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United Nations Office on Drugs and Crime
Regional Office for Central Asia



**COVID-19
RESPONSE**

Brief overview of COVID-19 impact

on drug use situation as well as on the operations of the drug
treatment services and harm reduction programmes in Central Asia

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Comments on the report are welcome and may be sent to the following address:

United Nations Office on Drugs and Crime

Regional Office for Central Asia

30a, Abdulla Kahhor Street, 100100, Tashkent, Republic of Uzbekistan.

E-mail: unodc-uzbekistanfieldoffice@un.org

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Abbreviations

COVID-19	Coronavirus-induced disease
HIV	Human Immunodeficiency Virus
WHO	World Health Organization
CDTD	City Drug Treatment Dispensary
LSD	Semisynthetic psychoactive substance from the lysergamide family
PWUD	People who use drugs
PWID	People who inject drugs
Mol	Ministry of Internal Affairs
MoH	Ministry of Health
M&E	Monitoring and Evaluation
NIACDC	National Information-Analytical Center on Drug Control under the Cabinet of Ministers of the Republic of Uzbekistan
NGO	Non-Governmental Organization
NCDAMP	National Centre for Drug Addiction Monitoring and Prevention
OST	Opioid substitution therapy
PASs	Psychoactive substances
NSP	Needle and Syringe Programme
UNDP	United Nations Development Programme
RCCN	Republican Clinical Centre of Narcology
RNC	Republican Narcological Centre
RSSPMCN	Republican Specialized Scientific-Practical Medical Center of Narcology
AIDS	Acquired immunodeficiency syndrome
UNGASS	United Nations General Assembly Special Session
SARS	Severe acute respiratory syndrome
UNODC	United Nations Office on Drugs and Crime
SoE	State of emergency
ES	Emergency situation

Summary

The COVID-19 pandemic continues to have a significant impact on economic development, lifestyle and health in all countries of the Central Asian region. In March 2020, Kazakhstan was the first country to encounter COVID-19 cases, followed by Uzbekistan, Kyrgyzstan and Tajikistan. There is no information about COVID-19 contamination in Turkmenistan. All countries of the Central Asian region have taken restrictive measures, which included closure of State borders, suspension of international and domestic transport communications, public transport, imposing quarantine in settlements, suspension of enterprises and organizations. Undoubtedly, this situation also affects the existing drug scene on the ground.

The United Nations Office on Drugs and Crime, Regional Office for Central Asia has conducted a rapid assessment of the impact of the coronavirus pandemic on the drug use situation in Central Asia, as well as on drug treatment and harm reduction services.

The rapid assessment examined publications, reports and other informational materials available on the Internet, data provided by drug treatment services, NGOs working with people who use drugs (PWUD) in harm reduction programmes in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. Several key informants – who work directly with people who use drugs and are familiar with the local drug scene – were also interviewed.

This initiative to collect and analyze information on changes in patterns of use and availability of narcotic drugs and psychotropic substances will help UNODC, donors, organizers, and service providers to better adjust to the new situation.

Based on this analysis, it can be stated that the measures taken by States to contain the COVID-19 pandemic have affected the illicit market for drugs, including their production, trafficking and use patterns.

While all countries report a decline in the supply of traditional drugs, the situation with synthetic drugs is mixed. It can be assumed that while previously synthetic substances were exported mainly from China and Russia, there is now domestic manufacture. Thus, in Kazakhstan the number of seizures of synthetic drugs has tripled compared to the same figures of 2019. In Uzbekistan, the use of pharmacy drugs has increased significantly. There has also been an increase in the use of extraction opium (food poppy), which has serious medical consequences. In general, it should be noted that during the pandemic, substance-dependent people were actively seeking alternatives to common substances for use, and the range of these alternatives was wide and included alcohol, pharmacy drugs, extraction opium, and synthetic substances.

Changes in patterns of acquisition and use of substances have occurred as well. People who use psychoactive substances began to more frequently purchasing drugs through the Internet, Telegram and e-wallets. Due to the increase in drug prices, they are more often joining together into groups to purchase substances. Restrictive measures have led to more frequent use at home, which may have provoked serious conflicts within the family. On the other hand, some people who use substances have reduced their use of drugs for fear of family and friends finding out about substance use.

All countries report significant reductions in the supply of traditional drugs, their reduced purity and increased costs. This has led to an increase in demand for treatment in several countries. However, availability of treatment during the reviewed period was limited due to prohibition of movement, re-profiling of beds in drug treatment facilities, admission in emergency cases only, etc. Drug treatment facilities and harm reduction programmes in some cities had to limit the range of services provided and mostly provided online counselling services.

COVID-19 pandemic impacted the work of drug treatment services and harm reduction programmes. Demand for online services, as well as the need for awareness/training programmes on how to provide services online increased significantly among staff. Due to the high prevalence of synthetic drugs, there is



a demand for training of medical and social services personnel in the provision of services for people who use synthetic drugs, including medical treatment and psychosocial interventions.

Restrictive measures imposed by countries have resulted in the disruption of methadone maintenance therapy programmes and problems with drug intake among clients. It is crucial to address issues related to the provision of treatment in general and methadone maintenance therapy in particular, in the conditions of state of emergency and quarantine to ensure that drugs are provided on time and that the necessary care is delivered.

As the practice showed, PWUD have been shown to be the last to consider safety with respect to COVID-19 and often lack the money and motivation to purchase personal protection equipment. Accordingly, the issue of providing this population group with personal protection equipment and information materials is relevant for many countries. Some countries noted the need to provide personal protection equipment and awareness and education programmes on COVID-19 for health workers as well.

The study found that the need for social services among drug users, including food baskets, transport, temporary housing, etc. has increased significantly.

A great role outreach workers play in providing harm reduction services during restrictive measures related to the spread of coronavirus infection should be noted. They are the main point of contact for both drug users and workers of Trust Points. The issues of training for outreach workers, providing them with personal protection equipment and decent remuneration for their activities should be addressed to the maximum extent possible by each country. This will avoid a significant reduction in the volume of services provided, and thus avoid significant consequences related to the use of narcotic drugs.

Drug use disorders are often accompanied by somatic conditions such as HIV/AIDS, hepatitis B and/or C, tuberculosis, lung or cardiovascular disease, stroke, cancer and injuries and traumas among others. Moreover, people with drug use disorders, especially those who inject drugs, may have a compromised immune system.

Finally, stigma and discrimination linked to drug use and drug use disorders often result in limited access to basic resources such as housing, employment, health care and social support. For all these reasons, it may be more difficult for PWUD and with drug use disorders to protect themselves and they may be particularly at risk of developing COVID-19.

It is also important to ensure the continuity of adequate access to health and social services for PWUD and with drug use disorders and to provide the continuum of care required as described in the International Standards for the Treatment of Drug Use Disorders (UNODC/WHO, 2020) to the best extent possible also in times of crisis. This includes low-threshold services as well as psychosocial treatment and pharmacological treatment in a range of settings.

This is also in line with the mandates of the Member States of the United Nations that have, inter alia, committed to health for all leaving no one behind in the 2030 agenda. Thereby, the UNGASS 2016 Outcome Document on addressing the world drug problem highlights the need to protect the health, safety and well-being of individuals, families, vulnerable members of society, communities and society as a whole.

In the context of the current global pandemic, there is a paramount importance to increase the meaningful participation of all relevant stakeholders, including governmental and non-governmental organizations, to ensure that people with drug use disorders are not excluded from all measures aimed at prevention, testing, diagnosis and treatment of COVID-19, while ensuring continuity of care for people in need of treatment.

In this context, it is suggested that Member States and drug treatment, care and rehabilitation systems and services develop plans to ensure continuity of care for PWUD and people with drug use disorders, bearing in mind the following core provisions¹:

1 <https://www.unodc.org/documents/drug-prevention-and-treatment/UN-Covid19-infographic-200328-5070.pdf>



Address continued access to the services

Consider the continued access of people to the services even and especially in times of crisis; prepare service continuation plans, make sure overall recommendations for infectious respiratory diseases are followed and special guidelines for COVID-19 patients are in place.



Address the safety of the staff and the patients at the services

Consider the need to organize the delivery of services so that the risks associated with close contact with people or any other form of social gathering are minimized; for example, waiting rooms and queues in outpatient settings might need to be reorganized, whilst in residential settings, measures to reduce the spread of the virus amongst people already in treatment, whilst ensuring continuity of care will need to be applied. Train staff, including outreach workers, on COVID-19 prevention and provide them with protection equipment.



Make sure the premises of the services are clean and hygienic

Refer to WHO guidance, which includes the following: Surfaces and objects wiped with disinfectant regularly; regular and thorough hand-washing by staff and people that visit the services promoted; sanitizing hand rub dispensers are made available in prominent places around the premises; dispensers are regularly refilled; posters promoting hand-washing are displayed; ensuring that staff and people visiting the services have access to places where they can wash their hands with soap and water.



Provide people with information on and means to protect themselves at every possible occasion

Refer to WHO guidance to provide information to people about how to protect themselves and provide people in contact with the services with basic hygienic necessities to protect themselves from the virus, such as soap². Encourage people not to gather together to the extent possible, highlighting dangers for themselves and others. Brief staff and people in contact with the services that, if COVID-19 starts spreading in their community, anyone with even a mild cough or low-grade fever (37.3°C or more) needs to stay at home.



Continuity of low-threshold services

Distribute naloxone to people likely to witness an opioid overdose including those who use opioids, outreach workers, and first responders for emergency responses to opioid overdose; maximize efforts to distribute clean needles to people who inject drugs to avoid sharing of needles; consider the continuation of peer support even through remote means of communication.



Continuity of psycho-social therapies

If therapies, including group therapy, need or will need to be suspended, consider the possibility of providing contact remotely (e.g. by phone or Internet) and/or on an individual basis to provide patients with the care and support required.

Continuity of pharmacological therapy

Consider measures for continued access of all medications, including: Restocking, providing delivery at home, take-home medication, extended prescriptions, and extended-release formulations.

Naloxone needs to be available on premises and provided to people who use opioids and/or those likely to witness an opioid overdose.



With regard to opioid-agonist maintenance therapy with methadone and buprenorphine (including extended release buprenorphine where available), increase the number of patients which are eligible for take-home doses, providing take-home doses for a minimum of two weeks; preprepare the doses for each patient to reduce the waiting time; and schedule the pick-up times so that the daily number of patients accessing the services is low.

If withdrawal is a concern, ensure people have access to supportive medication.

Consider continued access to symptomatic medications and medication for the treatment of co-occurring disorders.

With regard to some highly motivated people with opioid use disorders or places where maintenance treatment with opioid agonists is not available, access to Naltrexone for relapse prevention might be an option.



Continuity of psycho-social therapies

If therapies, including group therapy, need or will need to be suspended, consider the possibility of providing contact remotely (e.g. by phone or Internet) and/or on an individual basis to provide patients with the care and support required.



Support homeless people, including people with drug use disorders

Provide shelter keeping in mind social distancing guidance, as possible; distribute safety and hygiene equipment when possible and ensure access to the basic WHO recommended prevention measures.



Under no condition should a person be denied access to health care based on the fact that they use drugs!

Ensure access to respiratory assistance, including intensive care when required, to PWUD and with drug use disorders without discrimination. Consider the fact that people with drug use disorders who are not yet in treatment, might be interested to start in this time of crisis: It is crucial to be ready to provide operational support. For this purpose, drug treatment centers can establish separate triage services to address COVID-19 related queries and drug treatment demand without delays.

Rapid assessment findings by country

Republic of Kazakhstan

Drug use

The situation with COVID-19 and the restrictive measures introduced at the national level have introduced significant changes in substance use throughout the country. Small regional variations are explained by differences in quarantine responses by regional Akimats, as well as in the allocation of healthcare resources to combat COVID-19.

The majority of respondents indicated a decreasing trend in drug use, attributing it to movement restrictions and strict monitoring of the compliance with recommendations of the State Commission for Ensuring the Emergency Regime under the President of the Republic of Kazakhstan.

The survey shows that the restrictions imposed during the emergency period and blocking of checkpoints at the region entrances have reduced the flow of opioids (heroin) and cannabis (marijuana, hashish) group drugs, which led to even greater popularity of synthetic drugs that appeared on the market a few years ago. Some respondents noted that synthetic stimulants, such as methamphetamines, “Speed”, amphetamines, and “Spice” (synthetic cannabinoids), were primary drugs of use. Opioid-dependent people have become more likely to use extraction opium (food poppy).

As the market for opioids and cannabis supply declined significantly, drug users became more likely to purchase synthetic drugs. Respondents noted the relatively easy availability of synthetic drugs, i.e. they can be purchased through the Internet or social networks. A contactless mode of delivery (caches) allows obtaining the substance as close to the place of residence as possible. On the other hand, respondents point to the frequent unfair transactions when the same product is offered to several buyers, or under the guise of one product sells another.

Since the supply of drugs decreased during the period under review, and substance users have lost confidence in those who supply drugs, they are more likely to purchase larger amounts of drugs on their own or by jointly with other people. This has contributed to the fact that people who use substances are more likely to organize “marathons”, i.e. substance use throughout several days. Synthetic drugs, with their relatively short-acting effect, contribute to their more frequent use. Therefore, among PWUD, there is a tendency towards choosing an injection route since it is cost-effective on the one hand, and allows for maximum effect, on the other hand.

According to the data provided, the following drugs are mainly presented (in order of frequency of reference) on the drug market in Kazakhstan:

- Speed;
- Spice;
- Salts;
- Extraction opium;
- JWH;
- Synthetic stimulators;
- Heroin;
- Pharmacy drugs;
- Marijuana;
- Hashish.

Thus, the drug market in Kazakhstan is mainly represented by narcotic substances of synthetic origin, home-made substances and accessible pharmacy drugs. Drug purity, as noted by respondents, has significantly deteriorated in recent months, and prices in some regions have increased several times. This situation has led to the use of literally any available substance by drug-dependent people, often with significant implications for somatic and mental health.

Availability, price and purity of drugs

According to patients, the availability has changed for the worse, since there were difficulties with delivery and movement in the city with the introduction of quarantine regime. At the same time, the services of persons who arrange caches have become more expensive, due to the high risk of getting into the sight of law enforcement agencies.

Buying more often and in large quantities became practically impossible, as on the one hand, there was a relative increase in the drug prices, and on the other hand, the conditions of use have changed. Thus, before the COVID-19 pandemic, many people used drugs outside the home to avoid suspicion and having relatives aware of use, but with the introduction of quarantine measures, many people had to use drugs at home. Drugs are purchased in large quantities when a group of people come together to buy substances.

Black market price policy has changed towards higher prices for all types of drugs. If before the state of emergency one dose of heroin (0.2 grams) could be bought for 5-6 thousand KZT (13-18 USD), now in some regions the average price makes 10-12 thousand KZT (24-29 USD). There has also been a certain increase in the synthetic drug prices; however, their cost has increased insignificantly when compared to heroin or cannabis.²

Figure 1. Average street-level price for drugs before and during the emergency situation in Kazakhstan

	Before the ES (16 March 2020)	In May 2020
Heroin (per dose)	5,000-6,000 KZT	10,000-12000 KZT
	13-18 USD ²	24-29 USD
Marijuana (for 1 matchbox)	2,000-3,000 KZT	4,000 KZT
	5-8 USD	10 USD
Speed (per gram)	10,000-15,000 KZT	10,000-15,000 KZT
	26-39 USD	24-27 USD

Respondents also reported that, due to a shortage of opioid group drugs, the usual gastronomic poppy - which is a derivative raw material of extraction opium - has become more common. Other ingredients (e.g. Tropicamide) are also added to strengthen the effect. In some regions, the price of food poppy has increased one and a half times.

Respondents noted deterioration in the quality and purity of narcotic substances such as heroin and cannabis. Synthetic drugs have been added to them, and there have been cases of "Speed" being offered as heroin. In general, the problem of synthetic drugs prevalence is extremely acute at the present time. According to the Ministry of Internal Affairs of the Republic of Kazakhstan, in the first 5 months of 2020, 27 kg of illicit synthetic substances were seized, which is almost three times more than the same annual figure for 2019.³

² To calculate the price in USD, the official exchange rate of KZT in February (380 KZT) and in May 2020 (410 KZT) was applied.

³ Kazakhstan, Ministry of Internal Affairs, press release "The Ministry of Internal Affairs has strengthened the fight against trafficking in synthetic drugs" (Astana, 03.06.2020), <https://www.gov.kz/memleket/entities/qriim/press/news/details/mvd-usililo-borbu-s-nezakonnym-oborotom-sinteticheskikh-narkotikov?lang=ru>

Access to services

The COVID-19 pandemic, as in all countries, has affected patients' access to drug treatment services. Thus, patients seeking help in drug treatment facilities for detoxification cannot do so, as beds in some drug treatment facilities have been redesigned to accommodate persons who have come into contact with COVID-19 infected people. Some regions have experienced problems with individuals in methadone maintenance therapy since they are unable to reach their destination due to quarantine or have to travel to another city to obtain the drug. However, most locations have arranged the transportation or special passes to be issued for their clients to move and receive methadone. Ultimately, the problems of instability in the provision of maintenance therapy caused by quarantine measures have been further addressed in all regions.

Most drug treatment facilities operate on a routine basis. However, some clinics have suspended the activities of medico-social rehabilitation departments, outpatient services and departments for provision of court-ordered treatment. Scheduled hospitalizations have been suspended in almost all regions (in healthcare institutions in general), but the opportunities for emergency hospitalization have not been limited, and all organizations have been receiving persons with emergency conditions requiring urgent care.

In some regions, the operation of Trust Points was suspended to avoid large crowds of people. Most of the regions implemented harm reduction measures through outreach-workers, who received all necessary materials at the Trust Points and then went around their areas, contacting with their clients.

In general, the situation has become more complicated with regard to access to harm reduction and drug treatment programmes, and it has become more difficult for PWUD to receive health-retention services as the healthcare system is more focused on combating COVID-19.

Although respondents report reduced overdose cases, it should be predicted that in the shortest term, the use of synthetic drugs, poor quality substances, and mixed substances may lead to serious consequences for the somatic and mental health of PWUD. Consequently, the demand for healthcare services may increase significantly among this population group.

Needs

Respondents who participated in this study identified the following areas of concern that require external assistance and support:

- Methodological assistance in developing information materials on COVID-19 for clients and medical staff;
- Improving the procedure for providing online services and enhancing the capacity of institutions to provide such services;
- Staff training on service provision for people who use synthetic drugs, including medical treatment and psychosocial interventions;
- Regulation of the provision of methadone maintenance therapy under the state of emergency and quarantine measures to ensure smooth and timely delivery of drugs;
- Provision of the Trust Points with additional personal protection equipment (masks, disinfectants, etc.) for their further delivery to PWUD.

Kyrgyz Republic

Drug use

Respondents noted that due to state of emergency, introduced due to COVID-19, overall substance use in the country has decreased. Some PWUD (PWUD) have shifted from using one drug to another. In particular, those who used heroin are looking for ways to replace it with another substance because of the difficulties. For example, some PWUD have joined methadone maintenance therapy or started using can- nabinoids or pharmacy drugs. Kyrgyzstan also notes that another part of PWUD have begun using alcohol because it is more readily available and affordable.

Whereas previously heroin was mainly injected, today substance-dependent people are more likely to practice using new psychoactive substances by smoking and sniffing. At the same time, there are PWUD, who practice injection use of substances to save money (relatively lower doses are used for injection).

Respondents provided an interesting fact about changes in drug use patterns, which may be related to protection measures against COVID-19. There is evidence that some PWUD have started using personal paraphernalia when smoking. For example, if before the COVID-19 epidemic they used a common tube, now they use private or separate tubes.

Availability, price and purity of drugs

Quarantine measures and state of emergency have affected the price and quality of drugs, and deception in the acquisition of drugs has increased. According to some respondents, the volumes and geography of drug supply may have changed due to COVID-19 restrictions.

Street drugs have become less accessible due to preventive measures and lack of money among the PWUD left without a permanent source of income. Some respondents reported a 10-15% increase in the cost of all types of drugs.

There are no official data on the purity of drugs, but the quality of drugs is believed to have deteriorated. For example, cannabis-group drugs are mixed in spices to enhance the effect. There are cases of deception where a spice is sold under the guise of cannabis.

It is not possible to analyze the dynamics of the illicit market of street drugs due to the lack of sufficient and reliable data. There is some evidence that the street price for heroin in Kyrgyzstan increased to 1,500-2,000 KGS (19-26 USD⁴) per gram in May 2020. The price for one matchbox of cannabis resin increased to 6,000-7,000 KGS (78-91 USD).

The following drugs are mostly presented on the drug market:

- Heroin;
- Opium;
- Khanka (opium);
- Cannabis (marijuana);
- Hashish;
- Alpha-PVP;
- Mephedrone-salts;
- Spice;
- Amphetamine;
- Methamphetamine;
- Pharmacy drugs - Lyrica, Cyclomed, etc.

With regard to the impact of COVID-19 and quarantine measures, respondents noted the substitution of heroin, opium (and khanka) by synthetic drugs due to difficulties in buying and transporting and emergency-related restrictions. Access to synthetic drugs (glass, crystals, spice, salts, speed) has not changed much, they are easier to obtain, as there is no direct contact with the supplier, transactions are done through the Internet, paid for by transfers, and “caches” are arranged. Significant increase in the use of cannabis and its analogues has been noted due to the ease of cultivation, as well as a natural growth within the country.

4 The data is calculated at the average official rate as of May 2020 (1 USD = 77 KGS)

Financial resources of people who use substances have significantly reduced, no sources of income, and it has also become more difficult to commit criminal acts (theft, etc.) to buy drugs. As a result, and due to the increased cost of drugs, purchasing power may have been significantly reduced.

It is noted that an atmosphere has developed in which those people who have been using illegally and have not been heard of by anyone, have begun to come into contact with other people because of the situation in the country, they come into contact with other PWUD in search of an opportunity to purchase substances.

The restrictive measures introduced have also affected the way people communicate. Closed messengers (Telegram) and other networks are usually used. PWUD have appeared who act as intermediaries, who collect money in their group, buy drugs for everyone and enough for repeated use, if financial means allow. Hereby, there are, of course, high risks of detention.

Access to services

All quarantine measures in drug treatment facilities are carried out on the basis of the Orders of the Ministry of Health (MOH) of the Kyrgyz Republic on the necessary anti-epidemic measures in healthcare organizations in states of emergency and emergency situations, which sets out the main measures to prevent the spread of COVID-19 infection among health workers and to provide them with protection equipment. Pursuant to this Order, medical workers are briefed on the use of protection equipment and measures to prevent contamination, with medical workers at risk (over 60 years of age, pregnant, and with serious chronic diseases) being transferred to remote work. Large narcological treatment facilities work according to the “Operational plan of measures in cases of detection of a patient with suspected quarantine and especially dangerous infections (cholera, plague, SARS, etc.) and COVID-19 infection”.

Inpatient and other narcological services (intoxication examination and narcological forensics) operate as follows:

- Some wards in medical departments have been reorganized for cases of detection of patients with COVID-19;
- In order to ensure continuity of emergency medical care, departments are operating in the usual regime.
- Pursuant to Order of the Ministry of Health of the Kyrgyz Republic, some departments have been grouped and compacted, as they have been reassigned into dermatovenerological departments, with being reassigned into infectious diseases departments in case of intensive flow of patients.
- Staff from the reassigned departments as well as from other related departments have been transferred to remote work through electronic and telephone portals.
- Awareness sessions on COVID-19 are held to prevent the virus spread among patients in treatment.

According to Republican Narcological Centre, in general, during the emergency situation and the state of emergency (from 18 March 2020) a decrease in the number of people seeking treatment for drug addiction has been observed due to emergency measures (curfew time). Usually, people with acute conditions (alcoholic delirium and seizures) are received and treated through the ambulance and emergency care. Women are reported to be admitted to the women’s department with signs of domestic violence and depression.

The COVID-19 epidemic has impacted the work of the Trust Points. The Trust Points and Opioid Substitution Treatment (OST) sites were operational as normal but working hours were reduced (from 9 p.m. to 12 p.m.). In most cases, people on OST were given methadone for 5 days. Single patients attend OST daily because they live close to the site. Homeless people also attend OST daily. OST staff (social workers, peer educators) have moved to remote work. In terms of the impact of quarantine, some people participating in OST had difficulties at first, but this problem was resolved after a certificate was issued to them. Initial difficulties in obtaining food packages were also resolved.

Due to the emergency situation and state of emergency in Kyrgyzstan due to the spread of COVID-19 and based on the recommendation of UNDP and the Global Fund, the operation regime of Trust Points in the Kyrgyz Republic has been simplified, i.e. outreach workers receive medical products for their clients at once for 1 month (previously, before quarantine they were given for a week). Staff of the Needle and Syringe Programmes (NSPs) (social workers, assistants, monitoring and evaluation specialists) have switched to a remote work regime (via phones, e-portal). All group activities for SEP clients were canceled.

OST sites, as well as the Republican Narcological Centre report a decrease in demand for services, but the need for social support and detoxification/rehabilitation services has increased.

Drug overdoses

Respondents did not notice any significant changes in the drug overdose situation, citing data from drug treatment facilities and patients' responses.

Needs

As in all countries of the world, drug treatment services are not sufficiently trained to work in the COVID-19 pandemic conditions. Drug treatment services are provided with personal protection equipment (masks, sanitizers, disinfectants, etc.) by own means of the facility, as well as by own means of medical workers.

The needs of the drug treatment services are:

- Conducting a study on changes in the drug situation in the Kyrgyz Republic due to the COVID-19 pandemic;
- Methodological assistance in developing information materials on COVID-19 and highly dangerous infections for both clients and medical staff;
- Dubbing of the developed video material on medical staff training on "Tactics and algorithm of action at quarantine and especially dangerous infections";
- Development of the mechanism and provision of opportunities to conduct video conferences with other treatment facilities of narcological profile.

Respondents also noted the following needs of people seeking drug abuse treatment:

- Psychological counselling while in isolation;
- Provision of food baskets for people registered with the Trust Points and OST sites;
- Supply of personal protection equipment (masks, sanitary equipment, disinfectants, etc.);
- Promoting development of programmes aimed at providing social support services (holding planned activities online);
- Facilitate in conducting training on Internet technologies to provide care using the Internet and messengers;
- Homeless patients are in high need of accommodation in shelters or medical facilities for quarantine period.

Republic of Tajikistan

Drug use

According to the National Centre for Drug Addiction Monitoring and Prevention (NCDAMP) of the Ministry of Health and Social Protection of the Population of the Republic of Tajikistan,⁵ by early May 2020, no significant changes in the drug situation in the country and regions of Tajikistan were observed. Republican Clinical Centre of Narcology (RCCN) in Dushanbe reports that at the time of the pandemic and due to the current economic crisis, substance use has declined, although a downward trend in the substance use was observed even before the pandemic.

Other respondents reported that due to reduced availability of some types of drugs, people who use narcotic substances began to seek substitution, including pharmacy drugs and alcohol.

Based on the history of people entering drug treatment, cannabis, opium and heroin remain the main problem substances. Pharmacy drugs such as Tramadol, Pregabalin and an intravenous solution of Midax are identified as secondary problem substances. Respondents indicated that amphetamines, LSD, extraction opium, Krocodil and Ekstasy are also present on the drug market.

Availability, price and purity of drugs

Respondents estimated that the availability of drugs has decreased due to quarantine measures and restrictions on movement within the country, as well as due to strengthened measures at the borders. At the same time, the prices for such drugs as heroin, opium poppy and cannabis have increased. As a result of the reduced availability of high-quality heroin, stimulants and pharmacy drugs have become in high demand.

The main drugs available on the market in Tajikistan are opium, heroin, marijuana, hashish, amphetamine, LSD, Krocodil, Ekstasy, and other substances.

The way in which drugs are purchased has also changed. Respondents noted that PWUD began buying drugs in as large volume as possible for fear of possible drug shortages and fear that the COVID-19 situation may reduce the availability of narcotic substances.

NCDAMP reports a decline in the quality of drugs amid rising prices, suggesting that this is due to reduced availability of drugs. Some respondents (Khorog) believe that the price of a dose of heroin has become more expensive compared to the prices of November-December 2019. Drug dealers are more likely to blend heroin with various mixtures.

Prices vary in each region of the country, for example, in the capital the prices for all drugs have increased since quarantine measures were introduced. The street price of one dose of heroin on the market is 60 TJS (6 USD). Respondents in Khorog estimated that synthetic drugs of Chinese origin (in the form of tablets) are gradually replacing heroin.

Access to services

Drug treatment facilities operate on a regular basis with enhanced sanitary and epidemiological control measures. According to RCCN as of the end of May, since the beginning of the pandemic, there has been a decline in the number of cases of outpatient and inpatient drug abuse treatment.⁶ At the same time, the respondent from Khorog city indicated a threefold increase in seeking for drug treatment. Hereby, a local narcological hospital in Khorog was quarantined.

Preliminarily, drug treatment facilities and particularly substitution therapy centers have optimized their work to reduce the risks of COVID-19 infection among patients and medical staff. In this regard, the following activities have been organized to meet patients' needs:

5 Tajikistan, Ministry of Health and Social Protection of the Population, NCDAMP, responses to UNODC Questionnaire (Dushanbe, 11.05.2020).

6 Tajikistan, responses of RCCN patients to UNODC Questionnaire (Dushanbe, May 2020).

1. The medical staff has familiarized patients with the rules of maintaining a social distance of 1.5 to 2 meters;
2. Disinfectants for compulsory hand disinfection were installed for medical staff and patients;
3. For patients who did not wear medical masks, masks and gloves were provided prior to entering the methadone dispensary at the beginning of the pandemic, but patients subsequently began to purchase their own personal protection equipment;
4. Temperature measurement with a non-contact electronic thermometer and screening for symptoms of respiratory illness (coughing or sneezing);
5. Communication of patients with the psychologist and group sessions are limited, counselling sessions with the psychologist are conducted remotely;
6. If there is a need for consultation and clinical examination of the patient by a narcologist and/or infectious disease doctor, an individual approach to decision-making is used. Provision of remote services (phone or video call) is the preferred option;
7. Regular disinfection of all surfaces inside and outside the OST site, as well as regular through-ventilation of rooms, treatment with bactericidal lamps;
8. The medical staff of OST sites follow the rules of personal protection (hand treatment, correct wearing of masks).

Most OST patients and their relatives have requested permission to receive methadone at home for 2-3 days to reduce visits to OST sites and follow quarantine rules. All OST sites are operating routinely, and for sites with a small number of clients, the time to dispense substitution drug has been reduced and set between 7 a.m. and 10 a.m.

According to NGOs, during quarantine, needle and syringe exchange points operate once a week and provide all necessary prevention materials for clients. Outreach workers, two each, go to the point, receive prevention materials and submit a progress report for the previous week.

All NGOs that run NSP have developed an internal document that outlines service delivery algorithms during the COVID-19 pandemic, measures to ensure that syringes and needles are available to clients.

In early May 2020, the NCDAMP of the Ministry of Health and Social Protection of the Population reported no cases of COVID-19 infection among PWUD. According to RCCN at the end of May, no information on positive cases of COVID-19 testing among people dependent on substances or OST participants was received.

Drug overdoses

According to NCDAMP, no cases of drug overdoses were recorded from January to May 2020. Noting the work of the harm reduction programme, where clients are issued Naloxone, overdose prevention programme, and “Stop Overdose Safely” (SOS) needle and syringe exchange programme implemented by UNODC in two pilot cities (Khorog and Dushanbe), the respondents noted the effectiveness of assistance in preventing drug overdoses. The relevance of first aid training, including the use of Naloxone opioid receptor inhibitor was highlighted.

Needs

Respondents noted the need to urgently introduce the ‘take-dose-home’ modality of substitution therapy delivery to prevent the COVID-19 infections among vulnerable populations.

Respondents also reported additional needs for personal protection equipment: Disinfectant solutions, N95 respirators, masks, gloves, protective suits.

Republic of Uzbekistan

Drug use

A survey of key informants among the staff of drug treatment facilities and NGOs working with drug users, as well as community representatives shows that quarantine measures imposed in connection with the COVID-19 pandemic have affected the drug scene in the country in general. Many respondents report the decrease in substance use, switching from one type of drugs to another, including alcohol and pharmacy drugs

The following reasons for the decrease in drug use were mentioned by respondents:

- Quarantine restrictions (suspension of public transport, prohibition of movement of personal vehicles, strict supervision of self-isolation regime);
- Closure of intercity, interregional, inter-district roads and rail and air connections;
- Supervision of drug user's family members during quarantine;
- Shortage of funds;
- Continuing downward trend in the supply of opium drugs (heroin and opium);
- Rising prices and deteriorating quality of drugs.

Changes in drug use patterns vary from region to region. For example, in the Republic of Karakalpakstan, most people who use substances have started using alcohol instead of drugs. Cannabis smoking is most common in the Andijan region. In the Ferghana and Namangan regions, cannabis smoking and the oral use (swallowing) of pharmacy drugs are the most common. In Bukhara region, the use of Desomorphine by injection was noted. In Navoi region, smoking cannabis, oral use of Tramadol and opium, and the injection use of Desomorphine were noted. Samarkand region is dominated by the use of Pregabalin, Tramadol and opium, as well as injections of heroin. In Tashkent region, there are reports of a decrease in injecting use and an increase in smoking use. Respondents in Tashkent generally indicated that patterns of use have not changed and that all possible patterns of use have been practiced.

Frequency of drug use has also decreased due to reduced/absence of drug supply (heroin, opium, cannabis, spice) and the high price of drugs and their delivery during quarantine. Due to problems with the availability of drugs, in some regions, drug users are trying to replace them with pharmacy drugs. Where the frequency of drug use has not changed, respondents attribute it to the following:

- In regions where most drug users use homemade Desomorphine, the COVID-19 pandemic has had little effect on the drug situation, as its ingredients are readily available during the quarantine as well.
- Consumers began to find cheap substitutes at pharmacies. For example, they started using Bralget and Phenibut instead of Pregabalin, or switched to injecting a solution made from a confectionery poppy.

Worryingly, due to a shortage of drugs and the quarantine measures, people who inject drugs (PWID) are trying to prepare their own injection solutions or to increase the effect with additional ingredients. Data available from Trust Points in regions (except for Tashkent city and Tashkent region) indicate an increase in the share of clients practicing injections of solutions from a variety of tablets mixture, probably due to inability to obtain the right drug or lack of resources.

The next combination of substances and other ingredients used for injection use is noted in 2020:

- Codalac, Sedalgin, Tetralgin and Tropicamide (for Desomorphine);
- Rubufin, Zopicate, Sonnex, Nalbufin, Sonnate, Mydriacil, Tropicamide and Dimedrol;
- Acetone, gasoline, match head sulphur, Pentalgin, Gabana, Regophen, Selophen, Tropicamide, Pregabalin, Sonata, analgesics;
- Gasoline, match head sulphur, Dimedrol, Codacet⁷, Codeine, iodine, citric acid and vinegar;
- Gasoline, sulfur or match heads, Dimedrol, Solpadein, Codacet, Codeine, iodine, Naphthazine, citric acid or vinegar;
- Tramadol, Analgin and Dimedrol;
- Tramadol with Nubufin;
- Midriacil, Dolzara, Baralhyd, Tramadol, Pregabalin, Rubufen, Dimedrol;
- Codacet, Tramadol, Amitriptyline, Dimedrol, Sibazone.

Availability, price and purity of drugs

According to information provided by some patients of drug treatment facilities, due to quarantine measures, supplies of narcotic substances have decreased and their cost has increased significantly.

Almost half of the respondents reported a significant decrease in the availability of drugs on the black market owing to the closure of international borders and strict control by law enforcement officials in cities, regions and districts. Some respondents also reported strict control of pharmacy chains in some regions.

Respondents' responses indicated that since the beginning of 2020, drug users were seeking due to the use of Regapen, Tropicamide, Mephedrone, Pregabalin, Dimedrol, Desomorphine, Sonata, Tramadol, as well as solutions made from food poppy and other ingredients, in addition to traditional drugs (heroin, opium, poppy straw - kuknar, marijuana, hashish). Some respondents reported that almost all types of drugs were present on the black market: Heroin (less frequently), opium, marijuana/anasha, hashish, amphetamine, Mephedrone, Pregabalin, spices, alfa-PVP, etc.

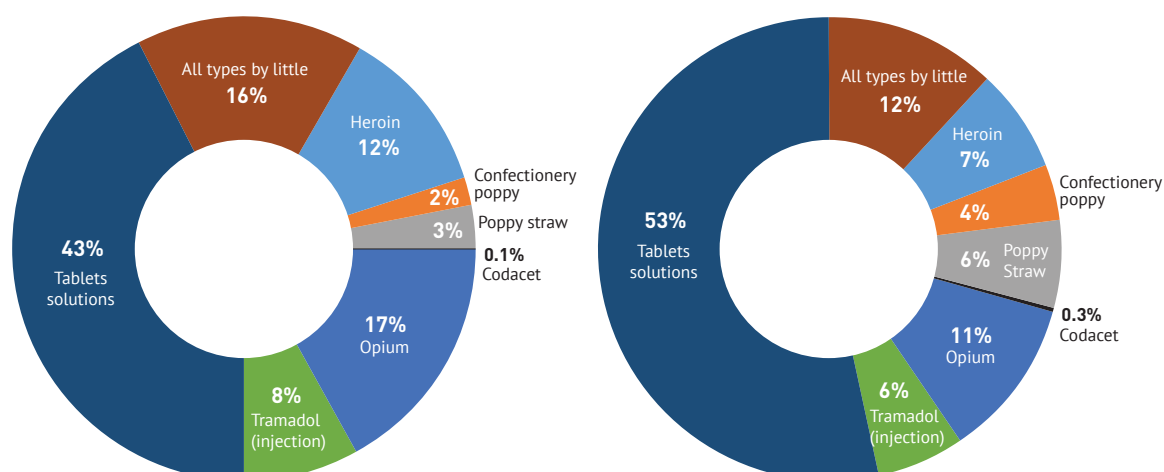
PWUD also use intravenously a substance with the addition of Codeine-containing medicinal products prepared by themselves. According to them, these also included gasoline, tea soda, iodine, sulfur and many others. Data from January to May 2020 indicate that access to such drugs as heroin, opium, Tramadol (intravenous) has decreased significantly. For example, as of the end of May 2020, the number of Trust Point clients⁸, using heroin decreased by 77% compared to the figures of the entire 2019. This figure is likely to decrease further until the end of the year due to continued heroin shortages and continued quarantine measures. The share of clients who use heroin is 56% in Namangan region, 22% in Samarkand region, 8% in Syrdarya region, 7% in Khorezm region and Republic of Karakalpakstan and 1% in Jizzakh region. Due to quarantine measures, it is not possible to estimate the current availability of drugs in other regions. The share of PWID seeking treatment in connection with the use of solutions from pharmacy drugs, poppy straw, Codeine-containing drugs and use of confectionery poppy for injection has increased in the period January-May 2020, as compared to the annual figure of 2019. Thus, the demand for pharmacy drugs among PWID is likely to have increased, which may have negative health consequences for people.

Particular attention should be paid to the fact that people who have switched to alcohol consumption can combine alcohol consumption with taking pharmacy drugs to enhance the effect. There is evidence that they may consume simultaneously the following:

⁷ Codeine phosphate.

⁸ Except for Tashkent city and Tashkent region.

Figure 1. The share of drugs and psychoactive substances used by clients of Trust Points in regions for the 12 months of 2019 and the first 5 months of 2020 (except Tashkent city and Tashkent region)



- Dimedrol or Amitriptyline intravenously;
- 2-3 tablets of Carbamazepine orally and Dimedrol intravenously;
- Tramadol tablets orally and Dimedrol intravenously;
- Tramadol intravenously;
- Pregabalin orally and Dimedrol intravenously.

According to some respondents, drug prices have increased significantly due to quarantine measures and a decline in drug trafficking. For example, according to a respondent's estimates, the street price of 1 gram of hashish increased by 80%, from 30 USD before quarantine to 55 USD during quarantine in May-June 2020⁹. In Namangan region, the street price of hashish also increased and reached approximately 50 USD per 1 gram in June 2020. According to anonymous sources, the street prices for various drugs in May-June sharply increased in Samarkand region, as compared with prices in January. A particularly sharp increase in opiate prices is being observed in the region.¹⁰

Figure 2. Changes in street prices in Samarkand region, from January to May 2020

	Heroin	Opium	Tramadol	Pregabalin	Marijuana ¹⁰
	1 gram	1 gram	10 tab./capsules	10 tab./capsules	1 matchbox
Price increases	+125%	+120%	+67%	+57%	+43%

It is interesting that in the Bukhara region under quarantine conditions due to COVID-19 the costs or the price for home-made Desomorphine have not changed much.

The popularity of pharmacy drugs is probably due to the fact that self-made daily doses of drugs (Crocodile, khanka, a product of confectionery poppy, injection solutions made of tablets) can cost 8-10 times cheaper than a daily dose of heroin. According to another version, due to the measures by law enforcement agencies against the clandestine trade in Pregabalin in pharmacies, the price for this drug during quarantine has increased by 90% on average.¹¹

The information on drug quality provided in the responses to the UNODC Questionnaire is not complete. Some respondents indicated that the quality of drugs had deteriorated.

⁹ Hereinafter, prices have been recalculated at an approximate rate of 1 USD=10,000 UZS.

¹⁰ Pressed marijuana.

¹¹ Percentage is calculated based on data provided by respondents.

Access to services

Against the backdrop of strict drug trafficking control and quarantine measures in response to the COVID-19 pandemic, there has been a reduction in seeking outpatient and inpatient drug treatment by drug dependent people. At the same time, there has been a significant increase in the number of calls to the helplines of drug treatment facilities to receive counselling from drug treatment professionals.

During the quarantine period, drug treatment facilities worked as normal, receiving drug profile patients in accordance with anti-epidemic norms, while reducing the number of working staff by providing leaves for the latter. The staff was returned to the drug treatment facilities as the number of patients increased. According to the majority of respondents, narcologists in the regions are sufficiently equipped with personal protection equipment (masks, sanitizers, disinfectants and other means).

According to the territorial drug treatment facilities of the Ministry of Health of Uzbekistan, 1,964 patients, including 1,852 patients with chronic alcoholism, 99 drug addicts and 13 toxic addicts applied to drug treatment facilities since the introduction of the self-isolation regime (from 15 March 2020 to 8 May 2020). The number of persons suffering from drug and substance abuse who sought inpatient drug treatment during this period varies from region to region. For example, in Kashkadarya region, the figure of seeking treatment decreased by 24% in January-May 2020 in comparison with the same period of 2020.

Figure 3: Admission to drug treatment services

Region	2019	2020	Change	Comment
Republic of Karakalpakstan	Not available	Not available	Decrease	FDE only ¹²
Andijan	11	5	-55%	In May
Bukhara	Not available	Not available	Decrease	Except for Desomorphine ¹³
Kashkadarya	Not available	7	-24%	In January-May
Navoi	411	357	-13%	In March-May
Namangan	Not available	270	Decrease	In June
Samarkand	1150	790	-31%	In March-May
Ferghana	Not available	Not available	Decrease	
Khorezm	Not available	Not available	Decrease	
Tashkent region	Not available	Not available	Decrease	
RSSPMCN	112	55	-51%	During quarantine
Tashkent city			Decrease ¹⁴	

Note: Information on Jizzakh, Syrdarya and Surkhandarya regions is not available.

¹² Forensic drug examination (FDE) only.

¹³ No significant changes with regard to Desomorphine users, with the much less use of other drugs.

¹⁴ Seeking rate to the Tashkent City Drug Treatment Facility has dropped sharply. More patients were delivered through Internal Affairs bodies.

Types of medico-social and psychosocial care provided through Internet networks and telephone communication during the quarantine period (from 16.03.2020 to 06.06.2020):

- Hospitalization of drug dependent patients under quarantine conditions;
- Counselling on the maintenance anti-relapse therapy for drug dependent patients;
- Counselling on withdrawal conditions in addictions to new psychoactive substances.

The information available on showcases of quarantine treatment provided by UNODC is provided below.

Bukhara regional drug treatment center

In the Bukhara region, the provision of drug treatment services to the population before the introduction of restrictive measures was as follows: Drug treatment professionals of the Bukhara regional drug treatment facility provided drug treatment services in the Narcological Center itself and through home visits, i.e., dependent people and their family members were visited in their place of residence and provided with necessary services (counselling, medication therapy, anti-relapse therapy, family counseling, etc.) depending on the condition of dependent people. Those in need of inpatient treatment were assisted with hospitalization in a drug treatment facility.

District drug treatment professional do the same with the difference that patients in need in the districts are hospitalized at the regional center, i.e. no inpatient treatment is provided in the districts. The regional drug treatment Center provides organizational and methodical management of district Drug Treatment Offices. The Center's doctors travel regularly to the districts to support district narcologists and to supervise their activities and provide counselling to patients locally.

This was the case before restrictive measures were introduced. These measures were pursued as follows: self-isolation of people at home, significant restriction of the movement of people in the city, suspension of a significant number of enterprises and organizations, prohibition of the movement of vehicles within the city and between districts, ban on mass events, etc. All this made it extremely difficult to provide drug dependence treatment services to the population of the region and posed the following challenges:

1. People with drug use disorders and their family members were unable to attend drug treatment facilities as their problems become more acute;
2. Specialists of drug treatment facilities were not able to visit people with drug use disorders to monitor their condition and provide the necessary services at home;
3. Problems emerged with transporting persons in need of inpatient treatment from the districts to Bukhara Drug Treatment Center;
4. District narcologists and drug dependent people were not able timely counselling from the doctors of the Narcological Center;
5. Provision of drug treatment to persons who have had contact with people infected with COVID-19 became extremely difficult since they were in strict isolation.
6. Outpatient medico-social rehabilitation programmes for people dependent on substances and their families has become not possible;
7. Prohibition of visits by relatives of patients, personal meetings between relatives of a patient and the attending physician, which has had a negative impact on the treatment process.
8. A number of those in need of treatment refuse hospitalization by themselves for fear of infection, which may lead to progression of the disease and unfavorable outcome;

9. International experts draw attention to the fact that most young people, students and schoolchildren have many weeks of unstructured time, which without proper supervision can lead to different addictive behaviours in Uzbekistan as well.

All this occurs against the background of the fact that the introduction of restrictive measures has had a negative impact on the quality of life of substance dependent people, their family members, and in many cases has led to a relapse of drug-related diseases. This is attributable to the following factors:

1. Lack of opportunity to receive timely intervention in case of exacerbation of drug symptoms and actualization of pathological urges to use drugs.
2. Prolonged stay in isolation, unemployment, financial troubles is in itself a stress factor and a trigger both for relapse and initiation of substance use.
3. The family conflicts and violence cases have increased dramatically. Family members are not able to leave the house in case of aggression.
4. Free access to alcoholic beverages has also an important impact. It has not been affected by restrictive measures, as alcohol shops are on the list of services that provide the population with basic necessities and are allowed to remain open during the epidemic.
5. Several districts are under strict quarantine due to the epidemiological situation, which prevents anyone from leaving it under no circumstances. Therefore, drug treatment facilities are to provide care to substance dependent people, relying on resources available on the ground, which are not always fully sufficient.

In connection with the above, there is an extreme need to adapt forms and methods of providing drug treatment services to the existing situation in order to avoid collapse in this area and aggravation of the narcological situation, which will lead to extremely negative consequences in all spheres of society. The resources of the Bukhara region narcological service include 31 qualified narcological physicians, most of who have attended Treatnet workshops and use the acquired skills and expertise in their professional activity. Adapting the forms and methods of drug treatment services to the current situation began with the following:

1. Each physician of Bukhara Drug Treatment Center is assigned to a certain number of dependent people and their family members, while district physicians are assigned to dependent people and their family members living in their district. An SMS was sent to the telephones of these people with information that they can receive the necessary counselling through Telegram by narcologists assigned to them.
2. A Telegram channel has been created for narcologists of Bukhara city and Bukhara region to discuss certain cases related to the provision of narcological care and the emerging challenges.
3. An agreement has been reached with law-enforcement and emergency medical personnel on the provision of assistance in transporting persons in need of hospitalization to a narcological hospital.
4. An agreement has been reached with a Crisis Centre to provide psychological care to family members of drug dependent people and, if necessary, temporary accommodation for family members who experience acts of emotional and physical violence by aggressive dependent family members.
5. An agreement has been reached with a private psychological center to provide online counselling (including free counselling) to dependent persons and their family members.

6. The hospitalization of persons whose addicted behaviour poses a threat to themselves and their environment has been greatly simplified.
7. The contact numbers (including round-a-clock line numbers) were provided through an SMS through which they can get the necessary counselling on addiction issues.
8. The addresses of the nearest pharmacies were also distributed, where they can buy anti-relapse therapy preparations.
9. Addresses of psychological counselling websites have been distributed, where people can get information about normalization of their psychological condition during the isolation.

As a result of the measures taken, the access of persons in need to the necessary information on ways of addressing addiction problems and provision of a certain amount of preventive care is greatly facilitated. As a result, each of the 20 doctors of the Bukhara Regional Narcological Center provided online counselling on various topics to 3-5 people in need per day, which is around 2,400 appeals per month. Eleven district narcologists conducted around 5-6 online counselling sessions per day, i.e. around 1,700 per month. In total, around 4,000 online counselling sessions were provided per month. Nearly 70% of dependent people and their family members were covered. Approximately 30% of cases include appeals by people who were concerned about their family members who were starting to get addicted. Twelve narcologists were trained online to improve their skills. Around 15 appeals were made to the Crisis Center, and 36 patients were transported and hospitalized on time with the support of law-enforcement agencies.

Drug treatment facility of Tashkent city

The main support to clients is provided in an individual format through the telephone and Telegram messenger. Unemployment, lack of financial resources, as well as almost constant stay at home, in some cases with relatives who use substances has become acute problems during the isolation period. For example, the Drug treatment facility of Tashkent city (DTF) has provided psychological support to patients at their request to help prevent failure and further relapse. Among the 18 clients who had contact with the DTF psychotherapist (15 via Telegram and 3 via telephone), 83% suffer from alcohol addiction and 17% from substance abuse (NPS).

The following prevention measures for clients with addictive disorders were implemented by the DTF during the quarantine period¹⁵:

- CBT therapy (understanding cognitive errors and destructive beliefs) - to prevent clients' failure;
- Psychotherapist's recommendations on reading special literature in Telegram channels;
- "Psychological support in the Telegram channel without feedback, and through personal messages;
- Advice on seeking and finding a job online, participation in free webinars;
- Tips for running a household;
- Self-study sessions on relaxation, meditation techniques and yoga therapy;
- Voluntary assistance as part of volunteer groups to support residents of the Syrdarya region (Sardoba);
- Tips for resolution of home conflicts by smoothing the situation and functional communication;
- Taking maintenance preparations (prolonged therapy).

¹⁵ Uzbekistan, Drug Treatment Facility of Tashkent City, Information on the work with drug-dependent clients during COVID-19 quarantine period, from 16 March to 30 May 2020.

The Trust Points continued their regular work in all regions. Respondents noted that mainly outreach workers and volunteers worked during the quarantine period. Attendance decreased, but according to respondents, the Trust Points provided online services. The majority of respondents reported the availability of clean syringes and other supplies in the Trust Points.

Drug overdoses

According to the data of the Main Bureau of Forensic Medical Examinations, no lethal cases from drug overdose were registered in the country during three years¹⁶.

All respondents representing drug treatment facility staff reported no overdose registration. Andijan region reports that there have previously been cases of heroin overdoses, but no drug overdoses have been reported in the past 2-3 years. Under quarantine conditions, such situations have not been observed either. The rest of the regions also reported that there have been no overdose reports for the period January-May 2020.

Needs

In the context of the COVID-19 pandemic and the possible continuation of restrictive measures of various kinds in the country, the following online activities of UNODC and other international organizations can assist services that provide services for people suffering from drug use disorders:

- Consideration of a project proposal to equip drug treatment facilities with specialized equipment for online sessions.
- Conducting webinars and online trainings to enhance the skills of specialists in drug treatment services.
- Carrying out periodic monitoring research on the current situation to develop adequate measures to meet the current needs of drug dependent people;
- Assistance in organizing mobile drug treatment services.
- Assistance in the procurement of specialized furniture (a complete laboratory table, physiotherapy apparatus) to provide quality remote counselling based on modern telemedicine requirements, allowing special multimedia applications to make full remote diagnosis, make stop-frames, video conference calls within the drug treatment service, providing services to people with substance abuse disorders.
- Support to mobilization and literacy programmes for PWUD.
- Promotion of rehabilitation programmes for PWUD.
- Supporting self-organization of people with drug use history.
- Support in the launch of medication-assisted maintenance therapy.
- Development of volunteer movement, motivation and support for volunteers (financial reward, caps/coats, transport (bicycles));

16 Uzbekistan, NCDC, Information on drug-related situation in Uzbekistan in 2019 (Tashkent, 2020).

Annex 1. Questionnaire of the UNODC Regional Office for Central Asia

Impact of the COVID-19 epidemic on drug use situation, as well as drug treatment and harm reduction services in Central Asian countries

In response to the COVID-19 epidemic, many countries introduced response measures (self-isolation, quarantine, suspension of institutions) in order to prevent further spread and mitigate its effects. Undoubtedly, this situation also affects the existing drug scene on the ground.

The United Nations Office on Drugs and Crime, Regional Office for Central Asia is conducting a rapid survey of key respondents to explore and document the impact of COVID-19 on changing drug use patterns and service delivery, as well as to explore how Central Asian countries are responding to the situation. The main objective is to collect information on how patterns of drug use in Central Asian countries may change due to the COVID-19 pandemic. In order to obtain a holistic picture, we need information directly from people who work in programmes to help drug users.

Collecting information on changes in service delivery caused by the COVID-19 situation, responding to changes in clients' needs and disseminating this information will help UNODC, donors, organizers and service providers to better adapt to the new situation.

Your participation is very important. Your responses to these questions will help us to understand how the COVID-19 situation has affected users of different types of drugs and how services for users comply with the needs in Central Asian countries.

Questions:

1. In general, what changes have occurred in the drug situation in a country or region due to the COVID-19 pandemic?
2. In your opinion, has the current (last month) substance use changed? In what way and for what reasons?
3. How has the availability of different type of drugs on the black market changed?
4. What drugs are currently available on the black market? What new drugs have emerged on the black market?
5. What changes have been observed in drug use patterns (injecting, smoking, swallowing, etc.)?
6. Has there been a change in drug use (specify the type of drug) due to COVID-19-related restrictions, as compared to the past?
7. What changes are observed in the frequency of drug use among drug users? Have they started using more or less, more frequently, or less frequently?
8. Has there been a change in overdose rates?
9. What changes have been observed in the price of drugs? Has the price increased or decreased? How much does a dose/gram of different types of drugs on the market cost?
10. Have there been changes in the way drugs are purchased during the COVID-19 outbreak, as compared to the way they were purchased before? For example, did people who use drugs begin to buy drugs more often and in larger quantities than before?

11. Is there any information available on the quality/purity of drugs?
12. Has there been an increase in treatment demand for drugs in the last month?
13. Have the requests/needs of those seeking treatment for drug dependence and Trust Points changed recently?
14. Are drug treatment facilities operating on a regular basis? If not, what changes have been made to the way drug treatment facilities operate?
15. Are the Trust Points/Rooms working as usual? If not, what changes have been made to the way these facilities operate?
16. Has the availability of clean syringes and other injection equipment changed due to COVID-19-related restrictions, as compared to the situation before the restrictions were introduced?
17. Are Opioid Substitution Therapy Points/Rooms working as usual? If not, what changes have been made to the way these facilities operate?
18. Are there any known cases of COVID-19 infection among drug users?
19. Are the care services for people with substance use disorders who are in treatment or prevention programmes provided with personal protection equipment (masks, sanitary equipment, disinfectants, etc.)?
20. How can UNODC or other international organizations help people who use drugs or service providers for this population under current conditions?

Thank you for your answers!

