

Survey among problem drug users in Uzbekistan

sub-study of the Study on drug use in Uzbekistan

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1 Introduction

Problem drug use can be defined as "recurrent drug use that is causing actual harms (negative consequences) to the person (including dependence, but also other health, psychological or social problems) or is placing the person at a high probability/risk of suffering such harms". This is associated with the use of psychoactive substances by high-risk pattern (e.g. intensively) and/or by high-risk routes of administration [1].

Traditionally at the international level, problem drug use has been defined as "injecting drug use and/or long-term and regular use of opioids and/or amphetamine-type drugs and/or (crack) cocaine", referring to the use patterns and types of drugs associated with the most severe consequences at the individual level and the most harmful to society [2].

Škařupová [3] reviewed evidence on the relationship between the intensity of drug use and the level of harm from it. She concluded that the use of opioids, cocaine/crack or amphetamines with a frequency of at least once a week puts users at risk of harm to physical and mental health and that drug use of this intensity is associated with affected quality of life and social functioning. Thus, along with injecting drug use, weekly and more frequent use should be considered as a theoretical threshold for the most harmful forms of drug use [3].

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) operational definition of problem drug use confirms this conclusion and extended traditional definition to other substances, stating that problem drug use can be operationally defined as injecting and/or illicit drug use at least once a week, with the exception of problem use of cannabis, which is considered to be daily or almost daily [1].

UNODC, in the different drug use surveys that it has helped implement in middle- and low-income countries has defined problem drug use or high-risk drug use according to the national context. For instance for the drug use survey in Nigeria (2018), high risk drug users were defined as those who had used opioids, crack/cocaine or amphetamines in the past 12 months as well as used for at least 5 times in the past thirty days.

The population of problem drug users is by definition hidden population to large extent in modern societies. Thus, general population surveys as conventional methods of epidemiological and sociological research are not suitable for studying this phenomenon due to its very low frequency in the general population and due to its vulnerable and hidden nature. Therefore, special surveys among problem drug users are usually designed and performed.

In Uzbekistan recently, patterns of substance use are changing from traditional opioid use and heroin injecting towards more poly-drug use patterns with increasing use of psychoactive medicines (opioid analgesics, sedatives, anti-epileptics, and hypnotics), cannabis or new psychoactive substances. This trend is just partly reflected in official statistics. Detailed review of the data on drug use and its consequences in Uzbekistan can be found in another report prepared by author within this contract.

2 Objectives

- (1) to describe recent patterns of use of illicit psychoactive substances, risk behaviour, comorbidity, social correlates of drug use among problem/high risk drug users;
- (2) to explore health seeking behaviour and barriers of seeking help – i.e. utilization of drug treatment and low threshold services and barriers towards their use;
- (3) to collect input data for size estimation of problem drug users;
- (4) to explore possibility of establishment of repeated monitoring system in problem drug users.

3 Design

Cross-sectional questionnaire survey.

4 Target population

4.1 Inclusion criteria

Inclusion criteria are based on recent definition of “high-risk drug use” [1] – see above.

A person who in the last 12 months meets at least one of the following inclusion criteria will be recruited to the study:

- (1) he/she injected illicit drug at least once;
- (2) there was a period of 30 days when he/she with frequency at least once a week used:
 - opiates such as heroin, opium, poppy solution (kuknar);
 - pharmaceutical opioids (morphine, codeine, nalbuphine, tramadol) opioid preparations such as desomorphine (krokodil) made from codeine for non-medical purposes;
 - new psychoactive substances such as synthetic cannabinoids (spice), cathinones (speed-skorost);
 - other controlled substances (such as benzodiazepines, barbiturates, Z-drugs, pregabalin, tropicamide) outside therapeutic context to achieve euphoria or to achieve relieve of withdrawal symptoms.
- (3) there was a period of 30 days when he/she used cannabis daily or almost daily

4.2 Exclusion criteria

A person who meets **at least one of the following exclusion criteria** will be excluded from the participation in the study:

- (1) age under 18;
- (2) not living in Uzbekistan in the last 12 months;
- (3) has participated in this survey before (it is assumed survey will run for period of 2 months);
- (4) unable to understand questions;
- (5) not giving a consent to participate.

5 Ethical aspects

Ethical standards of anonymity, confidentiality and data protection should be assured. Participation should be voluntary without any consequence of eventual refusal. Verbal consent of the participants will be required. A national ethical board will review and endorse the entire survey protocol.

6 Sample

6.1 Sampling frame

- Problem/high risk drug users in the community;
- The whole Uzbekistan – all 14 regions.

6.2 Sampling design

Since sampling frame as the list of drug users is not available, any traditional method for random sampling is not applicable.

Respondent-driven sampling (RDS) will be used [4]. RDS uses dual incentive system, providing an incentive for both participation in the study and for each successfully recruited member of target population; it uses coupons to track links between respondents.

Chain-referral method starts with initial respondents (“seeds”) who provide referral to other waves of respondents. RDS is assumed to provide unbiased estimates since it can identify the state of the sample (equilibrium) since when the sample is independent from initial seeds. RDS also thanks to statistical correction allows (semi)representative data to be obtained using a primarily qualitative sampling method based on snowball sampling.

6.3 Selection of seeds

There will be 6 “seeds” per location that need to ensure that there is sufficient recruitment of respondents across the geographical setting, by gender and the type of substances that have been listed under the inclusion criteria. They will get an anonymous code (they also receive the original seed numbered coupon to confirm it), they will provide data in interview, at the end of which they will be assigned three coupons with an anonymous code and instructed to pass them to friends who qualify for the study. The coupon will include information about the survey and the telephone number to the study coordinator.

The second wave respondent will be also given three coupons to be distributed among their friends in the third wave and in this way a “snowball” is going on until the equilibrium is reached or until the final sample size is reached. Respondents will be motivated to participate in the study using the incentive package (see below).

Coding of respondents – see in Annex.

Distribution of coupons can be monitored by specialized software (RDSAT), which also allow statistical adjustment of the data based on the social networks, that cooperates with standard statistical SW packages such as Stata or SPSS.

RDS itself can stop when social network are not well established in the given location or there is a high stigma towards target group. Simple snowball sampling as recruitment strategy could be then an alternative option.

Seeds should represent the various subgroups and characteristics of problem drug users (gender, injecting/non-injecting, illicit drugs/pharmaceuticals). Seeds will be selected by the research agency performing fieldwork during mapping in each study site.

Indicative criteria for selection of seeds per location:

- at least 2 should be females, at least 3 should be males;
- at least 2 should be younger than 35 years, at least 2 should be 35 and older;
- at least 2 should inject the drug;
- at least 3 should have opiates/opioids as the primary drug;
- at least 2 should not be in formal contact with treatment (narcological) or harm reduction service.

In each location before starting the data collection, essential information on seeds should be collected in order to check selection criteria for seeds. Following table will be used and completed in each location:

Seed No.	Gender	Age	Primary drug(s)*	Number of days of opiate/ opioid use in the last 30 days (Y/N)	Number of days of use of pharmaceutical drugs outside therapeutic context in the last 30 days [SPECIFY THE SUBSTANCE] (Y/N)	Number of days of use of other controlled substances in the last 30 days [SPECIFY THE SUBSTANCE] (Y/N)	Drug injecting in the last 30 days (Y/N)	In contact with narcology service in the last 12 months (Y/N)	In contact with harm reduction – trust points in the last 12 months (Y/N)
1									
2									
3									
4									
5									
6									

Note: * Primary drug is the substance which is used the most frequently (don't include tobacco) and /or is associated with the most harms and problems for the user and/or user him/her-self consider it the primary/main drug.

6.4 Sample size

It is difficult to determine the final sample size using RDS since RDS sampling should be stopped when equilibrium is reached.

Indicative sampling size should be 300 per region so that a total national sample of 4500 respondents is achieved.

6.5 Study sites

Respondents will be recruited in all 14 Uzbek regions. Minimum two sites per region will be included, so that there will be 28 sites in total. Minimum of two sites will be open in Tashkent. In other regions, one site will be open in the administrative centre of the region, and another site will be open in another city, which should represent rather smaller and semi-urban or rural type of settlement. Selection of the 2nd site will be based on the initial mapping of the situation in the region. As an indicative number, 200 and more respondents will be sampled in the administrative centre, up to 100 respondents will be selected in the smaller city.

Regions	Site 1 – administrative centre	Site 2	Number of sites
Republic of Karakalpakstan	Nukus	to be decided	2
Andijan region	Andijan	to be decided	2
Bukhara region	Bukhara	to be decided	2
Jizzakh region	Jizzak	to be decided	2
Kashkadarya region	Karshi	to be decided	2
Navoi region	Navoi	to be decided	2
Namangan region	Namangan	to be decided	2
Samarkand region	Samarkand	to be decided	2
Surkhandarya region	Termez	to be decided	2
Syrdarya region	Gulistan	to be decided	2
Tashkent region	Angren	to be decided	2
Ferghana region	Ferghana	to be decided	2
Khorezm region	Urgench	to be decided	2
Tashkent	Tashkent	Tashkent	2
Total			28

Before data collection and fieldwork starts, research agency will map the situation in each region and prepare a profile report of each region and geographical locations where fieldwork data collection will be performed summarising the drug situation in given locations, the potential to recruit the respondents meeting the criteria, community gatekeepers and other stakeholders that can facilitate the recruitment of initial seeds.

The report should compile all available information from all potential sources of information including official/administrative data from narcology service, HIV service, police etc. NGOs working in the drug prevention, harm reduction and social (re)integration should also contribute. It should stem both from interviews with stakeholders and administrative data. Following structure of the “Site profile report” is proposed:

- 1) General information about the region and the city (socio-demo-economic description);
- 2) Description of drug situation (from administrative data as well as from qualitative data):
 - a. level and patterns of use (substances used, drug injecting versus other routes of administration) including characteristics of drug users (gender, age, ethnicity, socio-demographic characteristics);
 - b. long-term and recent trends in drug use level and patterns;
 - c. hot spots – places within the geographical location where problem drug users are to be located;
- 3) Description of services for drug users available in the region / city:
 - a. addiction (narcology) treatment;
 - b. harm reduction services (trust points);
 - c. social (re)integration services;
 - d. other services;
- 4) Description of data and its quality that can be used as the benchmark data to be used for size estimation of high-risk drug users;
- 5) Drug market in the city, availability of drugs;
 - a. description of drug market, local distribution, prices and if possible, purity of drugs;
 - b. drug related crime data;
 - c. drug seizures.

The selection of sites and the profiles of the sites based on the profile reports will be presented to National coordination group and the findings will be discussed with regard to their relevance to the design, sampling and data collection procedures to be implemented in the study. Adjustment will be considered if necessary.

7 Formative research

The formative research prior the survey will be undertaken by the research organization including finalization of the questionnaire; translation into local language(s), cognitive testing of the questionnaire (see below); mapping (Site profile report); a small pilot to ensure that the methodology works.

8 Data collection

8.1 Organization of data collection

For the fieldwork of data collection, external agency will be hired following tender procedures. In this case, the cooperation with the National Coordination Group should be specified in the terms of reference for the contract with data collection agency.

Each national stakeholder (narcological service, HIV/AIDS service, NGOs) should nominate representatives to the National Coordination Group (NCG) – see the Terms of Reference of the National Coordination Group in Annex. NCG will play a role in commenting and preparing the design of the study – sampling design, data collection procedures and tools. NCG will not interfere in any way with the data collection (interviewing of respondents).

8.2 Incentive package for respondents

After consultation with representatives of target groups within focus groups, following incentive package was proposed:¹

- Sugar - 1 kg;
- Instant coffee 100 g - 1 package;
- Black tea 100 g - 1 package;
- Cotton oil of 1000 ml - 1 bottle;
- Rice - 2 kg;
- Condensed milk of 500 ml - 1 package;
- Canned beef, 500 g - 1 package.

Incentive package will be centrally procured by the UNODC ROCA and handed over to the survey implementing partner for distribution among the survey respondents.

8.3 Method of data collection

Pen-and-paper personal interview (PAPI) or computer/tablet-assisted personal interview (CAPI/TAPI). So a network of (trained, skilled) interviewers is needed to cover the whole country. In order to achieve sustainability and continuity of data collection 3-5 interviewers per sampling location might be needed ensuring that 1-2 interviewers are females.

All interviewers have to be properly trained prior to the research.

9 Research instrument – overview and process of preparation

The questionnaire covers following domains:

- Eligibility check;
- Contact details and referral to the survey;
- Socio-demographic information;
- Drug use and consumer's behaviour;
- Risk behaviour (injecting and sexual risk behaviours);
- Criminality and contact with criminal justice system;
- Utilisation of services;
- Somatic and mental health;
- Barriers to treatment;
- Questions for multipliers to be used for prevalence estimation.

¹ On 28/08/2019 and 29/08/2019, the NGO "INTILISH" performed 2 focus groups focused on incentive package for the study participants. The first focus of the group involved 8 and 4 outreach workers and volunteers of Bukhara and Samarkand regions, resp. The second focus group involved 11, 16, 6 and 8 outreach workers of Khorezm, Namangan, Syrdarya and Surkhandarya regions, resp. Source: Tatiana Nikitina, Director of NGO "INTILISH," August 29, 2019

A draft questionnaire can be found in Annex, which needs to be tested through cognitive testing and pilot testing.

It has been inspired by the UNODC questionnaire used in problem drug use study conducted in low and medium income countries and if needed supplemented by the standard instruments such as Maudsley Addiction Profile [5], DRID module of EMCDDA [6], Treatment Demand Indicator core item list [7], Barriers of Treatment Inventory [8] or Questionnaire of the Bio-behavioural Surveillance Survey (Epidnadzor). Part of the questionnaire are standard screening scales such as Kessler scale for psychological distress [9] and Severity of Dependence Scale [10].

Before implementation of a survey, the key questions of the questionnaire (core part) should undergo cognitive testing and pilot testing. Cognitive testing is used to elicit an open free flowing description of how the respondents thought process resulted in the answer that was given. This gives great insight in how difficult it is to understand the question, to retrieve the information that is being looked at, and to answer in the most correct and honest way possible. Also, the respondent may simply not understand what is meant in a certain question, and in that case, ask the respondent on how to improve the wording of the questions and the response categories. Cognitive testing also helps determine the interpretation patterns of the key questions by different respondents.

Following issues should be reviewed during the cognitive testing: general impression about the questions, clarity of wording, understanding and interpretation of the questions and terms used (including translated items), appropriateness and clarity of response categories, ordering of the questions in the questionnaire, sensitivity of questions. Pre-testing should also assess whether the content accurately reflects local conditions, and to assess the appropriateness of layout and format of the questionnaire.

Alternative wording and format can be proposed and discussed. It is important that focus groups are held in native language(s), so minimum criteria is Russian and Uzbek. It is important that cognitive testing is performed by an experience qualified interviewer/moderator.

Cognitive testing and pre-testing will be organised by selected research agency. Following the cognitive testing and pilot testing, the questionnaire will be finalized.

10 Data entry, analysis and reporting

The agency implementing the fieldwork will entry the data to database in SPSS format with variable labels and value labels in Russian/English. Since the information collected will be anonymous with no names or other personal data of the respondents, each record will be identified only by codes of respondents and their coupons. Once the microdata from questionnaires are entered, they will be checked for accuracy, cleaned and they will be sent to the UNODC office in Tashkent.

The agency with supervision of the National Coordination Group will prepare the draft analytical report analysing the responses from the questionnaires by gender, age and regions. The draft report is expected to contain a summary overview, key findings, introduction, background, survey methodology, results, discussion, and commentary on the way forward to address the drug situation in the country.

11 Estimation of problem drug use prevalence

Part of the data will be used by UNODC office in Tashkent for prevalence estimation of problem drug use in Uzbekistan using indirect **multiplier method**.

Multiplier method uses a *benchmark*, which is a number of individuals (with defined characteristics in line with definition of problem drug use) in contact with the system from administrative data (e.g. treatment register, register of HIV testing, harm-reduction data, mortality register, police data etc.) and a *multiplier*, which is an estimate of proportion of the target population in contact / registered in

the benchmark. Individual data from benchmark are not needed but anonymous aggregated data [11, 12]. The estimation of *multiplier* is obtained by inquiring the study participant not only on his/her own experience with the *benchmark* (direct multiplier), but also on similar information about the drug users in his close social environment (indirect multiplier). The latter approach is also called *nomination technique* [13].² Both direct and indirect multipliers will be obtained from this survey and respective questions are included in the questionnaire at its end.

Series of estimates will be produced, so series of administrative data as benchmarks will be used and series of corresponding multipliers will be collected in the survey.

Potential data for benchmarks in Uzbekistan are (body responsible for the data):

- number of persons on narcological registration (narcology service);
- number of persons in narcological treatment in total (narcology service);
- number of persons in in-patient narcological treatment (narcology service);
- number of persons in in-patient narcological treatment for the first time in their life (narcology service);
- number of persons in anonymous narcological treatment (narcology service);
- number of persons in compulsory narcological treatment (narcology service);
- number of drug users in contact with trust points (HIV service);
- number of drug users tested for HIV (HIV service);
- number of drug users living with HIV (HIV service);
- number of persons committed administrative offences related to drug possession (drug possession without intention to sell which is proxy of drug use) (Ministry of interior);
- number of persons committed criminal offences related to drug possession (drug possession without intention to sell which is proxy of drug use) (Ministry of interior);
- number of persons in prison for criminal offences related to drug possession (drug possession without intention to sell which is proxy of drug use) (Ministry of interior).

National Coordination Group will be involved in mapping of possible benchmarks in Uzbekistan.

Based on the information on the availability and quality of the benchmark data, relevant/specific questions will be adapted or added to the questionnaire.

Before starting the survey as such, detailed information about possible benchmarks will be compiled and availability of the data should be discussed within National Coordination Group.

Information to be collected for each potential benchmark:

- 1) Name of the data source:
- 2) Institution responsible for the data:
- 3) Contact person to consult details:
- 4) Is the data source specific just for drug users (just drug users constitute the data source)? YES/NO
- 5) If answer to previous question is NO, can drug users be distinguished in the data? YES/NO
- 6) Availability of the data: Are data available for the estimation exercise? YES/NO
- 7) Regional disaggregation: Are data on drug users available by regions? YES/NO
- 8) Disaggregation by substances: Are data on drug users available by substances? YES/N. If YES, what are categories of substances in the data?
- 9) Disaggregation by pattern of use: Are data on injecting drug use available? YES/NO
- 10) Disaggregation by gender: Are data available separately for males and for females? YES/NO
- 11) Disaggregation by age: Are data available for different age groups? YES/NO. If YES, what are age groups categories?

² Study participants are asked to name or nominate drug-using acquaintances and to say whether these acquaintances have been in touch with drug treatment centres, health services or any other similar institution, within a stipulated time period. The proportion of treatment attendees nominated by the sample is then used as a multiplier as described above, in conjunction with the benchmark of known attendance figures at the drug treatment agencies, to give an estimate of the total number of drug users.

Then for each benchmark, following table with regional and substance disaggregation should be completed:

Number of persons reported for year 2019 [or the last available] in the register/source [name of the data source]

Regions	Disaggregation by drugs [if other categories are used, please change categories]							Total
	Heroin	Other illicit opiates (opium, koknar, etc.)	Pharmaceutical and other synthetic opioids	Other pharmaceutical drugs	Cannabis	NPS	Other drugs [specify]	
Republic of Karakalpakstan								
Andijan region								
Bukhara region								
Jizzakh region								
Kashkadarya region								
Navoi region								
Namangan region								
Samarkand region								
Surkhandarya region								
Syrdarya region								
Tashkent region								
Ferghana region								
Khorezm region								
Tashkent								
Total								

12 Time schedule

Steps/milestones	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021
Launch of call for tender for implementing agency	x				
Selection of implementing agency		x			
Formative research in each location		x			
Data collection on benchmarks for size estimation exercise		x			
Cognitive testing of questionnaire		x			
Finalisation of protocol of the survey		x			
Adopted draft protocol of the survey		x			
Interviews with problem drug users			x		
Data entry and cleaning of database				x	
Data analysis and draft report of the survey data				x	
Data analysis and draft report of prevalence estimation				x	
Endorsement of draft report by stakeholders					x
Finalization of the report and launch					x

13 Annexes

13.1 Terms of reference for the National Coordination Group

Introduction

The overall implementation of the Survey among problem drug users in Uzbekistan will be guided by the National Coordination Group consisted of national stakeholders with technical support of UNODC.

Objectives of the National Coordination Group

The National Coordination Group comprises senior representatives of the relevant national and international stakeholders and in this capacity provides the policy support and guidance to the UNODC and data collection implementing research agency/group for implementation of the survey, while assuring the national ownership as well as the unhindered implementation of the survey in the country.

Functions of the National Coordination Group

The National Coordination Group will provide the overall policy support and guidance for the implementation of drug use survey. Its functions will be:

1. Endorse the survey methodology, protocol and survey instruments, and the geographical coverage of the survey as well as the national implementation partners/organizations.
2. Coordinate with the relevant departments and ministries within the provinces for the smooth implementation of the survey and address major issues encountered.
3. Monitor the survey implementation and ensure its unhindered progress through political and administrative support at different levels.
4. Endorse the draft report of the survey, its publication and dissemination of the final report.
5. Participate in the final launch of the report and facilitate its use in policy and programme development in the country.

Composition of the National Coordination Group

The membership of National Coordination Group will comprise senior representatives from the relevant national and international stakeholders. It is planned that the National Coordination Group meets repeatedly prior the survey and subsequently at least every three months during its implementation to oversee the progress.

Hosted by: UNODC (YHP OOH).

13.2 Coding of respondents

Code of the respondent has the format “___-S_W-___”, where:

- ___ stands for the number of the site
- S stands for number of the seed
- W stands for number of waves
- ___ is a serial number of respondent.

Number of study sites (to be adjusted if the number of study sites changes):

Regions	Site 1: Administrative centre	No 1	Site 2	No
Republic of Karakalpakstan	Nukus	01A	to be decided	01B
Andijan region	Andijan	02A	to be decided	02B
Bukhara region	Bukhara	03A	to be decided	03B
Jizzakh region	Jizzak	04A	to be decided	04B

Kashkadarya region	Karshi	05A	to be decided	05B
Navoi region	Navoi	06A	to be decided	06B
Namangan region	Namangan	07A	to be decided	07B
Samarkand region	Samarkand	08A	to be decided	08B
Surkhandarya region	Termez	09A	to be decided	09B
Syrdarya region	Gulistan	10A	to be decided	10B
Tashkent region	Angren	11A	to be decided	11B
Ferghana region	Ferghana	12A	to be decided	12B
Khorezm region	Urgench	13A	to be decided	13B
Tashkent city	Tashkent 1	14A	Tashkent 2	14B

For example, the Seed No 1 from the site Tashkent 1 has the code 14A-S1W0-001.

Each respondent gets 3 coupons marked A-C. The Seed No 1 gets 3 coupons:

- 14A-S1W0-001-A
- 14A-S1W0-001-B
- 14A-S1W0-001-C

Respondent from the first wave coming with the coupon from Seed No 1 from the Tashkent 1 site, who gets serial No 10 has following code: 14A-S1W1-010 and gets 3 coupons:

- 14A-S1W1-010-A
- 14A-S1W1-010-B
- 14A-S1W1-010-C

13.3 Guidelines for cognitive testing

Interviewer should introduce the interview with following text read to the respondent:

“Thank you for your assistance with testing and improving some of our key questions for the upcoming Survey among problem drug users in Uzbekistan. We aim to design questions which will target very specific areas of substance use, health and health behaviours, and your work will allow us to make changes in case our questions are not performing as they should in the field.”

Then interviewer should go through each question of the questionnaire and record the information for the question and response options, as well as information about the respondent’s ability to answer the question as it is written.

The section “Why did you answer that way?” is meant to elicit an open free flowing description of how the respondents thought process resulted in the answer that was given. This gives great insight into how difficult it is to understand the question, to retrieve the information we are looking for, and to answer in the most correct and honest way possible. Sometimes the respondent may simply not understand what we mean in a certain question.

Also, because we ask about sensitive issues, some respondents may not feel comfortable answering the questions. If they reveal that it makes them uncomfortable, we should seek to understand why, and in particular, how the question can be re-phrased to be less threatening.

So at the end, with regard to understanding itself and also with regard to possible sensitivity of the question, we will ask “Can you think of a better way to ask this question?”. This will also help us determine the interpretation patterns of the key questions by different respondents.

So for each question, following battery will be collected:

1) Did the respondent....

- a. need to repeat any part of the question? ☐ Yes(1) ☐ No(2)
- b. have any difficulty using the response options? ☐ Yes(1) ☐ No(2)
- c. ask for clarification of question or response options? ☐ Yes(1) ☐ No(2)
- d. have any other issue with the question and response options? ☐ Yes(1) ☐ No(2)

If any of the questions from 1) to 4) are responded “Yes”, then clarify and explain:

2) Why did you answer that way?

Can you think of a better way to ask this question?

At the end of the interviews or focus group, interviewers performing cognitive testing will be expected to provide a short summary report where they describe the overall effectiveness of the questionnaire, any identified problems with the questions, and alternatives to the current wording, format, or response options.

13.4 Questionnaire

Questionnaire on substance use and health related issues

BEFORE STARTING THE INTERVIEW, PLEASE READ THE FOLLOWING TEXT ALOUD TO THE RESPONDENT:

“Thank you for agreeing to be interviewed for this research. The study is being conducted by the [REDACTED], in association with the Government of Uzbekistan and the United Nations Office on Drugs and Crime (UNODC) to gather information regarding current patterns and trends in drug use in the country. We are asking people such as you from different parts of the country to take part in interviews to help us build up a picture of the substance use situation. This information will play a vital role in helping to improve service provision and inform future treatment and prevention activities across the country.

This research will take the form of a structured interview. If there are any questions that you do not understand, please feel free to ask for clarification. If I ask you questions to which you do not know the answer or are not comfortable about answering, please say so – you are not obliged to answer anything that you do not wish to. Also, all the information you will provide will be confidential and remain anonymous.

The research has got an ethical clearance from [REDACTED]

Before we start, do you have any questions that you would like to ask me?”

YOUR AGREEMENT TO PARTICIPATE IN THIS INTERVIEW IS CONSIDERED A VERBAL INFORMED CONSENT, WHICH IS REQUIRED BEFORE I MAY START THE INTERVIEW. MAY I START THE INTERVIEW NOW?

☐ Yes, permission is given. Begin the interview with Eligibility check.

☐ No, permission is not given. Stop the interview.

Eligibility check

Inclusion criteria

☐ Did you inject illicit drug at least once in the last 12 months?

In the last 12 months, did you have a period of 30 days, when you used repeatedly (once a week or more often):

☐ opiates such as heroin, opium, poppy solution (kuknar)?

☐ pharmaceutical opioids (such as morphine, codeine, nalbuphine, tramadol) for non-medical purposes – without a medical need, without advice of a health care provider, with the express purpose to get high?

☐ the drug made from opioid medicines such as desomorphine (krokodil) made from codeine?

☐ new psychoactive substance such as synthetic cannabinoids (spice), cathinones (speed-skorost)?

☐ sedatives and/or hypnotics or other psychoactive pharmaceutical drugs (such as benzodiazepines, barbiturates, Z-drugs, pregabalin; tropicamide) for non-medical purposes – without a medical need, without advice of a health care provider, with the express purpose to get high?

☐ In the last 12 months, did you have a period of 30 days, when you used regularly (daily or almost daily) cannabis?

IF THERE IS ANSWER “YES” TO AT LEAST ONE QUESTION ABOVE, THEN CONTINUE.

IF THERE IS ANSWER “NO” TO ALL QUESTIONS ABOVE, THEN STOP THE INTERVIEW.

Exclusion criteria

- ☐ Are you aged 18 and older?
- ☐ Did you live in Uzbekistan for the most of the time in the last 12 months?
- ☐ Are you able to understand Russian or Uzbek?

IF THERE IS ANSWER "YES" TO ALL QUESTIONS ABOVE, THEN CONTINUE.

IF THERE IS AT LEAST ONE ANSWER "NO" TO AT LEAST ONE QUESTION ABOVE, THEN STOP THE INTERVIEW.

- ☐ Did you participate in this survey before (DO NOT CONFUSE WITH OTHER SURVEYS SUCH AS EPIDNADZOR)

IF THERE IS ANSWER "NO" TO THE QUESTION ABOVE, THEN CONTINUE.

IF THERE IS ANSWER "YES" TO THE QUESTION ABOVE, THEN STOP THE INTERVIEW.

Contact details and referral to the survey

See Annex of the Protocol for coding system.

Study site/city	---
Code number of interviewer	-----
Date of interview	__/__/__
Code of coupon	---S_W---
Code number of respondent	---S_W---

IF RESPONDENT CAME WITHOUT COUPON:

- Q 1. What was your source of referral to the survey?
1. peer/friend/colleague using drugs
 2. professional working in narcology centre
 3. professional working in trust point
 4. outreach worker
 5. other, please specify: ...

Socio-demographic information

Q 2. What is your date of birth/age:

- Q 3. What is your gender
1. male
 2. female
 3. transgender

Q 4. What is your country of birth:

1. Uzbekistan
2. other, please specify ...

Q 5. How long have you been living in Uzbekistan? ...years

- Q 6. What is your nationality?
1. Uzbek
 2. other, please specify: ...
- Q 7. In which city have you mostly lived during the last 12 months?
1. city of the study [name]
 2. another city ...
- Q 8. During the last 12 months, were you living with any of the following?
1. I didn't lived with anybody: Alone
 2. With partner(s)
 3. With partner (s) and children
 4. With my children only
 5. With parents
 6. With other relatives
 7. With other adults/friends
 8. Other, please specify
- Q 9. During the last 12 months, where did you live most of the time?
1. My own (or my spouse's or partner's) house or apartment
 2. In my parents' house or apartment
 3. In friends' house, flat or apartment
 4. In other relatives' house or apartment
 5. Hostel/hotel
 6. Squat
 7. At open scenes (street, park, car, etc)
 8. In a therapeutic institution
 9. In prison
 10. Other, please specify
- Q 10. What is the highest level of education you have successfully completed?
1. Never went to school/never completed primary school
 2. Primary level
 3. Low secondary level
 4. High secondary level
 5. Higher level
- Q 11. What is your labour status?
1. occasionally employed
 2. regularly employed
 3. student
 4. unemployed/discouraged
 5. receiving social benefits
 6. pensioner
 7. house-maker
 8. disabled
 9. other, please specify ...

Drug use and consumer's behaviour

Q 12. What is the substance or are substances you are currently using?

Substance	Application route 1. injection 2. smoking 3. per os 4. sniffing 5. other 99. unknown	Frequency of use (in the last 30 days) (number of days)	Age of first use (years)	Length of regular use (years)	Dose: average amount used per day of use during the last 30 days (grams/tablets, millilitres)	Price: average amount spent per day of use during last 30 days (currency)	Source of the drug 1. home-made 2. friend/colleague 3. dealer 4. producer 5. internet 6. pharmacy 7. other 99. unknown
Primary substance:							
Secondary substance – 1:							
Secondary substance – 2:							
Secondary substance – 3:							

Q 13. What is your experience with different substances listed below?

Substance	Ever used? 1. Yes 2. No-->next line	Age of first use (years)	Used in the last 12 months? 1. Yes 2. No-->next line	Used in the last 30 days?	Usual method of use? 1. injection 2. smoking 3. per os 4. sniffing 5. other 99. unknown	Amount used in the last 30 days (grams/tablets, millilitres)
Cannabis						
Heroin						
Opium (teryak, khanka)						
Poppy straw (kuknar)						
Solution from poppy seeds						
Desomorphine (krokodil)						
Codeine						
Tramadol						
Other opioid, please specify...						
Amphetamine/ methamphetamine (vint)						
Cocaine/crack kokaine						
Ecstasy						
Solvents/Inhalants (such as glue)						
Benzodiazepines [list]						
Barbiturates [list] such as амобарбитал – БАРБАМИЛ						
Z-hypnotics such as золпидем – САНВАЛ, ИВАДАЛ, СОМИТ, зопиклон – СОННАТ, СОМНОЛ, залеплон – СЕЛОФЕН.						
Pregabalin (ЛИРИКА, РЕГАПЕН, ПАГАМАКС, ГАЛАРА, ПРАБЕГИН)						
Carbamazepine						
Tropicamide (ТРОПИКАМИД, ЮНИТРОПИК, МИДАКС, МИДРИАЦИЛ)						
Other drugs (specify)... e.g., synthetic cannabinoids (SPICE)						

- Q 14. Have you ever injected or are you currently injecting any drug?
1. never injected
 2. ever injected, but not in the last 12 months
 3. injected in the last 12 months, but not in the last 30 days
 4. injected in the last 30 days
- Q 15. How old were you when you first injected a drug? This includes either self-injection or injection by another person. years old
- Q 16. If you have injected in the last 30 days, what is the frequency? [number of days in the last 30 days]
- Q 17. When you injected in the last 30 days, how many times did you inject on an average day? [number of injections]
- Q 18. Severity of dependence scale: For each of the five questions, please indicate the most appropriate response, as it applied to your drug use in the last months or if you are in treatment, one month prior to starting treatment.

GIVE RESPONSE CARD TO PARTICIPANT. WHEN READING OUT THE QUESTIONS BELOW, REPLACE “(DRUG)” WITH THE NAME OF THE PRINCIPAL DRUG FOR WHICH TREATMENT IS CURRENTLY BEING RECEIVED, E.G. HEROIN, OPIUM, ETC.

Question	Never/ almost never	Sometimes	Often	Always/ nearly always
1. Do you think your use of (drug) was out of control?	0	1	2	3
2. Did the prospect of missing a fix (or dose) make you anxious or worried?	0	1	2	3
3. Did you worry about your use of (drug)?	0	1	2	3
4. Did you wish you could stop?	0	1	2	3
	Not difficult	Quite difficult	Very difficult	Impossible
5. How difficult did you find it to stop or go without (drug)?	0	1	2	3

Risk behaviour

Q 19. Within the last 30 days did you ...

READ ALL OPTIONS AND MARK ANSWERS

Options	Yes	No	Unknown
use shared syringe	1	2	99
use shared paraphernalia such as spoon, cooker, filter/cotton, acid/lemon juice or rinse water	1	2	99
take the drug from shared dish	1	2	99
transport the drug from one syringe to the other	1	2	99
gave syringe to share	1	2	99
use common water for washing syringe and needle	1	2	99
add blood (your own or of other person) into the drug solution	1	2	99
use drug filled into the syringe by someone else (not by you)	1	2	99

Q 20. In the last drug injection did you...

READ ALL OPTIONS AND MARK ANSWERS

Options	Yes	No	Unknown
use shared syringe	1	2	99
use shared paraphernalia such as spoon, cooker, filter/cotton, acid/lemon juice or rinse water	1	2	99
take the drug from shared dish	1	2	99
transport the drug from one syringe to the other	1	2	99
gave syringe to share	1	2	99
use common water for washing syringe and needle	1	2	99
add blood (your own or of other person) into the drug solution	1	2	99
use drug filled into the syringe by someone else (not by you)	1	2	99

Q 21. With how many people have you shared needles/syringes or paraphernalia (such as spoon, cooker, filter/cotton, acid/lemon juice or rinse water) within last 12 months?....
number of people

Q 22. With how many people have you shared needles/syringes or paraphernalia (such as spoon, cooker, filter/cotton, acid/lemon juice or rinse water) within last 30 days?....
number of people

Q 23. How many sexual partners did you have within last 12 months? ... number of sexual partners

Q 24. How many sexual partners did you have within last 30 days?... number of sexual partners

Q 25. Did you use condoms in the last sexual contact with ...

READ ALL OPTIONS AND MARK ANSWERS

Options	Yes	No	I had no such partner	Unknown
Regular sexual partner	1	2	3	99
Irregular sexual partner	1	2	3	99
Commercial sexual partner	1	2	3	99

Criminality and contact with criminal justice system

Q 26. Have you ever been in prison? Y/N

Q 27. How many times have you served the prison sentence?

Q 28. If you have ever been imprisoned, did you ever...

READ ALL OPTIONS AND MARK ANSWERS

Options	Yes	No	Unknown
Had a sex in prison	1	2	99
Injected a drug in prison	1	2	99
Got a tattoo in prison	1	2	99

Q 29. Were you held administratively liable for possession of drugs without intention to sell in the last 12 months? Y/N

Q 30. Were you prosecuted for drug crime related to drug trafficking in the last 12 months? Y/N

Q 31. Were you taken by low-enforcement agencies to the forensic narcological examination in the last 12 months? Y/N

Utilisation of services

Treatment

Q 32. Have you ever received any treatment intended to modify, reduce or stop your drug use? Do not include attempted self-treatment without professional help. Y/N

Q 33. Are you in addiction treatment now? Y/N

Q 34. How many times were you admitted to drug treatment?... number of times

Q 35. When was the first time that you were admitted to drug treatment? Please tell me month and year. Month /__/_/ Year /__/_/_/_/

Q 36. When was the last time you were admitted to drug treatment? Please tell me month and year. Month /__/_/ Year /__/_/_/_/

Q 37. Have you been in narcology inpatient treatment in the last 12 months? Y/N

Q 38. Have you been in narcology outpatient treatment in the last 12 months? Y/N

Q 39. Have you been in narcology examination in the last 12 months? Y/N

Q 40. Have you ever been registered in narcology? Y/N

Q 41. Have you been registered in narcology in the last 12 months? Y/N

Q 42. Are you currently receiving any treatment intended to modify, reduce or stop your drug use? Y/N

Harm reduction and testing

- Q 43. Have you ever used the services of a needle and syringe programme? Y/N
- Q 44. Have you used the services of a needle and syringe programme in the last 12 months?
Y/N
- Q 45. Have you used the services of a needle and syringe programme in the last 30 days? Y/N
- Q 46. Did you undergo testing for HIVS within last 12 months? Y/N
- Q 47. If yes, where was it?
1. in narcology
 2. in AIDS centre
 3. in trust point
 4. in prison
 5. other, specify....
- Q 48. What was the result of the last HIV test?
1. positive
 2. negative
 3. I don't know
- Q 49. Did you undergo testing for HCV within last 12 months? Y/N
- Q 50. If yes, where was it?
1. in narcology
 2. in AIDS centre
 3. in trust point
 4. in prison
 5. other, specify....
- Q 51. What was the result of the last HCV test?
1. positive
 2. negative
 3. I don't know
- Q 52. What assistance or treatment do you need?
1. I need no any assistance or treatment
 2. Detoxification
 3. Rehabilitation
 4. Methadone programme
 5. Syringe exchange
 6. Social assistance
 7. Information materials
 8. Legal support
 9. Other _____

Somatic and mental health

Q 53. Have you ever been told by a doctor, nurse, other health professional or counsellor that you had? And if yes, for which one (s) have you received medical treatment, i.e. any treatment or prescribed medicines by a doctor, nurse or other health professional?

READ TO THE PARTICIPANT: NOW I WILL ASK YOU A FEW QUESTIONS ABOUT THE HEALTH PROBLEMS THAT YOU HAVE HAD IN LIFE, BUT ONLY ABOUT THOSE THAT MADE YOU GO TO THE DOCTOR OR HEALTH SERVICES.

Condition	Has been diagnosed			Has been treated		
	No	Yes	Unknown	No	Yes	Unknown
HIV	0	1	99	0	1	99
Hepatitis B	0	1	99	0	1	99
Hepatitis C	0	1	99	0	1	99
Tuberculosis	0	1	99	0	1	99
Endocarditis (heart infections)	0	1	99	0	1	99
Pneumonia	0	1	99	0	1	99
Cirrhosis of the liver	0	1	99	0	1	99
Syphilis	0	1	99	0	1	99
Gonorrhoea	0	1	99	0	1	99
Genital warts	0	1	99	0	1	99
Genital herpes	0	1	99	0	1	99
Chlamydia	0	1	99	0	1	99
Cancer	0	1	99	0	1	99
Abscesses at injection site	0	1	99	0	1	99
Abscesses elsewhere on the body	0	1	99	0	1	99
Other, specify:	0	1	99	0	1	99

Q 54. Have you ever had a drug overdose with the symptoms like great difficulty for breathing, unconsciousness, blue lips or blue skin? Y/N

Q 55. In the last 12 months have you had any of those overdoses? Y/N

Q 56. If yes, how many times did you overdose in the last 12 months ? ... number of overdoses

Q 57. Maudsley addiction profile: How often have you had the following physical health symptoms within the last 30 days?

Symptom	Always	Often	Sometimes	Rarely	Never	Unknown
Poor appetite	1	2	3	4	5	99
Tiredness/fatigue	1	2	3	4	5	99
Nausea (feeling sick)	1	2	3	4	5	99
Stomach pains	1	2	3	4	5	99
Difficulty breathing	1	2	3	4	5	99
Chest pains	1	2	3	4	5	99
Joint/bone pains	1	2	3	4	5	99
Muscle pains	1	2	3	4	5	99
Numbness/tingling	1	2	3	4	5	99
Tremors/shakes	1	2	3	4	5	99
Abscesses at injection site	1	2	3	4	5	99
Abscesses elsewhere on the body	1	2	3	4	5	99

Q 58. Kessler scale, 6 items: How often during the last 30 days did you feel?

How often during the last 30 days did you feel...	Never	Seldom	Sometimes	Mostly	Always	Unknown
nervous?	1	2	3	4	5	99
hopeless?	1	2	3	4	5	99
restless or fidgety?	1	2	3	4	5	99
so depressed that nothing could cheer you up?	1	2	3	4	5	99
that everything was an effort?	1	2	3	4	5	99
worthless?	1	2	3	4	5	99

Barriers to treatment

Q 59. Imagine you would like to start narcology treatment now. How far would you personally agree or disagree with following statements?

Statement	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree	Unknown/no answer
I don't feel I have a problem with my drug use.	1	2	3	4	5	99
I like my drug-using lifestyle.	1	2	3	4	5	99
My family and/or my closed people would be ashamed or angry when I start treatment.	1	2	3	4	5	99
I am afraid of treatment.	1	2	3	4	5	99
I have bad experience with previous treatment.	1	2	3	4	5	99
I don't know where to go to start treatment.	1	2	3	4	5	99
I am afraid to disclose my drug use to treatment professional.	1	2	3	4	5	99
It is difficult to go through the procedure to start the treatment.	1	2	3	4	5	99
I don't have a time to go to treatment; I have to take care of many other things.	1	2	3	4	5	99
I cannot afford treatment since I would be in financial troubles if I start treatment.	1	2	3	4	5	99
There is not a good treatment offer near the place I live.	1	2	3	4	5	99

Multiplier questions

- Q 60. Denominator question: What is the number of your close friends who were regular drug users in the last calendar year? Please, count only those you know by their names or nicknames! ...number
- Q 61. Numerator question: How many of them were injecting drug users? ...number
- Q 62. Numerator question: Do you know how many of those people were registered in narcological register in the last calendar year? ...number
- Q 63. Numerator question: Do you know how many of those people were treated in narcology in the last calendar year? ...number
- Q 64. Numerator question: Do you know how many of those people were treated in an in-patient narcological centre in the last calendar year? ... number
- Q 65. Numerator question: Do you know how many of those people were treated in an in-patient narcological centre for the first time in their life in the last calendar year? ...number
- Q 66. Numerator question: Do you know how many of those people were treated in an anonymous narcological treatment in the last calendar year? ...number
- Q 67. Numerator question: Do you know how many of those people were treated in a coercive narcological treatment in the last calendar year? ...number
- Q 68. Numerator question: Do you know how many of those people were in contact with trust points in the last calendar year? ...number
- Q 69. Numerator question: Do you know how many of those people were injecting drug users tested for HIV in the last calendar year? ...number
- Q 70. Numerator question: Do you know how many of those people were injecting drug users living with HIV? ...number
- Q 71. Numerator question: Do you know how many of those people were prosecuted for offense (administrative or criminal) related for possession of drugs without intention to sell in the last calendar year? ...number
- Q 72. Numerator question: Do you know how many of those people entered prison term for drug possession without intention to sell in the last calendar year? ...number

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