For proponents of democracy, there is much to cheer about since the collapse of the Soviet Union—freedom of speech and movement in most of the region’s new countries, for example—but few would call the past decade kind or easy. Living standards plummeted as state-run economies imploded, leaving often bewildered populations—from Central Asia to Germany’s eastern border—to struggle financially and emotionally. While the post-Communist economic freefall that began in the 1990s seems to have slowed, most Eastern European and Central Asian countries now face decades of rebuilding, not only their crumbling infrastructure and inadequate social-service systems, but their very national psyches as well.

The challenges of eking out a reasonably comfortable and fulfilling existence amidst widespread poverty and limited opportunity are daunting enough for adults; for young people, however, they are often nearly impossible. Recent studies1 show that the region’s youth, especially in the hardest-hit countries in Central Asia including Kazakhstan, Kyrgyzstan, and Tajikistan, are in worse health—based on just about every conceivable measure—than comparable age groups before the 1990s. What is equally alarming is that many of these children are caught in a dangerous downward spiral of risk-taking, both intentional and inadvertent. At the same time that they are taking greater risks, they have less access to health information and resources. Without concerted and targeted intervention, the number of the region’s youth who contract HIV or other sexually transmitted infections (STIs) from unprotected sex or drug use will skyrocket, leading to public health problems of almost unimaginable proportions for such poor countries.

One way to begin to reverse these trends is to take a reality-based, pragmatic approach: focus on harm reduction first, before dealing with the root causes. Drug use and sex work among young people are undeniably undesirable activities that should be discouraged, but in reality, the most compassionate, immediate need is to safeguard an individual’s health and his or her very life by making these activities as safe as possible. A harm reduction policy stresses the decrease of risk among drug users and sexually active people by providing them with clean needles and condoms, for example, rather than by demonizing their behavior or trying to force ultimately unworkable larger behavior changes. Those changes may come later, but first people—especially at-risk youth—must stay alive.

A Region in Crisis: The Plight of Central Asian Youth

A quick look at the current status of Central Asian youth shows the severity of the situation. The number of homeless children, often as young as 10, is rising rapidly. Many of them are on the streets because of dysfunctional family situations. Parents become abusive or unresponsive as their financial situations deteriorate, and many turn to alcohol and drugs. Young people often have no choice but to leave their homes—many are basically forced out of them as well—and end up on the streets, poorly clad, ill-educated, and desperate for money for food, let alone shelter. In Soviet times they might have been placed in orphanages, which although often substandard, provided some semblance of structure. But few of the region’s governments can afford to subsidize decent orphanages or foster-care systems, and those that do exist often fail to provide the kind of services needed by young people. (See “Homeless Children in the NIS and CEE,” page 54.)

As a result, these children must make do as best they can. With the drug trade exploding across Central Asia, the prime transit route from Afghanistan—a major opium poppy producer—to Russia and Western Europe, children often support themselves by selling drugs, which may lead to using them as well. Hard figures regarding the number of teenage drug users are difficult to obtain, but extrapolating from other data paints a frightening picture. According to a recent study by the United Nations Children’s Fund (UNICEF),2 just 24 percent of 15- to 18-year-olds in Tajikistan were enrolled in school, compared with 61 percent in 1989. Similarly, the country’s Ministry of Education reported that overall literacy levels plunged from 97.7 percent in 1989 to 66.4 percent in 1998,3 which may simply reflect more accurate reporting.

What has become of the three-quarters of Tajikistan’s youth who are not in secondary school? Many of them were forced to
drop out because rising school fees put state-sponsored education out of the reach of lower-income families. Others left to help their families financially by working. In rural areas that may mean full days picking crops, and in cities it can mean anything from low-paying odd jobs—carrying baggage, for example—and begging, to serving as look-outs for illegal activities, including drug-related transactions.

This pattern is the same in Dushanbe, Almaty, and Bishkek. A stroll through city streets reveals a shocking number of unkempt young people who, when they aren’t actively seeking a hand-out or roaming about aimlessly, are hanging out, bored and lethargic, in crumbling apartment blocks or on street corners. Naturally many of them seek to forget their general sense of gloom, even if just temporarily, through drugs and sex. The street kids who try to avoid these paths find it difficult due to economic realities, peer pressure—physical, as well as emotional—and adults who take advantage of their situation, cajoling or forcing them into sex work, for instance.

Central Asian governments have been unable to develop, let alone implement, meaningful strategies to help their vulnerable youth. The reasons are both economic and cultural. Officials are struggling to provide the very basics to prevent living standards from falling even further during the transition to more-or-less capitalist systems. Drug users and sex workers—especially young ones, who have little clout and aren’t likely to care about politics—are often seen as the most expendable members of society, so few resources or opportunities trickle down to them. At the same time, drug use and sex remain taboo subjects among most people, from government ministers to rural farm workers, because of traditional Muslim mores. There is a strong, persistent belief that distributing condoms or providing explicit HIV education will encourage sex and drug use. Authorities, especially the police, are therefore often more of a hindrance toward developing effective strategies because they distrust harm reduction approaches and their strict law-and-order focus makes them feared greatly by those on the street.

Non-governmental organizations (NGOs) that focus on young people do exist in the region, but few have policies or programs appropriate to the current realities. Homeless and at-risk youth need more than just an occasional hot meal and family therapy. They need basic understanding and acceptance coupled with the sense that those trying to help them are aware of the complexities of their lives.

An Approach to Harm Reduction
One organization supported by the Open Society Institute’s International Harm Reduction Development program (IHRD) has implemented a relatively new program in Central Asia to address the needs of homeless and at-risk youth. Street Kids International (SKI), a Canadian NGO, adheres closely to harm reduction principles. The organization’s philosophy stems from acknowledging that children are sexually active and ingest drugs;
the morality of neither activity plays a role in its projects. The organization’s initiatives focus on giving at-risk youth as much information and support as possible so that these children can make responsible decisions about using drugs or engaging in sex.

Existing NGOs in the region have noble intentions and plenty of good will but often come across as rigid and irrelevant. SKI tackles this problem by training local outreach workers and service providers to be more effective, primarily by holding Risk and Decision-Making Workshops that teach these providers to recognize and accept the reality of their clients’ lives—and to develop programs that directly address these findings.

At the most basic level, SKI stresses that outreach workers must go out on the streets and make every possible effort to have their services meet both the schedules and needs of their clients. For example, if young drug users in one neighborhood habitually meet to share “works” at a certain time in the afternoon, a trusted outreach worker should drop by during that time with clean needles, bleach, and referral information about treatment centers, if they exist. Or, if homeless kids are hungriest in the late evening, that’s the time to have sandwiches available at a drop-in center.

SKI currently offers its workshops and training programs to those who work with youth in Kazakhstan, Kyrgyzstan, and Tajikistan. The response has been overwhelmingly positive, with workers in cities such as Karaganda and Kostanai, both in Kazakhstan, reporting that SKI’s use of honest, provocative educational videos and role-playing techniques has made them much more attuned to the risks young people face on a regular basis. As workers learn more appropriate strategies, they are able to offer far better services to young people, even with limited resources. SKI’s training covers three stages; at the conclusion of the final one, local organizations take full ownership of the programs.

SKI hopes to expand its Central Asian pilot programs to other areas of the former Soviet Union, in particular Russia. A recent report from a researcher at the Russian Academy of Medical Sciences estimates that the number of drug users in Russia has increased 12-fold over the past decade, with the number of teenage drug addicts multiplying by an astounding 18 times. Children are now thought to comprise more than one-fourth of all new drug addicts, of which there are some three million in the country. The report noted that about 90 percent of new HIV infections reported in 2000 were attributed to intravenous drug use, so it is clear that Russia is sitting on an AIDS time bomb. It would take several decades for the country to recover from losing nearly an entire generation to AIDS and related social ills. Ukraine and Belarus are facing the same public-health disasters; the situation is less bleak but still potentially dire in Romania, Bulgaria, and the Baltic nations.

In general, the wrenching transition away from Communism is a positive development because it has given the region’s people more liberty and responsibility, as well as allowed them to move toward open, honest discussion of their societies and future. But the countries themselves and the world in general cannot afford to sit by and wait for the economies to improve and relative prosperity to grow. Young people are the casualties of transition, the most vulnerable and unprepared. The health-related and social damage they are incurring now—from HIV infection, imprisonment, instinctive distrust of any authority, and loss of hope—can never be undone. If the proper investment in their future is not made now, thousands, if not millions, of lives may be lost to disease and neglect. Many of these deaths can be prevented if policy makers and social-service providers realize that there is no point in pretending that kids do not inject drugs or sell themselves for sex. SKI and similar organizations recognize that keeping at-risk youth safe is the top priority; addressing the causes of risk-taking behavior can come later, in the wake of education and a subsequently more tolerant society that is willing to take aggressive and controversial measures to safeguard its future.

References
5. For more information on SKI, visit www.streetkids.org.