



The European Union's Central Asia Drug Action Programme

# Central Asia Drug Action Programme *Phase 4*

*Inception Report*  
31 May 2007



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**CADAP**

**Inception Report**

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## TABLE OF CONTENTS

1. Overview of CADAP 4 .....	4
2. Policy context and programmeme management .....	5
2.1 Policy context.....	5
2.2 Programme management.....	6
2.3 Main changes in project activities compared to the contract “Description of Operations” .....	6
3. Description of objective, activities, results, indicator of achievement, inputs and work plan for each project of CADAP 4.....	8
3.1 Project DAMOS: .....	8
Drug Abuse Monitoring System .....	8
3.1.1 Background .....	8
3.1.2 Preliminary assessment .....	9
3.1.3 Project objective.....	10
3.1.4 Project activities .....	10
3.1.5 List of results and achievement indicators .....	12
3.1.6 Managerial arrangements .....	12
3.1.7 Inputs.....	13
3.1.8 Workplan : project DAMOS .....	14
3.2 Project PRISON: .....	15
Prevention and treatment for drug addicts in Prisons .....	15
3.2.1 Background .....	15
3.2.2 Preliminary assessment .....	15
3.2.3 Objective and description.....	16
3.2.4 Activities of the project.....	17
3.2.5 Indicative list of results and indicator of achievement.....	19
3.2.6 Managerial arrangements .....	19
3.2.7 Inputs.....	20
3.2.8 Workplan: project Prison .....	20
3.3 Project “DPU”: .....	22
Drug Profiling Units in Airports and railways stations.....	22
3.3.1 Background .....	22
3.3.2 Preliminary assessment .....	22
3.3.3 Project objective.....	23
3.3.4 Activities of the project.....	23
3.3.5 Indicative list of results and indicators of achievement .....	24
3.3.6 Managerial arrangements .....	25
3.3.7 Inputs.....	25
3.3.8 Workplan: project DPU.....	25
3.4 Project MEDISSA: .....	27
Drug abuse prevention campaign with the media .....	27
3.4.1 Background .....	27
3.4.2 Preliminary assessment .....	27
3.4.3 Project objective and description .....	28
3.4.4 Activities of the project.....	28
3.4.5 Indicative list of results and indicators of achievement .....	30
3.4.6 Managerial arrangements .....	31
3.4. 7 Inputs.....	31
3.4.8 Workplan: project MEDISSA .....	32

Annex 1: Logframe .....	33
Annex 2: Elements of drug theory .....	34
1. Definition of drugs: .....	34
2. Illicit drugs: .....	34
3. Demand reduction .....	34
4. Harm reduction.....	34
5. Supply reduction .....	34
6. Prerequisites for effective demand reduction strategy .....	35
7. Prerequisites for effective supply reduction strategy .....	35



## 1. OVERVIEW OF CADAP 4

Title:	“Europe- Central Asia action programme on drugs – fourth phase” CADAP 4
Location:	Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan
Cost of the action	Contracting authority: 5.000.000 € UNDP co-financing: 500.000 € Total cost of the action: 5.500.000 €
Objectives	<p><b><u>Overall objective</u></b></p> <p>The overall objective of CADAP 4 is the gradual adoption by beneficiary authorities of EU good practices in the field of drug policies. CADAP covers both supply and demand reduction aspects<sup>1</sup> in line with the recommendations of the Central Asia Indicative programme 2005-2006 and the “European Union Drugs Strategy 2005-2012”.</p> <p><b><u>Specific objectives:</u></b></p> <p>To encourage the adoption of EU good practices in the following areas:</p> <p>1) <b><i>Drug epidemiology:</i></b> to establish a sustained capacity to analyse drug related data based on EMCDDA (European Monitoring Centre on Drugs and Drug Addiction) guidelines;</p> <p>2) <b><i>Prevention of drug use in Prison:</i></b> to offer treatment-rehabilitation services to inmates in prisons;</p> <p>3) <b><i>Drug profiling at airports and railways:</i></b> to encourage fight against drug and precursors trafficking based on intelligence and inter-agency cooperation;</p> <p>4) <b><i>Prevention campaign in the media:</i></b> to inform the population of the health-risks of drug use (including HIV infection)</p>
Partner(s)	Ministry of Health (epidemiology, toxicological laboratories), Ministry of Justice and Interior (Treatment in Prisons, Drug Profiling Units), Inter Ministerial Drug Control Committee, (general coordination), Ministry of Finance or State Customs Committee and State Border Services (for Drug Profiling Units), specialised NGOs (media campaign, training for journalists).
Target group(s) <sup>2</sup>	CADAP will develop four projects. For each of these, the main target groups will vary: 1) <u>Drug epidemiology:</u> Staff of Ministries of Health / Narcologic dispensaries and Toxicological laboratories; 2) <u>Prison:</u> Staff and inmates of selected pilot prisons in Central Asia; 3) <u>Drug Profiling Units (DPUs):</u> Law enforcement officers working in DPUs (police, customs, border guards) ; 4) <u>MEDISSA:</u> General population, young persons at risk (journalists, NGOs).

<sup>1</sup> See definition of drug demand and supply reduction as well as other drug concepts in annex.

<sup>2</sup> “Target groups” are the groups/entities who will be directly positively affected by the project at the Project Purpose level

Final beneficiaries <sup>3</sup>	The final beneficiaries are the population at large, since drug prevention will reduce drug related costs (health, crime, productivity loss) for the societies as a whole; The final beneficiaries include the populations of Russia, the CIS and EU countries as more effective anti trafficking measures in Central Asia will have an impact on the supply and price of drugs in those countries and therefore on the level of drug abuse.
Estimated results	<ul style="list-style-type: none"> <li>• Better understanding of the actual drug abuse situation (more accurate indicators of drug abuse and drug morbidity) and increased epidemiology capacity in each country;</li> <li>• Reduction of drug use (and related infections) in prisons: through the establishment a “clean zones” in two prisons in Kyrgystan, a treatment centre in one pilot prison in Kazakstan, Tajikistan, Turkemnistan and Uzbekistan and the creation of “half-way houses” by selected NGOs connected to the pilot prisons;</li> <li>• Increased drug and precursor/ chemical s seizures through the establishment of eight Drug Profilling Units (DPU) at airports and railway stations;</li> <li>• General population in all five Central Asian counties aware of drug related risks.</li> </ul>
Main activities	Organisation of training, study tours and conferences, provision of equipment and renovation works. (See detailed description of activities below)

## 2. POLICY CONTEXT AND PROGRAMMEME MANAGEMENT

### 2.1 Policy context

As indicated in the Description of Opeations, the policy framework of CADAP is based on recommendations formulated in the EU Regional Strategy 2002-2006 and the Central Asia Indicative programmeme 2005-2006. The justification for CADAP can also be found in the European Union Drugs Strategy 2005-2012 and its subsequent Actions Plans as well as in the “European Security Strategy” of 2003.

The need to pursue and expand anti drug assistance in Central Asia has been most recently stressed in the draft “EU and Central Asia : Strategy for New Partnership” to be endorsed by EU Member States (MS) in June 2007. This document indicates that several security questions –including the fight against drugs – require close cooperation of the EU with each Central Asian country. It is recommended that cooperation with UNODC be intensified in view of the UNODC’s project on tracking the routes used by traffickers to deliver to Afghanistan, the chemical precursors needed to process opium into heroin..

<sup>3</sup> “Final beneficiaries” are those who will benefit from the project in the long term at the level of the society or sector at large

## 2.2 Programme management

In March 2007 the CADAP Regional Programme Manager (Mr. Philip Pierce) was transferred to another post. Mr. Peter Isaacs is acting as Regional Programme Manager whilst UNDP recruits a new person for the role...

The CADAP 4 contract between EC and UNDP was signed on 1st January 2007; the official starting date of CADAP 4.

There was a delay in the endorsement of CADAP 4 by the beneficiary countries. Official endorsements date as follows:

Kazakhstan and Kyrgyzstan, January 2007.  
Tajikistan and Turkmenistan, April 2007

Official endorsement by Uzbekistan is currently pending.

These delays have created difficulties in the organisation and timing of the country assessment visits, which have so far occurred only in Kyrgyzstan, Kazakhstan and Tajikistan.

## 2.3 Main changes in project activities compared to the contract “Description of Operations”

The project objectives, activities, results indicators of achievement, inputs and work plans are described in detail in the next section. In general, projects remain the same as in the Description of Operations attached to the contract dated as of 1<sup>st</sup> January 2007, but some minor changes have been introduced (according to sections 5.3.3, 5.4.3, 5.5.3 and 5.6.3 of the CADAP 4 Description of Operations) and these are summarised below:

### a Project “*Drug abuse monitoring system - DAMOS*”:

The activities of DAMOS project remained same according to section 5.3.3 of the CADAP 4 Description of Operations. However, one new activity was added to reinforce the analysis capacity of the indicator “drug abuse related death” of the **toxicological laboratories** attached to the Forensic Medical Departments (Ministries of Health). In each country the National Focal Point (NFP) - Demand, will be invited to reinforce cooperation and data exchange with these toxicological laboratories. Accurate data will promote a better understanding of the actual drug abuse situation, and therefore to increase the awareness of public authorities and enable them to improve their remedial drug actions. There is an absence of toxicological standards and the reagents within the Medical Forensic Toxicological Laboratory, thus the project will fund procurement of reagents.

### b Project “*Drug prevention in prisons - PRISON*”:

The activities of Prison project remained same according to section 5.4.3 of the CADAP 4 Description of Operations. However, new activities were added:

(a) to coordinate activities of project with existing drug prevention projects in prisons funded by other international organisations, (b) to create one treatment centre in one pilot prison in four countries of Central Asia. Two clean zones (one in each of two

pilot prisons) will be created in Kyrgyzstan). The total will therefore be four treatment centres, and two clean zones and (c) to create five “half-way houses” established by selected NGOs for further rehabilitation and social support of ex-prisoners connected to the pilot prisons. The project will also assess needs in terms of renovation/reconstruction and equipment for premises selected by the contracted NGOs, and undertake responsibility for procurement. Representatives from selected NGOs will also participate in project training.

Following the focus on drug abuse treatment in prisons, it is proposed that at a later stage, a project concerning the resettlement of prisoners into society after their release, should be undertaken.

c. Project: “*Multi-agency drug profiling at airports, railways stations & a seaport - DPU*”

The activities of DPU project remained same according to section 5.5.3 of the CADAP 4 Description of Operations. However, it is proposed to establish three DPUs at international airports, and five DPUs at railway stations with international links, as follows:

Airport DPUs:

- Kazakhstan (Almaty International airport);
- Kyrgyzstan (Osh International airport);
- Tajikistan (Dushanbe International airport);

Railway station DPUs

- Kyrgyzstan (Kayindy Railway Station);
- Uzbekistan (Tashkent Railways Station);
- Tajikistan (Dushanbe, Kulyab and Kurgan-Tube Railway Stations).

It is also proposed to reinforce by further staff training, four existing DPUs established under CADAP 2 in:

- Tajikistan (Khujand airport);
- Uzbekistan (Tashkent International airport);
- Turkmenistan (Turkmenbashi International airport and Turkmenbashi Seaport).

The project title has been amended accordingly.

d Project “*Drug Prevention campaign and Information Service (MEDISSA)*”:

The activities of MEDISSA project remained same according to section 5.6.3 of the CADAP 4 Description of Operation. The activities of this project were divided into four components: two major activities, training for journalists and implementation of the media campaign and two minor: a) initial country assessments and b) setting up an Information Service.

### 3. DESCRIPTION OF OBJECTIVE, ACTIVITIES, RESULTS, INDICATOR OF ACHIEVEMENT, INPUTS AND WORK PLAN FOR EACH PROJECT OF CADAP 4

#### 3.1 Project DAMOS:

#### Drug Abuse Monitoring System

##### 3.1.1 Background

Drug epidemiology aims at monitoring the prevalence and incidence of drug abuse in a population, its consequences and underlying causes. Drug epidemiology is a demanding and sophisticated discipline due to the mostly illegal and clandestine nature of activities related to illegal drugs use. It plays a central role in the formulation of drug policies since more accurate information permits better identification of priority areas on which drug policy should be constructed.

The role of the National Focal Points (NFPs) – Demand and Supply, is to provide comprehensive and authoritative information on the drug situation in a country to: decision makers, the scientific community, the international community including UNODC, the International Narcotics Control Board (INCB), and to the public. As far as possible the NFPs should collect information on five core indicators as agreed by EMCDDA / Pompidou Group<sup>4</sup>/ UNODC. These core indicators are:

- Drug consumption among the general population (estimates of prevalence and incidence);
- High-risk drug abuse (estimates of number of drug injectors and proportion engaging in high-risk behaviours, estimates of the number of daily users);
- Service utilization for drug problems (number of individuals seeking help for a drug problem);
- Drug-related morbidity (HIV, HBV and HCV prevalence among illicit drug consumers);
- Drug-related mortality (deaths directly attributable to drug consumption)<sup>5</sup>

There are also non-core indicators such as:

- Drug consumption among the youth population (estimates of prevalence and incidence);
- Drug related crime;
- Drug related social exclusion and
- Availability of illegal drugs.

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<sup>4</sup> The Pompidou Group is a multi disciplinary co-operation forum to prevent drug abuse and illicit trafficking in drugs, set up in 1971 and incorporated into the Council of Europe in 1980.

<sup>5</sup> See also: [http://www.unodc.org/pdf/drug\\_demand\\_gap\\_lisbon\\_consensus.pdf](http://www.unodc.org/pdf/drug_demand_gap_lisbon_consensus.pdf).

The main activities of the NFPs are to:

- produce and disseminate an Annual Report on Drugs,
- map available national sources of drug-related information;
- harmonise national data collection and analysis standards with standards developed by EMCDDA and UNODC/ General Assessment Programme (GAP),

To implement their role the NFPs need to have an institutional basis that will give them stability and establish their neutrality.

### **3.1.2 Preliminary assessment**

Assessment missions took place in Kazakhstan and Kyrgyzstan in February 2007 and in Tajikistan, Turkmenistan, and Uzbekistan in April 2007. The assessments reviewed the situation in terms of institutionalisation of the NFPs and made specific recommendations in terms of training and equipment. However, as these missions were conducted before the endorsement of CADAP 4 by Tajikistan, Turkmenistan, and a decision by Uzbekistan is still awaited, it is recommended that action proposed in this inception report concerning those countries is reviewed by them before the start of project implementation.

The current level of institutionalisation of the NFPs in each country is as follows:

- **Kazakhstan:** The NFP Demand has been transferred from the Department of Control of (Legal) Drugs (Circulation) of the Ministry of Health to the same ministry's Narcological Service and thus, the Chief Narcologist. According to reports from the General Prosecutor Office, the mechanisms and case definitions in drug supply-related data are currently being changed in order to conform to international standards.

Currently, NFPs have no legal institutional base in Kazakhstan.

- **Kyrgyzstan:** The leading / coordinating role of both the NFP Demand and Supply is based on the Drug Control Agency. It was legally established by a Government Decree (Cabinet of Ministers) on 2nd February 2005. The human resources situation in the NFP on Supply is adequate; the use of existing data gathering system allows for reporting of drug-supply data in the whole range required by the Annual Report and also by the Standard Tables. The situation with the NFP on Demand is unsatisfactory as only three part time staff (of whom only one has an analytical background) are responsible for the daily work, whilst at the same time they are responsible for numerous other tasks with higher priority for the superior institution (the National Narcological Dispensary). This situation is currently hindering the maintenance and development of the National Information Network in Kyrgyzstan.
- **Tajikistan:** The NFP Supply has a solid institutional basis as it is located within the Drug Control Agency and its activities are linked with the DCA Analytical Department. The NFP Demand (within the Ministry of Health) has been strengthened through the establishment by Presidential Decree dated October 2006, of a Centre on Drug Control and Prevention. In November 2006, the NFP Demand and Supply as well as Information Resource Institutions were incorporated into the Government's Drug Coordination Council. That Council is now the NFPs' managing board... The NFP on Demand is also covered by a by-law of the Resolution of the National (governmental) Drug Abuse Prevention Coordination Committee.

- **Turkmenistan:** The NFPs Supply and Demand have reportedly been institutionalized by a Presidential Decree on 24th April 2006. This decree approved the “National Programme on Fighting Illegal Drug Trafficking and Assistance to Drug and Psychotropic Substance Addicts for 2006 – 2010”. However, no translation of this decree has been made available to the CADAP programme.
- **Uzbekistan:** NFPs Supply and Demand have been established and data is being collected and analysed. The legal basis for both NFPs which are coordinated by the Drug Control Agency has been established by the Decree of the Prime Minister. The text of this Decree has not been made available to the CADAP programme.

### **3.1.3 Project objective**

The objective of the project is to gradually develop in each country, a sustained drug epidemiology capacity coherent with EMCDDA guidelines and with a view to facilitate the formulation of drugs policy. CADAP 4 will put special emphasis on:

- reinforcing epidemiologic indicators,
- ensuring the institutionalisation of the focal points,
- reinforcing the capacity to collect and analyse drug abuse data.

### **3.1.4 Project activities**

Activities proposed are regrouped under three results to achieve the objects as follows:

#### Core epidemiology indicators:

**Activity 1.1.:** In order to reinforce the relevance of the indicator “drug abuse related death”, the assessment mission recommended reinforcing the analysis capacity of the **toxicological laboratories** attached to the Forensic Medical Departments (Ministries of Health). In each country the NFP - Demand will be invited to reinforce cooperation and data exchange with these toxicological laboratories. An assessment will be carried out in each toxicological laboratory by the CADAP international Epidemiological Expert to identify needs in terms of equipment (reagents) and training. Equipment will be delivered by CADAP and training will be organised at national level.

**Where:** All five CA countries

**When:** September 2007 – September 2008, 2 National Seminars per country

**Outputs:** Assessment report, equipment (reagents), 10 training sessions.

### Institutionalisation of the National Focal Points:

**Activity 1.2:** As indicated above the process of institutionalisation of the NFPs has reached different level in each of the five CA countries, but all need further strengthening. This element is central for long term impact of the action, and in each country the international Epidemiology Expert jointly with the national authorities and the sub-regional experts, will draft a “*Proposed Action plan for sustainable drug information system*”. This document will describe for each country:

- the role and functioning of a sustainable drug information system adapted to the national situation,
- the responsibilities of the NFPs (including profile requirements and job description), budgetary requirements as well as an overview of the existing (or lack of) required law and regulations;

**Where:** All five CA countries.

**When:** July-October 2007

**Outputs:** Action plan for sustainable drug information system;

**Activity 1.3:** Advocacy: on the basis of the document produced in Activity 1.2 and the results of the epidemiology studies. The project will advocate for the reinforcement of the institutionalisation of the NFPs in each country. Action in each country will reflect the particular need and two regional conferences will be organised.

**Where:** All five CA countries

**When:** July-November 2007, Regional conference will be organised firstly in August 2007 and the second conference in August 2008 (venues to be confirmed).

**Outputs:** Epidemiology study; 2 regional conferences.

### National capacity to collect and analyse data

**Activity 1.4:** The staff of the NFPs will be (re)trained on early warning system, drug crime indicator and recommendation on drug policy, with a specific focus on combating drug trafficking and drug abuse by young persons; training will be practical focussing on a specialized issue and organised at national and regional levels; Training will include: data analysis, MS Office software and citation software, “Epinfo” software, management of “Information maps”, EMCDDA standard tables and general analytical skills. Basic office equipment will be provided based on the assessments. One study tour to Europe will be organised under this activity,

**Where:** All five CA countries, study tour to Europe (venue to be confirmed)..

**When:** September 2007 – September 2008, 2 national Training Sessions in each country, Study Tour to be organised in August – November 2007.

**Outputs:** 10 National training sessions, one study tour.

**Activity 1.5:** The project will continue to provide support to national experts in charge of drafting their Annual National Report on Drugs. Support will be provided by the sub regional experts and the international epidemiology expert. National drug reports should not be seen as a goal in themselves but as a means to reinforce national capacity to collect and analyse drug data. Translation and publication of these annual reports is foreseen under this project.

**Where:** All five CA countries.

**When:** The objective is for reports of the previous year to be published by August 2008.

**Outputs:** 5 Annual reports and final report;

### **3.1.5 List of results and achievement indicators**

Project DAMOS	
Expected results	Indicators of achievements
<ul style="list-style-type: none"> <li>Enhanced indicators on drug use;</li> <li>Enhanced indicators on drug morbidity.</li> </ul>	<ul style="list-style-type: none"> <li>Equipment (including reagents) and training provided to toxicological laboratories attached to Forensic Departments;</li> <li>Sustained relations established between NFPs and the toxicological laboratories.</li> </ul>
<ul style="list-style-type: none"> <li>Institutionalisation of the NFPs</li> </ul>	<ul style="list-style-type: none"> <li>new legislation/regulation in place/reinforced;</li> <li>staff of NFPs on national payroll;</li> </ul>
<ul style="list-style-type: none"> <li>Increased capacity to collect and analyse drug data</li> </ul>	<ul style="list-style-type: none"> <li>number of participants in training;</li> <li>functioning of the NFPs (including equipment);</li> <li>trained staff of the NFPs remain in their posts;</li> <li>Content of National Annual Report on Drugs elaborated;</li> <li>Quality/relevance of the National Annual Report improved.</li> <li>Exchange of experience provided by organisation of study visit to an EU country.</li> </ul>

### **3.1.6 Managerial arrangements**

- Reporting to the CADAP Regional Programme Manager, the project will be managed by an International Expert who will act as project leader (part time) and an International Epidemiology Expert (part time). The project leader will be responsible for the overall project implementation; and together with International Epidemiology

Expert will participate in training and provide ongoing support for the elaboration of the National Annual Drug Reports. These experts will be supported by two sub-regional senior epidemiologists (expertise in drug epidemiology) whose aim will be to support project implementation and advocate the institutionalisation of the NFPs. One sub-regional expert will be primarily responsible for Kyrgyzstan and Kazakhstan and another responsible for Tajikistan, Turkmenistan and Uzbekistan. The coordination of activities from the programme side will be done by CADAP Deputy Regional Programme Manager.

- The International Epidemiology Expert will undertake needs assessment of the Toxicological Laboratories.
- UNDP will provide support for the organisation of the training and the purchase of the equipment

#### Implementation remarks:

The first step of the project will be to elaborate an overall plan describing

- the modalities of cooperation at country level;
- the focus and country workplan for the drug abuse;
- the training workplan for staff of toxicological laboratories and equipment (reagents) needs;
- methods and timing for the drafting of the “Action Plan”;
- training workplan for the staff of the NFPs.

The plan will be submitted to the EC Delegation two months after the approval of this inception report.

Project staff will exchange information with UNODC/GAP. UNODC has been implementing a General Assessment Programme (GAP) project in several countries aiming at collecting drug data based on methodologies coherent with EMCDDA. In Central Asia GAP activities have been limited, but closer cooperation between DAMOS and GAP would be mutually beneficial as it would give more weight to policy recommendations and sustainability of the action. It is therefore recommended that Project staff exchange information with the GAP programme (via UNODC in Tashkent). Such closer cooperation should not delay project delivery.

#### **3.1.7 Inputs**

Budget for

- one international project leader (part time) and travel costs;
- one international epidemiological expert (part time) and travel costs;
- two sub-regional senior epidemiologists (part time) and travel costs;
- five country managers full time and travel costs ;
- training of staff of toxicological laboratories;
- one study tour to EU country jointly with EMCDDA;
- equipment (including reagents for toxicological laboratories);
- organisational costs of national training and retraining of staff (Focal Points and Information Resource Persons) and training on rayon/ oblast levels;

- organisational costs for two regional conferences;
- office equipment for NFPs;
- translation and publication ;

### 3.1.8 Workplan : project DAMOS

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Selection and contracting of project leader and international epidemiology expert						█																		
Contracting of sub-regional experts						█	█																	
Need assessment of toxicological laboratories by International Epidemiologist						█	█	█																
Tendering and delivery of equipment (including reagents for laboratories)								█	█															
Organisation of a study tour (EU jointly with EMCDDA)							█	█	█	█														
Elaboration of action plans for institutionalisation of NFPs							█	█	█															
Distribution and advocacy (action plan)							█	█	█	█														
Two Regional Conferences on drug abuse monitoring and methods								█	█											█	█			
(re)Training staff of NFPs								█				█						█			█			
Support in drafting National Annual Drug Reports	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█

## **3.2 Project PRISON:**

### **Prevention and treatment for drug addicts in Prisons**

#### **3.2.1 Background**

HIV is a crucial public-health issues in Central Asia. HIV, Hepatitis B and C, and tuberculosis are generally more prevalent in prison population than in the outside community. Several strategies are proposed to reduce HIV infection in prisons. A process of prison reforms towards a more humane penitentiary system is under development in the countries of the region, but its implementation is hindered due to lack of funds. In many prisons drug prevention initiatives are being implemented (including harm reduction). Europe has developed specific good practices in the field of drug treatment in prisons.

#### **3.2.2 Preliminary assessment**

During the inception phase, assessment missions were conducted in Kyrgyzstan (January 2007) and Kazakhstan (February 2007). No assessments were conducted in the other countries as the project was only recently endorsed in Tajikistan and Turkmenistan, and is still pending in Uzbekistan.

A project on drug abuse prevention in prisons was implemented in Kyrgyzstan under CADAP 2. As a result of this project, a new treatment for drug addicts in prisons (known as Atlantis) was institutionalised and has commenced in several prisons. Health professionals were hired based on the Decree 216 of Ministry of Justice (29 December 2006).

Atlantis is based on a twelve -step approach pioneered by the self help group “Alcoholics Anonymous”. The treatment lasts eight weeks and involves eight meetings per week. Based on the initial success of Atlantis, the Kyrgyz prison authorities have agreed the development of “Clean Zones” in two prisons. Clean Zones are separate areas within the prisons offering better living conditions together with education and vocational training. Prisoners can move to the Clean Zone subject to them undertaking to give up all drug abuse and agreement to undergo regular screening to confirm they remain free of drugs.

It is also important to create “half-way houses” for ex-prisoners after release from prisons to provide further assistance in rehabilitation and social support (temporary housing, document / passport renewals, vocational training, restoration of lost communication with relatives, assistance in employment, etc.).

#### **Kyrgyzstan**

Several international agencies have developed drug demand reduction programmes in Kyrgyzstan. In addition a number of non-governmental organisations (NGOs) have undertaken projects within the prison system:

- **UNODC** commenced a research programme in January 2007 among the prison population on drug abuse and HIV/Aids. Joint work with the Ministry of Justice in respect of training is proposed;
- **UNAIDS** has provided assistance to WHO programme ‘Health in Prisons’. The project includes a training component on preventive measures against drug abuse, HIV/Aids and other diseases. Additionally funding has been provided for renovation work and the supply of medical and non-medical equipment;
- **CARHAP (Central Asia HIV/Aids Programme)** has an ongoing project operating within three prisons using a twelve step psychological treatment process for drug addicts. The project also provides social support of drug abusing prisoners after release;
- **Soros Foundation** has established a joint project in two prisons for treatment in coordination with the CARHAP programme;
- **CAPACITY (Central Asia on Aids Control in Vulnerable Populations)** a **USAID** implemented project on HIV/Aids prevention in the Chui Oblast in cooperation with the Ministry of Health and the Ministry of Justice;
- **AFEW (AIDS Fund ‘East West’)** currently has two projects ongoing in the fields of drug abuse reduction and the provision of social support for prisoners after release;

### **Kazakhstan, Tajikistan, Turkmenistan and Uzbekistan**

Kazakh authorities have expressed interest in the Atlantis approach. Initial contact with prison specialist of the three other countries took place during a seminar in Bishkek in September 2006. They expressed interest in implementing Atlantis pilot projects in their prisons but this initial interest should be officially confirmed during country assessment missions.

### **3.2.3 Objective and description**

The objective of this project is to initiate Atlantis drug treatment projects in selected pilot prisons in Central Asia. The project is an expansion to other Central Asian countries of the pilot project undertaken in Kyrgyzstan under CADAP 2. In Kyrgyzstan the original project will be extended to establish “clean zones” in two prisons – one in Bishkek, the other in Jalalabat.

In the other countries the project will initiate Atlantis projects, and rehabilitate medical premises within prisons. The project will also concentrate in providing continuing support for prisoners by creation of “half-way houses” after their release from prison.

### **3.2.4 Activities of the project**

The project has three components:

- The establishment of a clean zone in two pilot prisons in Kyrgyzstan,
- The creation / improvement of a treatment centre in one pilot prison in Kazakhstan, Tajikistan, Turkmenistan and Uzbekistan (pending the endorsement of the project by Uzbek authorities)
- Establishment of “half-way houses” for ex-prisoners from each pilot prison for further rehabilitation and social support.

#### **Component 1: creation of a “clean zone” in two pilot prisons in Kyrgyzstan**

The first component will be to establish one clean zone with social support provided by the selected NGO in the Colony 3 prison located near Bishkek and in Colony 10 prison in Jalalabat. Each clean zone should initially, accommodate about 100 prisoners rising to 500 by the end of the project.

**Activity 1.1:** Coordination with existing drug prevention projects in prisons: the project will start by meeting all responsible of the different drug prevention initiatives currently being implemented in Kyrgyzstan (see list above) and actively seek cooperation and coordination;

**When:** July-August 2007.

**Outputs:** Minutes of meetings with relevant parties;

**Activity 1.2:** the project will assess needs in terms of renovation/reconstruction and specialized equipment, will organise tendering and will provide renovation works and deliver equipment (the project plans to develop vocational training within the clean zones, social support, etc.);

**When:** August-February 2007.

**Outputs:** Assessment report, prisons renovated, equipment.

**Activity 1.3:** Training will be organised for prison staff of the clean zones covering organisational and therapeutic skills;

**When:** November – December 2007, 2 National Training Sessions in Kyrgyzstan.

**Outputs:** 2 Training sessions.

**Activity 1.4:** Two regional conferences in Central Asia will be organised to promote effective drug treatment in prisons, and good practices developed by the project and other actors.

**Where:** Venue to be confirmed

**When:** The first Regional Conference to be held in April-May 2008 and the second Regional Conference in October-November 2008.

**Outputs:** 2 Regional conferences;

## Component 2: Creation of Atlantis treatment capacity in four other prisons

**Activity 2.1:** to implement an initial assessment mission in Kazakhstan, Tajikistan, Turkmenistan and Uzbekistan, elaborate country work plans that will identify pilot prisons, activities and timeframe; The assessment report will be submitted to EC Delegation for endorsement;

**Where:** Kazakhstan, Tajikistan, Turkmenistan and Uzbekistan.

**When:** July-September 2007.

**Outputs:** Assessment report.

**Activity 2.2:** To organise a field visit for Directors of prisons in Central Asian to prisons in Poland for them to observe new approaches and the effectiveness of Atlantis projects and clean zones.

**Where:** Poland.

**When:** October-November 2007.

**Outputs:** One study tour.

**Activity 2.3:** To organise a working visit for Directors of prisons in Central Asian to the pilot prisons in Kyrgyzstan to exchange information and experience.

**Where:** Kyrgyzstan.

**When:** February-March 2008.

**Outputs:** Working visit to Kyrgyzstan;

**Activity 2.4:** To train prison staff and acquaint them with the Atlantis drug treatment approach;

**Where:** Kazakhstan, Tajikistan Turkmenistan & Uzbekistan.

**When:** August 2007 – August 2008, 2 National Training Sessions in each country.

**Outputs:** 10 National training sessions.

**Activity 2.5:** To renovate and equip a treatment centre in the pilot prisons

**Where:** Kazakhstan, Tajikistan Turkmenistan & Uzbekistan.

**When:** August-February 2008

**Outputs:** Renovated treatment centre, equipment.

## Component 3: Creation of “half-way houses” for ex-prisoners for further rehabilitation and social support

**Activity 3.1:** to select and sub-contract NGOs for implementation and creation of five “half-way houses” for ex-prisoners connected with each pilot prison;

**Where:** All five CA countries.

**When:** September-October 2007.

**Outputs:** 5 NGO Subcontracts (MoUs);

**Activity 3.2:** the project will assess needs in terms of renovation/ reconstruction and equipment for premises selected by the contracted NGOs, and undertake responsibility for procurement. Representatives from selected NGOs will also participate in project training.

**Where:** All five CA countries.

**When:** November 2007 – January 2008.

**Outputs:** Renovated NGO centres, equipment and final report.

### **3.2.5 Indicative list of results and indicator of achievement**

Project PRISON	
Expected results	Indicators of achievement
<ul style="list-style-type: none"> <li>• One clean zone established and functional in two pilot prison of Kyrgyzstan</li> </ul>	<ul style="list-style-type: none"> <li>• Renovation works implemented;</li> <li>• Equipment in place;</li> <li>• Staff trained and in place;</li> <li>• Number of inmates in the clean zone;</li> <li>• Reduction in the level of violence in prison;</li> </ul>
<ul style="list-style-type: none"> <li>• Four treatment centres established (one in each country: Kazakhstan, Tajikistan, Turkmenistan and Uzbekistan)</li> </ul>	<ul style="list-style-type: none"> <li>• Renovation works implemented;</li> <li>• Equipment (including medical drugs) in place;</li> <li>• Medical staff appointed ,trained and in place;</li> <li>• Number of inmates in the treatment centre;</li> <li>• Reduction of level of drug use in pilot prison;</li> <li>• Change of perception among authorities on treatment practices in prisons;</li> <li>• Reinforcement of links between prisons authorities in Central Asia and Europe.</li> </ul>
<ul style="list-style-type: none"> <li>• Five “half-way houses” established (one in each country: Kyrgyzstan, Kazakhstan, Tajikistan, Turkmenistan and Uzbekistan)</li> </ul>	<ul style="list-style-type: none"> <li>• NGOs selected and sub-contracted;</li> <li>• Renovation works implemented;</li> <li>• Equipment procured;</li> <li>• NGO staff trained;</li> <li>• Rehabilitation support for ex-prisoners provided;</li> <li>• A reduction in the number of discharged prisoners who re-offend, and resume drug abuse in prison;</li> </ul>

### **3.2.6 Managerial arrangements**

- Reporting to the CADAP Regional Programme Manager, one international expert (project leader – part time) with long term experience of prison management in a CIS country will be responsible for overall guidance and advocacy with national

authorities. The coordination of programme activities will be undertaken by CADAP Deputy Regional Programme Managers.

- One international expert (part time) for the supervision of therapeutic communities in the two clean zones and for the organisation of the Atlantic treatment centres in each pilot prison
- One local expert (full time) for the organisation of the clean zones under supervision of international expert responsible for implementation of therapy in clean zones;
- One international transitional care expert (part time) for the introduction of the Atlantis programme in the pilot prisons;
- One local regional expert (part time) in rehabilitation of prisoners and ex-prisoners will be contracted to ensure implementation of rehabilitation programme in/ out of prisons under supervision of international transitional care expert;
- UNDP will provide logistical support for the organisation of the national and regional training, the study tour and purchase of equipment/renovation.

### **3.2.7 Inputs**

Budget for

- Three international experts (part time) and travel costs;
- Two local experts (part time) and travel costs;
- Renovation and equipment of the two clean zones;
- Renovation and equipment of treatment centres in the four pilot prisons ;
- Sub-contracting NGOs;
- Renovation and equipment of premises selected by the NGOs;
- One study tour to Poland;
- One working visit to Kyrgyzstan;
- Two regional conferences in Central Asia;
- Organisational costs of two national training sessions in Kyrgyzstan;
- Organisational costs of two national training sessions in each four remaining countries;

### **3.2.8 Workplan: project Prison**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Selection and contracting of project leader, transitional care expert, international expert on therapy, two local experts						█	█																	
Need assessment in Kyrgyzstan and cooperation/coordination						█	█																	
Need assessments in four other country, selection of pilot prisons								█																
Delivery of renovation/infrastructure work to prison (all CA countries)								█	█	█	█													
Tendering and delivery of									█	█	█	█	█	█										



### **3.3 Project “DPU”:**

#### ***Drug Profiling Units in Airports and railways stations***

##### **3.3.1 Background**

Under CADAP 2, five Drug Profiling Units (DPUs) were established in:

- Kyrgyzstan (Manas International Airport),
- Uzbekistan (Tashkent International Airport),
- Tajikistan (Khujand International Airport)
- Turkmenistan (Ashgabat International Airport and Turkmenbashi seaport).

Kazakhstan decided not to be included in this phase. Encouraging results were observed at the Khujand airport in Tajikistan, where a seizure of 600 grams of heroin concealed in-corpore was made, utilizing the methods learned during the first training.

##### **3.3.2 Preliminary assessment**

During the inception phase, no country assessments took place. The project was revised by an international counter-narcotics expert (Mr. Richard Martinez) who proposed some adjustments based on lessons learned from CADAP 2 and the study of recent trends in drug trafficking.

###### DPU at airports

The expert recommends the establishment of the new DPUs in other airports and to reinforce existing DPUs created under CADAP 2 by providing refresher training courses for staff as well as diversifying the focus, particularly in the fight against trafficking in the chemical precursors necessary for processing of opium into heroin. These chemicals are not manufactured in Afghanistan and the thousands of tons required for the production of heroin in Afghanistan, are all imported through neighbouring countries.

New DPUs should be established as follows:

- Kyrgyzstan (at Osh International Airport),
- Tajikistan (at Dushanbe International Airport).

In Kazakhstan, it is necessary to define with local authorities the modalities for establishment of a first DPU - possibly at Almaty International Airport.

###### DPUs at railway stations

Due to the extreme porosity of the Tajik-Afghan border, three DPUs to counter drugs and precursors trafficking by train will be established at Dushanbe, Kulyab and Kurgan – Tube railway stations – all of which have international links. Kyrgyz authorities recommended the project establish a new DPU at Kayindy railway station on the

Kyrgyz / Kazakh border.

Finally, Uzbek authorities indicated that, given the low level of seizure at airports, they recommend that the project establish a DPU at Tashkent railway station where significant seizures have been made. This will serve as a pilot DPU in Uzbekistan.

### **3.3.3 Project objective**

The project objective is to establish eight multi-agency DPUs (three at airports and five at railway stations).

DPUs will have both operational and analytical activities. Promotion of *multi-agency* cooperation will increase effectiveness of drug control while reducing opportunities for corruption. Signing an MOU with Kazakhstan will facilitate the establishment of a DPU possibly at Almaty international airport. The introduction of a legal basis for the operation of DPUs will be encouraged to allow full exchange of information/intelligence between agencies.

The concept of DPUs should be adapted to the specificities and realities of each participating country. Initial assessments with relevant authorities will be undertaken to ensure a full understanding of the concept and operation of the DPUs.. The authorities will also be asked to start the process of staff selection for the DPUs.

### **3.3.4 Activities of the project**

**Activity 1:** the project will start with an in-depth assessment in each country. The Chief Technical Adviser (CTA) for Turkmenistan – Richard Martinez - will visit each country, present the project to airport and railways authorities and seek their endorsement. He will elaborate an assessment report defining needs for each DPU in terms of training, equipment and regulation; this report will be submitted to the EC Delegation for endorsement;

**Where:** Kyrgyzstan, Kazakhstan, Uzbekistan & Tajikistan.

**When:** July-August 2007.

**Outputs:** Assessment report.

**Activity 2:** on the basis of the country assessment, the project will provide renovation/ infrastructure for eight DPUs;

**Where:** Kyrgyzstan, Uzbekistan, Tajikistan and possibly if project endorsed in Kazakhstan.

**When:** October 2007-January 2008.

**Outputs:** Renovated 8 DPUs.

**Activity 3:** the project will provide office equipment including drug and precursor testing kits and search tools. Equipment should be delivered before the implementation of field training in order that practical tuition in their use can be incorporated.

**Where:** Kyrgyzstan, Uzbekistan, Tajikistan and if project endorsed in Kazakhstan.

**When:** November 2007-February 2008.

**Outputs:** Equipment;

**Activity 4:** the project will implement on site training at each DPU. Training will cover: drug and precursor identification and testing, current drug and precursors trends, risk management and selectivity, search techniques, intelligence gathering and analysis, investigation techniques, etc. The training will include consolidation of the work done under CADAP 2 by re-training staff of the DPUs established under that project. The project will also organise one regional DPU seminar.

**Where:** All five CA countries.

**When:** February – March 2008 and June-July 2008.

- 4 National Training Sessions at airport and railway DPUs and one refreshing course for Khudjand Airport DPU in Tajikistan
- 2 National Training Sessions at airport and railway DPUs in Kyrgyzstan;
- 1 National Training Session at airport DPU in Kazakhstan (if endorsed);
- 1 National Training Session at railway DPU and one refreshing course for Tashkent Airport DPU in Uzbekistan;
- 2 Refreshing Courses for airport and seaport DPUs in Turkmenistan;
- 1 Inter-regional DPU seminar (venue to be confirmed).

**Outputs:** 10 Training sessions, one Inter-regional DPU seminar.

**Activity 5:** the project will organise one study tour for national DPU staff to observe the operation of DPUs in the EU.

**Where:** Europe (venue to be confirmed).

**When:** June – July 2008.

**Outputs:** One study tour and final report.

### **3.3.5 Indicative list of results and indicators of achievement**

Project DPU	
Expected results	Indicators of achievement
<ul style="list-style-type: none"><li>• Eight DPUs (airport and railway) established and operational</li></ul>	<ul style="list-style-type: none"><li>• Number of DPU created;</li><li>• Quality of the renovation /works undertaken ;</li><li>• Equipment in place and used;</li><li>• Number of staff trained and in place;</li><li>• Number of drug and precursor seizures made via DPU support;</li><li>• Agreement (MOU) signed;</li></ul>

### **3.3.6 Managerial arrangements**

- Reporting to the Regional Programme Manager, the project will be led by the Chief Technical Advisor for Turkmenistan (Richard Martinez) who has extensive experience of counter narcotics. He will be responsible for the country assessments and work plans; will make periodic visits to each DPU to monitor progress, and will participate and oversee implementation of the training. The coordination of programme activities will be undertaken by CADAP Deputy Regional Programme Managers.
- Provision is made for contracting a second DPU expert if additional support for training implementation is deemed necessary by the Project Leader;
- The CADAP country managers will be responsible for preparation of the assessment missions and training, together with procurement of equipment and renovation works.

### **Implementation:**

Once this Inception report will be endorsed by the EC Delegation, country assessments will be launched rapidly. In order to accelerate this process, the Project Leader together with CADAP Country Managers will undertake a preliminary assessment meeting with the relevant national authorities to determine training and equipment needs;

### **3.3.7 Inputs**

Budget for

- One third salary for CTA and travel costs;
- If deemed necessary, one short term International DPU expert (trainer) and travel costs;
- Renovation and equipment of eight DPUs;
- One study tour to Europe;
- Organisational costs of training for staff of eight new DPUs, and refresher training for staff of DPUs established under CADAP 2;
- One regional DPU seminar.

### **3.3.8 Workplan: project DPU**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Preliminary country assessment by CADAP country managers							■	■																
Country visit by project leader, endorsement of assessment report by EC									■															
Tendering/provision of renovation and equipment (UNDP)												■	■	■										
Ongoing monitoring visits of Project Leader								■		■		■												
Organisation of country training at each DPU (8 DPUs)														■	■			■	■					



### **3.4 Project MEDISSA:**

#### ***Drug abuse prevention campaign with the media***

##### **3.4.1 Background**

A media campaign focussed on the dangers of drug drugs abuse and its impact on HIV/AIDS could reduce both drug abuse and HIV infection rates.

Media campaigns are particularly effective if they result in greater public awareness and a demand for more in-depth information on drug and substance abuse and / or improved provision and access by drug users to public health services.

##### **3.4.2 Preliminary assessment**

No country assessment took place during the inception phase. Preliminary discussions with CADAP Country Managers took place in Bishkek during the first CADAP 4 regional meeting in January 2007.

- **Kazakhstan:** In 2006, the city of Astana developed a drug prevention programme 'Astana – free of drugs city for 2006-2008'. The project should coordinate closely with this programme as among its broad range of prevention action, it plans to include a public awareness campaign using the media.
- **Kyrgyzstan:** none of the current drug demand reduction programmes in Kyrgyzstan include media campaigns, but potential synergies exist with other prevention initiatives.
- **Tajikistan:** Whilst none of the current drug demands programmes in Tajikistan include media or other forms of public information on drug abuse prevention, these are potential synergies with actors involved in public HIV awareness campaigns. There are several demand reduction initiatives implemented both by national and international agencies and possibilities exist for synergy. They include:  
**CAPACITY** - Central Asian Programme on Aids Control in Vulnerable Populations is a USAID programme implemented in cooperation with Ministry of Health. Within the programme a component entitled Community Mobilisation aims at building organizational, institutional, programmatic, and fund raising capacity among NGOs, civil society, and government AIDS service organizations in order to mobilize and deliver a broad geographic scale-up of successful models of comprehensive HIV prevention services  
**Joint UN Annual Workplan for 2007** includes an output to introduce a healthy lifestyle and HIV/Aids prevention element into the school curriculum. This project includes a series of workshops for teachers in pilot schools in Dushanbe and Khujand. In addition the development of a manual for teachers and a handbook for schoolchildren is advocated as is support to NGOs working in the prevention field

within the school environment. An HIV awareness campaign to the general public is also included in the Joint UN Annual Workplan.

- **Turkmenistan:** Currently there are no drug prevention programmes being implemented within Turkmenistan. However, in March 2007 the Ministry of Health and Medical Industry signed an agreement with USAID to develop an HIV/Aids prevention programme under the CAPACITY initiative. With the support of the government and the Ministries of Education and the Ministry of Health and Medical Industry, implementation of the MEDISSA project in Turkmenistan will be an important first step in introducing the public to the realities and dangers of drug abuse and provide the knowledge for expansion of drug prevention campaigns throughout the country and to target vulnerable groups.
- **Uzbekistan:** A number of activities have previously taken place in Uzbekistan based upon the theme of drug prevention. Currently there is an ongoing project 'Drug Abuse Prevention through Media, NGOs and civil society organisations' that addresses drug demand reduction and HIV/Aids prevention and care. The project aims at mobilising the efforts of government, the media and civil society. In 2005, UNODC made an inventory of NGOs working in the field of drug abuse and HIV/Aids prevention. Between 2000 and 2004 UNODC implemented a project 'Training of Central Asia Mass Media practitioners and Raising Public Awareness on Drug Related Issues'. The project was funded by the European Commission, Austria, the Netherlands and Sweden. The main goals of the project were: a) To train mass media and NGOs representatives in addressing social issues, particularly drug related subjects; b) To raise public awareness of the negative health and socioeconomic implications of the drug problem.

### **3.4.3 Project objective and description**

The objective of the project is to inform the general population of the risks of drug abuse and related HIV/AIDS infection.

The project is divided into three parts: the main activity will be the implementation of a media campaign in each CA country, preceded by a national workshop. At the end of the campaigns, a regional seminar will be organised to compare experience and share/ exchange best practices. The impact of the campaigns will be assessed against perception indicators (anti – post evaluation in representative sample of general population). Prior to the launch of the media campaigns in each country, training for journalists – both press and radio / TV – will be implemented.

### **3.4.4 Activities of the project**

#### **Component 1: Country Assessments**

- **Activity 1:** Country assessment: An international expert will visit each country together with the CADAP Regional Communication Specialist, present the project to authorities (including Health Authorities, NGOs and journalists) to seek their endorsement, and to coordinate with existing drug prevention initiatives including the Global Fund (UNAIDS). The project leader will draft a report and country work plans that where appropriate, will

aim at increasing the effectiveness and “reach” of existing initiatives by adding a media component. This report will be submitted to EC Delegation for endorsement;

**Where:** All five CA countries.

**When:** Preliminary plans to undertake assessment will be in July-August 2007.

**Outputs:** Assessment report, country workplans, recommendations on implementation.

#### Component 2: Training of Journalists

- **Activity 1:** the project will organise training for journalists to raise awareness of their role in promoting the health and well being of vulnerable populations. In each country two training sessions will be organised, one before and one after the media campaign. The aim is to provide knowledge and understanding of how media campaigns should be targeted and the messages they should convey. Press and radio / TV journalists will be included together where thought appropriate, representatives of health and education sectors and relevant NGOs...

**Where:** All five CA countries.

**When:** 2 rounds of Training Sessions for journalists in each country, first training session will be implemented in September-October 2007 and second training session will be implemented in June-July 2008.

**Outputs:** 10 Training sessions, manual for journalists, press coverage.

#### Component 3: Media campaign

- **Activity 1:** Develop the concept of drug abuse – HIV / AIDS media campaigns in each country and their focus and target groups.

**Where:** All five CA countries.

**When:** November-December 2007.

**Outputs:** Concept for Media Campaigns implementation in each country.

- **Activity 2:** Broadcasting the campaigns at targeted groups through a combination of media outlets including local and national newspapers, journals, websites, TV/ radio and/or public billboards.

**Where:** All five CA countries.

**When:** January-May 2008.

**Outputs:** Articles, TV and radio reportages, website and public billboards.

- **Activity 3:** Impact evaluation: In each country, the impact of the media campaign will be assessed through: a) a baseline survey of public awareness conducted before the media campaigns are launched; b) an assessment of public awareness in terms of perception of drug abuse risks and behaviour, at the conclusion of the campaigns. The methodologies and timing of these surveys will be determined at the country level.

**Where:** All five CA countries.

**When:** August-September 2008.

**Outputs:** Survey results, assessment report.

**Activity 4:** A regional meeting will be organised after the media campaigns have been completed in all CA countries, at which information, lessons learned, best practices and impact evaluation results will be exchanged. Participants will include appropriate government officials, selected journalists and NGO representatives.

**Where:** Venue to be confirmed at a later stage.

**When:** September-October 2008.

**Outputs:** Regional conference, final report.

#### Component 4: Info-Service on Substance Abuse

- **Activity 1:** The project will create / reinforce within each Ministry of Health an Information Service on Substance Abuse- “ISSA”. The role of the ISSAs will be to provide general information to the public about drugs, psychoactive substance and HIV/AIDS and available advice and treatment services. ISSAs will consist of three elements: a website, a hotline and a documentation service, all located within the Ministries of Health. The following tasks will be undertaken:
  - a) Identification of a site for each ISSA within the Ministries of Health;
  - b) Selection and contracting of Web design companies. for development of each ISSA’s webpage/site;
  - c) Development of suitable documentary material for the ISSAs by the Prevention Expert;
  - d) ISSA documents published;
  - e) National ISSA telephone helplines established.

**Where:** All five CA countries.

**When:** September 2007 – May 2008.

**Outputs:** Website, information materials, telephone help lines, information centres established at the Ministries of Health and final report.

### **3.4.5 Indicative list of results and indicators of achievement**

Project MEDISSA	
<i>Expected results</i>	<i>Indicators of achievement</i>
<ul style="list-style-type: none"><li>• Journalists’ awareness of the realities of drug abuse and effective</li></ul>	<ul style="list-style-type: none"><li>• Number of journalist trained;</li><li>• Number /quality of articles related to</li></ul>

prevention campaigns established	drug and its danger (article with a prevention content) appearing in the media
<ul style="list-style-type: none"> <li>Increased awareness on danger of drug use among population</li> </ul>	<ul style="list-style-type: none"> <li>Five media campaign implemented;</li> <li>Pre-post assessment indicators;</li> <li>Identification of best-practices on media campaign at regional level.</li> </ul>
<ul style="list-style-type: none"> <li>Info-Service on Substance Abuse</li> </ul>	<ul style="list-style-type: none"> <li>Five Information Services on Substance Abuse “ISSAs” operational.</li> </ul>

### **3.4.6 Managerial arrangements**

- The project will contract a part time EU expert (project leader) with experience in developing and implementing media campaigns. Reporting to the CADAP Regional Programme Manager, he/she will be responsible for overall planning and ongoing support to project implementation. The project leader will undertake country visits together with the CADAP Regional Communication Specialist, will meet and coordinate with all relevant partners; present the project to authorities and media, assess and recommend possible partners and modalities for project implementation at country level. The assessment reports and recommendations will be submitted to EC Delegation for endorsement. The project leader will be supported by the CADAP Regional Communication Specialist and by CADAP Country Managers for project implementation. .
- The project will contract an EU drug prevention expert for developing training materials and organising and implementing training sessions with journalists. He / she will have experience in drug prevention media campaigns

### **Implementation remarks:**

Once this Inception report is endorsed by the EC Delegation, launching the country assessments is urgent. CADAP Country Managers will start by assessing national situations and possible partners for project implementation. UNDP will initiate the selection/contracting process of the project leader

### **3.4. 7 Inputs**

Budget for

- One part-time international expert (project leader) and travel costs;
- One short term drug prevention expert (trainer) and travel costs;
- Organisational cost of pre-post impact evaluation;
- Organisational cost of five national workshops and one regional meeting;
- Organisational costs of training sessions for journalists;
- Development and broadcasting of the media campaigns, sub-contracting of TV/ Radio Companies.

### 3.4.8 Workplan: project MEDISSA

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
Selection and contracting of project leader							■	■																	
Preliminary country assessment by Project Leader, CADAP Communication Specialist & Country Managers						■	■																		
Country visit by project leader and CADAP Regional Communication Specialist, endorsement of assessment report by the EC						■	■																		
Conceptualisation of media campaign – phase 1										■	■														
Implementation of five national workshops									■	■															
First training of journalists									■	■															
Conceptualisation of media campaign – phase 2																■									
Broadcasting of media campaign, subcontracting of TV/Radio Companies													■	■	■	■									
Second training for journalists																		■	■						
Post impact evaluation																					■	■			
Final regional conference																						■	■		

**ANNEX 1: LOGFRAME**

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## **ANNEX 2: ELEMENTS OF DRUG THEORY**

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Drugs abuse is a complex area where scientific approaches often mix with ideological and political views. Clarification of five basic concepts of drug policies is as follows

### 1. Definition of drugs:

Drugs (or psychoactive substances) are substances that have the ability to change an individual's consciousness, mood or thinking process by acting on the mechanisms of the brain that regulate the function of the mood, thoughts and motivations. Although often very useful as medication, these substances sometimes can generate dependence and harmful health effects. From a medical point of view, these substances fall into four main categories: the depressants, the opiates, the stimulants and the hallucinogens.

### 2. Illicit drugs:

Because of their potential negative health effects, most nations decided to adopt three international drug control Conventions in 1961, 1971 and 1988 under the auspices of the United Nations. These conventions (also called the UN Drug Conventions) separate the psychoactive substances into three categories in function of their legal status: licit, illicit and controlled, and propose measures to control their production, trade and use. The list of illicit substances of the UN drug convention are often introduced into the national legislations of the countries party to the conventions under the terminology "illicit drugs" or "narcotic drugs".

### 3. Demand reduction

Demand reduction is a broad term used for a range of measures seeking a reduction of desire and preparedness to obtain and use illicit substances. Demand for drugs may be reduced through prevention and education programmes (to prevent drug use), treatment programmes (to facilitate abstinence) and social policies (to mitigate factors contributing to drug use). Treatment programmes could be subdivided into two phases: detoxification and rehabilitation.

### 4. Harm reduction

Harm reduction measures are often included in the broad category of "demand reduction" yet the objective is *not* to reduce the use of psychotropic substances as such but rather to reduce the harm generated by the use of these substances (as health infection, criminality and violence). Because of the possible indirect negative consequence these programmes are often controversial. Example of harm reduction measures include: syringe exchange programmes, substitution programme (including methadone/subutex® therapies), etc. Harm reduction measures should always be adapted to the local context.

### 5. Supply reduction

Supply reduction measures refer to measures designed to stop the production manufacture and distribution of illicit drugs. These include crop eradication and alternative development (to reduce production in producing countries), dismantlement of illicit laboratories and the control chemical precursors (to reduce illicit manufacture) and actions by customs, border guards and police to reduce drug trafficking and drug distribution. The expected effect of supply reduction measures is to disrupt supply channels, to increase risk for the traffickers, to reduce drug availability and to increase drug prices. High prices remain an effective tool to reduce drug use.

#### 6. Prerequisites for effective demand reduction strategy

Drug abuse is a local problem anchored in a local context and needs to be responded to by local solutions; Drug prevention and treatment measures need to be based on *reliable epidemiological data* ; these data should be harmonized at regional level in order to compare trends and foresee emerging trends; regional cooperation can also permit to compare and cross fertilize approaches; models and approaches should be reassessed in views of the local contexts, all prevention/treatment approaches should be owned and integrated into existing structures

#### 7. Prerequisites for effective supply reduction strategy

Drug trafficking is by essence an international phenomenon that requires an international response; however international cooperation will function only if national capacities are already in place and effective.

Both demand reduction and supply reduction strategies have the same overall objective: to prevent and to reduce drug use. The objective of supply reduction / law enforcement strategies is to increase perceived risk for drug traffickers *in order to deter drug trafficking* and keep drug prices at a high level since high drug prices is a powerful deterrent for drug use. Drug seizures are therefore not always an adequate indicator to assess effective supply reduction measures.

Given the large amounts of licit transit, it is often impossible to search all cargoes without generating high costs for the society as a whole. It is therefore important to base supply reduction measures on risk assessment; risk assessment needs reliable information and rapid exchange of confidential data at national and regional levels; exchange of data is only possible if there is trust among enforcement officer; therefore a fundamental element of effective drug trafficking measure are confidence building measures.

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