Conference Report

Conference on Opioid Substitution Therapy: An Essential Service in Harm Reduction in Afghanistan

Ministry of Public Health and Ministry of Counter Narcotics
with Ministry of Justice
NGOs
and International Experts

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Statement of His Excellency Minister of Public Health

Afghanistan's HIV epidemic is preventable and HIV is treatable, but only if we work together and don't exclude anyone- not drug users, not sex workers, and not prisoners.

I am pleased to provide this report of the national conference on Opioid Substitution Therapy, an Essential Service in Harm Reduction. This conference was special for us, because it brought friends from many countries to share their experience with OST and guidance for how we can provide these medicines for our problem drug users in our communities and prisons.

HIV is everyone's business, and we are pleased by the attention and commitment of our fellow ministries to the national HIV response, especially our colleagues at the Ministry of Interior, Ministry of Justice, and the Ministry of Counter Narcotics. I welcome your attention to preventing HIV in our communities and to improving awareness of how HIV is transmitted through sharing needles and syringes on the street and in prisons.

We also must reach out to the private sector to help problem drug users get clean, safer injecting equipment and quality services to prevent, treat, and reduce harms related to drug use.

We are a new nation and we need to ensure that all citizens participate in Afghanistan's growth and development. We need to make sure that no one is lost, because they are afraid, stigmatized, or discriminated against because of any illness. We need to establish policies and educate ourselves to reduce stigma and discrimination against our brothers and sisters who are ill. We invite you to learn how to implement harm reduction services, of which OST is an essential component, and consider how to apply these services in our nation.

HE Fatimie
Minister of Public Health
Islamic Republic of Afghanistan

Statement of His Excellency Minister of Counter Narcotics

The national ability to implement harm reduction services is severely limited by deep and widespread stigma and discrimination, including criminalization, of injecting drug users and other drug users. This results in the need for IDUs in particular to remain hidden and invisible, and this makes it difficult for them to access services.

Now, it is important that respective ministries, including the MOJ and MOI, are involved in supporting the implementation of harm reduction services. While NGOs are active in seeking to establish positive relations at the local level, advocacy and policy reform are also required at the leadership levels. Current data estimates that between 30% and 50% of problem drug users in prison started using drugs after they were imprisoned, with reports of IDUs in Herat, Kabul and Mazar prisons. It is essential that IDUs are provided with HR services, including NSP and OST where appropriate, for their safety and for the safety of Afghanistan.

OST has not been introduced into Afghanistan to date, despite it being an important part of harm reduction aimed at IDU and HIV prevention in regional countries like Iran, Uzbekistan, India and Kyrgyzstan. The medication of choice for OST in Afghanistan may be WHO recommended methadone and buprenorphine or tincture of opium, although other substitute drugs may also be considered.

This Conference on OST, an essential service in harm reduction, shows the way for our Ministry to join together with the Ministry of Public Health and the Ministry of Justice and with other service providers and partners to move quickly to provide harm reduction services to injecting drug users (IDUs) and non-IDUs at-risk of injecting, to limit the spread of HIV and other blood borne diseases.

HE
Minister of Counter Narcotics
Islamic Republic of Aghanistan

EMBASSY OF FRANCE
IN AFGHANISTAN

The organisation in Kabul under the authority of the Afghan Minister of Health and in partnership with the French NGO "Médecins du Monde", of a regional conference dedicated to the use of substitution treatments for drug user, marks a significant step in dealing with this major public health issue.

The study which has been carried out on this occasion with rigour, clarity and conscientiousness, should contribute to the efforts already committed under way in terms of "harm reduction". Drug addiction, as we well know, is a curse in Afghanistan. It weakens society, threatens institutions and at a time when consumption is on the rise, is affecting the population.

This conference has witnessed growing awareness of the major risks in terms of public health resulting from the increase in drug addiction and the desire to explore every possibility which may help to contain and respond to these drifts.

The assistance lent by “Médecins” du Monde in this exercise forms part of its long tradition of solidarity with Afghanistan, particularly the vulnerable and endangered segments of its population. It is part of a courageous and unflagging commitment which, like that of AMI, HumaniTerra, MSF, MRCA and Handicap International, has been constituted since the nineteen eighties an underlying element of the bond of friendship and proximity which exists between France and Afghanistan.

The Embassy of France has lent its assistance in organising this conference. Health is indeed a traditional and prominent part of our cooperation with Afghanistan. This cooperation is in the form of activities involving our Ministry of Health, the Medical University of Kabul and the Faculty of Medicine of Kabul University and Claude Bernard University in Lyon, the Ali Abad and Maiwand university hospital centres in Kabul and the Civil Hospices of Lyon, Mazar-e-Charif and Rodez hospitals and, more recently, the French Medical Institute for Children, Kabul, as well as the "Enfants Afghans " and "Chaîne de l’espoir" associations.

This bilateral intervention in terms of health also involves many French NGOs within the framework of healthcare access programmes for the population, in Kabul and the provinces, as well as interventions relating to emergency medicine.

The Embassy of France in Kabul welcomes this initiative of “Médecins du Monde”, which will enable many players in the field of public health and drug use in Afghanistan to study and work together.

Régis KOETSCHET
Ambassador of France in Afghanistan

1. Introduction on Opioid Substitution Therapy

Global Perspectives

1. Since 1985 there has been increasing global recognition that drug users who share needles, syringes and other injecting equipment are at high risk of transmitting blood borne viral diseases like HIV and hepatitis B and C. Heroin addiction in particular is a chronically relapsing condition and there is substantial evidence that short detoxification programmes lead to relapse in a very high proportion of people treated.[1] Harm reduction is intended to help users to remain healthy until they are willing or able to give up illicit drugs, as freedom from dependence on illicit drug use is a desirable status.

2. To prevent the transmission of HIV and HCV among IDUs (injection drug users), harm reduction measures has been successfully adopted in many countries both in the West and in Asia, including India, Iran, Thailand, Kyrgyzstan, Bangladesh, and Uzbekistan. The harm reduction package contains a range of interventions including: NSPs (Needle and syringe access and disposal programmes) [2] ; community-based outreach[3]; IEC (Information, education and communication); sexual and reproductive healthcare; primary healthcare and social services; drug dependence treatment; and OST (opioid substitution treatment).[4]

3. OST is based on the premise that drug dependence is best managed by replacing heroin or other drugs of misuse with an orally administered medicine, such as methadone or buprenorphine. Evidence suggests this is one of the most effective treatment options for opioid dependence and can decrease: the high cost of dependency for individuals, their families and society by reducing heroin use; associated deaths and criminal activity; and HIV risk behaviours.[5] It is a cost effective treatment and consistently performs better at retaining people in treatment, and reducing heroin use than drug free alternative treatments including detoxification and waiting list control.[6]

4. Drug substitution through OST can: a) reduce the need for criminal activity to finance the purchase of illicit drugs; b) stabilise the user to prevent withdrawal symptoms; c)

[1] Neil Hunt, 2003, A review of the evidence base for harm reduction approaches to drug use, Forward Thinking on Drugs: A Release Initiative, available on http://forward-thinking-on-drugs.org/review2.html

[2] WHO, 2004, Evidence for Action Technical Papers: Effectiveness of sterile needle and syringe programming in reducing HIV and AIDS among injecting drug users, Geneva, World Health organisation, available from: http://www.who.int/hiv/pub/prev_care/effectivenesssterileneedle.pdf

[3] WHO, 2004, Evidence for Action: Effectiveness of community-based outreach in preventing HIV and AIDS among Injecting Drug Users, Geneva, World Health Organisation, available from: http://www.who.int/hiv/pub/prev_care/en/evidenceforactionalcommunityfinal.pdf

[4] Preventing the Transmission of HIV among drug abusers: a position paper of the United Nations System, Annex to the Report of the 8th Session of ACC Subcommittee on Drug Control, 28-29 September 2000

[5] WHO, UNAIDS, UNODC, 2004, Position Paper: Substitution maintenance therapy in the management of opioid dependence and HIV and AIDS prevention, available from: http://www.who.int/substance_abuse/publications/en/PositionPaper_English.pdf

[6] Michael Farrell et al, 2005, Effectiveness of drug dependence treatment in HIV prevention, International Journal of Drug Policy, Vol.16, Supplement 1.

reduce the dangers associated with drug misuse, such as overdose and infections from sharing injecting equipment; and help the user to remain healthy until they are willing or able to give up illicit drugs.[7] While some groups have expressed ethical and moral objections to OST, the evidence base over a 40 year period suggests that its benefits far outweigh any risks and that it is highly cost-effective when averted infections and overdose-related deaths are considered. Methadone and buprenorphine are two medicines whose safety and efficacy for OST have been well-established, resulting in their addition to the World Health Organization's Essential Medicines list. Opium tincture and diamorphine (pharmaceutical-quality heroin) have also been studied in series for OST[8] [9] [10].

Perspective on Afghanistan

5. Over the past few decades, problem drug use has increased substantially in Afghanistan, including the introduction of injecting behavior.[11] In 2005, UNODC estimated there are 200,000 opium and heroin users, of which about 7000 are injection drug users. Recent evidence from Kabul indicates that HIV prevalence among IDUs (<5%) has not reached the level of a concentrated epidemic, although hepatitis C prevalence (36.6%) is much higher.[12] High risk behaviors are common among IDUs in Kabul, both with respect to drug use, such as 50.4% having shared syringes, and sexual risks, such as 76.2% having engaged the services of a sex worker. Similar high-risk behaviors have been recorded in other Afghan cities, where measurable IDU populations have been detected.[13]

6. In order to prevent a rapid escalation of HIV infection among IDUs, urgent action needs to be taken. Neighbouring Islamic states like Iran and Pakistan have adopted harm reduction policies and practices as realistic and pragmatic public health measures to try and prevent HIV spreading through IDUs, their partners, and the broader community. These policies have been adopted, even though the use of all drugs (intoxicants) is strictly forbidden in these Islamic countries.

[7] D. Macdonald, 2006, Harm Reduction Guided Reading, London, DFID (Department for International Development), Health Resource Centre.

[8] Frick U, Rehm J, Kovacic S, Ammann J, Uchtenhagen A. A prospective cohort study on orally administered heroin substitution for severely addicted opioid users. Addiction. 2006 Nov;101(11):1631-9

[9] Razzaghi E. Substitution treatment with tincture of opium: Preliminary results of an open label clinical trial in Iran. Abstract 433, C5-4, International Harm Reduction Conference, Warsaw, Poland, May 16, 2007.

[10] The German model project for heroin assisted treatment of opioid dependent patients: a multicenter, randomized, controlled trial, 2002. http://www.heroinstudie.de/H-Report_P1_engl.pdf and http://www.heroinstudie.de/H-Report_P2_engl.pdf

[11] United Nations Office on Drugs and Crime (UNODC), 2005, Afghanistan Drug Use Survey 2005. Kabul, Afghanistan, UNODC.

[12] CS Todd, AM Abed, SA Strathdee, PT Scott, BA Botros, N Safi, KC Earhart. Prevalence of HIV, hepatitis C, hepatitis B, and associated risk behaviours among injection drug users in Kabul, Afghanistan. Emerging Infectious Diseases, 2007, 13, 1327-1331.

[13] R. Chase et al., 2007, Mapping and Situation Assessment of High Risk Key Populations in Three Cities of Afghanistan. University of Manitoba/ NAMRU-3/ UCSD/ IRC/ MoPH. Kabul, Afghanistan.

7. Due to close collaboration and cooperation, the Demand Reduction Directorate of the Ministry of Counter Narcotics and the National AIDS Control Programme (NACP) of the Ministry of Public Health has been able to develop the necessary policy framework for harm reduction initiatives in Afghanistan, including OST. In May 2005 these ministries jointly produced and approved a *National Harm Reduction Strategy for IDU and the Prevention of HIV and AIDS*. On 17 December, 2005, President Karzai signed the new *Counter Narcotics Law* which mandated the establishment of: "health centers for detoxification, treatment, rehabilitation, and harm reduction services for drug-addicted and drug dependent persons in order to reintegrate them into society". In February, 2006, the Ministries of Counter Narcotics and Public Health endorsed the *National Drug Treatment Guidelines for Afghanistan* that included harm reduction interventions as part of a comprehensive drug treatment service and continuum of care for drug users.

8. As a result of these policy directives, NSPs and other harm reduction measures such as primary healthcare and social services for IDUs are being supported in a few centres, although these need to be rapidly scaled up on a national basis. A recent assessment of the context of drug use in Kabul indicates that harm reduction programmes are perceived as beneficial.[14] However, Kabul IDUs identified the need to expand harm reduction programmes, both in geographic coverage and expansion of scope of services, including coverage of basic needs (e.g. food, shelter) and OST. Many IDUs mentioned harm reduction programmes in Pakistan and Iran as desirable service models.

2. The Conference

9. In order to implement comprehensive harm reduction services that include opioid substitution therapy (OST) in a culturally appropriate way for Afghanistan, the Ministry of Public Health and Medecins du Monde agreed to organize a national conference on 5-6 November, 2007, on "Opioid Substitution Therapy: An Essential Service in Harm Reduction in Afghanistan" with the additional assistance of the Embassy of France, UNODC, and UNAIDS.

10. The objectives of the conference included:

1. A national policy which recognizes that most at-risk groups, namely IDUs, sex workers (SWs), and men having sex with men (MSMs), are important allies in the response for HIV, and that they can be called on as partners in the national effort to reduce HIV transmission.
2. A national policy which identifies drug use as a medical condition and that all drug users should have free and unrestricted access to all appropriate medical services, including NSP, OST, abscess management, and other indicated health services, including condoms, anti-retroviral therapy, and TB treatment.
3. Emphasis on implementing the national policy to intensifies HIV prevention and TB treatment services for drug users, particularly in prisons.

[14]CS Todd, MA Stibich, MR Stanekzai, MZ Rasuli, S Bayan, SR Wardak, SA Strathdee. 2006-2007 A Qualitative Assessment of Injection Drug Use and Harm Reduction Programmes in Kabul, Afghanistan, Accepted for publication, International Journal of Drug Policy.

4. Establishment and provision of NSP and OST services for community and prison drug users using effective medications. Examples for such programmes exist in Iran, Uzbekistan, and India. These programmes can be provided by NGOs as well as by medical centers in prisons.

3. Consensus and Knowledge of the Conference

11. Harm Reduction is 'reducing adverse health, social, and economic consequences psychoactive drugs without *necessarily* reducing consumption'. Reducing harm has priority over reducing consumption.

12. The Harm Reduction Package includes:

- Drug treatment, including OST, NSP
- Drug and health education
- Social development
- Provision of basic medical care, abscess dressing, and living necessities.

13. OST is effective, because it:

- Reduces drug use
- Reduces deaths
- Reduces crime
- Reduces HIV and other infections related to sharing needles
- Improves social functioning

14. OST should be considered as a therapeutic, medical treatment tool, defined under a therapeutic framework of the MOPH, and not under a correctional (Ministry of Interior, Ministry of Justice) or drug control framework (MOCN).

15. OST meets a major challenge of harm reduction, which is to create and sustain the drug user's access to health care over time, as drug users generally have limited access to care while they experience a chronic illness. OST is an essential tool or means to obtain this time of care for the drug user.

16. OST is safe.

On risk of Morbidity:

- Side effects minimal
- Constipation, sweating
- Dose dependent

On risk of Mortality:

- Overall deaths overdose are reduced by 80% with methadone[15] [16]

[15] Caplehorn JR, Dalton MS, Haldar F, Petrenas AM, Nisbet, JG. Methadone maintenance and addicts' risk of fatal heroin overdose. Substance Use and Misuse 1996;31:177-96.

[16] Ward J, Mattick R, Hall W. (1998) **Methadone Maintenance Treatment and other Opioid Replacement Therapies.** Amsterdam, the Netherlands. Harwood Academic Publishers.

- No deaths occur from buprenorphine alone

On risk of diversion of medical substance:

- Containable
- Depends on policy and delivery system

17. OST is the key tool for stabilization. Stabilization means that a drug user is able to control his/her psychoactive products consumption. It means consumption is no longer a danger (health and social level) for the addict.

18. OST is approved.

OST was endorsed by WHO, UNAIDS, UNODC in 2005.
OST was added to WHO Essential Drugs List 2005.
Harm Reduction, including OST, is supported by:

- WHO, UNODC, UNAIDS, UNICEF, World Bank
- All 25 EC countries

19. Which medication should be considered for OST in Afghanistan?

The following table presents advantages and disadvantages of methadone, buprenorphine and tincture of opium for the management of opium and heroin users and injectors.

+++ = very desirable
++ = somewhat desirable
+ = slightly desirable
0/? = unknown

Characteristic	Methadone	Buprenorphine	Tincture of opium
International experience	+++	++	0/+
Research evaluation	+++	++	0/+
Price	++	+	+++
Training required	+	++	+++
Safety in pregnancy, breast feeding	+++	++	+
Effectiveness as drug treatment, HIV prevention	+++	++/+++	+?
Ease, speed administration	+++	+	+++
Providing drug substitution treatment in prisons	+++	+	?
Stigma	+	+++	+++
Easier to withdraw from	+	++	+++
More flexible (e.g. not every day)	+	+++	+
Safer	+	+++	++
Possible combination with naloxone	0/+	+++	0
Useful for detoxification	+	+++	++
An existing buprenorphine 'grey' market	+	+++	+
Providing substitution treatment in	++	++	+++

resource poor settings			
Increasing choice for patients and clinicians	+++	+++	+++
Use of methadone followed by buprenorphine in individual patients	+++	+++	0
Use of methadone followed by buprenorphine or other way round in communities	+++	+++	0
Combination with Anti Retro Viral Treatment	+++	+++	?
Risks of injecting methadone, buprenorphine or tincture	+	+	+++
Speed of implementation	+	++	+++

20. Considerations on methadone and buprenorphine for treatment:

- There is considerable international experience and research support on methadone and buprenorphine.
- Both have been used in resource poor settings.
- Buprenorphine is safer as a non-lethal medication, so requires less need for training, supervision.
- Both have been implemented rapidly.
- Tincture of opium has no international recognition as a drug treatment or WHO essential drug, but research and implementation studies are in progress.
- Buprenorphine may be more expensive, and tincture of opium is least expensive.
- There are advantages and disadvantages starting all 3 together.

21. Considerations on tincture of opium for treatment, especially of non-injecting drug users

Afghanistan has a large population of opium smokers and eaters, estimated to be almost 30 times the size of the heroin injecting population. While many may be relatively stable and functional, a proportion are likely to be less stable and functional at any time. Non-injecting drug users, that is opium smokers and eaters, are at risk of commencing heroin injecting and thereby becoming infected with HIV. Initial studies have commenced in Iran.[17] This study showed that the intervention was feasible and reasonable retention rates were achievable and the intervention could be provided for about $US 2.00 per person per day with the potential to reduce costs to about $US 1.00 per person per day.

22. Afghan Questions-Afghan Solutions (see recommendations below)

1. What diversion do we expect? What do we do about diversion? (personal, criminal, market)
2. How will we face the issue of sustainability? (donor, national, private sector)
3. How do we scale up? From what level, by when, what steps?

[17] Razzaghi, Emran. Substitution treatment with tincture of opium: preliminary results of an open label clinical trial in Iran. Abstract #433. 18th International Conference on the Reduction of Drug Related Harm. Wednesday 16 May 2007. Warsaw

4. How do we deliver OST? In communities, in clinics, in prisons, in treatment centers?
5. How do we control delivery? At what levels? Who should control?
6. Do we involve the private sector? How?
7. What are the next steps from today? What ethical concerns should we address? How?
8. Who will evaluate our implementation? When?
9. Which medicines shall we use?
10. What is the profile of the OST user? Numbers? Types?
11. What is the role of MOPH, NGOs, private sector, drug users?
12. What are legal issues and steps we must take?
13. Where do we implement OST? Locations? Venues?
14. What weaknesses in Afghan treatment delivery do we have to overcome? How
15. What are our training requirements? How do we meet them?
16. What about guidelines? Preparation, using, supervision?
17. How will we make local user assessments of drug use?
18. Where is the implementation plan? Who makes it? Who follows it?
19. If top leadership is committed, how do engage middle managers? Which middle managers?
20. How do we maintain quality assurance?
21. What strengths do we have Afghans have for this treatment?
22. Who threatens implementation of OST? What do we do about this?
23. How do we work with government multisector? Which sectors? How?
24. What about OST in prisons?

23. Views of Afghan Drug Users

More than half of DUs interviewed by MDM have heard about OST (especially methadone) due to refugees' journeys to Iran. But none had any explanation on what exactly is OST, nor have they seen what it looks like.

- «*I just know the name of this treatment which is methadone. I never used it but I have heard that it is a good treatment for DUs*».
- «*When this treatment is used there is no more any necessity to use drugs*».
- «*As I have seen that detoxification does not succeed, this OST could gradually and finally help lead me to give up drugs*».

The risk is that DUs have some false representations of what is OST and what are the benefits for them. This could lead them to invest too many expectations in OST and therefore question the therapeutic process.

- «*This is like a super power that will solve all my problems*».

«"Herbal tablets were sold in Iran on bazaar and those tablets were used on daily basis. Those tablets were sold under the name of heroine substitute"

- «*Herbal tablets were sold in Iran on bazaar and those tablets were used on daily basis. Those tablets were sold under the name of heroine substitute*"

The views of Afghan Drug Users underline the importance of better education for DUs on OST and harm reduction.

IRC (International Rescue Committee) study representatives conducted interviews with drug users about OST or methadone therapy. Their findings are that: some drug users don't have information about OST. They even haven't heard the name of substitution treatment or OST. Some of them said that they need treatment, employment and social services.

Some of them who have information and experience about methadone substitution therapy from Iran are quoted as follows:

"I started methadone therapy in Tehran two years ago, the methadone for me it was effective. I worked there without any problem. I think in Afghanistan it is impossible to be treated by methadone to have healthy life."

"It is good but it should be started along with a shelter because we don't have food clothing and daily needs "

"It is ineffective and also effective. It is ineffective because you should use it for a long time and it is effective because you stop injecting drugs. The other good point is that we will no more collect the garbage from street and we will be clean."

"When someone starts methadone, there is no need for syringe and the police allow the treatment. Please do it soon, as we are really in trouble."

"Yes it is good we need it because as I have used it. I haven't felt pain. It is a very easy method. I was treated in Iran for nine months and then deported to Afghanistan and relapsed."

"Yes I used methadone. The doctors said to us in Iran that methadone prevents HIV and jaundice among drug users. When we used it, we didn't get high effects as we experienced from heroin."

4. **Conclusions**

1. Harm reduction (HR) services are an inclusive, comprehensive package, which includes: (i) providing social support, (ii) explicit peer-based education for both injecting drug users (IDUs) and non-injecting drug users at risk of moving to injecting drug use about the risks of HIV and HCV; (iii) drug treatment including opioid substitution therapy (OST), (iv) needle and syringe programmes (NSPs), (v) medical care and (vi) human and social development of injecting drug users.

2. Afghanistan is in urgent need of comprehensive HR services provided on sufficient scale to control the spread of HIV among and from IDUs.

3. OST in HR has a key role in a comprehensive programme for drug prevention and treatment in Afghanistan, but needs to be provided in a socially and culturally appropriate way.

4. OST is an important link in controlling HIV and HCV among IDUs, and also has other benefits for IDUs and non-injecting drug users at risk of moving to injecting drug use, such as reduced withdrawal and euphoria.

5. OST is a necessary and critical link between street based NSPs and other important HR interventions, such as residential treatment programmes and antiretroviral therapy (ART).

6. OST is a necessary and critical therapeutic tool to ensure adherence in ART for HIV positive drug users.

7. Based on one study in Kabul, HIV prevalence among IDUs is currently low (3%) but may increase very quickly as international evidence suggests that prevalence above 5% can rapidly rise to 20% to 25% levels. In addition, this potential increase is reflected by the higher prevalence of HCV (36%) and reported rate of ever sharing syringes (50%).

8. HR is not well understood in Afghanistan and we should advocate and promote knowledge of HR with authorities, care providers, and communities and drug users.

9. HR requires a clear mechanism for control and regulation, including supply, of OST medications.

10. HR has the political commitment of the Islamic Republic of Afghanistan, and its legal status is defined under the Counter Narcotics Law of 2005.

11. There is evidence of poor relations among relevant ministries and sectors and organizations involved in coordinating and implementing HR services.

12. There is a lack of sufficient information on drug use and drug users, with no effective mechanism to ensure rapid dissemination of new data.

13. Drug users in prison settings in Afghanistan are exposed to high risk behaviors that place them at greater risk of HIV and other blood borne infections and which subsequently then exposes the wives and children of these inmates living in the community to the risk of HIV, as well as other community members.

14. The current low levels of literacy are a limitation for reaching vulnerable groups and those most at risk.

15. Gender issues were not adequately highlighted in the conference.

16. Monitoring and evaluation is either absent or is a relatively weak part of implementation in current HR planning and programming.

5. Recommendations

1. The Ministry of Counter Narcotics (MOCN) in conjunction with other relevant ministries, for example, the Ministry of Public Health (MOPH), Ministry of Justice, Ministry of Interior, Ministry of Haj and Awqaf (Religious Affairs) and with NGOs should operationalize and coordinate HR policy and strategy for diverse institutions and situations in Afghanistan. The MOCN should endorse HR according to the costs and benefits of HR and national poverty and development strategies.

2. The MOPH in conjunction with other relevant ministries and with NGOs, should develop the implementation guidelines for OST in HR, especially as they relate to transmission of HIV and other blood borne viral infections and other risks not later than 2 months from the conference (5-6 Nov 2007).

3. The MOPH should implement HR through qualified agencies that meet minimum standards for implementing harm reduction services in Afghanistan.

4. OST in HR should be operationalized in the Afghan context within a period not to exceed one year from the conference, and, then based on results, expanded.

5. OST should also be made available for noninjecting drug users, particularly those who use large quantities, who are experiencing considerable problems, and are seeking help. The regional experience from Iran, where tincture of opium is a relevant therapeutic solution for non-injecting drug users, should be considered.

6. Responsible ministries should advocate for HR as compassionate treatment with community leaders and service groups, such as police and prison officers.

7. The HR working group under MOCN should support and update policy, strategy, and implementation of HR, including OST, jointly with the MOPH.

8. The evidence base for HR programming and services should continue to be increased through monitoring, OST programme evaluation, action research, data sharing, and dissemination, with attention to community based qualitative research on HR for HIV prevention and similar areas.

9. Communication and relations among ministries, sectors and organizations involved in harm reduction need to be increased and maintained at a very high level to achieve the objective of HIV control.

10. There should be resources for comprehensive national training and research in HR for Afghan capacity building, long term monitoring, and information gathering to maintain standards according to international best practices, including exposure visits to ongoing OST programmes in Iran and India.

11. Planning for implementation of comprehensive HR, including OST, should be prioritized for the greatest impact on HIV and other blood borne viral infections.

12. A national committee comprised of representatives from all relevant stakeholders should prepare medical practice guidelines for OST and HR describing ART, OST, abscess management, and other practice issues, such as quality assurance, client preferences, and monitoring indicators. These guidelines should reflect evidence-based practice and setting-specific implementation conditions.

13. Drug users should be affirmed and supported to have the same rights and responsibilities as all citizens, including health care, through conscious efforts to help them have and speak their voice in decisions about HR policy, strategy, guidelines, and services.

14. Intensify capacity building of government officers and providers, NGOs and other community based organizations to meet rising demand for OST in HR services.

15. Increase coordination and implementation of HR with greater fairness and respect to gender and women drug users.

Annexes

1. List of participants
2. Conference Schedule

	05-Nov-07	**OST Conference Participants, 5-6 Nov, Safi Landmark Hotel, Diamond Room**				
S/N	**Organization**	**Department**	**Name**	**Position**	**Telephone**	**E.mail**
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Conference Schedule

Day 1, 5 November 2007
Diamond Room, Safi Landmark, Kabul

Time Start	Time End	Topic	Presenter	
9:00	10:00	Registration		
10:00	10:05	Opening Prayer		
10:00	10:30	Introduction	MOPH-Deputy Minister Nadera Hyatt French Embassy, Denis Sainte-Marie	
Time Start	**Time End**	**Topic**	**Moderator**	**Panel**
10:30	11:30	***Key Issue 1.*** Harm Reduction and Forms of OST for protecting heroin injectors against HIV in the community (including dose, duration of treatment, evidence and knowledge about treatment, cost, and coverage)	MOPH-Daim Kakar	NGO (GTZ)-Harald Waesch UNODC-Jehanzeb Khan MOCN-Wiar
10:30	19:45	Presentation (15 min)		Alex Wodak
11:30	11:45	Coffee		
11:45	12:45	***Key Issue 1.*** (following)		MOPH DDR-A. Wardak NGO (AFGA)-Feriba Hoshem UNODC-Naim MOCN-Wiar
11:45	12:00	Presentation (15 min)		UNAIDS – Abdalla Toufik
12:45	14:00	Lunch		
14:00	14:30	Panel: Methadone	UNODC-M. Beg	Uzbekistan-Oleg Mustafin
14:30	15:00	Panel: Buprenorphine	UNODC-M. Beg	India-Luke Samson Uzbekistan-Oleg Mustafin
15:00	15:30	Iran: Tincture of opium	UNODC-M. Beg	Iran- Alex Wodak (on behalf on Azaraksh Mokri)
15:30	16:00	Heroin: Diamorphine	UNODC-M. Beg	GTZ-H. Waesch

Day 2, 6 November 2007
Diamond Room, Safi Landmark, Kabul

Time Start	Time End	Topic	Moderator	Panel
900	915	Introduction	MOPH-Saifurrehman	Zafar Khan, MOCN
0915	1015	***Key Issue 2.*** Community Users on NSP and OST and Related Services	GTZ-Shairshah Bayan	OTCD-Nasimullah Barwar MDM-M. Ali, KOR-Farid Bazger, SHRO-Athhar WADAN-Sardar, IRC-M. Raza
0915	0930	Presentation: MdM HR program in Kabul		MDM-Olivier Maguet
10:15	10:30	Coffee		
10:30	11:30	Afghan Questions-Afghan Solutions	Small groups	
11:30	12:45	Presentation and Discussion-	Joe Rittmann	Groups representants
12:45	14:00	Lunch		
14:00	14:45	The Problem of Drug Use in Prisons	Gen. Abdul Salam Esmat, General Director Prisons, Ministry of Justice	
14:45	15:00	Coffee		
15:00	16:00	Conclusions and Recommendations	Alex Wodak	All

Conference folder

1. National HIV Code of Service Ethics, 2007
2. Opioid Substitution Therapy: What is the state of the art? Alex Wodak
3. Comparison: Methadone, buprenorphine or tincture of opium? Alex Wodak
4. Evaluation of Pilot Opioid Substitution Therapy in the Republic of Uzbekistan, WHO 2007.
5. Harm Reduction Strategy for IDU (Injecting Drug Use) and HIV/AIDS Prevention in Afghanistan, MOPH and MOCN, 2005

The **Conference Draft Committee**

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