



**Ташкилоти Ҷамъиятии «СПИН Плюс»
Public Organization «SPIN Plus»**



**REGIONAL PUBLIC ORGANIZATION
«VOLUNTEER»**

Alternative Report to the Committee on Economic, Social and Cultural Rights on Tajikistan's Second and third periodic reports on the implementation of the International Covenant on Economic, Social and Cultural Rights

Drug Use, HIV, Overdose and Harm Reduction: Article 12

Submitted jointly by the Canadian HIV/AIDS Legal Network, the Eurasian Harm Reduction Network,
NGO 'Volunteer', SPIN Plus

4 February, 2014

Main facts:

- Almost 8 000 people officially registered as injecting drug user in the country; 25 000 unofficial number;
- Over 800 new HIV cases are registered every year
- Over 50% of people who inject drug live with HIV; and almost 70% of them have Hepatitis C
- 404 people who inject drugs are in Opioid Substitution Programmes in the entire country (28 women)
- There are 47 Needle and Syringe Exchange Programmes in Tajikistan, mostly run by state narcological institutions
- Over 500 sex workers and men suspected in 'homosexuality' were detained in 2014 and forced into HIV testing
- No women specific harm reduction services exist in the country
- No government supported/funded harm reduction services are available
- No government supported/funded hepatitis C treatment programmes are available

Recommendations:

- Scale up harm reduction services for people who inject drugs and invest in such programmes for the prevention of HIV, hepatitis C and other diseases;
- Consider focusing on women specific harm reduction programmes and services to increase the availability and accessibility to health services for women who inject drugs as well as undertake nationwide research on how existing drug policies impact upon women's right access to health services and/or increase gender-based discrimination/violence;
- Revise national HIV and Hepatitis C prevention and treatment programmes with the aim of inclusion of people who inject drugs in these programmes;
- Undertake programmes to address state facilitated violence against people who inject drugs and sex workers, including in medical fields such as tackling issues such as forced HIV testing and breach of confidentiality in relation to HIV status;
- Provide trainings for law enforcement and police on how to deal with people who use drugs and sex workers, in particular, not to use violence against them, but direct to the medical facility in order to get tested to HIV and maybe start treatment of drug addiction.

The Committee's previous recommendations on Tajikistan and HIV Prevention among people who inject drugs:

In 2006, the Committee in its concluding observations to Tajikistan's first state report review expressed concerns with the rapid spread of HIV, in particular among drug users, prisoners, sex workers and migrant workers returning to the country. The Committee noted number of factors that contributed to the breach of right to health of people affected by HIV, such as lack of basic knowledge about the disease and its transmission, breaches of confidentiality relating to medical information, and lack of appropriate training for health care workers contribute to the significant stigma and discrimination surrounding the disease and, ultimately, the spread of HIV.¹

In this regard, the Committee recommended that the government of Tajikistan conducts 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.²

In specific, the ESCR Committee recommended that the Tajikistan establishes 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.³

¹ Concluding Observations of the UN Committee on Economic, Social and Cultural Rights, E/C.12/TJK/CO/1, 24 November 2006, para. 38

² *Ibid*, para. 70

³ *Ibid*, para. 70

Injecting drug use and infectious diseases: HIV, Hepatitis C and other diseases

It is widely accepted that people who use illicit drugs are vulnerable to a wide range of negative health consequences including infection with blood borne viruses including HIV and hepatitis C. In Tajikistan, available data shows that concentrated HIV epidemic levels exist among people who inject drugs. According to 2014 data, there were 7 176 officially registered persons with 'drug problems'⁴, and 4 837 of them (67%) are those who inject drugs.⁵ unofficially this number can reach 25 000 with a possible range of 20,000–30,000.⁶ Main concentration of injecting drug use has been recorded in Dushanbe with 44%, Sogt with 19% and Gbao with 13% of the total number.⁷

Official numbers of HIV infections are 6 309 in the country⁸ with proportions of male 4 420 (70,1%), female – 1 889 (29,9%), children under 14 – 456 (6,7%).⁹ Over 800 new cases of HIV are registered every year in last few years. For example, 989 in 2011, 828 in 2012 and 876 in 2013.¹⁰

Data shows that by the end of 2012, 4674 cumulative HIV infections (3486 among males and 1188 among females) were diagnosed in Tajikistan (50.7 per 100,000). These included 2342 (50.1%) among PWID that were attributed to sharing unsterile drug injecting equipment; 1447 (31.0%) infections were attributed to unprotected sex; 96 (2.1%) were mother-to-child transmissions; 13 (0.3%) were acquired through blood transfusion, and in 776 cases (16.6%) the transmission mode was unknown. However, while half of cumulative diagnosed HIV infections were attributed to injecting drug use, the proportion of new diagnosed HIV infections attributed to unsterile drug injecting equipment has declined over the past eight years, from 68.3% in 2005 down to 35.6% in 2012.¹¹

High infections rates among injecting drug users were recorded in two major regions. Of the 1036 HIV infections diagnosed in Khatlon Oblast, 423 were diagnosed in Kulob, including 266 (62.9%) cases among injecting drug users. Of the 304 HIV infections diagnosed in Gorno-Badakhshan Autonomous Oblast, 186 were diagnosed in Khorog, including 173 (93.0%) cases among injecting drug users.¹²

State data shows that HIV rates among people who inject drugs as of 2014 was concentrated in 5 major regions: Dushanbe – 26,5%, Khoog – 21,8%, Penjikent – 21,4%, Vakhdat – 16,4% and Khudjant – 7%.¹³

Only in 10 months in 2014 there was 759 new cases of HIV registered and from this, 411 were among men and 348 were among women. During this period, HIV cases registered among people who inject drugs was 22,79% from the total number.¹⁴

Data shows that over 50% of officially registered injecting drug users live with HIV, making it around 3 343 people.¹⁵ This makes over 12.8% of the total population in the country infected or living with HIV.¹⁶

HIV rates among injecting drug user population have gone up by 1/3 since 2012 when the number of injecting drug users living with HIV was 2 342.¹⁷

⁴ Отчет по Результатам оценки Доступности, Приоритетности и качества услуг Снижения Вреда Силами Сообщества Страна: Таджикистан,, Организация: СПИН Плюс, неизданное исследование, 2015

⁵ *Ibid*

⁶ APMG. (2009). Report on project: 'Support to national AIDS response to scale up HIV prevention and care services in Tajikistan'. Dushanbe: UNDP Tajikistan.

⁷ Отчет по Результатам оценки Доступности, Приоритетности и качества услуг Снижения Вреда Силами Сообщества Страна: Таджикистан,, Организация: СПИН Плюс, неизданное исследование, 2015

⁸ NGO 'Volunteer'

⁹ *Ibid*

¹⁰ *Ibid*

¹¹ Latypov, A., Drug scene, drug use and drug-related health consequences and responses in Kulob and Khorog, Tajikistan. International Journal of Drug Policy (2014)

¹² *Ibid*

¹³ Отчет анализом данных дозорного эпидемиологического надзора среди людей, употребляющих инъекционные наркотики, в Республике Таджикистан в 2014 году Министерство здравоохранения и социальной защиты населения Республики Таджикистан, Государственное учреждение «Республиканский центр по профилактике и борьбе с СПИДом», 2012

¹⁴ NGO 'Volunteer'

¹⁵ Отчет по Результатам оценки Доступности, Приоритетности и качества услуг Снижения Вреда Силами Сообщества Страна: Таджикистан,, Организация: СПИН Плюс, неизданное исследование, 2015

¹⁶ *Ibid*

¹⁷ Latypov, A., Otiashvili, D., & Zule, W. (2014). Drug scene, drug use and drug-related health consequences and responses in Kulob and Khorog, Tajikistan. The

No recent data exists on Hepatitis C prevalence among people who inject drugs. Some data indicates that in Tajikistan Hepatitis C prevalence was 61% among a sample of injecting drug users, and HIV/HCV co-infection was 98% in 2009.¹⁸ More recent data has reported that general Hepatitis C prevalence among people who inject drugs in Tajikistan is 24.9% as of 2011.¹⁹ State run research in 12 sites in Tajikistan in 2014 has showed that overall prevalence of Hepatitis C among injecting drug users was 22,7%²⁰ just 1,1 times less than in 2011. According to the reports, main regions where Hepatitis C is recorded among people who inject drugs are: Dushanbe – 47,1%; Vakhdat – 40,6%; Penjikent – 28,1%; Khudjant – 26,2% and Khorog 21,6%.²¹ These are the same regions where HIV is most prevalent among people who inject drug.

No data exists on co-infections of HIV, Hepatitis C and TB either in communities or among injecting drug user population.

Spread of HIV is caused by number of factors but mainly by the lack of knowledge about the disease as well as reluctance and fear among people who inject drugs that their personal information will be revealed. Reports show the despite the fact that legislation provides guarantees for confidentiality, non-discrimination and non-violation of basic human rights, none of these are protected in practice.

Female drug users are invisible in Tajikistan. One study highlighted that during the focus group discussion in the regions none of the participants (n = 53) were female. Staff of the local partner organization (NGO “Jovidon”) who helped recruit participants attributed this to the fact that women drug users were especially hard-to-reach and that many avoided direct contacts with needle and syringe programmes (run by government offices) and disclosing their drug user status for fear of abuse and discrimination from family members, community members, and male drug users.²²

Survey conducted among women who use drugs and/or are involved in sex work indicates that in order to build trust with women who inject drugs and recruit them into harm reduction services it is important to incorporate drug user women’s views into the programme design. i.e. some women stated: ‘it is important to go and see a gynecologist twice a month’ and it is better if you visit him/her with your own instruments, as they are so free and open about it’; other women highlighted the need for gender specific detox programmes: ‘there are some detox programmes but they are not for women, they are common as they call it; Narcological departments do not have special wardens just for women; treatment is expensive, and people who live with HIV and are also clients of harm reduction programmes need have access to such detox and rehabilitation programmes without any fees.’²³ Overall, there is an urgent need in the country for gender specific analysis of harm reduction service as well as the impact that existing drug policies have on women.

Prevention and treatment of HIV and Hepatitis C among injecting drug users

Data indicates that between 2006 and 2012, 1505 people were enrolled in antiretroviral therapy (ART) programme in Tajikistan, including 309 people in Khatlon Oblast and 111 people in Gorno-Badakhshan Autonomous Oblast.²⁴ When this data is compared to the number of people living with HIV in the country, the gaps becomes clear.²⁵ Tajikistan experiences high fatality rates among people on ART.²⁶ Rations on how many injecting drug users living with HIV have access to ART in the country are not possible to obtain. However, some available data shows in 12 sites where research was conducted by the state officials 61,3% of injecting drug users participated in HIV prevention programmes. In some

Inter- national Journal of Drug Policy

¹⁸ Latypov, A., Illicit drugs in Central Asia: What we know, what we don’t know, and what we need to know. International Journal of Drug Policy (2014)

¹⁹ Drug Dependence in Central Asia: Challenges and Responses, Alisher Latypov, Building the Bridges: Drug Dependence in Central Asia and Afghanistan, Berlin, April 8, 2014

²⁰ Отчет анализом данных дозорного эпидемиологического надзора среди людей, употребляющих инъекционные наркотики, в Республике Таджикистан в 2014 году Министерство здравоохранения и социальной защиты населения Республики Таджикистан, Государственное учреждение

«Республиканский центр по профилактике и борьбе с СПИДом», 2012

²¹ *Ibid*

²² Latypov, A., et al. Drug scene, drug use and drug-related health consequences and responses in Kulob and Khorog, Tajikistan. International Journal of Drug Policy (2014)

²³ Отчет по Результатам оценки Доступности, Приоритетности и качества услуг Снижения Вреда Силами Сообщества Страна: Таджикистан,, Организация: СПИН Плюс, неизданное исследование, 2015

²⁴ Latypov, A., Drug scene, drug use and drug-related health consequences and responses in Kulob and Khorog, Tajikistan. International Journal of Drug Policy (2014)

²⁵ *Ibid*

²⁶ *Ibid*

regions indicator is much lower.²⁷ It is difficult to specify if this also included HIV treatment for those living with this infection.

There are no state supported programme for the treatment from Hepatitis C.²⁸

Harm reduction services

Tajikistan has very limited number of life saving harm reduction services for people who inject drugs. There are 47 Needle and Syringe Exchange Programmes (also called 'Trust Centres') in Tajikistan, all of them are funded by Global Fund.²⁹

Opioid Substitution Therapy is available in Tajikistan and it is that it reaches 1% of the entire drug injecting population,³⁰ while the WHO, UNAIDS, UNODC and the World Bank recommend at least 20% coverage.³¹ This includes about 404 patients in total from which 28 are women (making up to less than 1% of women) and 376 are men.³²

Such a small number of women is influenced by the discrimination of women due to their drug users status and fear of abuse from family member, community member, and male drug users³³, so women are simply afraid to use services of harm reduction.

Research indicates that despite the fact that harm reduction services are provided to some extent, access to these services are limited for drug users due to police officers monitoring harm reduction sites. Many people who use drugs do not use harm reduction services as they are afraid from the encounter with law enforcement. And the service providers are not allowed to give dosages away for later use.³⁴ In some regions, outreach work is rather underdeveloped which impacts on the drug user engagement with the services. Major barriers to access medical services for people who inject drugs also include breach of anonymity in medical clinics, high rates for treatment services, quality of consultations and treatment services.³⁵ One of the client stated: *'I understand that it is important to get consultations and tests on HIV time to time but they are only available in state AIDS centres; these centres are always full of doctors. It would be good if we were able to have some anonymity, so that not everyone in these AIDS centres knew about our tests or results.'*³⁶

Recent evaluation of existing harm reduction services indicates that harm reduction programmes such as Methadone needs scaling up to reach the minimum of coverage among injecting drug users. Such programmes are already in operation in number of cities and can easily be expanded to the most needed regions in Tajikistan.³⁷

Prevention of overdose among injecting drug users

No official numbers exist on how many people die from overdose of injecting opioids.

In the year of 2011 there was 39 officially reported death from overdose Tajikistan.³⁸ But the unofficial sources report that overdose cases are much higher. Nobody is gathering information on overdose cases in a centralised manner.

27 Отчет анализом данных дозорного эпидемиологического надзора среди людей, употребляющих инъекционные наркотики, в Республике Таджикистан в 2014 году Министерство здравоохранения и социальной защиты населения Республики Таджикистан, Государственное учреждение «Республиканский центр по профилактике и борьбе с СПИДом», 2012

28 Latypov, A., Drug scene, drug use and drug-related health consequences and responses in Kulob and Khorog, Tajikistan. International Journal of Drug Policy (2014)

29 Vickerman, P., et al. Controlling HIV among people who inject drugs in Eastern Europe and Central Asia: Insights from modelling. International Journal of Drug Policy (2014);

30 Vickerman, P., et al. Controlling HIV among people who inject drugs in Eastern Europe and Central Asia: Insights from modelling. International Journal of Drug Policy (2014); also, Отчет с анализом данных дозорного эпидемиологического надзора среди людей, употребляющих инъекционные наркотики, в Республике Таджикистан в 2014 году Министерство здравоохранения и социальной защиты населения Республики Таджикистан, Государственное учреждение «Республиканский центр по профилактике и борьбе с СПИДом», 2012

31 World Drug Report 2014, UNODC.; accessed from http://www.unodc.org/documents/wdr2014/Drug_use_health_consequences_2014_web.pdf on 23 January 2015.; also The Global HIV Epidemics among People Who Inject Drugs, International Bank for Reconstruction and Development/The World Bank, 2013

32 survey from NGOs

33 Latypov, A., Otiashvili, D., & Zule, W. (2014). Drug scene, drug use and drug-related health consequences and responses in Kulob and Khorog, Tajikistan. The International Journal of Drug Policy.

34 Отчет по Результатам оценки Доступности, Приоритетности и качества услуг Снижения Вреда Силами Сообщества Страна: Таджикистан,, Организация: СПИН Плюс, неизданное исследование, 2015

35 Ibid

36 Ibid

37 Ibid

For example in last four months (Oct 2014 – Jan 2015) over 40 overdose cases were reported to the harm reduction organisations only in Dushanbe.³⁹ One of these cases resulted in death.

Naloxone is an antagonist of opioid, which helps to save lives in case of the overdose. The medication is recommended by World Health Organisation, UNAIDS and the UNODC as the most effective recovery medication in the case of overdose on opioid based drugs.

Tajikistan has naloxone in their National list of Essential Medicine since 2007, it is a relatively cheap medication, costing under 1 dollar. However, naloxone is not available in pharmacies in Tajikistan.⁴⁰

While the study on pharmacy and community-based naloxone distribution approaches in Tajikistan demonstrates high usage and low wastage of this short-acting opioid antagonist that reverses the effects of overdose, the availability of naloxone is very limited in Tajikistan and naloxone distribution programmes are operating only through funding from international donors, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.⁴¹

Recent assessments on the overdose prevention in the country showed that main problems are associated with medical staff calling police in the case of reported overdose cases. Even though such obligation is not contained in any of the legal documents, doctors often call the police in the case of overdose calls, as they always anticipate death in such cases. Hence, clients state that there is a need for them to have naloxone as overdose prevention. *'We live far away from harm reduction site, or any other centres in town, if I overdose, they have to call medical centre, the centre will call police, and this will cause lots of complications. Why can't I just have naloxone at home?'* Another statement indicated: *'Naloxone is a needed medicament. But for some reason they do not allow for the distribution. I do not understand why? Naloxone cannot be used as a substitute for drugs or anything. We need to have it just to prevent death.'*

Discriminatory practices, law enforcement and violence

Even though use of injecting drugs is not considered as a crime in Tajikistan here are many cases when incarcerations in the region are for minor drug offences, including use and possession.⁴² High number of people gets arrested every year for drug related petty offences. For example, 988 people were arrested for drug-related offences in 2013, - almost as many (989) as in 2012.⁴³ Some reports indicate that the proportion of offences related to possession of drugs for personal purposes in the total number of drug offences registered in Tajikistan in 2011 was as high as 24%,⁴⁴ suggesting this punitive approach is taken across the region.⁴⁵

Due to the fear of the police people who use drugs avoid visiting harm reduction sites, where they can change syringes and needles, get tested for HIV, etc. As often police officers lurk those who visit sites and later stalk them and blackmail them.⁴⁶

Research indicates that police officers are involved in distribution of illicit drugs: providing heroin to favored dealers, arresting or blackmailing competing dealers and exploiting drug users in various ways for the sake of information, money or sexual favors, or in order to fulfil arrest quotas.⁴⁷ Such corruption and mistreatment to people who use drugs increases distrust towards police and alienates them from participating in healthcare programmes, such as OST and NSP.

³⁸ Отчет по Результатам оценки Доступности, Приоритетности и качества услуг Снижения Вреда Силами Сообщества Страна: Таджикистан,, Организация: СПИН Плюс, неизданное исследование, 2015

³⁹ 'SPIN Plus' – personal communication – Files kept with authors of the report. 2015.

⁴⁰ Отчет по Результатам оценки Доступности, Приоритетности и качества услуг Снижения Вреда Силами Сообщества Страна: Таджикистан,, Организация: СПИН Плюс, неизданное исследование, 2015

⁴¹ Latypov, A., et al. Illicit drugs in Central Asia: What we know, what we don't know, and what we need to know. International Journal of Drug Policy (2014)

⁴² Kazatchkine, M. Foreword: Illicit drugs in Central Asia. International Journal of Drug Policy (2014)

⁴³ Latypov, A., Otiashvili, D., & Zule, W. (2014). Drug scene, drug use and drug-related health consequences and responses in Kulob and Khorog, Tajikistan. The International Journal of Drug Policy.

⁴⁴ DCA. (2012). Report on the drug situation in the Republic of Tajikistan for 2011. Dushanbe: The Drug Control Agency under the President of the Republic of Tajikistan.

⁴⁵ Latypov, A., et al. Illicit drugs in Central Asia: What we know, what we don't know, and what we need to know. International Journal of Drug Policy (2014)

⁴⁶ *Ibid*

⁴⁷ *Ibid*

About 26% of those interviewed in relation to law enforcement and drug use, indicated that clients of harm reduction services noticed police officers around service sites and 10% of them experienced some kind of encounter with the police. One of them stated: 'when I left AIDS centre police came straight to me and hit me. They searched me afterwards.' The other noted: 'when I see police around harm reduction sites, I try to avoid getting inside the building.' Some drug users also have experienced illegal arrest. For example one of the clients mentioned: 'whenever the police came to the centre, they asked me to go with them. They would take me to police centre, but I until now do not know what for.'

Tajikistan still implements compulsory treatment for drug dependent individuals.⁴⁸ It is also reported that people in prisons are denied of prevention and treatment measures what can lead to increased risk of HIV, hepatitis and sexually transmitted infections.

Sex workers, HIV and Police violence

Sex workers are equally vulnerable population in Tajikistan that are affected by HIV and other infectious diseases as well as heightened police violence due to stigma and 'morally unacceptable behaviour' in society. Research shows that in recent months Sex workers in Tajikistan have become a particular target of police. For example, Amnesty International has reported in June 2014 that over 500 sex workers and a number of men suspected of 'homosexual behavior and were forced to testing for HIV and other sexually transmitted infections, in violation of their human rights to privacy, bodily integrity and freedom from ill-treatment. Police violence, including sexual violence was reported.⁴⁹

Recommendations

- Scale up harm reduction services for people who inject drugs and invest in such programmes for the prevention of HIV, hepatitis C and other diseases;
- Consider focusing on women specific harm reduction programmes and services to increase the availability and accessibility to health services for women who inject drugs as well as undertake nationwide research on how existing drug policies impact upon women's right access to health services;
- Revise national HIV and Hepatitis C prevention and treatment programmes with the aim of inclusion of people who inject drugs in these programmes;
- Undertake programmes to address state facilitated violence against people who inject drugs and sex workers, including in medical fields such as tackling issues such as forced HIV testing and breach of confidentiality in relation to HIV status;
- Provide training for law enforcement and police on how to deal with people who use drugs as well as sex workers, in particular, not to use violence against them, but direct to the medical facility in order to get tested for HIV and maybe start treatment of drug addiction.

⁴⁸ *Ibid*

⁴⁹ <http://www.amnesty.org/en/for-media/press-releases/police-seize-sex-workers-and-men-believed-be-gay-tajikistan-s-new-morality-0>; accessed on 26 January 2014