentrated. The Ministry of Internal Affairs and passport desk should also be contacted in the planning phase to establish the level of demand and support for the project. In addition, local health administration and youth organizations (e.g. Kamolot youth organization in Uzbekistan) should be contacted to elicit their support. There may also be informal organizations within migrant groups themselves that can be approached for assistance. For example, the Afghan Council is central to the social life of Afghans living in Tashkent. When approaching local administrations, migrant issues should be framed in clear terms of assisting local people at risk of drug use and HIV, and based on identified demand.

■ *Grant process*

In the case of the DDRP Drug Demand Reduction Education and Referral of Migrants Model, organizations with previous experience in applying for and managing grants were generally the most successful. These organizations often found synergies between their local experience, staff skills and

concurrent projects from other sources. For example, each of the organizations surveyed had extensive experience working with target populations and were able to offer additional services.

## **Project commencement**

The following elements should be considered during the early stages of a project:

### ■ *Roundtable discussions inviting local stakeholders*

A roundtable project presentation should signal the commencement of the project. Representatives of all relevant organizations should be invited. These should include representatives of the *bokimiyat*, the local mahallas, including the women's committee, health service, narcological dispensary, AIDS center, Ministry of Internal Affairs (e.g. passport desk and police) and mass media. Consideration should also be given to inviting organizations such as youth organizations (such as Kamolot in Uzbekistan).

### ■ *Project promotion*

Direct promotion of the project should be undertaken by hanging posters (these may simply be computer printouts) on poles and shop fronts in the target mahalla. In addition, small cards, featuring a brief overview of project services with contact details should be extensively distributed via each of the above agencies.

There are gender differences in reaching clients. Migrant males may be most effectively reached through outreach at points where they seek work in specific streets and markets. Females are most effectively reached through women's committees of target mahallas. Direct discussions with the mahalla administration, and particularly the women's committee, will serve as a valuable source of referrals. Mahallas should be able to name the individuals who require assistance.

### ■ *Service delivery*

The range of services offered will vary depending upon gender, age group, geographical location and prevalence of injecting drug use and HIV in the area. The following lessons learned should assist service delivery planning and implementation.

■ *Mechanism of service delivery*

Services should be friendly to encourage word of mouth among difficult-to-reach target populations. Outreach should be supported by office-based services. Outreach discussions to small groups should present the official government regulations alongside other services to avoid the suggestion that illegal behavior is being encouraged.

■ *Appropriate services*

Based on the projects surveyed, the following range of services is likely to be appropriate:

- On-site reproductive health and psychological counseling;
- Legal assistance with propiska and advocacy with police;
- Legal advice on labor laws and employment contracts;
- Legal advice on passport requirements for work in other countries;
- A hotline to preserve anonymity;
- Drug demand reduction seminars for migrants and parents;
- First aid and medical referrals for work related injuries;
- Outreach-based drug education seminars for young males in groups;
- Outreach services for at-risk females delivered through mahalla women's committees;
- Referrals for no-cost drug treatment or HIV testing, with a referral system that ensures a confirmation of referral and response is received.

■ *Ongoing advocacy with police, community leaders and elected officials*

Community leaders and elected officials should be invited to observe live sessions and discuss issues with clients. This should be undertaken in addition to initial roundtable discussions. These sessions should encourage stakeholders to refer individuals to the service. Referrals from government agencies and particularly from local police were regarded as indicators of project success. This occurred in the case of Mekhri in Tashkent and UARH in Samarkand and Ferghana.

■ *Community prioritization of access to project services*

Projects should be monitored to ensure equal access from all social strata. Community prioritization occurs when senior figures in a local community determine who from that community is eligible to access donor services. Negotiation with community leaders is required to ensure congruence between the service delivery priorities of the NGO and the allocation of priorities by

the community itself. A failure to account for community prioritization may result in discrimination and exclusion of particular individuals from NGO services by the target community. This was noted at several sites.

### ■ *Confidentiality*

There is a great fear of discrimination and desire to maintain confidentiality. This fear is reinforced by a general stigmatization and lack of discussion about drug use and HIV. Often discussions and questions will be framed in terms of advice on behalf of a third person (i.e. “I have a friend who...”). Social exclusion from mahallas can occur if a woman is found to be using drugs, has HIV or is engaged in sex work. Similarly, stigmatization of an entire family can occur if a male is found to be HIV positive or to be a drug user. Migrants are frequently concerned about revealing their drug use status, as it may result in their deportation. Anonymity is thus especially important.

### ■ *Staff and volunteer training*

Staff in each organization received training in the principles associated with drug demand reduction at the commencement of each project. Additional training was provided throughout the project in drug demand principles most relevant to their target group. Staff and volunteer training served a valuable function in facilitating the development of inter-organizational referral networks and information sharing among recipients.

## **Monitoring and evaluation**

### ■ *Unique Identifier Code*

The Unique Identifier Code (UIC) was used to track clients and maintain anonymity within all the DDRP Drug Demand Reduction Education and Referral of Migrants projects surveyed. In the case of the UARH SB, where there was a large population of sex workers, street nicknames were used in preference to actual names when referring women to the AIDS Center or narcology clinic. Additional information about the UIC appears in the DDRP UIC Model.

### ■ *Clear definition of target groups in statistical reporting*

Each project attracted a mix of refugees, rural to urban migrants, and individuals intending to travel to Russia or Kazakhstan for employment. The term “migrant” appears to be a single description for individuals from all of these categories. Organizations are aware of the number of individuals within each category but did not differentiate in the provision of services.

## REPLICATION

### UARH Ferghana Branch, Uzbekistan

#### ■ *Involvement of government organizations*

The Ferghana hokimiyat and health administration were especially impressed by the counseling model used by UARH FB. Training in counseling techniques for medical staff in mahallas outside the project site was an unexpected added benefit of this project.

#### ■ *Commitment of volunteers*

After the project was completed, outreach volunteers, who are themselves female migrants, indicated they will continue informal regular discussions within target mahallas without funding, as they perceive it to be an investment in their children's futures.

#### ■ *Uzbek Association of Reproductive Health, Samarkand Branch, Uzbekistan*

Committed project staff: Many staff employed on DDRP funded projects had paid positions elsewhere. Although the DDRP funded project has finished, staff felt morally obliged to continue working with a hard-to-reach client group, with whom they had managed to build some trust and rapport. Project staff indicated they would, for example, continue providing a 12-step program each week out of a sense of professional responsibility toward these clients.

### NGO Mekhri (Zulfiya Kizlari), Tashkent, Uzbekistan

#### ■ *Advocacy via professional networks*

The Director of Mekhri is a formal lecturer in medicine, and a member of the Women's Committee of Uzbekistan with extensive networks in Tashkent medical and social service provision. The Director is continuing to advocate for migrant issues, including external migrant issues on the national poverty reduction agenda.

#### ■ *Training Innovative Center "Business and Personnel", Tashkent, Uzbekistan*

Access to Afghan diaspora: In the course of evening seminars, families openly spoke of drug dealing individuals and drug users within the Afghan community in Tashkent. Afghan refugee communities also maintain strong links to Afghanistan. Drug demand reduction projects may thus serve as a source of word

of mouth information to communities in Afghanistan. Ideally, future projects would seek to work with the Afghan refugee community located in Termez on the Afghan border and create an anonymous contact point for Afghan migrants from all over Uzbekistan to discuss drug use and HIV related issues.

## GLOSSARY

**Kamolot:** National youth organization of Uzbekistan

**Mahalla:** Traditional Central Asian local neighborhood structure with limited responsibilities for local affairs including family welfare and minor disputes.

**Passport desk:** Branch of the Ministry of Internal Affairs that deals with issues associated with internal registration.

**Propiska:** Internal registration noted in passport that provides authorization to live, work and obtain medical services at a particular location.

**Rayon:** Administrative sub-division analogous to a county in rural area, or a municipality in an urban area. A level of administration is associated with this level of government.

**Narcological dispensary:** Drug and alcohol treatment clinic.

**Drug demand reduction:** The term “drug demand reduction” is used to describe policies or programs directed towards reducing the consumer demand for narcotic drugs and psychotropic substances covered by the international drug control conventions (the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988). The distribution of these narcotic drugs and psychotropic substances is forbidden by law or limited to medical and pharmaceutical channels [15].

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