Youth Perspectives on Drug Use, Heroin, and Risk for HIV/AIDS in Tajikistan and Uzbekistan, Central Asia

Kim Longfield
Amara Robinson
Rob Gray
Chris Jones

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Research Division
Population Services International
1120 Nineteenth Street NW, Suite 600
Washington, D.C. 20036

Authors
Kim Longfield; Research Division, Population Services International
Amara Robinson; UNAIDS, Geneva
Rob Gray; PSI/Uzbekistan, Population Services International
Chris Jones; PSI/Vietnam, Population Services International

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ABSTRACT

Objective: This study of youth in Tajikistan and Uzbekistan identifies factors that render them vulnerable to drug use. It explores youth’s definitions of and attitudes toward drug use and examines how substances other than heroin and opiates influence higher risk behaviors, especially injecting drug use. Findings from this study are used to identify strategies for PSI’s youth programs in Central Asia that discourage youth from adopting opiate use and injecting drug use: behaviors that increase their risk for HIV infection.

Methods: Twenty-six focus groups and six in-depth interviews were conducted for this study. Focus groups were conducted with in-school youth aged 13 to 18 living in program target areas in Dushanbe, Tajikistan, and in Tashkent, Andijan, and Karasu, Uzbekistan. Interviews with youth aged 16 to 18 who reported recreational drug use were conducted in three of the four target areas. Discussions covered perceptions of drug use, factors that influence use, youth at risk, and barriers to prevention. Data were analyzed in Ethnograph 5.0 to highlight common and divergent themes in study transcripts.

Results: Several factors influence risk-taking behaviors among Tajik and Uzbek youth, including drug use. Youth’s level of knowledge about drugs is relatively high, but most fail to make the connection between heroin use, injecting, and risk for HIV/AIDS. Youth demonstrate a tolerance for certain types of substance use—particularly alcohol, tobacco, and, to some extent, marijuana—but are vocal about their disapproval of heroin use, often criminalizing users and describing them as social failures. Addiction is usually attributed to an individual’s lack of willpower or moral shortcomings. Risk perception for heroin use is low and youth attribute use to several factors, including peer pressure, curiosity, boredom, poverty, and interpersonal problems.

Conclusions: Misconceptions and stigma can impede youth’s risk perception for heroin use and HIV/AIDS infection, limiting their ability to make healthy and informed choices about drug use and risk reduction. Their intolerance for heroin users reinforces the idea that individuals who develop a dependency on drugs or allow drugs to interfere with their lives are different than themselves. The findings from this study suggest several programmatic implications for drug demand reduction programs, including improved targeting of high-risk youth. Messages should make the links among heroin, injecting, and the risk for HIV/AIDS clear, and should challenge youth’s beliefs about heroin and users. Programs should encourage open discussion between adults and youth and offer alternative activities to drug use. Programs should also work with communities to decrease the stigma surrounding heroin users and foster supportive environments for healthy (non-drug-using) behaviors. Finally, interventions for youth should address their low personal risk perception for addiction and HIV infection as well as peer pressure to experiment and use substances.
INTRODUCTION

Profound social and economic changes in Tajikistan and Uzbekistan have created conditions that make both countries particularly vulnerable to drug use and the spread of HIV/AIDS (UNAIDS and UNODCCP 2001). Both countries are experiencing an epidemic that is concentrated among intravenous drug users (IDUs), with the potential to spread to the general population. UNAIDS and other research organizations state that Central Asia is a region where HIV is spreading faster than anywhere else in the world (Godinho et al. 2004, UNAIDS 2003). The Centers for Disease Control and Prevention (CDC) predicts that without immediate, widespread, and effective prevention strategies, the number of people living with HIV/AIDS in Central Asia could reach 1.65 million by the end of 2005 (Zhusupov, Elibezova, and Abdullaev 2003, OSI 2002).

Increasingly, illicit drugs, especially heroin, are widely available in Tajikistan, Uzbekistan, and the rest of Central Asia (Grund 2001). Geopolitical changes have altered heroin supply routes so that increasing amounts of heroin from Afghanistan are trafficked through Central Asia on the way to consumer markets in the Russian Federation and Western Europe. Major trafficking routes run through southern Tajikistan and the Ferghana Valley in Uzbekistan, making heroin cheap and readily available to vulnerable groups such as youth (Godinho et al. 2004, ICG 2003, Soros Foundation 2003, USAID 2002).

Contributing to the link between heroin use and HIV/AIDS is the tendency for users to move from snorting or smoking the substance to injecting it as levels of use and tolerance for opiates increase. Injecting is a more efficient method of heroin ingestion, permitting users to receive the drug’s effects quicker and in smaller doses (Baer, Singer, and Susser 1997, Godinho et al. 2004). It is estimated that Tajikistan’s IDU population is more than 100,000 and Uzbekistan’s is approximately 42,000, the majority of whom are young, sexually active, and poorly informed about HIV/AIDS. At least 70 percent of HIV infection in Uzbekistan is attributed to IDUs sharing injecting equipment; in Tajikistan, the Ministry of Health reports that this proportion is 63 percent (Godinho et al. 2004). Increased heroin use among youth has been attributed to several factors, including easy access, social contact with heroin users, peer pressure, emotional
distress, and a general pessimism about the future (Fullilove, Barksdale, and Fullilove 1994, ICG 2003, OSI 2002).

The social stigma attached to drug addiction makes prevention very difficult, and few treatment resources are available to IDUs in Tajikistan and Uzbekistan. Most IDUs suffer from social ostracism and police harassment and, as a result, are less likely to seek information about HIV (ICG 2003, OSI 2002). Heroin users often are social scapegoats, whom communities can point to as the source of social ills and examples of degenerates who fail to embrace conventional values and behavior (Baer et al. 1997, Des Jarlais 2000, Singer 2001). Common perceptions in Central Asian communities are that heroin users are “parasites,” dangerous criminals, and threats to society who should be eliminated or at least isolated (OSI 2002, Soros Foundation 2003).

In an effort to curtail rising rates of HIV transmission in Central Asia, Population Services International (PSI) implements youth-centered programs to reduce IDU and other high-risk behaviors that contribute to transmission of the virus. The Drug Demand Reduction Program (DDRP) focuses on youth who are most at risk of becoming drug injectors. These at-risk youth are provided with a mix of education and information services, assistance with skill building, alternative activities to drug use, and other services to empower them to make informed, healthy choices to protect themselves from HIV/AIDS. The research contained in this report provides a context for developing such youth-centered programs. This study aims to identify factors that render Tajik and Uzbek youth vulnerable to drug use; explore youth’s definitions of and attitudes toward drug use; examine how substances other than heroin and opiates influence high-risk behaviors, especially injecting drug use; and suggest programmatic strategies to motivate youth to reject injecting drug use.

**METHODS**

A total of 26 focus group discussions (FGDs) and six in-depth interviews were conducted for this study. Focus groups were conducted with in-school youth aged 13 to 18 living in target areas in Dushanbe, Tajikistan, and in Tashkent, Andijan, and Karasu, Uzbekistan. Research
communities were selected based on their location along drug-trafficking routes and their similarity to other larger towns in Uzbekistan and Tajikistan, including the ethnicities and cultures represented. Interviews with youth aged 16 to 18 who reported recreational drug use were conducted in three of the four target areas. A local research agency, under the supervision of a PSI consultant, collected data in March 2003. All moderators were required to undergo standardized training in qualitative research methodology. Project managers visited each community prior to data collection to work with local authorities and inform them about project goals, methods, benefits, and any potential consequences of the study.

Informants for in-depth interviews were selected through snowball sampling and were contacted through colleagues and acquaintances. Convenience sampling was used to select FGD participants from schools in both countries. Teachers recommended students based on their knowledge of classroom dynamics and students’ likely willingness to participate in discussions. Participants were assigned to groups on the basis of sex and age (13–15 and 16–18). Although FGDs may have included youth who use drugs, participants were not recruited on that basis. A larger number of FGDs was necessary in Uzbekistan than Tajikistan because of the dispersion of communities along drug routes and the ethnic diversity of youth, which includes Uzbeks, Tajiks, Russians, and other groups. It was also deemed necessary to include “elite” Tashkent youth in the study, particularly those attending prestigious schools or from households with higher than average socioeconomic status. Separate FGDs were conducted with elite and less affluent youth to ensure that groups were as homogenous as possible and to obtain data from youth with diverse economic backgrounds. In Uzbekistan, 18 FGDs were conducted: 4 each among males and females aged 13-15; 4 each among less affluent males and females aged 16-18; and 1 each among elite males and females aged 16-18. In Tajikistan, 8 FGDs were conducted: 2 of each sex and age combination. In-depth interviews in Uzbekistan were conducted with two males and two females who reported recreational drug use. In Tajikistan, interviews were conducted with one male and one female recreational drug user.

Efforts were made during recruitment to ensure that participants did not know one another in order to encourage open discussion in groups. Approximately 50 percent more participants were

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1 Although interviews were conducted with adult informants in the study communities, only data for youth in this document.
recruited than needed to ensure an adequate number of discussants for each group. Participants obtained parental consent, and discussions were conducted after school in empty classrooms in Tajikistan. In Uzbekistan, participants were brought to the research agency’s office complex and discussions were held in rooms expressly designated for the purpose.

Researchers used a common discussion guide in Tajikistan and Uzbekistan for all FGDs and a similar guide for in-depth interviews; both guides were pretested prior to data collection. Guides included topics such as terminology youth use to describe drugs, their attitudes toward drug use, contexts in which youth begin using drugs, and barriers youth encounter to stopping drug use. Same-sex moderators conducted interviews and focus groups, and notetakers were present for each FGD session. Moderators in Uzbekistan conducted discussions in Russian and Uzbek, while moderators in Tajikistan conducted groups in Russian only. Discussion groups lasted between an hour and a half and an hour and a half each. Transcripts were audiotaped and later translated into English. The authors completed data analysis using the text-based software Ethnograph 5.0 to highlight common and divergent themes in study transcripts. During data analysis, groups were stratified by country, age, and gender when necessary. Other strata, such as ethnicity or elite status were not used, as participant responses did not vary greatly according to these characteristics.

RESULTS

Youth’s Definitions of and Attitudes toward Drug Use

Overall Knowledge and Attitudes toward Drug Use

Participants in both countries demonstrated a high level of general knowledge about drugs and provided several slang terms peers use to describe them. Most demonstrated a negative attitude toward drug use, citing the harm that drugs can do to one’s health, family, relationships, and prospects for the future. Male participants, particularly in Uzbekistan, appeared to be more tolerant toward drug use. A few associated substance use with their country’s heritage as well as a sign of progress among their peers.
When asked about the harm associated with different substances, youth overwhelmingly named heroin as the most harmful drug, and participants from both countries agreed that its elevated harm is a product of its addictive nature, negative effects on health, and administration through injection. The majority stated that marijuana is the most benign drug that youth use because it is not addictive and does not cause physical harm. A few Uzbek participants argued that marijuana is less harmful than other drugs because of its “natural” origin and lack of chemical processing. Some participants said that tobacco, including traditional nasvai\(^2\) and cigarettes, as well as alcohol should not be considered drugs, while other participants classified all substances as drugs but argued that tobacco and alcohol are less harmful than other substances.

**Drug Availability and Popularity among Youth**

Participants from both countries judged the popularity of a specific drug among their peers by its perceived availability and level of use in their communities. Most agreed that youth use alcohol, cigarettes, nasvai, and marijuana most often, primarily because they are readily available. Youth also perceive these substances to be more affordable than opiates, despite the falling price of heroin.

Participants appeared to attach more prestige to products that are relatively expensive, such as cigarettes and marijuana, and less to inexpensive local products. They spoke about poor youth using nasvai because it is the only substance they can afford. Wealthier youth, on the other hand, tend to prefer more expensive substances.

“(Poor) kids don’t have money for opium and heroin. Some would like to try it, but they don’t have enough money.” (Uzbek male FGD participant, Karasu, 13–15 years)

Although the majority of FGD participants stated that heroin use is less common because of its price, many, especially Uzbek participants, relayed stories in which they have either heard about or observed individuals injecting heroin. Informants who reported having used drugs themselves said that marijuana and heroin are popular among youth in their communities. While one Uzbek informant stated that heroin use is less common because of its price, a Tajik informant said that cost has not impeded his own use.

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\(^{2}\) Chewing tobacco laced with lime.
Most FGD participants said that heroin enters their countries from abroad, primarily from Afghanistan and Kyrgyzstan. The perception that marijuana is grown locally was a reoccurring theme, particularly among Uzbek males. A few participants from both countries told stories of how community members still grow poppies, mostly for medicinal reasons. Although most participants believe that the circulation of heroin among youth is low, the majority said that drugs are available to anyone with sufficient money and the right connections.

**General Perceptions of Drugs**

*Social Norms and Tolerance for Alcohol, Tobacco, and Marijuana*

Nearly all participants and informants agreed that alcohol use is common among Tajik and Uzbek youth. Many explained that youth begin drinking with family members and friends at parties, on holidays, and at large family gatherings such as weddings. In situations where adults do not sanction drinking, youth usually hide their alcohol use, sneaking it into parties or dances, or drinking in secret with friends.

Tobacco use is common among youth in both countries. Nearly all participants described using traditional tobacco products, such as *nasvai*, and smoking cigarettes as a norm. They explained that youth use tobacco, especially cigarettes, to “lighten” the mood of parties, fit in with older youth, demonstrate their independence, facilitate conversation among friends, earn respect among peers, “calm their nerves,” and “show off” in front of members of the opposite sex. Some female participants added that young women sometimes smoke cigarettes to lose weight. Some participants attributed a certain status to tobacco use, describing smokers as modern and fashionable.

Participants in both countries split on how accepted and common marijuana use is among their peers. While some, particularly younger participants, thought marijuana use is rare, several youth said that experimental use is fairly common even if regular use is not. Some participants explained that youth in their communities are able to use marijuana because it is readily available, cheap, and easily disguised by stuffing it into empty cigarette filters for smoking. Several
participants maintained that marijuana is “harmless” and said that youth use it to escape reality, alleviate boredom, show off, feel cool, act tough, satisfy their curiosity, and impress their peers.

Informants who reported marijuana use listed several benefits, including its ability to help them relax, boost their confidence, and facilitate communication with members of the opposite sex. One said he preferred marijuana to alcohol because it induces euphoria quicker and adults have difficulty detecting its use:

“Marijuana is cheaper and better than vodka. You have to drink vodka and wait until it gives you kaif (euphoria). But it’s enough to have one drag of marijuana and you immediately get kaif – it hits your head (right away). And, compared to vodka, there’s no smell on your breath. (Parents) don’t notice. They haven’t caught me with marijuana yet.” (Uzbek male drug user, Tashkent, 16–18 years).

Beliefs about and Intolerance for Heroin and Other Opiates

Contrary to their acceptance of alcohol, tobacco, and marijuana use, FGD participants expressed less tolerance for heroin and other opiate use among youth. They most strongly objected to heroin because they believe it to be one of the strongest drugs available, extremely addictive, and often associated with premature death. A common perception was that heroin addiction is incurable, unlike reliance on other substances. FGD participants also believed that individuals become addicted after one or two uses, especially if heroin is injected.

“You don’t get addicted to marijuana, but after the first, second, third time you use heroin, you’re already a drug addict. But with marijuana you smoke a little (and don’t become addicted), so what?” (Uzbek female FGD participant, Tashkent, 16–18 years)

From participant and informant comments, it is evident that a great deal of stigma is associated with heroin use. Many described users as social pariahs who are “washed up,” “hopelessly ill,” mentally “unbalanced,” and “human debris.” One informant who disclosed that he uses heroin spoke about the stigma associated with use and the great lengths to which he goes to hide his habit:

“I try my best to not let anybody know about it. It’s just unpleasant. Who wants to be looked at as a drug addict? Shame! Bad [with disgust]!” (Tajik male drug user, Dushanbe, 16–18 years)
While FGD participants were likely to regard alcohol and marijuana use as problematic only when it is excessive or hampers youth’s ability to assimilate socially, they stigmatized heroin use regardless of how often it occurs. Participants often pointed to social groups outside of their own as the source of drug-related problems in their community. Younger youth tended to point to older youth as setting a bad example and using substances to excess. In Uzbekistan, ethnic Uzbek and Russian participants usually identified one another as more likely to use substances. Likewise, participants from poorer communities said that youth from richer communities are at the root of the drug problem, while youth from wealthy communities described “idlers” from poor communities as more likely to engage in substance use.

Several FGD participants from both countries spoke of the need to increase criminal penalties for drug dealing and use. Their suggestions were often harsh and revealed intolerance toward individuals involved with drugs, especially heroin.

“We shouldn’t just lock up drug dealers, but execute them.” (Uzbek female FGD participant, Tashkent, 16–18 years)

**Beliefs about the Benefits of Heroin Use**

Although the perceived benefits of heroin were fewer than those associated with tobacco, alcohol, and marijuana, some youth, especially those who reported using heroin, mentioned a few advantages linked to its use. A couple of FGD participants believed that using heroin could improve one’s appearance by contributing to weight loss or clearing up one’s skin. Some male participants said that heroin could increase bravery. Informants who reported using heroin said that they have fun under its influence and are able to forget their problems:

“(When I sniffed heroin) I felt at ease and more happy…We had fun with friends. When I came back home, all seemed fine, no problems. I felt calm.” (Tajik male drug user, Dushanbe, 16–18 years)

Youth said that heroin, like other substances, provides users with a sense of euphoria and contributes to an overall good feeling. They said that, unlike other substances, heroin makes users feel as if they need nothing else.
“When you snort heroin you feel so high, you don’t need anything, not even the bathroom or food. Now (that I’ve stopped using), I feel strange. I was really used to that (euphoric) state.” (Uzbek female drug user, Tashkent, 16–18 years)

Beliefs and Knowledge about the Consequences of Heroin Use

When asked about the consequences of heroin use, most participants spoke at length about the substance’s addictive nature and the extreme health consequences of the habit. According to some participants, heroin users become so desperate for a “fix” that they go to extremes to obtain it, even jeopardizing their health.

“When their whole body starts aching, they can’t even move a little. If they see a filthy syringe in the street, they say they don’t care if somebody’s already used it, they’ll take it to inject and ease the pain.” (Uzbek female FGD participant, Tashkent, 16–18 years)

Most participants and informants spoke generally about health problems associated with heroin use but demonstrated limited knowledge about the risk injecting poses for HIV infection. A few cited health problems they thought common to heroin users, such as “liver problems,” infections near injection sites, and (although not mentioned by name) hepatitis B. Very few participants mentioned the HIV risk of sharing needles or other injecting equipment; among those who mentioned the risk, participants usually described “weakened immune systems” or “dangerous diseases,” rather than mentioning HIV/AIDS by name.

Several participants believed that using heroin, even just once, means certain death for the user. In their opinion, its addictive properties ensure that users become hooked quickly and will die without a fix. Others believed that death from heroin use occurs after using the substance for a longer period of time. Some participants and informants, especially those who reported using heroin, said that overdosing is a common risk for users.

Several youth spoke about the social consequences of heroin use, including strained relationships with family and friends. Some told stories about individuals they knew who used heroin and became estranged from their families, sometimes giving up their children in order to continue using. Many described how users desperate for heroin turn to crime to support their habit, sometimes even stealing from friends and family members. They added that heroin users who turn to crime could end up in prison, sacrificing their opportunities for future employment and
their ability to assimilate into their communities. One young informant who reported using heroin said,

“I’ve seen how other drug addicts live and end up. It’s despair, impersonal, separated from others. (Users) become unhappy and make their relatives unhappy as well, forcing them to suffer, ruining them.” (Tajik female drug user, Dushanbe, 16–18 years)

Factors that Render Youth Vulnerable to Heroin and Opiate Use

*Low Risk Perception (Susceptibility)*

Nearly all participants demonstrated a low level of personal risk perception for heroin use, usually because they did not fit the “profile” of a user. Common descriptions for individuals who use heroin were unattractive, “poorly dressed,” “sick,” “dirty,” and odiferous. A common perception was that males are more susceptible to heroin use than females, and many participants described female heroin users as even more desperate and hopeless than males: “vulgar,” sexually promiscuous, and prone to wear short skirts and tight clothing. Participants appear to imagine most heroin users in terms of a worst-case scenario, describing them as a stereotypical addict: extremely skinny, sallow, red-eyed, jaundiced, suffering from tremors, and scarred with track marks.

Most FGD participants described heroin users as “apathetic,” “rebellious,” “disrespectful,” irresponsible, and “ill-mannered.” They said that youth who use heroin are “ill-bred” and “seldom come from peaceful and well-off families.” They said that users are often youth who drop out of school, are uneducated, or lack faith in Allah. They described individuals who use heroin as “failures,” lacking purpose in life and having no future. Only a few participants said that youth who use heroin are similar to themselves and could be a part of their own social circle.

A common theme throughout the FGDs was that individuals with sufficient “willpower” can resist heroin, avoid becoming addicted, and recover from addiction. Most participants described individuals who can resist drugs like heroin as morally strong and possessing self-control.
“(Someone) who has strong willpower can go to a medical institution and be cured. However, someone with weak will won’t go anywhere (for treatment) because it’d be useless. Even if he undergoes treatment, after some time he’ll start taking drugs again because of his weak will.” (Tajik male FGD participant, Dushanbe, 16–18 years)

**Peer Pressure**

Some participants attributed the use of drugs such as heroin to peer pressure, especially when youth get involved with the wrong crowd. Some thought it inevitable that youth who spend time with others who use drugs will eventually use drugs themselves. While some informants who reported using drugs said that they made the decision to use independently, others said that they had succumbed to the pressure of their peers and feared being excluded if they did not use drugs.

“It’s kind of a herd instinct. Everybody’s doing it, and I was doing it, too. I didn’t want to look like a ‘white crow’ (outsider).” (Uzbek female drug user, Tashkent, 16–18 years)

One user described using drugs with friends as a “paradox” and explained that while some friends may encourage youth to use drugs in order to fit in, they eventually abandon individuals if drug use becomes a problem. He went on to explain that youth must ultimately take care of themselves because friends are unreliable.

**Money: Experimentation and Hopelessness**

While most participants believed that wealthy and poor youth use drugs, they identified different motivations for use. Several pointed out that wealthy youth can afford to buy drugs and have an opportunity to experiment with more expensive substances like marijuana, heroin, and opiates. Several participants and informants thought that wealthy youth turn to drugs out of boredom. They argued that when youth have too much money at their disposal, they do not know how to spend it and end up using drugs as a result. They agreed that many youth, especially wealthy youth, use drugs out of curiosity. Many participants considered experimentation to be a social norm. Common themes in FGDs were that “youth should try everything once in their lives,” “you should experiment while you’re young,” and “if you try something once, it can’t hurt you.” Some participants said that youth become curious when their friends brag about their own use and say they enjoy using drugs.
A common perception among participants was that poor youth use drugs like heroin to escape the hopelessness they feel as a result of living in poverty. Informants agreed and said that poor youth face a “dead end,” have no prospects for employment or a happy future, and turn to drugs to escape the harsh realities of their lives. One informant who disclosed that he uses heroin added:

“I’m not going to take heroin for long…but while our family has problems I need to sometimes forget about problems and therefore need (heroin).” (Tajik male drug user, Dushanbe, 16–18 years)

Some participants said that poverty and unemployment lead to desperation and that youth sometimes turn to heroin trafficking as a way to make money. They continued by saying that poor youth who see trafficking or dealing heroin as a way to make money eventually use it and become addicted.

“When a young guy sees that (heroin dealing is) a way to make money, he gets involved first in selling it and then he begins to take it himself. That’s how they become users.” (Tajik male FGD participant, Dushanbe, 13–15 years)

**Escape Interpersonal Problems**

Participant and informant comments revealed that some factors that lead to drug use are common to both poor and wealthy youth. While poor youth may use drugs to escape the realities of poverty and unemployment, youth of any economic status appear to use drugs to escape problems. Some participants added that youth sometimes use substances to rebel against parents or others who have wronged them.

Another common theme was social isolation. Participants and informants explained that youth often use substances when they feel unaccepted by peers or that they do not “fit in.” Many youth, they explained, turn to drugs when they feel as if others do not understand them.

“(When youth use drugs) they get away from their problems. A lot of people don’t understand them and this is a way for them, as the saying goes, to stop their distress.” (Tajik female FGD participant, Dushanbe, 16–18 years).
**Conclusions**

This study provides insights into Tajik and Uzbek youth’s attitudes toward drug use and factors that may render them vulnerable to use. Findings are particularly important for preventing injecting drug use among youth, one of the most efficient and common modes of HIV transmission in the region.

Youth appear highly knowledgeable about drugs and are aware of the widespread availability of and easy access to many substances. Although not as common as the use of alcohol, tobacco, or marijuana, heroin use appears to be on the rise. While youth are tolerant of alcohol, tobacco, and, to some extent, marijuana use, they are intolerant of heroin and opiate use, often criminalizing users and pointing to individuals outside of their own social circles as more likely to use such substances. This intolerance reinforces the belief that individuals who develop a dependency on drugs or allow drugs to interfere with their lives are different than themselves. No matter the substance used, a common belief is that individuals must demonstrate “willpower” and ensure that use does not interfere with their ability to socialize or maintain relationships.

Several factors appear to contribute to heroin and opiate use, including the belief that drug use is a problem for “others”; the perception that youth can control their use; and the common belief among youth that they are not susceptible to becoming a heroin addict because they do not fit the stereotypical profile of a user. Youth tend to distance themselves from users by describing worst-case scenarios in which addicts live on the periphery of their communities, lose their dignity, and allow substances to take over their lives. Other factors that were cited as contributing to substance use are peer pressure, curiosity, boredom, and a desire to escape interpersonal problems or social isolation.

As with all studies, this project faced some limitations that must be taken into account when analyzing data and drawing conclusions from results. The shortcomings of the study can be attributed to methods of data collection and the challenges inherent in working in a cross-cultural setting. As with all qualitative studies, results from focus groups and in-depth interviews
conducted in this study cannot be generalized to the larger populations of Tajikistan and Uzbekistan.

Participants in Tajikistan were recruited only from Dushanbe, allowing conclusions to be drawn from a limited area of the country. Additional data are needed from other areas of Tajikistan to gain a wider perspective on youth’s attitudes toward drugs and factors that influence use. Most participants were recruited from schools, so the perspective of disenfranchised youth and those with different experiences is missing from the study. Moderators in Tajikistan and Uzbekistan appeared to have varied capacities for conducting FGDs and interviews, with the data from Uzbekistan being more comprehensive than those from Tajikistan. In the future, additional supervision may be required to ensure consistency in data collection across countries and to improve moderators’ skills.

Bias may have been introduced during data collection and analysis. Discussion guides were long and covered a wide range of topics, potentially resulting in participant fatigue or an inability to explore particular topics in depth. Moderators may have influenced the course of discussion or inadvertently imposed their views on participants, affecting study results. Some FGDs contained 10 or more participants, which may have influenced the dynamics of the discussion and prevented more reserved individuals from participating. Finally, because data were translated and subsequently analyzed by non-Russian- and non-Uzbek-speaking researchers, some nuances of language may have been lost.

**Programmatic Implications**

Despite these challenges, findings from this study suggest several areas for future work in HIV prevention. While the study revealed general perspectives about drug use and injecting among youth, in-depth research is needed with current and former IDUs or heroin users to identify factors that contributed to their experimentation and regular use. Such research could help programs better target youth who are at greatest risk of use.

Several study findings, including youth’s misconceptions about opiate use, benefits associated with opiate use, and peer pressure to experiment with substances, suggest that DDRP programs
should initially target youth who have friends or relatives who inject heroin. Many youth said that they had been exposed to injecting in their communities, indicating that youth who live along trafficking routes and in communities where IDU is common should also be a high priority for interventions. While these at-risk youth should constitute the primary target audience for behavior change communication (BCC) programs, parents and other adults who have contact with youth at risk of becoming heroin users or drug injectors are a potential secondary audience for prevention messages.

Once proper targeting has been established, programs should prioritize messages that increase knowledge about the links among heroin, injecting, and HIV/AIDS risk. Messages should challenge youth’s beliefs that the consequences of heroin use are primarily overdose and strained social relationships. Of more immediate concern is their elevated risk for HIV infection when experimenting with injectable drugs. Youth should understand that injecting is one of the most efficient and common modes of HIV transmission in the region. In addition, youth must understand that substances, including heroin, can contribute to high-risk behaviors that lead to sexually transmitted infections (STIs) and HIV/AIDS risk, such as unplanned sexual activity and inconsistent condom use. Programs should also confront youth’s perceptions that heroin use is a problem for people other than themselves, the belief that youth can control their use, and the perception that they are not susceptible to heroin use because they do not fit the profile of a typical user.

Prevention efforts should connect youth to confidential and reliable sources of drug and HIV/AIDS information to help them make informed choices about drug use and the risk of HIV infection. Programs that employ former heroin users as trained peer educators could lend credibility to prevention messages and challenge youth’s beliefs about “typical users.” Mass media campaigns could employ positive role models who choose not to inject drugs because they are informed, empowered, and know how to protect themselves from HIV/AIDS. Programs should go beyond merely providing information about the consequences of using and injecting drugs and should increase self-efficacy among at-risk youth to reject drug use and equip them with decision-making and communication skills to confront real-life situations in which they must decide whether or not to use or inject drugs. Moreover, programs should link youth
who are at highest risk of injecting drug use with alternative activities, such as drop-in centers, sports programs, and youth clubs.

Finally, programs should work with communities to decrease the stigma surrounding heroin users and IDUs. A public health perspective should be promoted to improve community attitudes, and community leaders should outline practical approaches to dealing with the problem of rising rates of drug use among youth. Programs should challenge the attitude that law enforcement is the main tool for drug use prevention and should promote tolerance for programs that provide treatment options for people who are addicted to drugs. Communities and their leaders should be challenged to provide medical care and social services to heroin users. Communities should also understand that addiction is a disease, not a sign of compromised willpower or moral shortcomings. Programs should model best practices and encourage more sympathetic approaches to IDUs by creating supportive environments for preventing heroin use, keeping users clean, and preventing HIV transmission.
REFERENCES


Focus Group Moderator’s Guide

Introduction (5 minutes)

A. Introduction. Hello, my name is ___________, I work at Expert Research Center in Tashkent. I guess most of you have never participated in such a discussion that we are going to conduct today. I want to thank you for having come to take part in our discussion. I would like to talk to you about the problems you are dealing with in your environment - in those places where you live, where you study or which you visit.

B. The aim of the discussion. Our main aim is to find out what you PERSONALLY think and know about the issues we are going to discuss. I am not acting as a teacher, and I am not going to teach you anything, - on the contrary, YOU YOURSELF will be telling everything that you know or think. Besides your group, we are going to have discussions with several other groups in different regions of Uzbekistan. The results of our discussions will help us understand the problems you are dealing with, and, probably, help you solve them.

C. Discussion methods. Here are several main rules of our discussion.

• The discussion will last approximately one hour, and will be recorded on a dictating machine, - not to miss any of your thoughts. This is all done so that we did not miss anything from what you are going to say. I can promise you that nobody except our research group will hear what you are going to say today. Neither your last names, nor your first names will be mentioned anywhere.

• There cannot be right or wrong answers during our discussion. We would like to hear everything that you think, - based on your beliefs and experience. You may not agree with each other, you can make positive or negative remarks. If you do not agree with somebody please speak up. Let us respect each other’s opinion. Feel absolutely free to express yourself.

• It’s very important for us to hear each of you, - that’s why please speak up when you are going to say something. Since we are going to record the discussion, please try to speak in turn, - because only in this case we’ll be able to hear everyone of you. Please try to make your answers precise. Our task in this discussion is to gather different opinions.

• I am not going to express my opinion. My role is to guide the discussion so that each of you could have a chance to speak and to be heard. If I interrupt you and change the theme please don’t be angry with me. We have a lot of themes do discuss, and sometimes I’ve got to quickly change the theme for another one. We will be able to talk more after the discussion, - if you have a feeling that something has been missed. If you need to go out during the discussion don’t hesitate to ask me about that. Do you have any questions?

D. Introduction of participants. Let’s start our discussion with introducing each other. As I already said, my name is ___________. I would like each of you to introduce yourself, and tell us a little about yourself: what do you like to do in your free time, why, etc. Please, let’s start with…
1. **General problems (10 minutes)**

A. Let’s start with general issues. Please tell me what problems youths your age deal with?
   • What problems do you deal with at school? Why, - do you think, - you have to deal with these problems?
   **MODERATOR, PLEASE PROBE:**
   ▶ Relationships between students.
   ▶ Relationships between students and teachers.

B. What problems do you have to deal with at home? Why?
   **MODERATOR, PLEASE PROBE:**
   ▶ Understanding on the part of adults.
   ▶ Economic difficulties.
   ▶ Alcohol use at home.

C. Maybe, you are facing problems in your relationships with other young people?
   • If so, with whom exactly? With your elders or with the younger? Why?
   • What kind of problems are they, exactly?

D. Do you have health-related problems? What kind of problems? How do you solve these problems?
   • How often, - in your opinion, - do youths your age use alcohol today? Have you learned that from the others, or you’ve seen it yourself? If you’ve seen it yourself, - where exactly? DON’T mention any names, please, - we are only interested in your observations on the whole.
   • How often do youths your age smoke today? How many per cent of them, - 20%, 30%, 50% or more? How have you determined that?
   • And the last thing I would like to ask you - how often do young people use drugs today? How many per cent of them, approximately, - 20%, 30%, 50% or more? How have you determined that?

2. **Different substances/drugs use (30 minutes)**

You’ve mentioned… [NAME ANY SUBSTANCE/DRUG THAT HAS BEEN MENTIONED IN THE COURSE OF THE DISCUSSION]. Now, I’d like to ask you to name all the substances/drugs that you know youths use. Please feel absolutely free when you name these substances. Give the names that youths are using, - the names you’ve heard, - even if they are slang words. We’d like to know as many of these names as possible, - all those different names that young people are using for these substances. [WRITE DOWN ALL THE NAMES BEING MENTIONED ON THE BOARD - SO THAT THE PARTICIPANTS COULD SEE THE WHOLE LIST. FIND OUT WHAT THE PARTICIPANTS MEAN BY EACH OF THE SUBSTANCES].

[LOOK THROUGH THE LIST TOGETHER WITH THE PARTICIPANTS]. Could you remember any other substances that haven’t been mentioned?
MODERATOR: IF ALCOHOL AND TOBACCO HAVEN'T BEEN MENTIONED, ASK THE PARTICIPANTS IF THEY THINK THAT THESE SUBSTANCES ARE ALSO RELATED TO YOUTHS. [THEN ADD THEM TO THE IST].

- Which of these substances, - in your opinion, - are the most popular among youths on the whole? Please explain, why.
- Which of these substances, - in your opinion, - are the least popular among youths on the whole? Please explain, why.

You said that... [NAME THE SUBSTANCES THAT HAVE BEEN MENTIONED AS THE MOST POPULAR] - are the most popular among youths. And what do people around you, - in your mahalla/community, - think about these substances? Which of them are regarded by people as a normal thing to be used?

- What makes them as a normal thing to be used? Why do people think that it's a normal thing to use them?
- Which of these substances are the least harmful? Why?

Which of these substances are regarded by the people from your mahalla/environment as bad?

- What makes them bad? Why do people think that it's bad to use them?
- Which of these substances are the most dangerous? Why?
- Where and how do youths find these substances?

Which of these substances are being used most often? [MARK EACH SUBSTANCE WITH A STAR].

REGARDING EACH OF THE SUBSTANCES MARKED WITH A STAR (CHOSE NO MORE THAN THREE) ASK THE PARTICIPANTS:

- What do youths your age think about their peers who use ------?
- Under what circumstances, - in your opinion, - is it normal for youths to use ------? Please explain why.
- Who are those young people who use ------? I'd like to remind you that we are not interested in names or any other information about these people. Let’s simply make a picture of young boys and girls who use ------. How would you describe a boy who uses ------? And how would you describe a girl who uses ------? [MODERATOR, PLEASE PROBE: WHOM DO THEY MAKE FRIENDS WITH? HOW DO THEY DRESS THEMSELVES? ARE THEY RICH OR POOR? ETC.]

MODERATOR, PLEASE PROBE:

- Do youths at your school use ------?
- How do you find out who of the young people uses ------?
- What can you say about those young people who do not attend school?

At what age do they usually start using ------?

- Why, do you think, youths start using ------? How do they usually start it?
- What are the main reasons for youths to use ------? What other reasons? Why?
3. Consequences of using different substances/drugs (20 minutes)

A. Now, let’s talk a little about negative effect of different substances/drugs, if any. Do you think that drug use has any negative effect?
   • What negative effect, exactly? Why do you think so? Are there any examples that prove that?
   
   MODERATOR, PLEASE PROBE:
   ▶ Health consequences.
   ▶ Economic consequences.
   ▶ Social consequences (studies at school, fights, accidents, sexual encounters).
   ▶ Consequences for relationships with people (affects relationships with friends, relations in the family, etc.).

B. What are the conditions, the environment or the circumstances under which youths are taking drugs?
   
   MODERATOR, PLEASE PROBE:
   ▶ Alone (without any other people being present).
   ▶ At parties, disco clubs, etc.
   ▶ Together with friends. [MODERATOR, TRY TO FIND OUT WHAT PLACES YOUTHS ARE VISITING TO USE PARTY DRUGS /LIGHT DRUGS].

C. What, - in your opinion, - could stop a boy or a girl when they are just starting to use drugs? Please, explain.
   
   MODERATOR, PLEASE PROBE:
   ▶ Restraining factors.
   ▶ Motifs for continuing drug use.

D. Please tell about those young people who DO NOT USE drugs?
   • Do they differ from the other young people? If so, what is this difference?
   • How do they differ from those who use drugs? If so, what is this difference?
   • Let’s make a picture of boys and girls who DO NOT USE drugs. How would you describe a boy who DOES NOT USE drugs? How would you describe a girl who DOES NOT USE drugs? [MODERATOR, PLEASE PROBE: WHOM DO THEY MAKE FRIENDS WITH? HOW DO THEY DRESS THEMSELVES? ARE THEY RICH OR POOR? ETC.]

4. Relationships with the people around you regarding drug use (20 minutes)

A. Please tell me, - if somebody, - say, some of your friends, - would offer you to start using one of these substances, - what would you do, and what could you do?
   • Would you tell anybody about that? Whom would you tell about that? Why him/her?
   • Would you ask anybody for help? Where could you go to ask for help? Why?

B. Whom could a boy or a girl who is using these substances ask to help to get rid of this habit?
   • Could they be cured?
• Where could they go to get treatment?
• Are there such places where young people are getting or could get information about drug abuse or drug use prevention? What are these places? Why these places?

C. Whom, - in the opinion of youths, - would it be most comfortable to talk with about these sensitive issues, - like drug abuse?

D. We would like to develop a youth drug use prevention program. What could you advise us to do to create such an aid program?

• Whom would youths be more ready to receive information about drug abuse from? In other words, whom would youths trust more in these issues?
  MODERATOR, PLEASE PROBE:
  ▶ Parents, teachers, peers, medical workers, or somebody else.

• What places would be the best to be used for youths drug use prevention activities?
  MODERATOR, PLEASE PROBE:
  ▶ Youth centers.
  ▶ Schools (school education).
  ▶ Special events (sports competitions, theatrical circles, etc.)

• In what form should the information be delivered so that youths perceived it in a most efficient way?
  MODERATOR, PLEASE PROBE:
  ▶ Brochures.
  ▶ Posters.
  ▶ TV, TV programs.
  ▶ Radio, radio programs.
  ▶ Other boys or girls delivering this information.
  ▶ Other.

• Have you seen anywhere the information about drug abuse hazards? Where did you see this information? Did you like it? Why did you, or didn’t you?

• Would you be interested in distributing the information about drug abuse hazards? Why would you, or wouldn’t you?

E. What (what kind of activities) could interest young boys or girls, - if we are to offer them some way of spending their free time? Why this?

F. You have shared many ideas today about the ways how we could help young people like you. The last question I’d like to ask you: what, do you think, is the best way to save young people from even trying any drug?
  • And what is the best way to help those young people who are already using drugs?
5. Conclusion

This is all that I wanted to talk to you about. Do you have any questions? It has been a good discussion, and I’ve learned a lot from you. I’d like to promise you again that nobody except our research group will learn about what we’ve talked about. You yourself can tell the others about what was going on here, but the only thing I’d like to ask you about: do not mention the names of the participants of our discussion. These are our rules. I thank you for the participation in our discussion. Be well.
APPENDIX 2

Discussion Guide for In-Depth Interview
Recreational Drug Users

Thank you very much for having agreed to this conversation. I appreciate your willingness to help us better understand the experience of young people like you. What you are going to tell me today will help us greatly to organize events and programs aimed at prevention of drug abuse among young people like you.

Let me tell you how our conversation will be conducted, and also remind you what issues we are going to touch upon. I am going to ask you questions, and you will be answering them. Please try to answer my questions in detail. Our conversation will be devoted to youths, their life and the problems they are facing.

Your opinion is very important to us, and I’d like to be sure we are not going to miss anything that you will tell me. That’s why, if you don’t mind, I will be recording everything you will be saying on a dictating machine. I guarantee you that neither your name, nor any other information about you will be mentioned anywhere. Nobody except the members of our research group will be able to find out what you’ve said here. Do you mind if I record our conversation on a dictating machine? [IF THE INFORMANT DOES, TAKE THE DICTATING MACHINE AWAY AND WRITE HIS/HER ANSWERS DOWN WITH A PEN].

A. General problems

1. Maybe, we’ll start with you telling me a little about yourself? Tell me about your interests, what you are thinking about today, what concerns you, what you are occupied with?
   • Are you concerned about your future? Why are you, or aren’t you? What exactly concerns you?

2. Could you tell me a little about your life, about your family? Are you a good student? What are your relationships at school with your teachers and your schoolmates like? Tell me about your friends, please.
   • How do you usually spend your free time? Whom do you meet with, what do you do?
   • Are you going in for sports? What sports?
   • Do you have any interests, or, as they say, - hobbies? What hobbies?
   • Are you already thinking about your future after school? Why?
   • Please tell me, who else, besides you, is in your family? [PROBE: FATHER, MOTHER, BROTHERS, SISTERS, OTHER RELATIVES].
   • Could you tell me a little about your family members - what they do, where they work or study? [PROBE: PROFESSION, EDUCATION, ETC. OF THE FAMILY MEMBERS].

3. Please tell me a little about the people you know. Are their problems similar to the problems you and your family are facing?
   • What do you think is the similarity and the difference between your and their problems?
• Do they manage to solve their problems? How do they solve them?

4. How similar are the other boys' and girls' problems to the problems you are facing?
   • Is there any similarity or any difference between your and their problems? What is this similarity or difference?
   • Do they manage to solve their problems? How do they solve them?

B. Motifs for drug use

1. One of the reasons why I asked you to participate in this conversation is the fact that you use, at least sometimes, -----. [NAME THE SUBSTANCE/DRUG THAT THE INFORMANT USES]. I'd like to know how and why you started using -----. Do you remember how it happened for the first time? Please give me as more details as possible about that.
   Could you tell me what made you try -----. PROBE:
   ▶ Family situation.
   ▶ Boredom.
   ▶ Influence of friends and acquaintances.
   ▶ Availability and accessibility of this substance.
   ▶ Problems at school.
   ▶ Other.

   • Why did you decide to try it?
   PROBE:
   ▶ You were curious.
   ▶ You wanted to experience new sensations.
   ▶ You were afraid that the others would laugh at you.

   • Did anybody influence you or make you try it? Do not mention any names, just say who that was - your friends, your acquaintances, or somebody from you family? If somebody influenced you or exerted any pressure on you, - how strong was that influence?
   PROBE:
   ▶ He was intimidating you, beating you.
   ▶ He was threatening you with something.
   ▶ He was persuading you to try.

   • Why did you yield to this pressure?
   PROBE:
   ▶ You were afraid for yourself or for somebody else.
   ▶ You decided that it would do no harm to try it once.
   ▶ You were afraid that the others would be laughing at you.

2. Tell me, please, - why did you continue to use -----. after you tried it once? Did anybody force you to do it, or it was your independent decision? If somebody forced you, - how was is happening?
• Please, tell me, - what exactly, - what advantage or benefits, - do you get from using -----? [PLEASE NOTE: HERE INFORMATION ABOUT SOCIAL BENEFITS IS NEEDED. IF THE INFORMANT STARTS TO TALK ABOUT PHYSICAL ASPECTS - PLEASANT SENSATIONS - ‘KAIF’, ETC., - CHANGE THE CONVERSATION TO THE BENEFITS FOR RELATIONSHIPS WITH THE OTHER PEOPLE FROM HIS/HER ENVIRONMENT].

PROBE:
▶ Support on the part of peers, participation in a company, friendship with other young people, making new friends.
▶ Using ----- helps to distinguish yourself from the others, to feel superior, ‘tough’.
▶ Using ----- helps to bear the problems at school and at home.

• Have you encountered any bad consequences of ----- use? Please tell me about that in detail.

PROBE:
▶ Health problems.
▶ Problems in relationships with relatives, other people.
▶ Financial problems.

3. Are there any other substances that you have tried? What are these substances? [PROBE: ALCOHOL, TOBACCO, OTHER].

• And what advantage or benefits do you get from using these other substances/drugs? [PLEASE NOTE: HERE, - LIKE BEFORE, - INFORMATION ABOUT SOCIAL BENEFITS IS NEEDED. ASK THE INFORMANT ON EACH OF THE SUBSTANCES MENTIONED BY HIM/HER].

PROBE:
▶ Support on the part of peers, participation in a company, friendship with other young people, making new friends.
▶ Using ----- helps to distinguish yourself from the others, to feel superior, ‘tough’.
▶ Using ----- helps to bear the problems at school and at home.

• Have you encountered any bad consequences of using these substances/drugs? [ASK THE INFORMANT ON EACH OF THE SUBSTANCES MENTIONED BY HIM/HER].

PROBE:
▶ Health problems.
▶ Problems in relationships with relatives, other people.
▶ Financial problems.
▶ Other.

C. Perceptions of drug use

1. What is your neighbors’ attitude towards you? Why?

• Do they know that you use -----? If they do, how do you feel towards them? What feelings do you experience?

PROBE:
• Shame.
• Irritation, anger.
• Indifference.

• If your neighbors do not know that you use ----, are you trying to hide that from them or not? If you are, - why?
  PROBE:
  ▶ Shame.
  ▶ Fear.

2. You’ve mentioned different substances that you or other people use.
  • Are there any substances among them which you, personally, consider harmless or just a little harmful? What substances are they? Why?
    [ASK ON EACH OF ‘HARMLESS’ SUBSTANCES MENTIONED BY THE INFORMANT].
  • Are there any substances among them which you, personally, consider extremely harmful? What substances are they? Why?
    [ASK ON EACH OF ‘EXTREMELY HARMFUL’ SUBSTANCES MENTIONED BY THE INFORMANT].
  • Which of these substances are absolutely unacceptable? Why?

E. Obstacles to behavioral changes

1. Let’s talk a little about chances to quit using drugs. Have you ever tried quitting using ----?
   [NAME ALL THE SUBSTANCES THAT THE INFORMANT USES]?
   • If you have, - how many times? What prevented you from quitting using ----?
     PROBE:
     ▶ Pressure on the part of friends, peers.
     ▶ Addiction (you are feeling bad without it).
     ▶ Other.
   • Why did you try to stop using ----?
     PROBE:
     ▶ Pressure from your friends, peers.
     ▶ Health problems.
     ▶ Growing awareness of drug use as a serious problem.
     ▶ Financial reasons (you’ve run out of money to buy drugs).
     ▶ Having learned new information about drug use hazards.
     ▶ Having met with a doctor or a drug abuse clinic worker who was trying to persuade you to quit.
     ▶ Pressure on the part of your family.
     ▶ Disapproval on the part of your neighbors, your environment.
     ▶ Other.

2. Please tell me how you tried to stop using ----. Did you just stop using it, or you were taking some medicine? If you were, - what medicine was it?
• What happened after you tried to stop? Did you succeed for some time? If so, for how long weren’t you using -----?
• What happened after that? Please, tell me about it in detail.

3. Do you have any friends/acquaintances who also tried to stop using drugs?
   • What was the result of their efforts?
   • Did they succeed or not?
     ▶ If they did, why, - in your opinion, - were they able to stop? Did they possess some special qualities, or something else helped them? What exactly?
     ▶ If not, what prevented them from stopping?

4. What prevents you from stopping using -----?
   • What would you need to want to stop?

5. We would like to develop a youth drug use prevention program. What could you advise us to do to be able to create such an aid program?
   • Whom, do you think, would youths trust more in perceiving the information on drug abuse? In other words, whom would they trust more in these issues?
     PROBE:
     ▶ Parents, teachers, peers, medical workers, or somebody else.
   • What places would be the best to be used for youths drug use prevention activities?
     PROBE:
     ▶ Youth centers.
     ▶ Schools (school education).
     ▶ Special events (sports competitions, theatrical circles, etc.)
   • In what form should the information be delivered so that youths perceived it in a most efficient way?
     PROBE:
     ▶ Brochures.
     ▶ Posters.
     ▶ TV, TV programs.
     ▶ Radio, radio programs.
     ▶ Other boys or girls delivering this information.
     ▶ Other.

6. I wanted to learn about your experience with drug use and hear your opinion as for what should be done in future to help the other boys and girls. I’ve received a lot of useful information from you. Do you have anything else that you would like to add to what we’ve already discussed? Maybe, something has been missed?

I thank you again for our conversation. I hope it’ll contribute to the future activities aimed at drug abuse prevention. I wish you all the best!
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