



SOUTH CAUCASUS ANTI DRUG PROGRAMME (Phase V)

THIS PROGRAMME IS FUNDED BY EUROPEAN UNION AND IMPLEMENTED BY UNDP



Country assessment mission report

Introduction

This report relates to the mission carried out in respect of Component 3.1 "Treatment and rehabilitation of drug addicts" and 3.2 "Treatment for drug addicts in prisons" of the EU funded and UNDP implemented South Caucasus Anti-Drug (SCAD) Program, phase V. The mission schedule and a full list of the persons and agencies taking part in the assessment mission is itemised at Annex I to this report.

The mission objective was to conduct an in-depth assessment of the country situation as regards to the drug treatment/rehabilitation, provide recommendations, and conduct a 2-day national training (see the list of participants attached as an Annex II).

General

The data on the prevalence of drug use in Armenia at the moment are scarce and inconsistent. In the course of the SCAD-V project a first study will be conducted in order to get a detailed overview of the prevalence of Hepatitis B, C among non-institutionalized intravenous drug users s HIV and Hepatitis B and C¹. According to the World Health Organization (WHO) EURO databases², the estimated number of injecting drug users (IDUs) aged 15-65 years in Armenia in 2006 estimates was between 7,000 and 11,000. Home made opioid drug mainly smuggled from Islamic Republic of Iran and called "chernyaska" or "sev" in national language is the main injecting drug of choice for IDUs. It is commonly accepted that the number of IDUs has been gradually increasing in Armenia in the last decade and that new types of narcotic drugs are appearing in the black market ("Subutex", "Methadone", etc). Some IDUs shift to injecting "Coaxil" (originally produced in tablets, a mild

¹ See component 1: "Drug information and epidemiology"

² WHO EURO and UNAIDS, WHO EURO Data Collection, Joint workshop of WHO EURO and UNAIDS (Geneva: 2006). Data in the WHO EURO databases are drawn mainly from national sources, and are generated by national surveillance, service providers, and NGOs, or by such international organizations as the UN Reference Group on Injecting Drug Users. Where no published or official data are available, preliminary estimates made by national experts during a workshop on estimating and modelling the HIV/AIDS epidemic in Europe are used.

antidepressant medicine which is not included in the lists of controlled drugs in Armenia) in hope of somehow smoothing withdrawal signs and not be under the criminal circumstances. First reported (by outreach staff) in Vanadzor³ in 2006, now the injecting of "Coaxil" becomes alerting in Yerevan (reported by patients and narcologists⁴ from Narcological Clinic).

Most IDUs in Armenia are "chaotic" users of various types of narcotic drugs and psychotropic substances, meaning that they inject whatever can be obtained at the moment.

Most IDUs are too reluctant to seek medical assistance even if there is an urgent need for hospital care.

There seem to be a wide variability in the drug using prevalence between the countries in the South-Caucasian region: the drug use prevalence in Armenia seems to be much less than in Georgia, where 24,000 people are registered in 2005 as IDUs, yet the estimated number is about 80,000.

The topic of drug use and addiction was somewhat "classified" during Soviet times. Even after 1991 Armenia's independence the exclusion of the topic of addiction continues to be happening practically until now. There are limited discussions about drug misuse, addiction and necessary prevention, treatment care and support approaches.

The main treatment approach for drug addicted people is seen in detoxification and is based on a bio-medical perception of addiction. Detoxification is more or less a stand alone treatment, ongoing services like psycho-social reintegration and rehabilitation services are missing.

NGOs are not entitled to provide treatment⁵. Some of them are involved through the outreach workers into the drug harm reduction initiatives by providing needles, VCT (Voluntary Counseling and Testing), distribution of condoms, informational materials. Some NGOs are quite active in researches and primary drug prevention activities and implement peer educational programmes, public awareness raising campaigns, behavioral and prevalence studies, etc.

The key barrier in accessing treatment of drug addiction is the criminalization of drug use, registration of drug addicts in the Narcological Clinic (NC) and subsequent stigmatization with possible severe disadvantages for the future life of the drug users. Via these processes IDUs are driven underground and are hard to be reached for prevention and treatment approaches. Despite their multifold health damages, most IDUs are too reluctant to seek medical assistance, even if there is an urgent need for hospital care.

During the mission dates in Armenia the message was received that the drug use has been decriminalized in Armenia and appropriate articles of the Criminal Code and

³ Third biggest city in Armenia

⁴ Narcologists means specialists in addiction medicine or general practitioner

⁵ According to the Chapter 6 ("Medical assistance to the drug addicts") of the Law of RA on "Narcotic Drugs and Psychotropic Substances" only licensed medical institutions have a right to provide treatment of drug addicts.

the Law on Administrative Offences have been amended. However, the administrative sanctions for first time offenders seem to be severely high and exceed the monthly income of many Armenians. First time offender has to pay from 100 to 200 thousands of AMD (about 330-660 USD), 2nd time offender during a year - from 200 to 400 thousands AMD (about 660-1320 USD).

Political leadership and coordination

There is no national drug strategy, drug action plan or M&E strategy adopted by the Armenian government. The Interdepartmental Committee on Combating Drug Addiction and Drug Trafficking⁶ though formally exists in Armenia and is headed by the Police of Armenia, since 2004 no single meeting of the Committee was called. Decisions in the field of drug service provision are happening ad hoc on a day to day basis for individual situations by relevant agencies.

Harm Reduction Services

Needle and Syringe Exchange (NSE) initiatives were launched in Armenia in 2003 aimed at reducing high-risk practices of sharing⁷.

NSE projects are available in Yerevan and other 3 sites outside of Yerevan (Gyumri, Vanadzor and Kapan) by different NGOs:

- Yerevan: "AIDS Prevention, Education and Care" NGO (APEC) runs a voluntary consulting and testing (VCT) site (contact to 500 IDUs in Yerevan)
- Gyumri: "Family Beneficiaries" NGO (contact to 65 IDUs)
- Kapan: Kapan Nursing College (contact to 50 IDUs)
- Vanadzor: "Armenian Red Cross Society" NGO (contact to 55 IDUs)

Except the last one which is funded by Open Society Institute Assistance Foundation - Armenia (OSI AFA), the remaining 3 projects are incorporated in "National Programme on HIV/AIDS Prevention in Armenia" and supported by GFATM⁸.

The above - mentioned harm reduction sites are mainly busy on the HIV prevention, counseling, NSE, condom distribution, VCTs on HIV. Many of the activities are based on outreach work (employing a former drug user).

According to the information provided by outreach workers, most IDUs are aware of the need to use clean needles/syringes. However, this does not apply for injecting paraphernalia. Most IDUs suffer from vein problems and local skin-ulcers. In fact, they have no elementary knowledge on safe injecting practices.

⁶ On December 21, 1993 the president of Armenia, following the international requirements of the Conventions, passed a new edict on "Reinforcement of Measures in Combat against Drug Abuse and Illicit Drug Trafficking". This resulted in the establishment of the Interdepartmental Committee on Combating Drug Addiction and Drug Trafficking, which was comprised of the first deputy ministers of the relevant ministries, agencies and departments. On February 14, 1994 the Government of Armenia adopted the regulations of the Interdepartmental Committee for fighting drug addiction and drug trafficking in Armenia.

⁷ NSE projects started in Armenia as a part of GFATM-funded National Programme on HIV/AIDS Prevention and as one of health projects of OSI Assistance Foundation-Armenia

⁸ Global Fund against AIDS, Tuberculosis and Malaria

NSE projects usually focus on HIV/AIDS prevention rather than drug use-related issues (for example, overdoses, vain care, hepatitis, etc.).

Many IDUs in and out of those projects, as well as the NSE project staff insist that such projects are not able to have a significant impact on overall risk behavior patterns of IDUs due to the following reasons:

- Needles/syringes are very cheap (up to 0.1 USD/1 set) and are highly available in Armenia. In contrast to a few EU-Member States and the US, in Armenia, anyone can purchase a syringe in any pharmacy/drug-store without any prescription. Thus, IDUs are not in extreme need of clean syringes/needles;
- NSE projects do not accommodate key needs that IDUs as beneficiaries of such projects could experience. Apart from issues directly related to the drug-taking patterns and specific lifestyle, IDUs are mostly concerned about the police and arrests because they neither have jobs nor stable sources of income;
- In fact, syringe/needle distribution rather than exchange projects are implemented in Armenia.

NSE projects in Marzes (regions) of Armenia are alike those in Yerevan. They provide a standard set of services to IDUs – distribution of clean syringes/needles (with no exchange and collection of used ones), distribution of condoms, educational materials (booklets and leaflets), VCT, etc.

In Gyumri and Vanadzor projects' staff involve narcologists in the position of VCT counselors with the hope that IDUs will be interested to come to counseling sites. Anyway, NSE projects suffer from VCT sites' low activity.

In the regions, most IDUs are reluctant to receive services that NSE projects offer. The reason is the same as stated before – a fear to be identified, arrested and jailed. Also, most IDUs do not need services a project could deliver. In general, project staff believes that needles and syringes are not in the top-priority of needs hierarchy of IDUs. Often it seems that IDUs “support” projects to run without any problems and make favor to outreach workers. Moreover, even harm reduction staff accepts that services they provide significantly differ from the “everyday” needs their beneficiaries are experiencing.

In Vanadzor, thanks to OSI AFA, a separate legal assistance project is running for IDUs by Helsinki Civil Assembly Vanadzor Office. Anyway, the activity from service receivers' part is very insufficient (only several cases when an IDU applied for a legal issue), even if the project staff has tried hard to disseminate information about the existence of such a free-of-charge service.

During the assessment visit of the International Expert on Drug Treatment (IEDT), the meeting was arranged with the representatives of Caritas Germany and Armenia to discuss the possibilities of cooperation between the SCAD-V and the forthcoming drug harm reduction project developed in cooperation with EC and UNESCO and to be implemented by Caritas. According to the received information, the programme already runs in Latin and South America and will be launched also in Armenia. The possible area of intervention of Caritas Germany lies on the following four areas:

- Development of harm reduction measures (drop in centre plus methadone maintenance treatment (MMT), condoms distribution etc.);
- Assurance of access to drug and HIV services;
- Research;

- Preparation of an International Conference in Berlin (21-23 January 2009 in Berlin).

Detoxification

In Armenia, there are 5 health institutions licensed to provide inpatient treatment to drug addicted patients:

- Narcological Clinic of “Psychiatric Medical Centre” CJSC of the Ministry of Health of Armenia (located in Yerevan, the capital of Armenia);
- Gyumri Mental Health Centre (Gyumri, 10 beds for drug and alcohol addicted patients);
- Vanadzor Neuro-Psychiatric Dispensary (Vanadzor);
- Kapan Neuro-Psychiatric Dispensary (Kapan; 10 beds for drug and alcohol addicted patients);
- Mental Health Experimental Centre of Sevan Republican Psychiatric Hospital (Sevan). Although this hospital is licensed to serve narcological care, it has no budget line on that.

In practice, only people addicted to opioids apply to drug treatment services. Outpatient care is provided by the above institutions and (theoretically) narcological cabinets of district polyclinics. As with the latter, such departments usually operate as consultation and referral points rather than “treatment and care” offices.

The main detoxification institution is the Narcological Clinic of “Psychiatric Medical Centre” of the Ministry of Health, which covers both Yerevan City and regional district. In Vanadzor only 5 IDUs received hospital treatment, in Kapan only 3 in 2007. The other 2 in the regions of Armenia didn’t see drug addicted patients in the last year.

The NC is part of the Psychiatric Medical Centre, which holds:

- Narcological Clinic
- 3 Psychiatric Clinics
- Anti-Stress Centre.

The hospital section (3 departments, 60 beds) provides short-term detoxification. Only one of three departments (Department of Intensive Narcology) has affordable/comfortable conditions thanks to SCAD-4 financial support, the other two departments need to be fundamentally refurbished.

In 2007, 166 opiate addicted patients underwent detoxification on an in-patient (122) and out-patient (44) bases. The number of IDUs applied to hospital in-patient care in Narcological Clinic (Yerevan) has been increasing slowly, but steadily in recent years (38 in 2004, 102 in 2005, 99 in 2006 and 122 in 2007). The medical personnel explains this positive trend to the overall increase of the number of IDUs in the country and improvement of quality services thanks to the newly established department of intensive narcology nicely refurbished and equipped by the shared costs of SCAD-IV and the Ministry of Health.

Practitioners believe that main reasons IDUs are admitted to drug treatment services are:

- shortage of money (no money to get his/her daily dose);

- “having no vein” (collapsed veins render impossible intravenous (IV) injection)⁹;
- an attempt to reduce single/daily dose¹⁰;
- only few patients show strong will to quit drugs and see Narcological Clinic as an hospital which can assist them in doing so.

The detoxification treatment is lasting usually up to 10 days (even when budgeted for 24 days) and consists of infusions of psychotropic substances to ease the pain of withdrawal symptoms (anxiolytics, tranquilizers, etc). Usually these medicines accompanied by some hepatoprotectors and vitamins. However, the absence of alternative treatment methods or any type of post-detoxification support projects significantly limits both treatment demand and retention to treatment.

From the 122 patients attending the NC in 2007 on an in-patient basis about 100 patients used this service anonymously, avoiding to get registered. In those cases the patients had to pay for the treatment (about 430 USD for the entire treatment course of 24 days).

The reason why many patients avoided being registered is that a disclosure of name and disease might lead to disadvantages in the areas of:

- loss of driving license;
- allowance to carry a weapon;
- possible occupation at high level (governmental) jobs;
- faced or anticipated problems with the police;
- constant supervision and control by police and NC for approx. 1 -2 years (phone calls and visits by Narcological Centre);
- stigmatized and discriminated once the status of addiction is disclosed.

The law enforcement authorities might request the NC to provide information on either of the above-mentioned topics for a certain person and under the certain case.

Doctors are delivering psycho-social support to the patients on individual bases. No group work is in place. Relatives, partners etc. may live in the rooms and somehow assist the patient. After the process of detoxification no ongoing service is available.

The clinic is working both on an in-patient and out-patient regimes. In each an every case it will be negotiated between doctor and patient, if he/she stays inside or not. Sometimes patients do not want to stay in-patient and then decide to stay for the whole 24 days and vice versa.

The NC has elaborated standards of narcological care for Armenia¹¹.

⁹ Sometimes catheterisation of central veins (vena subclavia or jugularis interna) becomes the only choice to get a intravenous infusion route.

¹⁰ IDUs know very well that detoxification reduces tolerance to drugs, so that after a short-term detoxification course they could temporarily get to the previous relatively low dose.

¹¹ The "Standards of Treatment of Narcological Diseases in the Republic of Armenia" was ratified by the Minister of Health RoA in 2005 (Order # 532-A as of June 02, 2005).

Furthermore, the NC hosts a forensic laboratory, which is mainly being used for police investigation purposes.

Opioid Substitution Treatment (OST)

At the moment no opiate substitution treatment is operating in Armenia.

In past years SCAD-4 Programme, the NC and "Antidrug Civil Union" NGO collaboratively worked on and succeeded in providing the legal bases for methadone substitution/maintenance treatment in Armenia, particularly:

- o Methadone was rescheduled from List 1 (Prohibited Drugs) to List 2 (Narcotic Drugs) of drugs under the control within the territory of RA (Decision of GA # 10046-N as of July 27, 2006);
- o The "Standards of Treatment of Narcological Diseases in the Republic of Armenia" was ratified by the Minister of Health, RA (Order # 532-A as of June 02, 2005) in which methadone treatment is legally accepted a treatment approach of opioid dependences;
- o The "Clinical Guideline on Methadone Treatment in Armenia" was developed and ratified by the Minister of Health, RA (Order #1440-A as of December 12, 2005).

Currently, the substance of methadone is in the process of legal registration. Methadone substitution treatment most probably will be available in Yerevan starting in late 2008 in the Narcological Clinic. With the support of the OSI AFA the NGO "Antidrug Civil Union" in cooperation with the NC will be implementing this first pilot project, which plans to cover 50 patients (to be enlarged to 100 at the end of the 1st year). Rooms in the NC has have already been renovated (with a separate entrance).

In a letter from the Ministry of Justice addressed to the UNDP Resident Representative in Armenia the introduction of MMT also in the prison setting is supported.

Methadone substitution treatment could be an important alternative to the detoxification for a part of patients experiencing chronic relapse. However, the employed narcologists need to be trained on substitution and other modern types of treatments.

Psycho-social rehabilitation

Most IDUs definitely need rehabilitation service. Some IDUs have to seek similar service abroad – in Ukraine, Russia, even EU countries. The big issue for IDUs quitting drugs is the abundance of free time he or she does not know how to fill. A Rehabilitation Centre should take this fact into account and setup a variety of free services like computer/internet classes, other educational opportunities etc.

Doctors from NC and NGO representatives report that Armenian migrants from Russia seeking jobs in Russia coming back to Armenia again in most cases the parents of adolescents bring their children back to Armenia to protect them from drugs influence, because of non-existence of drug black market and limited availability of drugs.

The NGO APEC is aiming to open a residential rehabilitation centre outside of Yerevan.

Infectious diseases

From 1988 to 31st of May 2008, 593 cases of HIV infection have been registered in the Armenian National AIDS Center (see www.arm aids.am). An HIV/AIDS situation assessment has shown that the estimated number of people living with HIV is about 2,800. 46% of all registered HIV cases were recorded in Yerevan, which constitutes a ratio of 24.8% per 100,000.

The overwhelming majority of HIV infected individuals belong to the age group of 20-39 (70.5%) and are male (74.7%), although the HIV incidence has been increased among women recently.

For many years HIV was mainly IDU driven, but since April 2008 the heterosexual mode of transmission is predominant (47.9% vs. 45.4% as of June 1, 2008) ¹².

In October 2007 approximately 6.8% of IDUs were HIV+ in VCTs. Every 2 years a second generation surveillance study is carried out in Armenia, and 280 IDUs take part. The results of the Behavioral-Biological Study (BBS) show a decreasing trend among IDUs:

- 2002: 15% IDUs were HIV+ (that were 75% of the total cases)
- 2005: 9% (52%)
- 2007: 6.8% (46.1%)

The National Center for AIDS prevention is also involved in capacity building in the prevention field. ARV treatment is anonymously, confidentially and free of charge available in Armenia. Most ARV drugs are to be included in the list of essential drugs. A National Programme on HIV Prevention in Armenia exists (2007-2011), an Action Plan and Monitoring and Evaluation (M&E) activities are also in place.

According to UNAIDS involvement of Civil Society and NGOs should be strengthened, because it does not play that important role yet as it does in other countries. UNAIDS supports an organization of self-help of People Living with HIV/AIDS (PLWHA) ("Real World, Real People" NGO).

The starting point of organization of PLWHA was enthusiasm and support by providing them training with the aims to support each other, encourage for VCT etc.

Due to a widespread homophobia and stigmatization men having sex with men (MSM) and IDU self help and organization seem to be extremely difficult. Stigma and discrimination hamper the mobilization of these efforts.

However, the model of self-help/organization could possibly serve as a model to initiate drug users' self-help/organization as well.

¹² Data provided by Dr. Arshak Papoyan, Head of Dep.-t of Epidemiology of the National Centre for AIDS Prevention

The morbidity rates of hepatitis B virus (HBV) among the general population remains stable, between 3.2 (in 2000) and 2.8 (in 2006) per 100,000 inhabitants. In 2006, 91 cases of HBV were registered in Armenia¹³.

Hepatitis C virus (HCV) remains to be a very untouched health area. There are only a few estimations on HBV among the general population available. No valid data exists for the prevalence of HCV. According to the data of the Eurasian Harm Reduction Network the number of reported cases of Hepatitis C in Armenia in 2006 was 71¹⁴, yet health experts believe that it could be over 50-80% among IDUs.

The very expensive HCV therapy has to be paid for by the patients themselves and is practically impossible for the target group of IDUs to be covered. For Hepatitis, the Hygienic and Anti-epidemic department of the Ministry of Health (MoH) and the Institute of Epidemiology and Virology are responsible, but with no access to the target group of IDUs.

The vertical programme design of several health services becomes visible with regard to HIV/AIDS and hepatitis. Although there are on the patient side many co-infections this is not sufficiently reflected in the cooperation and interrelating of the services and policies.

The Armenian National AIDS Foundation (ANAF), established in 2003, is mainly involved in capacity building, training of VCT services, development of material, info, manuals. It holds a resource centre and provides publications.

Under the auspices of the ANAF, target group representatives are involved in designing and testing messages and informational educational content (IEC) and BCC material, like "Real World, Real People" – a national workshop is held once a year, in order to develop and strengthen the target groups.

ANAF is running a user-friendly clinic carrying out VCT, medical consultation, sexually transmitted infections (STI) treatment, legal aid and consultation against stigmatization and working in the field of Human Rights and is also involved in BBS reporting (BBS report 2007 will be ready by the beginning of July 2008).

Furthermore ANAF is focusing on advocacy, rights of sex workers, mental health and HIV (part of the Global Initiative in Psychiatry project, carrying out a first overview). With regards to mentally ill persons, patients often do not trust the mental health services.

Attendances rate of the VCT:

- 400 MSM;
- 800 FSW;
- 600-700 IDUs.

NGOs (like APEC) are referring to the clinic via outreach workers.

¹³ National Statistical Service, www.armstat.am

¹⁴ Merkinaite, S (2007), HCV Infection in Europe, Eurasian Harm Reduction Network, www.hepatitisday.info/mediacentre/HCV_in_selected_countries_of_Europe_Report.pdf

Gaps in service provision

There is a gap of service provision between the situation in the capital and that in regions. Detoxification for illicit drug users is mainly provided in Yerevan, although in the regions some clinics are offering detoxification programmes as well, they seem to be not used by the target groups. Reasons for that might be pride, lack of anonymity, and trust over the detoxification procedure.

There are no local NGOs assisting treatment services or patients receiving in-patient or out-patient care in regions. Even those NGOs involved in harm reduction projects ("Family Beneficiaries" NGO in Gyumri and "Armenian Red Cross Society" in Vanadzor) are not trying to cooperate with hospitals providing drug treatment services. Only "Antidrug Civil Union" NGO has some experience in working with patients receiving their treatments in the Narcological Clinic.

Monitoring and evaluation

The NC does not apply any M&E tools for a treatment efficiency evaluation. ESPAD 2007 was carried out by APEC - the results are in the process of being analyzed. With regard to the HIV prevalence some data are available. Second Generation HIV Behavioural and Biological Surveillance (BBS) in the Republic of Armenia has been also implemented in 2007 and the results will be published in July 2008.

Human rights

The human rights discourse is crucial in relation to drug use, HIV/AIDS and treatment/rehabilitation of drug addicted people. Armenia ratified key human rights document of the modern human rights movement (Universal Declaration of Human Rights (UDHR), the International Covenant on Economic, Social, and Cultural Rights (ICESCR, 1966), etc) and committed itself to respect, protect, promote, and fulfill the rights recognized in them. In accordance with international law, the Constitution of the Republic of Armenia (RA) provides for the right to nondiscrimination and equality by stating that all people are equal before the law and that discrimination based on sex, race, skin color, ethnic or social origin, genetic circumstances, language, religion, viewpoints, political or other opinion, belonging to a national minority, property status, birth, disability, age, or other conditions of personal or social character shall be prohibited¹⁵.

Similarly, the Law on Provision of Medical Aid and Services to the Population declares equality among people and prohibits discrimination with respect to the right to receive medical aid and services. In particular, the law provides that "in the Republic of Armenia everyone regardless of nationality, race, sex, language, religion, age, state of health, political and other opinions, social origin, property or other status has [the] right to receive medical aid and services."¹⁶

However, above guarantees are mostly illusory. Bad stigma pushes drug users into the social margins. Once there, they have little incentive to refrain from such risky behaviors as sharing needles or having unprotected sex. Drug users are reluctant to seek assistance from public health facilities out of fear that they will be turned over to

¹⁵ Constitution of the Republic of Armenia (1995, amended 2005): Article 14.1.

¹⁶ Law of the RA on Provision of Medical Aid and Services to Population (March 4, 1996): Article 4.

law enforcement authorities and denied health care. Those drug users who are diagnosed as drug addicts may also be forced into compulsory treatment under Article 49.4 of the Armenian Law on Narcotic Drugs¹⁷.

Obstacles to the adoption of comprehensive human rights-based approaches to prevention and treatment of HIV in Armenia are most apparent in policies relating to harm reduction. Harm reduction activities in Armenia can be described as falling somewhere between what is tolerated and what is supported. It cannot be stated that they are merely tolerated because the harm-reduction component theoretically is included in the National HIV/AIDS Prevention Program. The financial support provided for harm reduction projects by the government is extremely limited, however, and is unable to cover existing needs. Perhaps more significantly, under the Armenian Law on Narcotic Drugs, legal issues may arise with regard to harm reduction programs.

HIV/AIDS and referrals to drug treatment centers

No referral mechanisms exist between the different services, e.g. NSE projects and narcological services, prison and in-patient treatment after release. In addition, most IDUs are too reluctant to seek medical assistance, even if there is an urgent need for hospital care. Most IDUs receiving treatment in the Narcological Clinic have never heard about the existence and scope of services that NSE projects could offer.

There is actually no mechanism of patient referrals from primary care institutions and emergency care services to addiction clinics.

The NGO “Armenian Association of Psychiatrists and Narcologists” is a professional organization of doctors; however, this association is not working in the drug field.

The situation of female drug users

Not much is known about women using drugs in Armenia.

Education and vocational training

Doctors of the regional drug-treatment departments have passed no post-graduate educational programs since they specialized on Narcology. One of them diagnoses drug addiction based only on withdrawal syndrome rather than ICD-10 criteria¹⁸.

No network - neither “physical” nor “virtual” (digital) - exists among narcologists from different regions even if Armenia is a small country. In addition, no link exists between the Narcological Clinic (as the main specialized center) and Marz (regional) hospitals (except reporting).

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Treatment for drug addicts in prisons

General situation

¹⁷ Law of the Republic of Armenia on Narcotic Drugs and Psychotropic Substances: Articles 49.4 and 49.5.

¹⁸ International Classification of Diseases, 10th edition

Approx. 3,000 prisoners are held in 12 institutions, applying 4 regimes: open, semi-open, closed and semi-closed. The prison population rate is 109 per 100,000 of national population¹⁹ (which differs substantially from Georgia and Azerbaijan).

Representatives of the Penitentiary Department of the Ministry of Justice gave an overview of services related to harm reduction for prisoners.

The health service in prisons is not independent; health care delivery is operated by the Ministry of Justice. The head of the narcological department belongs to the uniformed prison service.

Drug addiction withdrawal symptoms already occur in police detention. In these facilities health care is organized as first aid or emergency health care. After 72 hours detainees are passed over to the pre-trial institution under the Ministry of Justice (MoJ). According to interviewees during the assessment mission, prisoners wouldn't disclose their status of drug users in police detention. The drug detoxification treatment in the central prison hospital for addicted prisoners is mostly ordered by court decisions. If drug users already incarcerated get detected for drug use, they are sent to the prison hospital as well.

MoJ started to advocate a 12- step programme after visiting a training centre in Poland. But this was not followed up.

No NGOs are involved in the prison treatment of drug addiction so far.

In a meeting with representative of Public Monitoring Group at the Detention Facilities of Penal Services of the Ministry of Justice amongst others is looking after health care services in prisons. The Group reports regularly to the MoJ and other organizations; reports are available from 2004, 2005 and early July the new 2006/7 report will be published.

As for the prisons, the Ministry of Justice has the responsibility for conducting prevention, treatment and care properly, and to report annually on the implementation and ongoing of the harm reduction measures to World Vision Armenia who is the institution responsible for GFATM funds.

VCTs in prison are depending on the individual approach of the staff and the circumstances offering it defensively or more pro-actively. The rate of VCTs depends on how staff insists and offers the advantages of VCT and which benefits a person might have from being tested.

Drug use

The Knowledge, Attitude, Beliefs and Practices (KABP) study has been carried out in Armenian prisons in 2004 and delivered data on drug use, infectious diseases and related risk behaviour among Armenian prisoners and the degree of knowledge on infectious diseases among prison staff²⁰. The reported lifetime prevalence rate of

¹⁹ http://www.kcl.ac.uk/depsta/law/research/icps/worldbrief/wpb_country.php?country=120

²⁰ Weilandt, C., Stöver, H., Eckert, J., Grigoryan, G.: Anonymous Survey on Infectious Diseases and Related Risk Behaviour among Armenian Prisoners and Prison Staff. In: International Journal of Prisoner Health, January 2007, 3(1)

intravenous drug use was 13.3% and 51% among those who were current injectors. Of the “ever injectors”, between 15% and 30% reported high risk behaviour.

Infectious diseases

In the aforementioned KABP study the prevalence of hepatitis B, hepatitis C and HIV in a representative sample of the Armenian male adult prison population has been determined and prisoners and staff were anonymously asked on risk behaviors (542 prisoners) and on knowledge, attitude and behavior towards infectious diseases (348 staff members).

Prisoners' knowledge about the sources of transmission of HIV was quite poor, most of the wrong answers related to activities in the daily prison life. The acceptance of HIV infected inmates tends towards extremely negative attitudes. Self reported HIV test results did not correlate at all with the results of the saliva tests. In the study the prevalence of HIV was 2.4%, a rate which is 27 times higher than in the general population. The prevalence rate for hepatitis B among prisoners is 3.7% and for hepatitis C 23.8%. The most important risk factor for contracting an HCV infection was drug use and the second, time spent in prison within the last 10 years, which is an independent risk factor.

A substantial number of prison employees perceive their working condition as risky and themselves as at risk for TB, hepatitis B/C or HIV. Regarding HIV and hepatitis, knowledge is poor and patchy. While staff show quite good knowledge regarding the main transmission routes via blood and unprotected sex, a low level of knowledge becomes obvious when considering everyday-life situations, which may cause fears in such a closed setting like prison. Standards including confidentiality and non-segregation are not accepted in respect of HIV positive prisoners. Here, attitudes range between ‘inclusion’ and ‘exclusion’, which might express uncertainty and insecurity about the risks HIV positive persons carry. The provision of sterile needles for tattooing and sterile syringes and needles for injecting drugs users to prevent the spread of infectious diseases were not agreed by the majority of prison staff.

Narcological department is located in the TB building in the 4th floor, below there is the unit for Multi drug resistant (MDR)-Tuberculosis (TB). No strict separation possible, due to common space in the yard and in staircase.

VCT-Concept of counseling is not developed. In case a HIV test is positive the prisoner is transferred to the Infection department and in this case his status is disclosed to everybody. The concept of universal precaution is not known (“Everybody behaves as if everybody is infected”).

International Committee of the Red Cross (ICRC) is mainly dealing with TB and MDR-TB. Moreover Medicines sans frontiers (MSF) wants to treat MDR-TB-patients (10-12) in the building of the prison hospital. MSF will provide the drugs and give technical assistance. Directly observed therapy is applied with 2 doctors and 4 nurses. A MoU between MoJ and MoH is signed. MSF also supports the ongoing treatment of MDR-TB after release from prison in the community.

Detoxification

The Department of Narcology (35 beds) of Central Hospital for Prisoners of the Ministry of Justice is the only specialized addiction treatment centre in the Armenian penitentiary system. The department needs to be renovated and equipped. The

treatment methodology is out of date. Detoxification infusion for several hours a day usually lasts for 15 days. Infusion is a popular procedure in Armenia in general. Infusion consists of non-narcotic analgesics and other not evidence-based medicines.

The number of currently conducted detoxification treatments was 11; per year approx. 70.

Harm Reduction

The following harm reduction projects have been carried out:

- Prison needle exchange projects (PNEPs) are conducted in 3 prisons: Erebuni, Kosh and Vanadzor. The medical staff gives out the syringes in 2 prisons and in 1 it is done by prisoners to prisoners (Moldavian experience). Within the National Programme on HIV Prevention this should be expanded to 5 prisons in September 2008. The provision of harm reduction services will be shifted from closed prisons to open and semi-open. The monitoring and implementation of PNEPs was difficult so it was regarded to be more effective in open prisons,
- Provision of condoms: in family/long term visiting rooms, via medical department, in toilets in all premises. Condom machine was rejected by CCM,
- Provision of leaflets: Educational components (booklets even interactively designed),
- VCT services
- Peer education: 141 prisoners were involved in peer education programmes in 2007.
- Booklets - provided by the National Centre for AIDS Prevention in 2007: 1,145 booklets have been distributed.
- In total 8,701 educational materials on various topics have been distributed.
- Data (e.g. number of exchanged syringes, condoms or leaflets) could not be presented but are reported by the prison administration annually to the World Vision Armenia who is the Principal Recipient of the GFATM funds. Periodical reports to Country Coordinating Mechanism (CCM) is in place as well.

No data or information was available on how and if harm reduction measures are carried out in the remaining 9 prisons.

Monitoring and evaluation of GFATM funds with regard to harm reduction in prisons (especially needle exchange programme) limits to quantitative data.

Opioid Substitution Treatment

According to representatives of the Ministry of Justice and the prison administration, the introduction of opioid substitution treatment (OST) needs political will and commitment, if that is given, it could immediately be introduced. The Ministry of Justice has indicated already interest to introduce OST in prisons as well.

Country specific recommendation

Treatment and rehabilitation of drug addicts

General

Based on the terms of reference and the results of the assessment mission, the international expert on treatment recommends the following:

A national drug strategy (including an action plan and M&E activities) needs to be developed and implemented. For this reason, it is recommended to further support the SCAD task force on legislation comprised of relevant representatives from involved agencies including GOs, NGOs, key persons and community members. The incentives should be created to encourage the existing inter-ministerial committee on combating drug trafficking and drug abuse under the head of the police of Armenia needs to review its charter for promoting the health care issues within it. Also the participating members should cover all areas of institutions involved in drug prevention/treatment services.

It is strongly recommended that the MoH will take the political responsibility for the leadership and development of the drug strategy and action plan. During the assessment mission to Armenia the drug use was decriminalized and the issue of drug prevention is likely to be shifted from the supply to the demand domain, which most probably will increase the impact of the MOH to be a coordinating authority for securing transparent activities on all levels.

Treatment and psycho-social rehabilitation

In order to provide a continuum of treatment and care, supplementing the solely available detoxification drug treatment services in the Narcological Clinic psycho-social rehabilitation services need to be developed. This approach should be organised on a multi-professional and interdisciplinary basis. Especially an ongoing service after detoxification treatment is urgently to be designed and implemented, reflecting the patient's needs and requirements. All the efforts of the various services should be directed towards enabling clients, to take over more responsibility for their health and well-being in order to keep abstain from damaging drug use. The efforts have to stress the necessity of mobilizing clients to be actively involved in the recovery of drug addiction. Modern techniques and methods have to be applied to overcome the general perception of addiction to be cured by physical detoxification only. The planned Psycho-Social Rehabilitation Centre (PSRC) should offer different services for drug users at different stages of their drug career and should be closely connected with other treatment services in order to make use of synergy effects. For instance for those just being released from detoxification the aim will be to provide a day structure with possibilities to slowly maintain and strengthen the process of recovery. For those drug users in other stages of their drug use, services of rehabilitation, capacity building, and social re-integration should be offered. However, all services are not exclusively directed towards certain groups, but are open for all drug users, no matter at which point they are.

For this purpose it is recommended to renovate the right wing in the fourth floor of the Narcological Clinic (approx. 500 sq. m.). This decision is based on discussions with stakeholders and other persons involved in the drug service in Armenia. SCAD has already provided partial support for renovation of the left wing of the fourth floor for treatment purposes. The experiences made were encouraging. Furthermore the NC

is actively renovating parts of the other building. Together with the planned substitution treatment centre in the ground floor of the building the whole institution is diversifying its services and can make use of synergies. This may contribute to a change in the perception of NC to a less control oriented system, but offering free of charge psycho-social rehabilitation and substitution treatment on top of (traditional) detoxification. This may lead to an increase in trust and confidentiality. Renaming the whole institution would do further good. At the same time NC could serve as a reference clinic, where new approaches are developed, and new methods and techniques are applied. Clinics in the regions can take this approach as an example for taking over some activities.

Medical service providers should be much humanistic to IDU.

On an out-patient basis different service modules have to be developed in order to support clients in:

1. Counseling on legal matters by a lawyer (counseling services, accompanying clients to court, etc.)
2. Learning life skills
 - everyday abilities (cooking, leisure time activities)
 - personal hygiene
 - health services in the broadest sense
 - First aid (also with regard to drug overdose)
3. Providing information, knowledge by establishing a resource centre, electronic and paper publications,
4. Acquiring psycho-social skills and enhancing competencies either on an individual basis or in group work (e.g. 12 step programme)
 - Motivational training
 - Self information Control Programmes (SCIP)²¹
 - conflict management
 - stress/time management
 - psycho-education courses
5. Offering sports activities
 - outdoor activities,
 - gym for winter
6. Support for integration into the first labour market
 - Work project for renovation purposes (already some experiences do exist, with cleaning the fourth floor)
 - Learning courses (computer/internet)

²¹ http://www.law.ugent.be/crim/ISD/projecten/afgeronde/scip_en.html

7. Providing auricular (ear) acupuncture (trained staff is already working in the NC).

Further activities can be developed in the process of implementation. Civil Society and NGOs should be involved in service delivery as much as possible, referring clients to other services. Self-help and self organization should given special attention in order to mobilize the self help competencies of the target group members.

After renovation a media campaign should aim at making the new orientation visible for the public, so that the treatment, care and support aspects are put into the focus of drug addiction.

The NC should provide trained and skilled staff to carry out the basic services and involve Civil Society and NGO members.

Recommended is also to organize an advisory council, consisting of treatment and rehabilitation experts, both from the GO and NGO level in order to accompany and support the improvement of services and to guarantee transparency of policy and practice of the clinic. This issue might be raised at the forthcoming meeting of the SCAD-V Country Level Project Coordination Board meeting in November 2008.

The envisaged synergy effects within the NC can be the following:

- Interlinking the services of different departments of the NC (patients in substitution treatment can make use of the services of the PSRC; ex-addicts can offer support groups for those in detoxification programmes)
- Long-standing experience in working with addicts
- All laboratory services are available
- Skilled personnel of the NC can offer services
- The Greece government supports NC in setting a solar electro-station which will provide hot water and heating system in all 4 floors of NC.

The question of where to implement the PSRC has been intensively discussed with various persons. A second choice was the Post Traumatic Rehabilitation Centre of the Armenian Red Cross Society, which has been considered! This clinic is a classical rehabilitation centre for various diseases, has little or no experience in working with drug users, thus no synergy effects can be expected.

Consideration has also been given to the possible effects of "institutionalization" by gathering (ex-) drug addicted persons on only one place. The question was if this is stigmatizing patients? An impact assessment cannot be delivered within this short assessment mission. However, much depends on how NC uses the envisaged process of diversification of its services (detoxification, substitution treatment and psycho-social rehabilitation) in order to open the clinic for Civil Society and NGOs in order to change the reputation among drug users, and to expand it's competencies.

The following rooms are needed:

- 1 admission area
- 2 large meeting rooms
- 1 refreshment area including cooking space
- 1 room kept separated for auricular (ear) acupuncture

- 2 rooms for IT and resource centre
- 2 rooms for legal advisor
- 2 rooms for social worker (to be appointed by NGOs)
- toilets (separated for clients and service provider)
- Provision of 3 Desktop PCs, 1 telephone and 1 multifunctional device (printer, copier, scanner) to be installed in the IT and resource center
- 8 office tables (similar sizes and shapes except in admission) + 1 bookshelf (as per the design) + 1 counter with hanged shelves near the gas oven + 30 visitor chairs (blue color) + 7 swivels
- Gas oven to be installed in the refreshment area.

Rooms can be used for different objectives and by different times of the day (for instance in the evening to offer parents of drug users a space).

Harm reduction services

Harm reduction services (even though being incorporated in the “National Programme on HIV/AIDS Prevention in Armenia”) should be fully supported by law enforcement agencies. Police as a key institution should be involved in the discussions on improvement of the drug treatment and harm reduction services. As police is in a key position, an understanding and acceptance of harm reduction and treatment needs to be developed.

The needs of people injecting drugs should be incorporated in NSE projects. NSE projects should support the continuum of care and build referral links with narcological and possible social services. NSE projects should “walk along” with human rights and legal assistance initiatives. NSE staff needs to pass special trainings on safer injecting practices, overdose prevention (or may be so-called “Naloxone projects”), human rights etc. (topics need to be closely identified).

A national conference for all professionals acting in the field of drug treatment and rehabilitation from different disciplines could be an effective tool for information sharing and “continuum of education”.

Treatment and rehabilitation of drug addicts in prisons

Suggestions for investment of SCAD V were discussed with the Head of the Narcological department in the Central Hospital for Prisoners of MoJ included the provision of small facilities to treat drug addicts in all 12 prisons. However, this exceeds the budget limits of SCAD V Programme.

In order to raise the awareness of the importance of medical ethics in prisons a training course of the Norwegian Medical Association, supported by the World Medical Association (<http://lupin-nma.net/>) on medical ethics in prisons should be translated into Russian (available only in English and Spanish). This distant learning course is giving insight in the basic guidelines and ethical issues in the work of doctors in the penitentiary system. As the course is issuing a certificate after completion, it should be conducted by all prison doctors. The Russian translation will also be of great value for the other two SCAD V countries.

It is recommended to have a meeting of all prison doctors and emergency doctors once a year together in order to exchange experiences, new methods (e.g. opiate substitution treatment) and to formulate needs in terms of human capacity

development or organizational issues around health in prisons. The meeting should take place annually and could be stipulated with the support of SCAD V.

In order to facilitate the above mentioned goals the following items are recommended to provide under this component:

- Office supplies for two staff members;
- Furniture for two staff member including 2 tables, two chairs, bookshelves, shelves for medicine;
- Venetian blinds;
- 9000 BTU air Conditioner (cooling and heating);
- LAN connection for internet for a period of a year,
- Telephone
- 100 HCV test kits to sensitize for this health challenge.

NGOs should be involved in the prison-based counseling and support services, because they have the bonus of being trusted with their confidential services.

Drug use and drug related problems are an issue which is not confined to the prison but to all stages of the criminal justice system, including operational police officers and those working in police detention/arrest houses, staff of pre-trial institutions and prison for sentenced drug users. Thus, police and staff of the criminal justice system on all levels from time to time are confronted with drug users. All of them should be trained to learn more about the adverse effects some interventions might have and the beneficial effects of targeted interventions.

For this purpose it is recommended to start inquiring whether a Twinning project with the EC is possible, or at least national conferences between health care professionals and policemen and doctors of the criminal justice system. Therefore funds of TAIEX -, Technical Assistance Information Exchange Office of the EU (for prospective member States) should be checked if funds for hiring experts, funding study tours and participation at conferences are available.

ANNEX 1

ARMENIA COUNTRY ASSESSMENT MISSION AGENDA

Prof. Dr. HEINO STOEVER,

SCAD-V international expert on drug treatment and rehabilitation

Yerevan, June 23-29, 2008

June 23, Monday

Time	Organization	Person/position	Contact	Accompanying persons
09:30	UNDP Armenia <i>- Working on Training Schedule</i>	Meeting with SCAD Staff		
10:30	Ministry of Health <i>- Discussing the National Policies and Strategies on drug treatment and rehabilitation</i>	DR. ALEXANDER GHUKASYAN DEPUTY MINISTER OF HEALTH, MEMBER OF THE SCAD-V COUNTRY LEVEL COORDINATION BOARD	094- 432610	MR. GRIGORI MALINTSYAN, SCAD COUNTRY MANAGER DR. ARTUR POTOSYAN, SCAD LOCAL EXPERT ON TREATMENT AND REHABILITATION
12:00	Ministry of Justice, Penitentiary Department <i>- Drug related legislation vis-à-vis to drug addiction treatment and care in penitentiaries</i>	DR. ALEXANDER SARGISOV, HEAD OF MEDICAL SERVICE DEPARTMENT DR. ARAIK HOVHANNISYAN MAJOR SPECIALIST, REPRESENTATIVE TO COUNTRY COORDINATING MECHANISM (CCM) ON HIV/AIDS, TUBERCULOSIS AND MALARIA	443452 091 -428851	MR. GRIGORI MALINTSYAN, SCAD COUNTRY MANAGER DR. ARTUR POTOSYAN, SCAD LOCAL EXPERT ON TREATMENT AND REHABILITATION
13:00	Lunch			

14:30	<p>Narcological Clinic of Psychiatric Medical Centre CJSC of MoH</p> <p><i>- Specialized inpatient care of drug addicts; institutionalizing of drug rehabilitation; continuum care; stigma and discrimination; Narcological clinic-forensics or treatment center?</i></p>	<p>DR. PETROS SEMERJYAN, HEAD OF CLINIC</p>	<p>610880 091- 212057</p>	<p>MR. GRIGORI MALINTSYAN, SCAD COUNTRY MANAGER</p> <p>DR. ARTUR POTOSYAN, SCAD LOCAL EXPERT ON TREATMENT AND REHABILITATION</p>
16:30	<p>"AIDS Prevention Education and Care" NGO</p> <p><i>- Harm Reduction among IDUs.</i></p>	<p>DR. ARTAK MUSHEGHYAN, PRESIDENT</p> <p><u>Note:</u> APEC NGO is a sub-recipient of the GFATM-funded "Support to the National Programme on HIV/AIDS Prevention".</p>	<p>093- 418879</p>	<p>MR. GRIGORI MALINTSYAN, SCAD COUNTRY MANAGER</p> <p>DR. ARTUR POTOSYAN, SCAD LOCAL EXPERT ON TREATMENT AND REHABILITATION</p>

June 24, Tuesday

Time	Organization	Person/position	Contact	Accompanying persons
10:00	<p>UNAIDS, UNDP</p> <p><i>- UN Agencies and their involvement in drug treatment.</i></p>	<p>MS. RENATE EHMER, COUNTRY COORDINATOR</p> <p>MS. GAYANE TOVMASYAN, AWP COORDINATOR FOR THE UNDP IMPLEMENTED SUPPORT TO THE PLWHA PROJECT</p>	<p>547088</p>	<p>MR. GRIGORI MALINTSYAN, SCAD COUNTRY MANAGER</p> <p>DR. ARTUR POTOSYAN, SCAD LOCAL EXPERT ON TREATMENT AND REHABILITATION</p>

11:00	Armenian Caritas Benevolent NGO <i>- Possible cooperation in upcoming harm reduction initiative funded by Caritas France</i>	Ms. ANAHIT MKHOYAN, PROGRAM OFFICER	091- 219223	Mr. GRIGORI MALINTSYAN, SCAD COUNTRY MANAGER Dr. ARTUR POTOSYAN, SCAD LOCAL EXPERT ON TREATMENT AND REHABILITATION
12:00	Department of Narcology of Prison's Hospital of Ministry of Justice <i>- Drug treatment policies and procedures in prison settings;</i> <i>- Drug treatment and care in prison settings.</i>	DR. GRIGOR GRIGORYAN, HEAD OF DEPARTMENT OF NARCOLOGY OF CENTRAL HOSPITAL FOR PRISONERS OF THE CRIMINAL-EXECUTIVE DEPARTMENT OF MOJ Ms. SILVIA, ICRS ARMENIA	093 -272254 091 -269992	Mr. GRIGORI MALINTSYAN, SCAD COUNTRY MANAGER Dr. ARTUR POTOSYAN, SCAD LOCAL EXPERT ON TREATMENT AND REHABILITATION
13:00	Lunch			
14:00	MSF France <i>- Health in Prisons, TB and other issues</i>	Mr. CRISTIAN FERRIER, HEAD OF MISSION Mr. CRISTIAN FERRIER, MEDICAL COORDINATOR	276445 091 -414813 091 -429517	Mr. GRIGORI MALINTSYAN, SCAD COUNTRY MANAGER Dr. ARTUR POTOSYAN, SCAD LOCAL EXPERT ON TREATMENT AND REHABILITATION

16:00	Open Society Institute, Assistance Foundation-Armenia <i>- Cooperation between the SCAD and OSI on Methadone Maintenance Therapy as well as Law and Health projects</i>	Ms. LARISA MINASYAN, EXECUTIVE DIRECTOR Ms. ANAHIT PAPIKYAN, HEALTH AND EXTERNATL EDUCATION PROJECTS COORDINATOR	093 -337919	Mr. GRIGORI MALINTSYAN, SCAD COUNTRY MANAGER DR. ARTUR POTOSYAN, SCAD LOCAL EXPERT ON TREATMENT AND REHABILITATION
17:00	UNDP Armenia <i>- De-briefing meeting with the UNDP top representatives on mission results</i>	MRS. CONSUELO VIDAL, UN RESIDENT COORDINATOR IN ARMENIA MR. ARMEN BAYBURTYAN, COUNSELOR TO UN RC IN ARMENIA	566073	Mr. GRIGORI MALINTSYAN, SCAD COUNTRY MANAGER DR. ARTUR POTOSYAN, SCAD LOCAL EXPERT ON TREATMENT AND REHABILITATION

June 26, Thursday

Time	Organization	Person/position	Contact	Accompanying persons
10:30	Exhibition, Press Conference commemorated to June 26 <i>- June 26 awareness raising campaign</i>	UNITED NATIONS CONFERENCE HALL		
13:00	Lunch			

14:30	<p>National Center on HIV/AIDS prevention</p> <p><i>- HIV/AIDS vis-à-vis to drug addiction treatment, trends and patterns. Accessing the HIV carrying IDUs and caring for them.</i></p>	<p>DR. SAMVEL GRIGORYAN, DIRECTOR</p> <p>DR. ARSHAK PAPOYAN, HEAD OF DEP-T OF EPIDEMIOLOGY</p>	<p>610730</p> <p>091-314421</p>	<p>MR. GRIGORI MALINTSYAN, SCAD COUNTRY MANAGER</p> <p>DR. ARTUR POTOSYAN, SCAD LOCAL EXPERT ON TREATMENT AND REHABILITATION</p>
15:30	<p>Narcological Clinic of Psychiatric Medical Centre CJSC of MoH</p> <p><i>- Brainstorming and conceptualization of future rehab department</i></p>	<p>DR. PETROS SEMERJYAN, HEAD OF CLINIC</p>	<p>610880</p> <p>091- 212057</p>	<p>MR. GRIGORI MALINTSYAN, SCAD COUNTRY MANAGER</p> <p>DR. ARTUR POTOSYAN, SCAD LOCAL EXPERT ON TREATMENT AND REHABILITATION</p>
17:00	<p>Medical Forensic Laboratory of the MoH</p> <p><i>- Drug-related deaths and overdoses: data recording issues</i></p>	<p>DR. SHOTA VARDANYAN, DIRECTOR</p>	<p>527707</p>	<p>MR. GRIGORI MALINTSYAN, SCAD COUNTRY MANAGER</p> <p>DR. ARTUR POTOSYAN, SCAD LOCAL EXPERT ON TREATMENT AND REHABILITATION</p>

NATIONAL TRAINING ON DRUG TREATMENT AND REHABILITATION

Within

ARMENIA MISSION of Dr. HEINO STOEVER,

SCAD-V international expert on drug treatment and rehabilitation

June 25 and June 27, 2008

UN House Conference Hall,

14, Petros Adamyan Street, Yerevan,

The training objective is to introduce EU-based new approaches and methodologies of drug treatment, rehabilitation and care to Armenian health professionals and NGO representatives.

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