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ASSESSMENT REPORTS ON THE STATE OF PLAY OF DRUG POLICY MAKING IN CENTRAL ASIA

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ASSESSMENT REPORT ON THE STATE OF PLAY OF DRUG POLICY MAKING IN CENTRAL ASIA

CADAP 6 Policy Component (C1)

BISHKEK, MARCH 2017

Contents of the Report

Foreword

In memory of our friend and colleague Franz Trautmann, CADAP Component 1 Leader, who passed away on Saturday, 11 June 2016. As an educational scientist, a researcher and drug abuse specialist, Franz touched countless lives and always took time to share his knowledge, passion and optimism with his family, friends, partners and collaborators. He is missed by everyone who was lucky enough to know, learn from and work with him.

For the first time, the Central Asia Drug Action Programme Phase 6 (CADAP 6) sets out proposals for reviewing and supporting the development of strategies, action plans and legislations employing European good practices. The Trimbos Institute incorporates a balanced policy approach with the latest developments and achievements in the field of drug demand reduction and other drug-related policy forms (including new approaches supported by CADAPs' previous phases) and overarches the actions covered by the other components, namely national focal points, drug use prevention mechanisms, prevention campaigns, treatment methodologies and social/street work. Trimbos' strategy follows an integrated and plural approach to drug policy by inter-agency coordination, trans-regional and international cooperation. Discussions with stakeholders on assessment and options are based on local needs and specificity.

CADAP 6 strengthens beneficiary countries' institutions along with organizational, technical and legal capacities. This improves the general conditions on which a sustainable response to the drug phenomenon in the region can be built. By strengthening leadership and ownership of the partners' countries stakeholders and decision makers (both from the demand side and from the supply side – the two core constituents of drug policy) the prerequisites for a sustained engagement of key players are being created. In the current implementation phase, CADAP has presented experiences of EU Member States, case studies of policy making process and policy implementation through seminars and workshops at regional and national conferences. Furthermore, the considerable experience of national partners has been mobilized and encouraged by collecting and exchanging the already available knowledge.

Ernest Robelló
CADAP 6 Project Leader

Acknowledgments

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Trimbos Institute is grateful to all participating competent agencies which shared their data and information with the team, in particular all involved national authorities and other stakeholders in the Central Asian Countries responsible for drug policies.

Trimbos Insitute is thankful to the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH in its function as CADAP project leader for supporting the preparation and publication of this report that benefited from financial contributions from the European Union and Germany.

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Disclaimer

This present report has used data and information which was gathered from literature, other information sources and interviews, and reflects the opinions and ideas of the authors. It does not represent in any form the official stance of the Central Asian governments in relation to the topics contained in the text. The report should foster regional exchange of expertise, learning and discourse on the applied policies and practices, aiming to increase effective drug policies based on evidence and human rights.

Comments on the report are welcome and can be sent to:

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Abbreviations and terminology

AFEW:	Aids Foundation East West
AIDS:	Acquired immunodeficiency syndrome
ARV:	Antiretroviral therapy
BBS:	Bio-behavioural (surveillance) survey
BOMCA:	Border Management Programme in Central Asia (EU)
CA:	Central Asia
CADAP:	Central Asia Drug Action Programme (EU)
CARICC:	Central Asian Regional Information and Coordination Centre for Combating Illicit Trafficking of Narcotic Drugs, Psychotropic Substances and ther Precursors
CC:	Criminal code
CDC:	Center for Disease Control and Prevention
CND:	Commission on Narcotic Drugs (UN)
CSTO:	Collective Security Treaty Organization
DAMOS:	Drug epidemiology database collection and development component of CADAP
DCA:	Drug Control Agency
DEA:	Drug Enforcement Administration
EMCDDA:	European Monitoring Centre for Drugs and Drug Addiction
ESPAD:	European School Survey Project on Alcohol and Drugs
EU:	European Union
GDP:	Gross domestic product
GFATM:	Global Fund to Fight AIDS, Tuberculosis and Malaria
GPO:	General Prosecutor's Office
HBV:	Hepatitis B virus
HCV:	Hepatitis C virus
HIV:	Human immunodeficiency virus
HR:	Harm reduction
ICAP:	International Center for AIDS Care and Treatment Programs
ICD-10:	10th Revision of the International Statistical Classification of Diseases and Related Health
IDU:	Injecting drug user
INCB:	International Narcotics Control Board
MCAD:	Monitoring Centre for Alcohol and Drugs (Kazakhstan)
MEDISSA:	Drug prevention component of CADAP (EU)
MoH:	Ministry of Health
MoHSP:	Ministry of Health and Social Protection

MoI:	Ministry of Interior
MP:	Member of Parliament
NCCDC:	The National Coordination Committee on Drug Control (Kyrgyzstan)
NCDC:	National Centre for Drug Control (Uzbekistan)
NGO:	Non-governmental organization
NPS:	New psychoactive substances
NSP:	Needle and syringe programme
OSCE:	Organisation for Security and Cooperation in Europe
OST:	Opioid substitution therapy
PAS:	Psychoactive substances
PDU:	Problem drug use
PLHIV:	Persons (people) living with HIV
PWUD/PWID:	People who use/inject drugs
RSPC MSPDA:	Republican Scientific and Practical Centre for Medical and Social Problems of Drug Addiction (Kazakhstan)
SCDC:	State Commission on Drug Control (Uzbekistan)
SDCS:	State Drug Control Service (Kyrgyzstan)
SMR:	Standardised Mortality Ratio
SSPSHS:	State Service to Protect the Security of a Healthy Society (Turkmenistan)
TREAT:	Treatment methodologies component of CADAP
UN:	United Nations
UNAIDS:	Joint United Nations Program on HIV/AIDS
UNFPA:	United Nations Population Fund
UNODC (ROCA):	United Nations Office on Drugs and Crime (Reg. Office CA)
USAID:	United States Agency for International Development

Report on the State of Play of Drug Policy Making in the Republic of Kazakhstan

CADAP 6 - Component 1: National Drug Strategy

Bob Keizer and Franz Trautmann (Trimbos Institute)

Table of Contents

A. Introduction

This report is part of the work conducted by the Central Asia Drug Action Programme Phase 6 (CADAP 6). This project is funded by the European Commission (DG Development and Cooperation) to support Central Asian countries with the development of

- A more systematised and comprehensive drug policy in the field of drug demand and harm reduction (Component 1)
- An institutionalised collection and analysis of reliable and objective drug-related data (Component 2)
- More innovative and state of the art practices of drug use prevention (Component 3) and treatment (Component 4).

The activities of CADAP 6 commenced on 1 April 2015 and cover Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. The latter joined the project at the end of December 2015.

Trimbos Institute, the Netherlands Institute of Mental Health and Addiction, is leading the first component.

The objectives of this component are:

- A thorough assessment and analysis of the drug situation, the state of play of drug policy and relevant legislation and the actual needs of all relevant stakeholders in the CA countries;
- Initiating and stimulating a process of collaboration between all relevant stakeholders in the CA countries (integrated approach, a balance between demand and supply reduction activities, communication between policymakers and professionals, etc.);
- Initiating and stimulating the development of a policy that is understood and supported by these stakeholders and by the general population;
- Initiating and stimulating the development of a policy that meets the essential international standards of good practice defined in EU drug policy documents;
- Transferring knowledge about good practices of policy making and implementation, of policy coordination structures and drug legislation in the EU, taking into account their applicability and the challenges and needs that the CA countries are facing, to ensure that this knowledge will help to improve the quality and effectiveness of drug policies in the CA countries;
- The understanding that developing policies is an on-going, cyclic process that consists of analysis, development, implementation and evaluation, and in which all relevant stakeholders should be involved;
- Contributing to an increased involvement of drug policy makers in the CA countries in international drug policy making processes and bodies;
- Contributing to the understanding that coordination and communication, carried out by a national inter-agency group for each CA country, is an indispensable element for developing effective drug policies.

The activities in Component 1 are grouped as follows:

1. The first stage is a thorough review and analysis of the existing activities, documents and developments in the field of drug policy making. An important element is to include the viewpoint of all key players in policy making and implementation, major governmental and non-governmental organisations in the fields of supply and demand reduction.

2. The second stage of activities focuses on presenting to country's national stakeholders information on the state of play in EU Member States regarding policy models, processes and structures of policy making, examples of good practice from different EU Member States, drug policy relevant expertise, etc.

3. In the third stage of this component we provide assistance and advice to the five countries – upon specific requests by them – in order to help them develop their own drug policies, making use of applicable European models, as for instance formulated in the EU-Central Asia Drug Action Plan 2009-2013 and the EU-Central Asia Drug Action Plan 2014-2020. Our intention is to go beyond developing formal policies but also to look into the practical conditions for policy implementation.

4. The fourth element is assistance in strengthening the inter-agency coordination and the work of inter-agency groups regarding policy development. This is an on-going activity, accompanying the activities in the three stages described above.

This report is the result of the first stage, a systematic collection of information based on desk research of available reports and other documents, and on interviews with selected key stakeholders. The report contains the following chapters:

- Drug situation
- Drug policy responses
- Legislation, strategies and process of drug policy making
- Priority needs and possible steps to undertake

The report is meant to be a basis for the second and third stage and for the fourth element.

B. The Drug Situation

B.1 Country Specifics

Kazakhstan is by far the largest of the Central Asian states of the former Soviet Union. It has borders with Russia, China, and the Central Asian countries of Kyrgyzstan, Uzbekistan, and Turkmenistan.

It is the world's ninth biggest country by size, and it is more than twice the size of the other Central Asian states combined. Population size is about 16,5 million. The GDP size per capita in 2015 was USD 10.510[1], which is relatively high, mainly due to gas and oil reserves. As the prices of these commodities have dropped in the last years, pressure has been put on the financial status of the country.

Kazakhstan has a hybrid governmental structure that combines aspects of both parliamentary and presidential systems.

The country is divided into 14 Provinces ("Oblasts") and the two municipal districts of Almaty and Astana. Each is headed by an Akim (provincial governor) appointed by the president.

Since independence from the Soviet Union in 1991, the Kazakh government has allowed and stimulated foreign investment to flow into the country. The country has been very active in the international area in recent years: joining the Eurasian Union, the Customs Union, intensifying relationships with China, Iran, US, and participating in international organisations like the Shanghai Cooperation Organisation, etc. Nevertheless, the influence of the Russian Federation is still considerable.

Kazakhstan has the ambition to belong to the 50 most developed states in the world by 2020[2], however without developing a democracy comparable to most of the western countries.

B.2 The Drug Market

Kazakhstan is a transit country for Afghan opiates destined for Russia, wild cannabis and ephedra grow in the south of the country. Kazakhstan lies on one of the two main heroin routes from Afghanistan into Russia. Some of this supply continues onward to Europe.

Potent drugs like heroin are basically imported from both neighbouring and far-abroad countries. The key external source is Afghanistan. As experienced globally, strengthening the control of illicit trafficking of traditional narcotics such heroin, cannabis and opiate leads to filling the "black market" with other easily accessible new types of narcotic drugs. There is a threat of spreading synthetic narcotics (Spice) both produced within the country as well as coming from neighbouring Russia and China, and from European states. The official data shows Kazakhstan is a transit country for Afghan opiates destined for Russia, wild cannabis and ephedra grow in the south of the country. Kazakhstan lies on one of the two main heroin routes from Afghanistan into Russia. Some of this supply continues onward to Europe.

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[1] http://www.worldbank.org/en/country/kazakhstan/overview
[2] The strategic plan for development of the Republic of Kazakhstan until the year 2020

Russia and China, and from European states. The official data shows that over the past 7 years the volume of seized[3] synthetic drugs has increased from 165 kg to 22 tons[4].

In 2012-2013, the country has experienced a so-called "pharmacy drug addiction". In particular, desomorphine or "crocodile" became the second most popular illegal drug after heroin in the Russian Federation (it takes more than a quarter of the market), and this also extends to the territory of the Republic of Kazakhstan (RK). It is a home-made product which is manufactured from available codeine medications. However recent data shows a decrease in use of this drug.

B.3 Drug Use and Related Problems: Some Key Figures

Available sources of information

Reliable and up-to-date data on drug use in Kazakhstan is scarce in the other Central Asian countries. However, there are some valuable sources of information (Zabransky and Mravcik: The Regional Report on the Drug Situation in Central Asia, 2013; OSCE, 2014; EMCDDA, 2014; UNODC/ Paris Pact, 2015, Pompidou Group Country profile Kazakhstan 2014, reports of the Monitoring Centre for Alcohol and Drugs in Kazakhstan (MCAD)).

Officials estimate that unregistered drug use and dependence might still be twice as high as the officially published estimates, and are concerned that Afghan instability may contribute to a sharp increase in the near future. Almost all stakeholders confirm this.

Nevertheless, the mentioned sources do allow some observations regarding the nature and extent of the problem as well as trends and useful information for drug policy making.

Some key data

Drug use among the general population

The latest study of the prevalence of drug use among the general population on a nationwide scale was conducted in 2001 by the Republican Scientific and Practical Centre of Medical and Social Problems of Drug Abuse (RSPC MSPDA). According to the data obtained in the above-mentioned study, the number of people dependent on drugs in the Republic of Kazakhstan was 1.7% of the total population. Of these, 31.6% were individuals dependent on opioids (mainly heroin dependence), 81.3% were individuals dependent on cannabis, and 15.5% individuals dependent on other drugs. 10% of the respondents had used drugs at least once in their lifetime.[5]

Problem drug use

In accordance with the international definition, problem drug use (PDU) in the Republic of Kazakhstan is attributed primarily to people who inject drugs (PWID). There is no reliable data on the problematic use of cocaine, amphetamines, and methamphetamines among the population of Kazakhstan. It should be noted that the high cost of these drugs in the country significantly limits their availability; most of the substances were seized in the cities of Astana and Almaty. Recently, problems related to the emergence of desomorphine (Crocodile) in the country have become relevant.

Estimated number of injecting drug users: 2010: 119,100; 2011: 123,640; 2012: 116,840; 2013: 112,740; 2014: 127,800.[6]

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[3] The problem is that most synthetic drugs were not covered by legislation (and thus not seized and registered) until three years ago.
[4] Information provided by the General Prosecutor's Office, Jan 2016
[5] The Regional Report on the Drug Situation in Central Asia, 2013
[6] Website MCAD: http://MCADkz.org/en/index.html

In the last three years, there has been a decrease of the total number of registered drug users, mainly heroin users (see data of MCAD and below: treatment demand), but the reason for an increase in estimated PWIDs remains unknown.[7]

Changing drug trends: Experts point at changing trends in drug use:

- Availability of other types of drugs is increasing (poppy, desomorphine, tropicamide, etc.). An increase of opium poppy drug use can be explained by lower prices compared to heroin and a higher availability of additional ingredients on the market and in drug stores. The use of other types of drugs leads to other drug-taking behaviour.
- Synthetical drugs are becoming more and more popular in regions neighbouring to the Russian Federation.
- There is an increase in the number of patients in drug dependence clinics who are now using other substances, including substances produced mainly from legally available ingredients.[8]

Registered drug users, treatment demand [9,10]

Drug users recorded in drug treatment centres					
	2010	2011	2012	2013	2014
Number of problem drug users diagnosed for the first time	7,233	6,145	5,062	5,624	n/a
Rate (100,000)	45	38	31	34	n/a
Opioid users (%)	41.0	31.1	28.8	28.5	n/a
Cannabioid users (%)	48.0	58.0	60.5	60.2	n/a
Polydrug users (%)	8.2	8.6	8.5	9.3	n/a
PWIDs (%)	41	37	63	50	n/a
Total number of registered people who use drugs	47,756	44,825	39,291	38,203	33,847
Rate (100,000)	300	279	242	232	223
Opioid users (%)	62.7	60.1	58.4	56.1	53.7
Heroin users (%)	52.3	50.3	47.1	47.3	n/a
Cannabinoid users (%)	25	27	28	30.3	30.7
Polydrug users (%)	8.6	9.9	11.3	12.1	14.1
PWIDs (%)	70.7	69.2	68.2	66.7	n/a

Source: RCARDA[11](2010-2013), Legal Statistics Committee of the General Prosecutor's Office of the Republic of Kazakhstan (2014)

[7] According to MCAD, one of the reasons may be that the methodology of survey was changed almost every two years (in sampling and methods of estimation)
[8] Presentation by L. Ganina, RAIDSC Astana, Jan 21-22, 2015
[9] UNODC/Paris Pact, 2015.
[10] It must be noticed that the tables above, originating from the UNODC/Paris pact report 2015, show (slightly) different figures than other sources, like the Regional Report on the Drug Situation in Central Asia, MCAD, and the data from the General Prosecutors Office of Kazakhstan, January 2016, but we limit ourselves here in the framework of this policy assessment report to drawing this general, global picture.
[11] RCARDA = Republican Centre for Applied Research on Drug Addiction

	2009	2010	2011	2012	2013
Patients treated in hospitals	4,105	3,482	2,972	3,546	3,638
Treated drug users taken-off outpatient and preventive care	3,741	3,331	3,568	4,425	2,904

Source: RCARDA

In the past three years, the number of patients treated in state drug dispensaries has tended to decrease. At the same time, the number of people who apply for drug treatment for the first time has increased during the last three years[12].

Drug-related infectious diseases[13]

In 2011, the total number of registered HIV-positive persons in Kazakhstan amounted to 17,763, among whom 63.4% (11,265 persons) were injecting drug users, which is a main route of infection. In 2014 the total number of HIV cases was 19,997. The estimate amongst experts is that there was an increase in 2015 and 2016[14], meanwhile official data is not yet available.

In recent years, the proportion of injecting drug users among newly diagnosed HIV infections decreased, while the sexual transmission of HIV infection is increasing. The prevalence of HIV infections among people who inject drugs was2.8% in 2010, 3.8% in 2011, 4% in 2012, 4.8% in 2013 and 8.2% in 2014.[15, 16] The prevalence of hepatitis C (HCV) amongst PWIDs was 58.7% in 2010 and 61.3% in 2011 (in 2013 it was 60.3%).[17] During the last seven years, the national HCV prevalence rate was around 60% on average. The prevalence of HCV was higher in persons over the age of 25 (63.4%) than among PWIDs aged under 25 (43.6%).[18] Also regarding HIV and other infectious diseases, some stakeholders indicate that these figures are most likely considerably higher in reality, whereas others think that this is close to reality.[19]

Drug-related deaths and mortality of drug users[20]

Drug overdoses and mortality among drug users					
	2010	2011	2012	2013	1 July 2014
Non-fatal drug overdoses	1,263	1,000	1,059	1,743	n/a
Drug-related deaths	222	1,057	242	343	n/a
Fatal drug overdoses	222	156	218	100	41

Source: UNODC ARQ data for 2010-2012; RCARDA (2013), Legal Statistics Committee of the General Prosecutor's Office (2013, 2014)

[12] Outpatient treatment: Kazakhstan has no official data on outpatient treatment, since the number of visits of patients is recorded rather than the number of people who actually received outpatient treatment. Mainly, all people in outpatient treatment are treated by state narcological centres, only 3.9% were referred to private clinics. From: I. Michels, CADAP mission report 25-29 Jan 2016.
[13] See note 8: we acknowledge that other sources produce (slightly) different data
[14] I. Michels, CADAP Mission report 25-29 Jan 2016
[15] Regarding HIV among opiate users it seems to be as if the official data of HIV prevalence is being estimated too low. 24,000 HIV positive people had been registered in 2015 and 26,000 in 2016, out of which 17,000 are suffering from AIDS. 16,000 are treated with Antiviral medication; out of these 4,600 are drug users. From: I. Michels, CADAP Mission report 25-29 Jan 2016. Look also for data of 2015 on the website of MCAD http://MCADkz.org/en.
[16] Source: MCAD
[17] Source: MCAD
[18] The Regional Report on the Drug Situation in Central Asia, 2013
[19] UNODC/Paris Pact, 2015
[20] UNODC/Paris Pact, 2015

The proportion of overdoses among young people of the total number of poisonings with narcotic drugs and psychotropic substances increased from 4.8% in 2007 to 11.9% in 2011. During this period, the proportion of women among the total number of overdoses on narcotic drugs and psychotropic substances also increased, from 23.1% to 47.2%.[21]

Drug use in prisons

In 2011 a system of monitoring and assessment of the drug situation in Kazakhstan was set up within the correctional institutions. As of 31 December 2013, there were 44,893 prisoners in correctional institutions in Kazakhstan. Of the total number, more than 10% (6,099 people) were registered as addicted to psychoactive substances and alcohol. There were 2,963 PWIDs under supervision as of 31 December 2013.

The prevalence of HIV infections in Kazakh prisons as of 31 December 2013 was 1,641 people. The prevalence of HIV infection in prisons was more than 45 times higher than in the community (36.6 and 0.8 per 1,000 respectively).[22]

There are not many reliable and up to date data available on drug use in prisons. If there are any statistics, the problem is that foreigners in prisons are not taken into account. According to some stakeholders, there is drug use and drug dealing in prisons and consequently transmissions of infectious diseases, and there are even cases mentioned of some people starting to use drugs in prisons.[23]

Challenges/priority needs regarding the drug situation

The lack of reliable and recent data makes it difficult to assess what the drug situation actually is, and whether there is indeed a decrease in drug use and drug-related problems in RK, as some officials suggest. The highest priority need is the availability of accurate and high-quality data about the drug situation, drug-related problems, the trends at the drug markets (like New Psychoactive Substances (NPS)), etc. This must be considered as a first requirement for an assessment of the current situation and of the making and implementation of effective and evidence based drug policy. See also chapter D4.

[21] There was a mortality analysis performed in DAMOS (CADAP5) showing excessive mortality in registered DUs in KZ and Uzbekistan, especially amongst young adults. There was also a high mortality among the registered female population of drug users. Information provided by CADAP5 (C2).
[22] Pompidou Group, Country profile Kazakhstan, 2014
[23] Approx. 7% of inmates are problem drug users. (1.000 out of 34.000). From: I. Michels, CADAP mission report 25-29 Jan 2016

C. Policy Responses

C.1 Prevention[24]

Key measures for the prevention of drug use are formulated in several national programmes regarding health, lifestyle, safety, criminality and education. In addition, each region approved regional programmes to combat drug abuse and drug trafficking. In practice this has resulted into a variety of primary drug prevention activities that were initiated by a number of state agencies, NGOs and other actors.

Most of the preventive measures are implemented by Healthy Lifestyle Centres. The Ministry of Health introduced anti-narcotics programmes, for school police inspectors and teachers, on the identification of risk factors among students. The Ministry of Education and Science conducted demand reduction seminars for school teachers and monitored drug consumption in educational institutes. Since 2010, beginning with pre-school education and up till higher education institutions, a new subject – self-knowledge and the moral and spiritual development of the individual – has been introduced. Also other ministries (Tourism, Sports, and Culture) are involved in prevention activities.

The Counternarcotics Committee[25] works with non-governmental and youth organisations to prevent drug dependence among children as part of the Program on Combating Drug Addiction and Drug Trafficking. The Ministry of Interior also publishes the magazines "Narcopost" and "Future without Drugs".

An active role in the prevention of drug dependence and other diseases is performed by the Republican Centre for Healthy Lifestyles, which has branches in all the regions of Kazakhstan. There are 17 youth health centres in the country, supported by the Republican Centre for Healthy Lifestyles, which provide comprehensive medical and psychosocial services towards young people. For those with a drug problem, these services also include consultation, assistance, and support.

All of these prevention activities are supported by numerous leaflets, buttons, round tables and sport events.

In many schools children are tested (psychologically). If a child is suspected of (being prone to) drug problems, parents are asked for permission to have the child tested by another more specific test. If the outcome is positive, the child is taken into a special programme, and registered in a preventive narcological register.[26, 27]

Prevention challenges

- Because of the lack of up-to-date data and accurate monitoring of drug use amongst adolescents and the ensuing problems for health and well-being, it is likely that the campaigns are not focused on current topics, and that they do not address the right information needs.

- Another major challenge is the lack of regular evaluation of the actual effects of these prevention activities. Evaluation seems to be limited to measuring the number of activities (round tables, leaflets, campaigns) and perhaps to knowledge increase, but seldom to the

[24] In CA countries, the terminology "prevention" is sometimes also used for the description of activities in the area of supply reduction (elimination of drug production and trafficking). In this report we will only use the term "prevention" in reference to the area of health and well-being – BK/FT
[25] As of 2015 this is one of the Departments of the Ministry of Interior, see D3.
[26] The Regional Report on the Drug Situation in Central Asia, 2013
[27] The children will be registered until 3 years after completion of the intervention

question, whether the campaigns have led to a decrease of drug use. This is not surprising, as it requires an expertise that is difficult to find (also in EU countries).

- Many stakeholders think that these prevention campaigns consist mainly of fear-based approaches with the focus on negative consequences of drug use (due to the dominant conservative understanding of drug use), despite the evidence that these approaches are not effective, and in some cases counterproductive.

- All different kinds of sectors (health, youth, police and safety, prosecutors, sport, culture) are involved in prevention activities. There is a lack of prevention standards as everybody understands prevention in their own way. This way of working, in combination with the lack of evaluation, can easily lead to a culture of shared responsibility where nobody takes the lead in innovative approaches (an absolute prerequisite for prevention work).

- Prevention of the use of illicit drugs is generally not combined with preventing the use of legal substances like alcohol and tobacco.

- Testing school children can easily lead to stigmatizing these children for a long time in their lives (with all the negative consequences for employment, functioning in society, etc.), whereas the vast majority of children at this age is only experimenting with drugs for a short period in their lives; not to mention the risk of false diagnosis of these tests. The disadvantages of testing school children are possibly bigger than the advantages.

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Priority needs

- Research and monitoring of the drug situation has to be intensified to allow for fact-based drug policymaking and the development of drug prevention programmes and activities responding to the topical needs in the country.
- Creation of scientifically justified methods to evaluate prevention activities and their actual effects on the behaviour of target groups.
- Evaluation and reconsideration whether through testing and registering of school children the disadvantages outweigh the benefits.
- Stimulation of innovative approaches, adapted to the perception of young people ("speaking their language"), replacing "old school" prevention activities like organising sport events, fear based campaigns and counterproductive activities that only make young people more curious about drugs.
- Giving more responsibility to the prevention experts within the sectors (health, safety, education) and stimulate innovation; diminishing the culture of "everybody has to agree on everything".
- A comprehensive and integrative approach is needed to be more effective, covering all dangerous substances like alcohol and tobacco, legal and illegal drugs, involving all relevant stakeholders and covering the different life areas of young people.

C.2 Treatment

The main providers of dependence treatment in the country are drug treatment clinics, which cover about 90% of all cases of treatment for drug dependence in the country. The availability of a budget for outpatient treatment in some regions of the country (especially in rural areas) may be limited because of the lack of primary health care (PHC) and the lack of professionals in dependence treatment. Moreover, budgetary limitations on inpatient treatment result in the low accessibility of treatment for persons from remote areas and villages.

In the public sector, the hospital treatment of patients with drug and alcohol dependence is provided by drug treatment clinics, psychiatric hospitals, and dependence clinics for compulsory drug treatment. Treatment in therapeutic communities with government support is carried out by two organisations in the country.

Outpatient drug treatment is conducted in cities by the departments of urban and regional drug treatment clinics, in small towns by the dispensary departments of psychiatric clinics, and in rural areas by drug advisory spots.

The bulk of the help provided in outpatient substance abuse treatment is performed by public health organisations; meanwhile some help is provided by private medical organisations. Also NGOs play a role in demand reduction and the medical and social rehabilitation of problem drug users.[28]

Substantial scientific support to the treatment sector is given mainly by the Republican Narcology Centre of Pavlodar with branches in all major cities. Their centre was merged with the Narcology Centre of Almaty to one big centre, focusing on mental health, with a comprehensive approach towards dependence treatment, including drugs, alcohol and tobacco dependence, and gambling. The new centre will organise trainings, collect data, and develop national standards, rehabilitation and harm reduction programmes.

[28] The Regional Report on the Drug Situation in Central Asia, 2013

Treatment in prisons

In total, as of 31 December 2013, there were 6,099 registered patients with dependence on psychoactive substances in institutions of the Department of Corrections of the Republic of Kazakhstan. There were 3,084 people in compulsory treatment for dependence on psychoactive substances; half of them had alcohol problems, the other half drug-related problems.

The staffing level of psychiatrists and narcologists in correctional institutions was only 60.8%, and as compared to 2012 (63.8%) the staffing level had decreased. Not all institutions had psychiatrists or narcologists (Kyzylorda and Mangystau regions). In the correctional institutions of West Kazakhstan, positions of psychologists were not foreseen in the staff schedule.

Stakeholders think that methadone treatment and even needle and syringe programmes (NSPs) should be considered in prisons. However, they are currently not applied in prisons in Kazakhstan. Inmates are tested on their health status twice a year. According to the officials, no HIV infections have been registered within the prison system. Many stakeholders suggest that prison staff could benefit from better basic understanding of drug-related problems.

Positive developments are the State policy on reducing the prison population and in general openness amongst policy makers for alternatives to incarceration for non-violent drug-related crimes.

Challenges

- **Need for Innovation:** As previously mentioned, the number of clients in treatment is decreasing, however it is not clear whether the number of people in Kazakhstan with drug-related problems is decreasing as well. An explanation could be that the treatment offer does not meet the requirements of modern society, and that there is a need for developing a more comprehensive treatment offer, more tailored to the needs of clients, for instance drug users with comorbidity. The narcology centres are acknowledging this need and are stimulating and supporting this process of innovation, however with limited means.

- **Collaboration and more flexibility:** Many stakeholders indicate that the collaboration between different service providers, especially if they are administered by different authorities, needs improvement. According to stakeholders the collaboration is on paper excellent, in practice it is not. The system has to become more flexible, with the treatment needs of the patient as the starting point, instead of the treatment offer (the example was mentioned of someone who was a drug addict with mental disorders, who was on methadone prescription, also suffering from TB: it was not clear who was responsible). The general problem here seems to be the culture of “vertical communication” instead of “horizontal communication” between service providers in the Kazakh administrative system (everything has to be approved by the top management of the different sectors before any cooperation can be realized). In these issues there is no final responsibility in the structure: Ministries, Oblasts, narcologists, prosecutors - they all have their own position and responsibilities, without any common comprehensive leadership or guiding principles.

- **Modernizing the registration system:** Many stakeholders point at the fact, that the registration of drug users in the treatment system is a major obstacle for many potential clients. This Narcological Register is a heritage of the former Soviet system and its main objective was to keep clients under control for public safety reasons, rather than for treatment purposes. In practice, being registered still has far-reaching consequences, like denying access to posts in the school system, law enforcement, military and state services in general, and refusing a driver’s licence or firearms licence; a person who is registered

in the narcological register is not eligible. People are kept within this register for five years after completion of the treatment. Understandably, many clients do not want to be taken into this register, and accept that as a consequence they cannot be treated.[29]

- **Another aspect of the registration** system is the need to modernize it in order to allow patients to move more easily from one service provider to another, or making use of more than one provider at the same time. The narcology centres are currently working on a more flexible registration system.

- **Compulsory treatment**, which is often based on a court decision, is applied in almost all oblasts, and the clients stay in clinics for two years. In many cases, no follow-up support is given to them after detoxification; they just have to do some simple work. As one stakeholder mentioned, "this is in fact forced labour". As a result, relapse rates are very high. Authorities are aware of this and are looking for alternatives. The Kazakh experts are interested in an exchange of experiences with European models of treatment for "untreatable" persons.[30]

- **Rehabilitation:** This area also requires innovation. There are some positive initiatives, like the efforts to work more closely together with employment agencies ("Social Lift"), but also social workers need more support and expertise (there are more than 2000 social workers in the country).

- Quite a number of other specific challenges have been mentioned during interviews: the lack of outpatient treatment options, lack of quality assurance, stigmas in the health sector, lack of services in prisons, and insufficient capacity to diagnose and treat co-morbidities.

C.3 Harm Reduction

Republican Aids centre and Trust points

One of the largest and most effective responses to the consequences related to injecting drug use in the country is the network of harm reduction facilities called 'Trust points', administered and supported by the Republican Aids centre. In 2013, 153 "Trust points" for PWIDs operated in Kazakhstan, out of which 23 were mobile. The purpose of the Trust points is to provide safe injecting equipment, to give information and support to drug users and to promote safe sexual behaviour among PWIDs. In 2011, some 14,365 PWIDs independently attended Trust points, which is 11.6 % of the estimated number of PWIDs.

Overdose prevention in the country is limited primarily to information and educational activities among drug users. These events are run by drug treatment organisations, Trust centres, and specialised non-governmental organisations.[31]

There is not much evaluation available regarding the functioning of the Trust points. The opinions of stakeholders about these Trust points are divided. Although they sympathise with this concept of services, some stakeholders mention that the Trust points are not very popular amongst drug users and their families, not in the least because drug users are afraid to be registered or harassed by the Police (many complain about this).

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[29] Those who are treated in private clinics (not covered by state funding) are not taken into the narcological registers. For more information about the narcological registrations see:
[h]ttp://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-016-0093-2.
[30] I. Michels, CADAP Mission report 25-29 Jan 2016, Mission report, http://www.icnl.org/research/monitor/kazakhstan.html
[31] The Regional Report on the Drug Situation in Central Asia, 2013, Information provided by MCAD

NGOs

A number of NGOs in Kazakhstan is active in providing harm reduction services, counselling, legal advice, advocacy, and empowerment of drug users and their families. Although the official government policy is to involve more NGOs in (semi) public activities, the rules for NGOs have recently become stricter (e.g. the obligation to register more than 130 items in the administrative system of the government). The Kazakh government seems to follow the trend of the Russian Federation to reduce the role of NGOs, and to keep them at least under strict control. Nevertheless some NGOs get some project funding from the government.

Although NGOs have to struggle to survive, they play a very important role in providing low-threshold services to problem drug users and their families. But also here many drug users are reluctant to accept help from NGOs, afraid of being bothered by the Police.

The function of NGOs in the drug policy process (to draw attention to day-to-day problems of drug users, new drugs on the market, functioning of the treatment services, ideas for innovation, flexible and informal approaches, reporting violation of human rights, etc.) is not recognised by the authorities. A common complaint of NGOs is that officials at the Ministries do not understand what NGOs are doing. Also basic knowledge about the daily reality of drugs and drug use is lacking: officials change too quickly their posts within the Ministries. As one of the interviewees put it, “they simply do not have the time to develop enough expertise and experience”. There are also reports of Police and other authorities unnecessarily harassing NGOs (confiscation of computers, creating administrative obstacles, etc.).[32]

The OST discussion

Opioid substitution therapy (OST) is an effective method for treatment of opioid dependence as well as prevention of HIV among opioid injectors. It is worldwide considered as a key element in the harm reduction approach. Since 2008, it has been available in Kazakhstan for a limited number of people within the framework of a pilot project funded by the Global Fund to fight AIDS, Tuberculosis and Malaria (GF). Since the start of the project, 249 persons have participated. 137 persons dropped out, out of whom 29 men (21%) dropped out with a gradual reduction of the dose until the cessation of the use of the drug. 23 men (31%) left the project voluntarily. During the period of the project not a single case of death from ingestion or overdose has been identified. The GF has reduced its financial support in 2016, and the Kazakh government has decided to take over this part of financing of OST.[33]

Despite overwhelming evidence on effectiveness of OST, a number of policy makers still question its necessity in Kazakhstan. On many occasions, incorrect information has been disseminated via media and by some policy makers. In December 2014, the Ministry of Health and Social Development approved a Roadmap on Sustainability of OST in Kazakhstan for 2015-2017. Among other things, the Roadmap provided for advocacy activities, including a study of international experience with OST, the organisation of round tables for various target groups and dissemination of information via media. In this regard, a number of public hearings have been organised. In December 2015, the Ministry of Health and Social Development, with the support of UNODC, organised a Conference for high-level policy makers to discuss experience of other countries with OST and to present the results of the public hearings in Kazakhstan.

The Ministry of Health, together with a significant numbers of other stakeholders, has declared its support for OST (and has registered it as a medicine), and considers from now on OST as a regular form of treatment in Kazakhstan. Still, opponents can be found in police and security circles.[34]

[32] Mission report, http://www.icnl.org/research/monitor/kazakhstan.html
[33] Source: UNODC, 11 Dec 2015, Methadone Maintenance Therapy in Kazakhstan (introductory note to conference)
[34] Although even the Prosecutors Office takes a ”neutral” position in this discussion (Mission report), see also D3.

Their main argument against OST is that methadone is a drug, and once this drug is allowed as a medicine, increasing tolerance towards other drugs is inevitable. The underlying notion seems to be the opinion that all drug users are primarily criminals, rather than people suffering from a chronical disease, and that they should not be given too much confidence. Main resistance however comes from some narcologists, who prefer to keep their clients within their hospitals. They follow an approach which is quite common in the Russian Federation, where OST is also opposed by a group of narcologists.

Challenges and priority needs in harm reduction issues

Stepping up activities aimed at:

- The accessibility and quality of Trust points and other harm reduction providers.
- The acknowledgment by policy makers of the indispensable role of NGOs in the drug policy process, and the development of a government policy on supporting and facilitating NGOs.
- A clear and swift decision on the introduction of OST as a crucial harm reduction tool and as a regular form of treatment, and a decision about the allocation of funds. Currently there is 100% dependence on international funding (Global Fund) for OST, and this will end soon.
- Informing policy makers and medical specialists, especially the opponents of NGOs, about OST and in a broader sense about harm reduction policies as well as about the experiences in other developed countries with balanced and evidence-based approaches of the drug problem.

C.4 Supply Reduction

Drug markets and drug-related crime

The seizures of illegal drugs are by far the highest in Kazakhstan; however, wild-growing cannabis represents 90% of these seizures. In the past years, the volume seized from illegal drug trafficking has remained stable. In 2013, the total quantity of drugs seized was 28,070 kg of which 26,992 kg was cannabis. The content of tetrahydrocannabinol in the marijuana that was seized ranged had an average of 1.59%, and hashish had an average of 3.31%. The purity of heroin had varies from 1.04% to 39.9% (mean 14.3%).[35] In 2014, the total amount of seized drugs was 26,647.0 kg of which 25,796.4 kg were cannabis. The quantity of seized heroin dropped from 753 kg to 392 kg in the previous year.[36]

The reduction in registered drug-related offences can be attributed to the decriminalisation of drug use, which took place in January 2011. In 2013, drug-related criminal offences accounted for not more than 1% of all criminal offences. And the vast majority of these drug-related crimes consisted of relatively small offences.[37]

Challenges: a balanced approach, aligning demand and supply reduction

The above mentioned figures suggest that there is a need to enhance the effectiveness of supply reduction programmes. Furthermore, priority should be given to rebalancing supply and demand reduction efforts. Also, cooperation between these two sectors should be enhanced.

[35] The Regional Report on the Drug Situation in Central Asia, 2013
[36] UNODC/Paris Pact, 2015
[37] The Regional Report on the Drug Situation in Central Asia, 2013

Just like during earlier stages of CADAP, CADAP 6 is also focussing on demand reduction. However, for effective demand reduction policies (including harm reduction), cooperation and coherence with supply reduction is vital. The interests and aims of demand reduction and supply reduction can be conflicting. For instance, stakeholders point out that increased law enforcement activities can hinder access to harm reduction services like syringe exchange and OST. Supply reduction therefore can obstruct the provision of drug treatment services.

There is growing awareness of these contradictions between demand and supply reduction, the two core constituents of drug policy. This has resulted in increased efforts to align these two components to make national drug policies more consistent and thus more effective. In the EU, but also in other parts of the world, the concept of a balanced approach has been developed and widely accepted as the core concept of an effective drug policy.

A balanced approach should also be applied to budgets. Although the exact figures are unknown, it is very likely that supply reduction receives by far the biggest share of governmental funding allocated for drug policy. Whereas supply reduction measures seem to have a rather modest impact on the actual drug supply and questions can be asked about the effectiveness of the measures. The figures seem to indicate that only a very moderate part of the illegal drug trade is seized.[38] This imbalance is not a specific Kazakh characteristic; it is rather common all over the world.

Priority needs

Politicians and policy makers have to understand the usefulness and effectiveness of this balanced approach. In particular, supply reduction experts have to be addressed with evidence-based information on the effect of this type of policy.

Police and prosecutors should be better informed about health and treatment aspects of drug abuse and dependence, and concentrate more on big-scale criminality instead of harassing individual drug users and care providers.

[38] Estimates by Kyrgyz and Tajik stakeholders indicate that less than 1% of the drugs that are transported through the country are seized (CADAP mission reports Kyrgyzstan and Tajikistan).

D. Drug Policy and the Drug Policy Process

D.1 National Drug Laws

The basic document governing the legal basis of state drug policy is Law No 279 of the Republic of Kazakhstan, dated July 10, 1998, "On narcotic drugs, psychotropic substances, and precursors and measures to counter their trafficking and abuse".[39]

The commission of any acts (storage, distribution, etc.) associated with a large amount of a certain drug is the basis for bringing a person to justice.

Criminal liability for the sale of narcotic drugs or psychotropic substances is irrespective of the amount involved.

Drug use is not a criminal offence in Kazakhstan. In accordance with Article 336-2 of the Code of Administrative Responsibility, "Non-medical use of drugs in public places" is an administrative offence and is punishable by fine. The same offences repeated within a year trigger a higher fine. Administrative detention is provided for a person who was arrested twice within a year for this act. The country has legislative measures for the compulsory treatment of problem drug users.

In 2011, Art. 259 of the Criminal Code of the Republic of Kazakhstan (CC RK) was abolished. It provided criminal penalties for the illegal purchase, transportation, or storage without the purpose of selling of narcotics or psychotropic substances in large quantities. Since 2011, administrative responsibility has been stipulated for the commission of this act (Part 1-1 p. 320 Code of Administrative Offences of the Republic of Kazakhstan).[40] Furthermore, under the authority of the Ministries various legal measures have been taken in the drug policy area, like the order of the Minister of Healthcare of the Republic of Kazakhstan from 15 April, 2014, "On approving the standards to provide narcological aid to the population of Kazakhstan", legal measures to regulate medication for treatment of problem drug users (like recently the registration of methadone as a medicine), etc. However, the adaptation of these legal measures does not mean that OST will be introduced in practice; it just regulates the legal basis, in case the government decides to implement OST.

D.2 National Drug Strategies[41]

The main directions of the national drug strategy – a reduction in the demand for drugs, drug supply reduction, the reduction of consumption, and harm reduction – are in line with international practices in drug policy.

In 2012, the Government of the Republic of Kazakhstan approved a specialized *Programme to combat drug abuse and drug trafficking in the Republic of Kazakhstan in 2012–2016*, with a budget of USD $41 million. The programme supplements traditional counternarcotic enforcement efforts with drug demand reduction, rehabilitation, and tougher border control. The main objective of the programme is the further improvement of the system of effective government and public opposition to drug dependence and drug trafficking. The activities of the programme include the implementation of a number of legislative initiatives which, in general, follow the direction of the previous programmes: the introduction of alternative forms of punishment, which is provided for problem drug users who have committed minor offences, and alternatives to criminal sanctions (imprisonment) in terms of compulsory treatment of drug dependence.

[39] The Regional Report on the Drug Situation in Central Asia, 2013
[40] The Regional Report on the Drug Situation in Central Asia, 2013
[41] Sources: Kazakh Ministry of Foreign Affairs http://www.mfa.kz/, The Regional Report on the Drug Situation in Central Asia, 2013, CADAP mission report 25-29 Jan 2016

Additionally, the *National Programme for the Development of the Public Health of the Republic of Kazakhstan, "Salamatty Kazakhstan" (2011 - 2015)*, was developed and implemented. In 2011, about 12% of the activities envisaged under the "Salamatty Kazakhstan" programme were directly aimed at the development and improvement of the prevention of drug abuse and its consequences, as well as the development of treatment for problem drug users.

Starting from 2016, the State *Programme for Development of Health "Densaulyk" (2016-2019)* will enter into force. However, this is just a draft and the specific activities have not been formulated yet.

Also, there are other programmes that cover aspects of drug policy, like the programme *"Healthy Lifestyles" (2008-2016)*.

D.3 Drug Policy Coordination and Collaboration

The National Security Committee of the Republic of Kazakhstan

The National security committee of the Republic of Kazakhstan is directly subordinate and accountable to the President of the Republic of Kazakhstan. It is a special state body, aimed at securing society and its population, the constitutional system, state sovereignty, territorial integrity, and the economic, military and scientific-technical potential of the country.

With regard to drug policy, this committee only deals with important issues that fall under the responsibility of the Committee (mainly security issues and issues with a high political sensitivity).[42]

The Interagency Counternarcotics Committee

In September 2011, an inter-agency committee was formed at the level of the Government of the Republic of Kazakhstan to coordinate the activities of state bodies aimed at combating drug abuse and drug trafficking. The committee was composed of representatives of 12 ministries and agencies: the Ministry of the Interior (MoI), the Agency for Fighting Economic Crimes, the National Security Committee, the Ministry of Foreign Affairs, the Ministry of Education and Science (MES), the Ministry of Culture, the Ministry of Communications and Information, the Ministry of Finance, the General Prosecutor's Office (GPO), the Ministry of Health (MoH), the Ministry of Defence and the Ministry of Tourism and Sports. The committee meets three to four times a year.

The Committee cooperates with a number of Non-Governmental Organisations (NGOs) on demand reduction and the medical and social rehabilitation of problem drug users. The Committee supports the Centre of Social and Psychological Rehabilitation of Drug Addicts (the Ministry of Health runs a similar centre). These organisations are also developing new narcology standards, treatment methods, prison addict rehabilitation, and harm reduction programmes.

The Counternarcotics Committee works with non-governmental and youth organisations to prevent drug dependence among children as part of the Program on Combating Drug Addiction and Drug Trafficking.

Other stakeholders in drug policy

The Ministry of Interior (MoI) is responsible for security and police issues, and for the prison system. It is the dominant Ministry in drug policy issues. It has a special **Department for Combating Drug Trafficking and Drug Control**, which is the main supporting body for the above mentioned Interagency Counternarcotics Committee.

[42] See for more information: http://knb.kz/en/structure.htm

The Ministry of Health is, like in all other countries, responsible for the functioning of the drug treatment, rehabilitation and prevention system. As mentioned before, other ministries also contribute to prevention and rehabilitation activities. In 2013, the **Agency on Sport and Physical Culture** held multiple national athletic competitions. **The Ministry of Education and Science** conducted demand reduction seminars for school teachers, and monitored drug consumption in educational institutes. **The Ministry of Culture and Information** arranged training programs for mass media, teachers, and school inspectors.

General Prosecutors Office

This office[43] is primarily accountable for prosecuting drug-related crimes, but it also evaluates whether decrees and other legally binding provisions issued by ministries are within the boundaries of the law. For instance, prevention campaigns and other drug policy activities, like the methadone prescription projects, are monitored in order to determine whether they are in line with Kazakh legislation. To this end there is a Statistical Department within the Office that collects data and other information. Within this framework, the Prosecutors Office participates actively in the current debate on OST. It takes a rather neutral position, meanwhile its main concern is that methadone will not be sold at the illegal market. The latest development was the declaration that the Office, that it "will respect the view of the MoH on this issue".[44]

The Republican Narcological Centre (see C2) and the **Republican Aids Centre** (see C3) should be considered as the most important centres of expertise in the working areas of treatment, prevention, rehabilitation and harm reduction, and play as such a significant role in the policy process.

Akimats

A lot of administrative responsibilities in Kazakhstan have been decentralized to the level of Akimats (14 provinces and the cities of Astana and Almaty). Also regarding drug policies the Akimats operate quite independently (they develop their own prevention plans, putting priorities in issues like treatment and rehabilitation, divide budgets, etc.). Also in the OST discussion the Akimats play an important role. Like one of the stakeholders put it: "if an Akimat opposes OST, it will become difficult to implement this".

International cooperation

The country continues an active policy of integration and cooperation with international partners and other countries, strengthening the international legal framework in the fight against drug trafficking. It cooperates in all relevant international organisations and events (see chapter D).

Kazakhstan hosts the Central Asia Regional Information and Coordination Centre (CARICC). Kazakhstan also cooperates with a number of countries on a bilateral basis, and participates in counternarcotics activities as part of the Shanghai Cooperation Organization (SCO), the Collective Security Treaty Organization (CSTO), the Organization for Security and Cooperation in Europe (OSCE) and others.

International organisations

In the field of drug policy and related areas various international organisations are involved in supporting the development of services and programmes through consultation and advice, through activities like trainings and through longer-running projects. Besides CADAP, which is a

[43] The Office has a website in English: http://prokuror.gov.kz/eng
[44] CADAP Mission report, 25-29 Jan 2016

European Commission initiative and began in 2001, there have been and still are more EU priority projects funded by the European Commission, like, among others, BOMCA (Border Management Programme in Central Asia) and the so-called Heroin Route Programme, "supporting the fight against trafficking from/to Afghanistan". Also UN organisations play an important role, like, among others, UNODC in the field of drug supply and demand reduction and drug policy development, UNAIDS in the field of HIV prevention programmes, UNESCO, UNICEF, etc.

There are also internationally operating NGOs contributing to the implementation of essential parts of drug policy. The AIDS Foundation East-West (AFEW), an organisation of Dutch origin with financial support of, among others, the Netherlands Ministry of Foreign Affairs, is involved in developing and supporting HIV/AIDS prevention and treatment services.

Another crucial contribution comes from the Global Fund, a vital funder of mainly HIV prevention and harm reduction services. Furthermore, organisations like the United States Agency for International Development (USAID), World Health Organization (WHO), CDC/ICAP, CARICC, and OSCE are one way or the other active in drug policy issues in Kazakhstan.

The key issue is that the contribution of foreign/international organisations seems to be tempting the government to leave certain areas and tasks (and responsibilities) to these organisations. This is a risky strategy as the support is not everlasting. Global Fund, crucial for having OST and other harm reduction services financed, has already stopped funding the OST programme in the Republic of Kazakhstan in 2016.

Challenges in the drug policy process

- Especially in the drug policy area, there is the need for a comprehensive management of all relevant aspects, because measures in the supply reduction sector influence measures in the demand reduction area, and vice versa. One of the possibilities is to draft a single comprehensive strategy in which all aspects are regulated. Considering the polarized situation in Kazakhstan (some are in favour of a drug policy "western style", others prefer to follow the Russian Federation in its rather conservative attitude), this options bears the risk that it will lead to a stagnation in the development of drug policies. The other, more feasible option is to develop separate drug policy plans in the supply and demand sectors and translate them in a number of separate actions. However, the risk here is that Ministries develop plans that are in some cases interfering with each other.

- In this latter option everything depends on good collaboration between the stakeholders, on the good functioning of the coordination mechanism, and on an active controlling role of Parliament. In the Kazakh situation, the horizontal level of cooperation, i.e. the interagency and inter-institutional cooperation, could be improved. Important factors mentioned by stakeholders are rivalry between Ministries and other governmental organisations and a lack of culture when it comes to focusing on reaching consensus and exchanging information and experiences. Another factor of influence might be the lack of initiative of the political level in charge, having the formal power to install and facilitate an interagency and inter-institutional cooperation structure and control its functioning.

- Collaboration is more than just checking and agreeing upon each other's activities, as it is the case in the RK. This can easily lead to a culture in which nobody feels a final responsibility and confidence to initiate critical assessment and to develop creative and innovative policies measures, which are indispensable elements in drug policy.

- There is limited understanding of the relevance of "policy development", i.e. the notion that a good drug policy is more than the simple sum of separate policy issues like supply reduction, treatment, prevention, etc. Good and creative collaboration can generate substantial added value.

- Experts also point at the lack of a comprehensive implementation strategy, translating the anti-drug programmes into action plans defining the division of tasks and responsibilities among the different organisations, and dividing the available budgets.

- The same is valid for the notion of the relevance of a balanced approach. The drug policy in the Kazakh republic is dominated by supply reduction forces (MoI), whereas demand reduction forces seem to play a subordinate role. This is not in line with the worldwide trend (also as recently stipulated by the INCB, UNODC, WHO and other leading actors) to give priority to a health-based approach of the drug problem.

- Last but not least, independent monitoring of the drug situation should be considered as an indispensable requisite for policy development (see D4).

Priority needs

- A more consistent drug policy, a balanced approach, i.e. attuning supply and demand reduction policies and a better balance of financing.

- A more comprehensive drug policy, including illicit drugs, alcohol and tobacco and providing a well-coordinated framework of measures taken, targeting the different substances.

- A clear description and division of tasks: who is responsible for what?

- A stable organisational structure for politicians, policymakers (Ministries) and experts from the field/NGOs for discussing problems and solutions, reaching consensus on problems and policy responses, making policy plans and implementing policy.

D.4 Monitoring and Evidence Base of Policy

Monitoring, research and evidence-based information on effective approaches are generally understood by experts as requirement for the making and implementation of effective drug policy. However, as in other countries, the drug policy agenda is determined not only by monitoring and research findings. Political agendas (national and international), publications in the media, expert opinions and recommendations from international institutions play an important role.

Although accurate and up to date figures about the drug situation in Kazakhstan are lacking, a good start has been made with the establishment of the Monitoring Centre on Alcohol and Drugs in Kazakhstan (MCAD) , as a result of the institutionalisation of the activities initiated under the Central Asia Drug Action Programme (CADAP). The participation of Kazakhstan specialists in the component DAMOS (Drug Epidemiology Data Base Collection and Development) of the CADAP Programme was a key in creating a monitoring centre in Kazakhstan. Under DAMOS, complex aspects of the drug situation in Central Asia were monitored, indicators of the drug situation, both in the field of drug demand and supply of drugs, were developed and a stable drug information system was established. However, funding of the centre is instable: there is no government support and the work is mainly done on voluntary basis by experts.

Other institutions in Kazakhstan collect relevant information for drug policy issues as well, like the Narcology Centres, the MoI, etc. In particular, the Statistical Bureau of the General Prosecutors Office has a big database and data collection capacity.

The cooperation and exchange of data and information between these actors needs improvement.

Challenges

- Currently, the different drug monitoring initiatives do not co-operate or (systematically) exchange/share their data. Part of the data collected and analysed by the various stakeholders is declared confidential, meaning that it cannot be shared with others. This stands in the way of a general, 'standardised' data collection. Experts refer to a continuous 'conflict of culture' that data is not shared between agencies who could profit from the data for their work, and which is needed for building a common, fact-based national strategy.

- There is no balance (yet) between political opinions/interests and scientific/expert findings/views. Political agendas prevail. The status (credibility) and influence of researchers and experts in the policy making process is still not very high. The developments around the discussion on OST are one example underlining the limited impact of research and monitoring on policy making. One reason for this low impact is that drug-related problems are not very popular in the public opinion, which is partly caused by negative publicity and a lack of knowledge both of policy makers and the general public.

Priority needs

- It would be good to have a good analysis of existing data collection structures and explore possibilities of better cooperation and making more efficient use of the existing knowledge.

- A decision about the coordination of the national monitoring functions in the drug policy area deserves the highest priority. This could be done either by appointing one of the existing institutions as the National Monitoring Centre, or by creating a structured form of cooperation between existing players (a "virtual" centre). Its main function should be to observe systematically all relevant developments of the drug phenomenon and other dependencies, making use of all available, reliable data sources. Another task could be managing an "Early warning system", collecting information about new drugs on the market.

- This centre should provide policy makers with accurate, up-to-date and reliable data, as a basis for evaluation and the development of new policy measures (evidence based policy).

- The centre should be able to operate independently from the policy process (in order to fulfil its "mirror-function").

- The collaboration of all relevant information providers in Kazakhstan must be secured.

- Monitoring should primarily follow the topical needs of the country (the drug market, NPS, treatment demand, prevention priorities, harm reduction issues, supply reduction efforts, etc.). Primary focus groups in this field should be composed of experts and policy makers, aiming at taking adequate decisions and contributing to the transparent policy making. Secondly, politicians are a key target group in this approach, and finally this centre could play an important role in providing the press and the public with reliable, objective information.

E. Priority Needs and Some Possible Steps to Undertake

E.1 Priority Needs of the Kazakh Drug Policy

Summarising the priority needs listed in the sections above results in the following list:

- Prevention: evaluation of the effectiveness of prevention, innovative approaches, using the available evidence base and adaptation to the perception of particularly young people (speaking their language), are needed replacing the traditional prevention activities like campaigns and events.

- Treatment, rehabilitation: a comprehensive, integrative and innovative drug approach is needed to be more effective, covering illegal and legal drugs, involving all relevant stakeholders and covering the different treatment demands. The client should be the starting point, instead of administrative structures. The system of narcological registration should be reconsidered. Another problem is the limited access to medicines.

- Harm reduction: a decision on OST is required, as a basis for secondary prevention, treatment and resocialisation. Like in the majority of other developed countries (see the ambition of Kazakhstan to belong to the 50 most developed countries in the world), OST should be acknowledged as a regular and accepted form of treatment. The important contribution of NGOs to the implementation of essential drug policy elements like harm reduction activities, treatment, rehabilitation, should be formally acknowledged.

- The capacity of prevention, treatment, rehabilitation and harm reduction services in communities and in prisons should be increased where necessary, to meet the needs.

- Supply reduction: the need to enhance the effectiveness of supply reduction programmes, rebalancing supply and demand reduction efforts. Cooperation between these two sectors should also be stimulated. Police and prosecutors should be better informed about health and treatment aspects of drug abuse and dependence.

- Strategy, policy coordination, collaboration: a clear comprehensive strategy is needed, formulating challenges, actions, embedded in a balanced approach, i.e. attuning supply and demand reduction policies and a better balance of financing.

- Monitoring should be increased to get a more reliable picture of the drug situation, particularly regarding new challenges, to support fact-based drug policymaking, the development of drug demand reduction and harm reduction programmes and activities responding to the topical needs in the country. The data collection should be guided by the needs of the country. Another priority is developing an Early Warning System and qualitative research of drug use and related problems.

E.2 Some Possible Steps to Undertake

Concerning the assistance by CADAP 6, most of the above mentioned issues regarding data collection and monitoring, prevention and treatment can be supported and developed by the respective CADAP components: Component 2 - Data Collection, Component 3 - Prevention, and Component 4 - Treatment.

The Component teams will address the various specialists in the respective working fields of data collection, prevention and treatment. With regard to policy issues, this is the subject of the CADAP policy component (Component 1). This component will address policy makers and other stakeholders responsible for the policy process. The focus here is on developing skills, knowledge and tools of Kazakh policy makers in creating evidence based, balanced and effective policies, and managing the “policy cycle”, consisting of the following successive steps:

- Assessing the situation, identifying (priority) problems and needs in discussions among all relevant stakeholders
- Formulating aims and ideas how to address these needs
- Identifying appropriate policy measures and interventions to realise these plans
- Formulating a comprehensive drug policy plan, a political decision on this plan
- Implementation of policy measures/interventions, coordination
- Monitoring the process of the implemented measures/interventions
- Evaluating/assessing the impact of the implemented measures/interventions and any changes in the situation and needs
- (start of new cycle)

Last but not least, a key element in the drug policy area is collaboration between all relevant stakeholders (both from the demand side as from the supply side), creating mutual trust and respect, and the notion that multifaceted drug issues can only be addressed by a multifaceted approach and through rebalancing supply and demand reduction. The considerable experience and expertise of experts should be mobilised and encouraged. Collecting and exchanging the already available knowledge should be the starting point.

Below are some suggested steps, which could contribute to improve the process of drug policy making in Kazakhstan:

- Discuss with national stakeholders the findings from this assessment report.
- Stimulate collaboration, innovation, exchange of knowledge and experiences, by organising lectures, workshops, (training), conferences/meetings for all relevant stakeholders – either per group or mixed – on various elements of drug policy making, like:
    - Rapid assessment of drug policies
    - NPS: early warning and policy responses
    - EU drug policies and processes, case studies of drug policy development in EU Member States
    - Evidence based policies, the relationship between politics, science and practice, bridging supply and demand reduction sectors, how to involve society.
- Organise a study visit to EU Member States, meetings with key decision makers, national and local authorities, researchers and services and institutions responsible for implementation of policy measures and interventions.
- Stimulate a regular, easily accessible form of exchange of information, preferably by a website (if possible in English and Russian), on relevant drug policy issues and developments in CA countries and EU Member States (key concepts, best practices, intervention standards, innovation, research and monitoring, etc.). This website might also be useful as forum for discussion and exchange among national experts. Target groups to be addressed are politicians, policymakers, researchers and experts working in the field. Cooperation with and input from EMCDDA, Pompidou Group and UNODC can be very fruitful here.
- On demand of the Kazakh stakeholders further concrete assistance could be given to the development of (aspects of) policy plans, coordination structures and to other activities in the policy process.

Annex 1

Literature, other information sources

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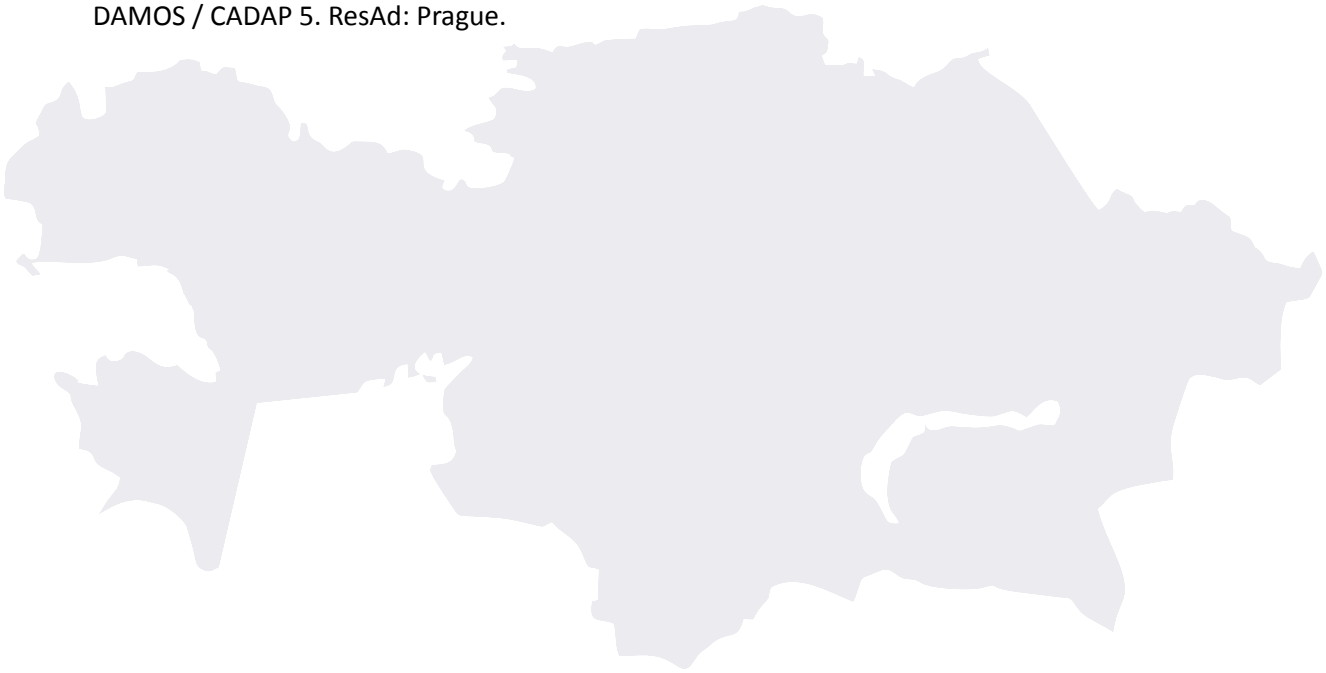

Report on the State of Play of Drug Policy Making in the Kyrgyz Republic

CADAP 6 - Component 1: National Drug Strategy

Bob Keizer and Franz Trautmann (Trimbos Institute)

Table of Contents

A. Introduction

This report is part of the work conducted by the Central Asia Drug Action Programme Phase 6 (CADAP 6). This project is funded by the European Commission (DG Development and Cooperation) to support Central Asian countries with the development of

- A more systematised and comprehensive drug policy in the field of drug demand and harm reduction (Component 1)
- An institutionalised collection and analysis of reliable and objective drug-related data (Component 2)
- More innovative and state of the art practices of drug use prevention (Component 3) and treatment (Component 4).

The activities of CADAP 6 commenced on 1 April 2015 and cover Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. The latter joined the project at the end of December 2015.

Trimbos Institute, the Netherlands Institute of Mental Health and Addiction, is leading this first component.

The objectives of this component are:

- A thorough assessment and analysis of the drug situation, the state of play of drug policy and relevant legislation and the actual needs of all relevant stakeholders in the CA countries;
- Initiating and stimulating a process of collaboration between all relevant stakeholders in the CA countries (integrated approach, a balance between demand and supply reduction activities, communication between policymakers and professionals, etc.);
- Initiating and stimulating the development of a policy that is understood and supported by these stakeholders and by the general population;
- Initiating and stimulating the development of a policy that meets the essential international standards of good practice defined in EU drug policy documents;
- Transferring knowledge about good practices of policy making and implementation, of policy coordination structures and drug legislation in the EU, taking into account their applicability and the challenges and needs that the CA countries are facing, to ensure that this knowledge will help to improve the quality and effectiveness of drug policies in the CA countries;
- The understanding that developing policies is an on-going, cyclic process that consists of analysis, development, implementation and evaluation, and in which all relevant stakeholders should be involved;
- Contributing to an increased involvement of drug policy makers in the CA countries in international drug policy making processes and bodies;
- Contributing to the understanding that coordination and communication, carried out by a national inter-agency group for each CA country is an indispensable element for developing effective drug policies.

The activities in Component 1 are grouped as follows:

1. The first stage is a thorough review and analysis of the existing activities, documents and developments in the field of drug policy making. An important element is to include the viewpoint of all key players in policy making and implementation, major governmental and non-governmental organisations in the fields of supply and demand reduction.

2. The second stage of activities focuses on presenting to each country's national institutions different models of balanced National Drug Strategies, action plans and legislation in selected EU MS and recommendations on possible areas of improvement in CA corresponding documents. The core element will be providing key players in the five CA countries with information on the state of play in EU Member States regarding policy models, process and structure of policy making, examples of good practice from different EU Member States, drug policy relevant expertise, etc.

3. In the third stage of this component we provide technical assistance and advice to the five countries – upon specific requests by them – in order to help them develop their own drug strategies/action plans/legislation following applicable European models and in line with the priorities of the EU-Central Asia Drug Action Plan 2009-2013 and the EU-Central Asia Drug Action Plan 2014-2020. Our intention is to go beyond drafting documents but also to look into the practical conditions for policy implementation.

4. The fourth element is assistance in strengthening the inter-agency coordination and the work of inter-agency groups regarding policy development. This is an on-going activity, accompanying the activities in the three stages described above.

This report is the result of the first stage, a systematic collection of information based on a standard questionnaire, which was the basis for desk research of available reports and other documents, and for interviews of selected key stakeholders (see annex 1).

The report is following the structure of the questionnaire covering the following chapters:

- Drug situation
- Drug policy issues
- Organisational structure and process of drug policy making
- Challenges, priority needs and possible steps to undertake

The report is meant to be a basis for the second and third stage and for the fourth element.

B. Drug Situation

B.1 Drug Use in the Community

As in the other Central Asian countries, data on drug use in Kyrgyzstan is scarce.[1] However, they do allow some conclusions regarding the nature and extent of the problem, trends and useful information for drug policy making.

According to statistic data from the National Drug Addiction Centre of the Ministry of Health of Kyrgyz Republic (MoH), the number of registered people who use narcotic drugs and psychotropic substances is increasing every year. There are reports of a steady increase of injecting drug use, particularly heroin use, involving a growing dependence problem, increased numbers of overdoses and health risks of spreading infectious diseases (HIV, hepatitis and other diseases transmittable by injecting drugs).

The estimates of the number of drug users vary, but the available data points in the direction of around 9,000 to 10,000 registered problem drug users of which 6,000 to 7,300 are injecting drug users (IDUs). The evaluative information on the number of persons registered in drug dependence institutions of the Kyrgyz Republic health system concerning drug dependence of all kinds is provided only once a year, i.e. data for 2013 was available in February 2014. As of 01.01.2013, the number of registered problem drug users was estimated to be 9,900, 7,297 of them being injecting drug users. 10-12% are women and a small group are teenagers. The majority is reported to use heroin.[2] The estimated total number of problem users or problem drug users is clearly higher. National and UNODC experts refer to figures between 25,000 or 26,000.[3] They plead for better quality monitoring to have a more reliable fact base for drug policy making. “The largest concentration of problem drug users is noted in the cities of Bishkek and Osh due to the fact that they have become major transit and distribution units, through which a significant volume of drugs passes to the countries of the CIS and far abroad”.[4]

Traditionally, cannabis and ephedra are popular drugs. They are growing wild and can be found in many places in Kyrgyzstan. The population of Issyk-Kul, Jalal-Abad, Talas, Chuy and Naryn is known for producing marijuana and hashish from the wild cannabis, which are distributed both at the local and regional illegal market. Synthetic drugs seem also to be rather well available based on licit and freely available compounds.

Though there is general agreement that the use of these drugs, and in particular of cannabis and heroin, is still the main problem, various experts point at rapid and major changes of the drug market in Kyrgyzstan. During interviews, many stakeholders reported that New Psychoactive Substances (NPS) like Spice (a synthetic cannabinoid) and amphetamines and methamphetamine (‘Crystal Meth’) are appearing on the market.

The available information points in the direction that these ‘new’ substances are also becoming increasingly popular among young people (teenagers) who start using drugs. It has become fashionable among the youth to take these drugs purchased in nightlife settings like discotheques and bars.

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1 See: Fenopetov, 2012; Zabransky and Mravcik, 2013; Government of the Kyrgyz Republic, 2014; OSCE, 2014; EMCDDA, 2014; UNODC, 2015 and Pompidou Group, 2014.
2 OSCE, 2014
3 Government of the Kyrgyz Republic, 2014; Michels, 2015
4 OSCE, 2014

Challenges

Much is unclear about these new developments, about the background and drivers of these changes of the drug market. There is no reliable information on the nature and extent of the use of these 'new' substances. There are some indications that NPS are mainly imported in the Kyrgyz Republic via Russia, among others by Kyrgyz migrant workers. Experts emphasise that monitoring efforts should be increased to get a more reliable picture of the situation. They also point out that the information is lacking on how to deal with these new challenges. There are for instance no guidelines for diagnosis and for appropriate and effective treatment options. Services have very limited access to the new drug user population, like young 'street kids' who are using solvents or other psychoactive substances. In all these areas the expertise from European experts could be of help to develop more effective responses to the new challenges.

B.2 Drug Use in Prisons

About 5% of inmates are registered as drug users. However, according to expert information the estimated number of people who inject drugs in prisons could well be up to 19% of the total prison population.[5]

Prisons form a separate system, under a separate Ministry, including the health services available in prisons. The Ministry of Health is only moderately involved in health services in prison, through participation in a commission on health in prisons. Overall, however, there seems to be a good cooperation between the Ministry of Health/Republican Narcological Centre and the State Service for the Execution of Sentences regarding the treatment of drug addicted inmates.

There is a plan to have prison health services in 2018 transferred to the MoH. The State Service for the Execution of Sentences is also working on assuring the continuity of care, particularly after release, e.g. for methadone patients. This opens also doors for a better cooperation between health and prison authorities, a basis for the development of a balanced approach.

Despite the limited resources, the Kyrgyz prison system is quite well developed. Meaningful achievements have been made in recent years. Two prisons had been modernised with support of international donors, including special provisions to facilitate the implementation of special treatment facilities for drug addicted prisoners based on the Polish 'Atlantis' model. The realised Atlantis and Clean Zone treatment facilities for drug users in prisons are sustainable und funded by the State Service. HIV prevention measures such as syringe distribution and Opiate Substitution Therapy (OST) have been successfully implemented. Methadone Treatment is currently available in 8 prisons with more than 400 clients involved.

Challenges

One main challenge is that the economic situation of the country does not allow substantial investments in the prison system. The scarce financial resources stand in the way of the necessary innovation of facilities. Another issue mentioned is that the old 'soviet style' prison system (colonies) causes various problems regarding security and safety for inmates and wards.

Priority needs

Priority needs centre on increasing capacity, quality and expertise:

- Still, more treatment facilities like the 'Clean Zones' are needed. There are also efforts to realise facilities in which drug using inmates can be separated from others to serve appropriate treatment to drug users.

[5] Government of the Kyrgyz Republic, 2014; AFEW, personal communication

- One important issue is the support of inmates to reintegrate into the society after release.
- Continuity of care must be guaranteed, e.g. the continuation of OST after release.
- An evaluation of the 'Clean Zone' would also be welcomed.

B.3 Country Specifics Relevant for the Drug Situation

There are various internal and external factors influencing the drug situation in the Kyrgyz Republic. Internal factors mentioned in reports and in interviews with experts are the economic situation (among others poverty, unemployment and migration of population), poor medical/health care, corruption, domestic drugs production (cannabis and ephedra), lack of means for effective border controls, impossibility of effective border controls taking into account the length of the borders, insufficient resources (funding, material and technical equipment of the state anti-drug agencies) and political instability of the region).[6] These are not favourable conditions for receiving sufficient funding for services targeting drug users. Mention has also been made of the lenient culture towards alcohol abuse and a conservative attitude towards sexual and reproductive health and rights as factors standing in the way of a more effective approach towards drug use related problems.[7]

As prominent external factors have been named: the proximity to Afghanistan (as the main source of drug supply in the region), international drug mafia activities in Central Asia, the absence of a unified approach to regional drug security and the permeability of the state borders. The widespread heroin use in the country is seen as a direct consequence of the drug trafficking routes from Afghanistan going through the country. One expert stated this as follows: "The national interests of our Republic require an implementation of active, comprehensive and balanced policy in the sphere of countering drug dependence – a real threat to the gene fund and the future of the country as a whole. Kyrgyzstan has fully experienced the negative consequences of this social phenomenon".[8]

Another factor mentioned is the abolition of border controls between Kyrgyzstan and Kazakhstan, a consequence of the customs union of these countries and among others Russian Federation and Belarus. And finally, mention is made again of the political instability, which is a regional rather than a national issue.

B.4 Drug Prevention

Primary drug prevention is one priority in the Anti-drug program of the government of the Kyrgyz Republic:[9] "Health protection, education, law enforcement and local government agencies, civil society, parents and the media under the coordination of authorised state body on drug control implement the primary drug prevention in the Kyrgyz Republic".

The realisation of prevention programmes lies within the responsibility of relevant ministries (mainly the Ministry of Education and Science, the Ministry of Health and the Ministry of Youth), departments like the Republican Centre for Strengthening the Health Capacities (closely cooperating with the Ministry of Education), local authorities, civil society (NGOs) and international organisations. Like other demand reduction programmes, drug prevention is carried out within the framework of national governmental programmes.

There are various programmes and activities, in particular events (e.g. summer camps for students),

[6] Government of the Kyrgyz Republic, 2014
[7] AFEW, personal communication
[8] OSCE, 2014
[9] Government of the Kyrgyz Republic, 2014

information campaigns, frequently media campaigns and training seminars for educators.[10] Activities include both the community and prisons. Different programmes have been realised in cooperation with international organisations. One example is the implementation of a curriculum for the prevention of drug use, "Your Choice" (from 2009 onwards), which consisted of 12 lessons and was based on the development of life skills and social impacts focusing on students aged 12–14 years. This was a shared initiative of the Ministry of Education of the Kyrgyz Republic, in collaboration with UNFPA (United Nations Fund for Population).

Secondary prevention is in accordance with clinical protocols and other documents approved by the Ministry of Health. The weakness of these documents is that they are not regulatory legal acts.

Challenges

Different sources and experts point at a number of challenges in the field of drug prevention. It is particularly impressive to see that even in official governmental documents the weak points of Kyrgyz drug policy are explicitly listed. The Anti-drug programme of the government of the Kyrgyz Republic[11] is very open about what is lacking. Issues mentioned are the following:

- The available resources are insufficient. E.g. SDCS sector of early drug prevention has the task to tackle new developments, but does not have any resources to do so.
- (Primary) drug prevention is seriously undeveloped in the Kyrgyz Republic. There is neither a legal framework nor quality standards for it, particularly in the education sector.
- 'Old-fashioned' fear-based approaches with the focus on negative consequences of drug use prevail (due to the dominant conservative understanding of drug use) despite the evidence that these approaches are not effective.
- Existing (primary) drug prevention programmes and activities are mainly limited to campaigns, to events like conferences and round tables and to publications (leaflets, brochures), which have a limited reach.
- There is a lack of expertise and specialists and the turn-over of specialists is high.[12]
- Schools tend to 'deny' drug problems.
- Despite the achievements, the status of drug prevention in penitentiary system does not meet modern requirements. Material and technical status and equipping of health-care units of the penitentiary system remain unsatisfactory.[13]
- Thus, there is a lack of prevention standards approved by the state. Everyone understands prevention in their own way.
- Ministerial guidance documents like clinical protocols approved by the MoH are of limited influence. The weakness of these documents is that they are not regulatory legal acts. In 2011, in connection with the adoption of the new amended law "On normative legal acts", all ministries and departments of the Kyrgyz Republic have lost the rights to publish the regulatory legal acts. Thus, all such documents of the Ministry of Health – are just recommendations (i.e. good wishes).

[10] Zabransky and Mravcik, 2013
[11] Government of the Kyrgyz Republic, 2014
[12] Michels, 2015
[13] Government of the Kyrgyz Republic, 2014

- Prevention of the use of illicit drugs is generally not combined with the prevention of the use of legal substances like alcohol and tobacco. There is not much reflection that illicit drug use is usually preceded by or linked with these legal psychoactive substances. As a result, preventive measures aimed at creating a negative attitude of children and young people towards tobacco, alcohol and drugs use, are carried out in an uncoordinated way and have a rather weak methodological basis.

Another challenge mentioned by many stakeholders is the lack of a legal basis for drug prevention, in a country where a legal basis is required to assure the realisation of certain policy measures. A specific law on the prevention of drug dependence and psychotropic substances, developed by the State Drug Control Service (SDCS), has been prepared seven years ago but it is still not accepted by the Parliament. The law has been rejected because it also covers harm reduction measures like Opioid Substitution Treatment (OST). Political conservatism and opposition in the media and public opinion are named as reasons for this. However, even after it was proposed to remove all references to harm reduction programmes and focus solely on primary prevention, the law did not pass.

Priority needs

Regarding priority needs, a long list of issues has been presented. In the Anti-drug programme of the government of the Kyrgyz republic it is emphasised that "primary drug prevention is one of the main methods of reducing the demand for illicit drugs in the activities of state bodies and civil society. Main purpose of primary drug prevention is education of a person, with a support of the family and the state, as mentally healthy, formed as individual, law-abiding and responsible for own behaviour, possessing healthy lifestyle and able to manage life challenges by adequate methods".[14]

According to the same document, primary drug prevention tasks are:

- "Creating an enabling legal environment for effective reduction of demand for drugs in illicit trafficking through improving regulatory framework, including submission of corresponding drafts of laws for consideration of the Kyrgyz Republic Parliament.

- Strengthening prevention component in the coordinating activities of authorised state body on drug control.

- Creating conditions for healthy lifestyle and providing an alternative to drug use for children and youth by the family, the state, youth associations, civil and business societies, as well as mass media (organisation of healthy and affordable leisure activities including development of physical culture and sports, active games, individual, group or mass events).

- Intensification of prevention activities by local state administrations and local authorities as well as creation of a continuous system of health education and cultural education in the state and public institutions (organisations of education, health care, social protection, military forces, police, penitentiary system and mass media).

- Forming of life skills contributing to care and strengthening of health and to desire to achieve social well-being (training on decision-making skills, effective communication, critical thinking, resistance to negative peer pressure, emotional control).

- Creation of scientifically justified methods and approaches to inform about negative consequences of psychoactive substances (hereinafter referred to as PAS).

[14] Government of the Kyrgyz Republic, 2014

- Setting up a support system for young people in crisis situations.
- Establishment of a primary prevention system in penitentiary institutions with the condition of observing of their specificity".[15]

Other needs mentioned by experts are:

- Research and monitoring the drug situation has to be intensified to allow for fact-based drug policymaking and the development of drug prevention programmes and activities responding to the topical needs in the country.
- Innovative approaches, adapted to the perception of young people (speaking their language) are needed replacing the standard prevention activities as campaigns and events, which are not (very) effective.
- A comprehensive and integrative approach is needed to be more effective, covering illegal and legal drugs, involving all relevant stakeholders and covering the different life areas of young people.
- There is a need of institutionalisation of prevention programmes to assure sustainability.
- Information about tackling new phenomena like NPS and effective policy responses from EU Member States (in Russian) are helpful, presenting models that are working, e.g. through study visit of key decision makers. Study visits proved in the past effective to change the view of the participants. Cooperation with Component 3 could be considered here.
- According to different experts, another important option would be a website (preferably in Kyrgyz language), presenting EU documents and points of view, standards and research findings on effective prevention and treatment, shortly explained and easy to understand. This website might also be useful as forum for discussion and exchange among Kyrgyz experts. Target groups to be addressed are politicians, policymakers and experts working in the field.[16]

B.5 Drug Treatment and Rehabilitation

6,250 heroin users are registered in the narcology registers.[17] More detailed figures are available for 2011.[18]

The main treatment options are:

- Detoxification (inpatient and outpatient, generally supported with methadone), which is available countrywide.
- OST, i.e. methadone maintenance treatment including psycho-social support. Currently 31 OST sides are reported working in Narcological Clinics and Family clinics, two in TB Centres and eight in prison settings.[19]
- Inpatient medical and psychological rehabilitation and outpatient rehabilitation programmes through 12-step systems in the Republican Addiction Centres and the Inter-regional Centre of Addiction in Osh (IRCAO).

[15] Ibid.
[16] Other experts have also mentioned this option during the CADAP steering committee meeting in December 2015.
[17] Government of the Kyrgyz Republic, 2014
[18] Zabransky and Mravcik, 2013
[19] Michels, 2015

- Motivational programmes for access to and continuation of treatment and the prevention of relapse and overdose on an outpatient basis.

- Treatment/rehabilitation in prisons include 8 rehabilitation centres 'Atlantis' targeting inmates addicted to alcohol and drugs and a so-called 'clean zone' of the Centre of Rehabilitation and Social Adaptation in the penal institution No. 31 of SPS. The latter has been realised with the assistance of CADAP 5, funded by the European Union, and "enables patients of Atlantis program, who have successfully completed the basic therapy, to continue their rehabilitation, gain and strengthen work skills, obtain primary vocational education and successfully complete the process of reintegration and adaptation in civil society after release". [20]

Treatment services are provided by State organisations and by NGO's. AIDS Foundation East-West (AFEW), for instance, provides an opportunity to pass detoxification therapy and rehabilitation for people with opiate dependence on the basis of the three local NGOs ("Society" in Bishkek, "Parents against Drugs" in Osh and "Ayan-delta" in Tokmok).

Challenges

Main challenges are the limited capacity and unsatisfactory quality of treatment, in particular regarding rehabilitation/drug-free treatment. There is just one rehabilitation department (with a capacity of 40 beds) for the whole country. Also the availability of OST, psychosocial interventions and (social) rehabilitation is judged as 'moderate'.[21] Abstinence oriented treatment programmes are mainly focussed on detoxification, a limitation that does meet the treatment needs and required quality of services. The important role of NGOs in the implementation of treatment and rehabilitation is not recognised. Moreover, NGOs are divided.

Priority needs

Besides sufficient resources being necessary for increasing capacity and quality of treatment, the following needs have been put forward:

- Expert input from, among others, the EU e.g. regarding treatment of users of the 'new' substances mentioned above (NPS, etc.), but also regarding specific elements of the treatment of heroin users, e.g. the use of naltrexone for relapse prevention.

- Development of guidelines and standards for the different types of treatment.

- Systematic training of treatment staff (with official certification, following the model of Pavlodar Republican Centre of Narcology).

- Expanding the capacity and network of rehabilitation centres, both public and private. The government is working on plans for building up a new rehabilitation centre (for 100 people to start with) focussing on work and education.

- Assistance in strengthening the expertise of the rehabilitation centre is helpful, presenting models that are working, e.g. through presenting expertise from EU Member States (in Russian) and through a study visit of key decision makers to EU Member States. Cooperation with Component 4 could be considered here.

- The important contribution of NGOs to the implementation of harm reduction activities, treatment, rehabilitation, should be formally acknowledged. They should be included in the policy making process.

[20] Government of the Kyrgyz Republic, 2014
[21] Zabransky and Mravcik, 2013

B.6 Morbidity and Mortality/ Harm Reduction

As in other regions of the world, injecting drug use is an aggravating factor for the spread of infectious diseases like HIV and hepatitis C but also tuberculosis and other infections. More than half of all HIV infections in Kyrgyzstan are related with drug injecting (59.8 per cent of the total number of registered cases of HIV infection as of January 1, 2013). More than half of injecting drug users is infected with hepatitis C.[22]

"Kyrgyz state policy relies on a comprehensive and multi-sectoral approach aimed at ensuring gender equality and the observance of human rights, particularly as they relate to key populations and people living with HIV. The planning and implementation of HIV-related activities are carried out in accordance with World Health Organisation (WHO) and UNAIDS recommendations. As such, the government implements measures outlined in the state programme to overcome the HIV epidemic for 2012 to 2016 aimed at stabilising and subsequently reducing HIV incidence in Kyrgyzstan".[23]

Main direct causes for mortality among drug use are overdoses, infectious diseases and other drug use related complications. Major indirect causes are behaviour-related (suicides, injuries, hypothermia and others). Official mortality statistics show that 2% of the total number of persons registered in drug treatment facilities died from an overdose. However, according to expert estimates the actual mortality rate is much higher.[24]

Other sources emphasise that the current system of registration of deaths related to drugs does not allow conclusions to be drawn about the situation on a national scale. "However, the figures of the National Health Information Centre of the Ministry of Health of the Kyrgyz Republic show that the number of deaths resulting from drug overdoses decreased by 23% in 2010–2011. In 2011, 64 fatal overdoses were registered (84 in 2010), including 4 women (6.2%). In most cases of death, the cause of the overdose was an unspecified type of drug (71.9%).

According to the National Health Information Centre, 130 deceased persons were removed from dispensary registration in 2011 (139 in 2010), which accounted for 1.2% of the total mortality among registered problem drug users at the end of 2011. Analysis comparing the mortality rate among drug users removed from dispensary registration because of death with the mortality of the general population of the same gender and age (Standardised Mortality Ratio – SMR) found a death rate among drug users that was 1.3 times higher. Among male drug users the death records are 4 times higher in the 20–24-year-old age group compared with the same age group in the general population. In women drug users the highest SMR (3.1 and 3.5) was found in the 35–39 and 40–44 age groups".[25]

Harm reduction

In the drug strategy of the Kyrgyz Republic harm reduction is a priority. It is seen as an integral part of the state policy, in particular as response to the HIV/AIDS threat injecting drug users are facing. Harm reduction programmes were included in the drug strategy and started to be implemented in Kyrgyzstan in 2000.

Harm reduction programmes include the following components:

- Needles and syringe distribution (NSPs)
- Opioid substitution therapy (OST)

[22] Government of the Kyrgyz Republic, 2014
[23] FEW, 2014
[24] Government of the Kyrgyz Republic, 2014
[25] Zabransky and Mravcik, 2013

- Outreach and educational activities, including street work
- Professional counselling
- Medical care (including the provision of Naloxone)
- Advocacy for problem drug users.

Harm Reduction measures are conducted in Narcological Clinics and by NGOs. 6,000 IDUs are covered by these measures. NGOs play a key role in providing these services, except for the medical treatment.

Challenges

Also in the field of harm reduction main challenges are the limited resources and capacity. Other challenges are:

- OST and other harm reduction services still lack a legal regulation. It might be worth considering regulating these services under a HIV prevention law. HIV prevention is generally well accepted. Referring again to EU standards (the EU Drug Strategy) can be of help here.
- Financing of NGOs is not secured. In case Global Fund financing is discontinued services provided by NGO's will stop too, which forms a serious threat for a continuity of crucial care for drug users.
- Financial governmental support is seen as unrealistic, due to lack of resources and political will. The problem is that there is no legal basis for harm reduction, in a country where a legal basis is required to assure the realisation of certain policy measures.
- Due to the growing influencing of Russia, the position of NGOs might be threatened, as NGOs are being seen as agencies of foreign powers, though not all stakeholders perceive this as a real threat.
- The important role of NGOs in the implementation of harm reduction activities is not recognised. Moreover, NGOs are divided.

Priority needs

Besides sufficient resources the following needs have been put forward:

- NGOs should receive more formal support to secure their position. CADAP might be able to play a role here.
- Bundling their forces might be a useful strategy for NGOs.
- A cost benefit analysis of NGO work might be helpful to prove their value.

B.7 Balanced Approach: Aligning Demand and Supply Reduction

Like the earlier stages of CADAP also CADAP 6 is focussing on demand reduction. However, for effective demand reduction policies (including harm reduction) cooperation and coherence with supply reduction is vital. The interests and aims of demand reduction and supply reduction can be conflicting. Representatives of international organisations and national NGOs operating in the Kyrgyz Republic point out, for instance, that increased law enforcement activities targeting drug

users, prosecuting drug users for the possession of small quantities for personal use, conflict with accessing harm reduction services like syringe exchange and OST. Supply reduction therefore can impede the provision of drug treatment services.[26]

There is growing awareness of these contradictions between demand and supply reduction, the two core constituents of drug policy. This has resulted in increased efforts to align these two components to make national drug policies more consistent and thus more effective. In the EU but also in other parts of the world the concept of a balanced approach has been developed and widely accepted as a core concept of an effective drug policy. The Anti-drug program of the government of the Kyrgyz republic acknowledges the need of a balanced approach for making drug policy more successful.[27]

Challenges

The government of the Kyrgyz Republic is aware of the usefulness of a balanced approach, investing both in demand and supply reduction. However, supply reduction receives by far the biggest share of governmental funding allocated for drug policy. This imbalance is not a specific Kyrgyz characteristic; it is rather common all over the world. A more serious challenge might be that, as also mentioned in the anti-drug programme, there is not much cooperation between both drug policy components. In this programme one can also find serious criticism on the lack of effectiveness of the supply reduction measures implemented. The investment in supply reduction measures seems to have a rather modest impact on the actual drug supply. According to the anti-drug programme, there is no substantial harm done to organised drug crime despite all the efforts undertaken, like the establishment of an authorised state body on drug control and specialised law enforcement units. Experts estimate that less than 1% of the illicit drugs going through the country are seized. The impact of border controls (border services and customs) is scanty. The Kyrgyz Republic remains to be one of the channels of international drug trafficking used for comparatively free transportation of significant volumes of drugs to the CIS member countries and beyond.[28]

The activities of law enforcement agencies are still largely limited to retail drug dealers and people, who possess drugs for their own use. Drug possession without intention to sell accounted for two-thirds of the total drug-related crimes identified in 2012. Another challenge mentioned in this context is the involvement of state officials in drug trafficking and selling. Corruption is a widespread phenomenon, which is not effectively tackled.

Priority needs

Besides the need to enhance the effectiveness of supply reduction programmes, among others, through more efficient use of the available resources and better targeted actions, focusing on large scale trafficking rather than on the retail and use level, and trough fighting corruption, the development of a balanced approach is a key priority. Politicians and policy makers have to understand the usefulness and effectiveness of this approach. In particular, supply reduction experts have to be addressed with evidence-based information on the effect of a balanced approach.

B.8 Activities of Foreign/International Organisations

Due to the social economic changes in Central Asia, it proves to be an attractive region for various stakeholders and organisations from abroad, covering the range from private investors from various countries to international development organisations. They are getting involved in various

[26] Government of the Kyrgyz Republic, 2014
[27] Ibid.
[28] Ibid.

areas, developing the infrastructure, the political system, health policies, etc. Various motives play a role here, including economic and geopolitical interests. Also in the field of drug policy and related areas, various national and international organisations are involved in supporting the development of services and programmes through consultation and advice, and through activities like trainings and through longer-running projects. Besides CADAP, which is a European Commission initiative which started in 2003, there have been and still are more EU priority projects funded by the European Commission, like, among others, BOMCA (Border Management Programme in Central Asia) and the so-called Heroin Route Programme, "supporting the fight against trafficking from/to Afghanistan". UN organisations also play an important role, like UNODC (e.g.) in the field of drug supply and demand reduction and drug policy development and UNAIDS in the field of HIV prevention programmes. One example of UNODC programmes in the Kyrgyz Republic is the "Family and School Together" (FAST), in cooperation with the Ministry of Education and Science of the Kyrgyz Republic, which developed a national concept for the "prevention of drug abuse, HIV, AIDS, and crime among young people through training in family life skills programmes".[29]

There are also internationally operating NGOs contributing to the implementation of essential parts of drug policy. The AIDS Foundation East-West (AFEW), an organisation of Dutch origin with financial support of, among others, the Netherlands Ministry of Foreign Affairs, is involved in developing and supporting HIV/AIDS prevention and treatment services, playing also an important role in the development and support of other NGOs active in the field of HIV prevention and harm reduction. Nevertheless, this might be not the complete list of organisations involved in the drug policy field in the Kyrgyz Republic.

Another crucial contribution comes from the Global Fund, a vital funder of mainly HIV prevention and harm reduction services.

Challenges

The main challenge regarding the involvement of foreign/international organisations in the field of drug policy, monitoring, prevention and treatment is that there is not much cooperation, coordination and exchange between the different initiatives and activities. This results in inconsistencies (or even contradictions) of viewpoints and approaches and in duplications and other inefficiencies. Another issue to keep in mind is that the contribution of foreign/international organisations might tempt the government to leave certain areas and tasks (and responsibilities) to these organisations. This is a risky strategy as the support is not everlasting. Global Fund, crucial for having OST and other harm reduction services financed, already announced that there funding programme in the Kyrgyz Republic might stop in 2017.

Priority needs

Following what has been said under challenges; at least two issues deserve attention:

- One is attuning the work of the different foreign/international organisations to make their efforts and investments more effective and efficient.
- The second one is to create a legal basis for services provided or funded by these foreign/international organisations to assure their sustainability in case international involvement will stop.

[29] Zabransky and Mravcik, 2013

C. Drug Policy Issues

C.1 Drug Policy Documents (Strategy and Action Plan)

Since 1993 the Kyrgyz Republic has developed drug policy papers on a rather regular basis, analysing and describing the drugs problem, defining drug policy objectives and the actions to reach these objectives. The most recent document is the Anti-drug program of the Government of the Kyrgyz Republic and its Implementation Plan, which were adopted for 2014-2019. It is a well elaborated and comprehensive document containing:

- A description of the background and a systematic analysis of the drug situation in the country
- An overview of the anti-drug measures undertaken in the field of supply reduction, demand reduction and harm reduction and various activities in the field of international cooperation.
- A description of the problems to be solved, openly addressing also the weak points of the policy efforts undertaken in the past.
- An extensive chapter describing the anti-drug programme of the government, defining the main goals and objectives and the main focus of demand, supply and harm reduction activities.
- A plan about how to implement this programme through national, departmental and regional action plans.

All plans are reported to be at least partly implemented. The strong points of these plans are that they are comprehensive, addressing the topical priorities in the country, comprising the full spectrum of internationally agreed actions, including harm reduction both in the community and in prisons and emphasising the use of innovative approaches. They basically meet the international standards, though they are not fully and systematically implemented. The Kyrgyz Republic has ratified all three UN Treaties and Conventions on narcotic and psychotropic substances (1961, 1971, and 1988) and has developed a national framework and mechanisms for the implementation and coordination of drug policies.

The 2014 Anti-drug programme states the following:
“In accordance with the Clauses 36 and 40 of the Political Declaration adopted at the Stage of high-level session of the UN Commission on Narcotic Drugs (hereinafter referred to as CND) on March 11-12, 2009, the Kyrgyz Republic will have to provide by 2019 phased (prior to 2014 with evaluation at 57 Session of CND as well as up to 2019 inclusively) elimination or substantial and measurable reduction of:

- Illicit cultivation of opium poppy and cannabis;
- Illicit demand for narcotic drugs and psychotropic substances, as well as drug-related health risks and social risks;
- Illicit production, manufacture, marketing and distribution, as well as trafficking of psychotropic substances;
- Leaking of precursors from trafficking;

- Money-laundering scales related to illicit drugs".[30]

In the Kyrgyz drug policy, the main standards for protection of Human Rights are respected: full access to treatment in prisons, including Harm Reduction programmes, forced treatment only upon court order, and no death penalties.

The 2014 Anti-drug programme also reflects the choice for a balanced approach, understanding demand, harm and supply reduction as constituents of one strategy, despite the fact that the investment in demand reduction is substantially less than in supply reduction.

Challenges

Main challenges are:

- Due to the economic problems during the political transition there are not sufficient resources for a full implementation of the plans. There are no funds allocated to realise the envisaged activities and programmes. What has been realised has been paid by the standard budget of ministries, agencies and local governments.
- The Drug Action Plan does not present concrete deadlines, targets, a clear division of tasks or a clear division of budgets, etc. There is a lack of central, national coordination. Ministries make their own plans.
- The relatively modest funding of demand and harm reduction compared with the investment in supply reduction. However, one expert points out that the Kyrgyz investment in supply reduction is almost 5 times lower than in the Russian Federation.
- At the same time it is necessary to take into account that the Kyrgyz Republic is located very close to Afghanistan – the world leader in drug production – and right on "north route" of its trafficking.
- There seems to be a limited understanding among supply reduction stakeholders of the importance of demand reduction. How to create this understanding?
- The Russian influence on drug policy, opposing harm reduction programmes and NGOs, which generally receive funding from abroad and are therefore seen as agencies of foreign powers, is mentioned as a challenge.
- The emerging influence of Islam in the region is also seen as a challenge.
- Drug policy and legal regulations targeting illicit drugs is separated from policy and laws targeting legal substances like alcohol and drugs. There have been proposals by experts to develop an integrative policy approach but they did not meet wider support.
- Public opinion on illicit drug use is generally rather conservative, particularly on issues such as harm reduction programmes (SEP, OST, and others). Nevertheless, in general the public is interested and partly informed about drug problems. Drug users are not seen as the enemies. It took 10 years to come to this point. The view presented in the media, media campaigns, but also for instance articles in a Police Newsletter, contributed to that.

[30] Government of the Kyrgyz Republic, 2014

Priority needs

The following needs seem to be most urgent

- A more consistent drug policy, a balanced approach, i.e. attuning supply and demand reduction policies and a better balance of financing.
- A more comprehensive drug policy, including illicit drugs, alcohol and tobacco and providing a well-coordinated framework of measures taken, targeting the different substances.

C.2 Legislation

Currently, the legal basis of drug policy in the Kyrgyz Republic consists of the following articles in the Criminal Code and the Administrative Code of the Kyrgyz Republic and of a number of governmental resolutions:

- Law of the Kyrgyz Republic "On narcotic drugs, psychotropic substances, and precursors", No 66, May 22, 1998
- Criminal Code of the Kyrgyz Republic, October 1, 1997
- Administrative Code of the Kyrgyz Republic, April 8, 1998
- Decree of the Government of the Kyrgyz Republic "On the approval of state control over the circulation of drugs, psychotropic substances, and precursors in the Kyrgyz Republic" No 466, June 22, 2004
- Decree No 543 of the Government of the Kyrgyz Republic "On narcotic drugs, psychotropic, substances and precursors subject to control in the Kyrgyz Republic", November 09, 2007
- Decree No 54 of the Government of the Kyrgyz Republic "On the order of registration, storage, and use of narcotic drugs, psychotropic substances, and precursors in the Kyrgyz Republic", February 18, 2011
- Decree No 132 of the Government of the Kyrgyz Republic "Issues of the State Drugs Control Service under the Government of the Kyrgyz Republic", February 20, 2012.[31]

One strong point is undoubtedly the fact that all legislation on drugs in the Kyrgyz Republic is in line with conventional standards. Interesting features of the legal regulations in the Kyrgyz Republic are:

- The law differentiates between the possession of small quantities for personal use and bigger quantities for selling purposes. Possession (storage) in general is an offence, but possession of a small quantity, for heroin a quantity <1 gram, is an administrative offence. Possession of a quantity >1 gram is a criminal offence, i.e. subject to criminal prosecution.
- In accordance with Article 246 of the Criminal Code of the Kyrgyz Republic, the illegal manufacture, acquisition, possession, transportation, or shipment of small quantities of narcotic drugs or psychotropic substances without intent to sell, committed within one year after the application of administrative penalties for the same act, is punishable by community service (from 100 to 240 hours) or a fine of up to 50 calculation units, the restraint of liberty for a term not exceeding two years, or imprisonment. The same act

[31] Zabransky and Mravcik, 2013

committed by a person who has previously committed any other drug-related offence is punishable by a fine of up to 100 calculation units, correctional labour for up to two years, the restraint of liberty for a term not exceeding three years, or imprisonment for a term from one to three years.

- A person, who commits an offence under Article 246 and voluntarily hands over the involved drugs, psychotropic substances, or their analogues and actively contributes to the disclosure or suppression of crimes related to illicit trafficking in narcotic drugs, psychotropic substances, or their analogues, is exempted from criminal prosecution for the crime.

- In accordance with Article 247 of the Criminal Code of the Kyrgyz Republic, the illegal manufacture, acquisition, possession, transportation, transfer with intent to sell, and illicit production or distribution of narcotic drugs, psychotropic substances, or their analogues or precursors, shall be punished by imprisonment for a term of four to eight years.

- The Kyrgyz law does not differentiate between cannabis (marihuana and hashish) and other narcotic drugs, psychotropic substances, and precursors subjected to control in the Kyrgyz Republic.[32]

Challenges

Main challenges are:

- As mentioned under drug prevention (A.4), after seven years there is still no legal basis for drug prevention, in a country where a legal basis is required to assure the realisation of policy measures.

- The absence of a legal basis is also impeding the development and institutionalisation in other areas, e.g. in the field of treatment, rehabilitation and harm reduction. A legal basis is also required for a clear description and division of tasks: who is responsible for what.

- As a legal basis is a prerequisite of state financing, the absence of legal provisions is also a threat for the sustainability of services yet developed. This seems to be particularly a problem for OST and harm reduction services, which are currently funded through the Global Funds. This funding is expected to stop within 2 years.

- Though the drug law is seen to be generally in line with the topical needs of the drug situation there is the risk that it is not reflecting the current changes of the drugs market, e.g. with the emergence of Spice and other NPSs. For example - the situation with so-called “Spice” (smoking blends). One problem is that the data and research-based expertise on the nature, extent and effects of the use of these substances is lacking for developing appropriate legal regulations.

- Legislation on drugs is still controversial and not always implemented. There is for instance a provision in the law regulating compulsory treatment of problem drug users. However, this is not implemented. No plan has been developed how compulsory treatment should look like. Currently there are discussions to abolish this provision.

[32] Ibid.

Priority needs

The following needs have been put forward:

- A legal framework is a prerequisite for Institutionalising and sustainability of demand reduction and harm reduction programmes and services.

- There is the need for a comprehensive regulation of all relevant aspects. One option is one comprehensive law in which all aspects are regulated. The experience with the prevention law however shows that this option bears the risk that it will not be accepted by the Parliament because some issues are not acceptable for some MPs. The other, more feasible option is to have a comprehensive drug policy plan and translate it into a number of separate laws regulating parts of the drug policy plan.

D. Organisational Structure and Process of Drug Policy Making and Implementation

D.1 Organisational Structure and Responsibilities

There are three levels of drug policy coordination in the Kyrgyz Republic:

- The National Coordination Committee on Drug Control (NCCDC)
- The State Drug Control Service (SDCS) (abolished)
- Implementation level, including ministries and agencies

NCCDC

The NCCDC is the highest level in Kyrgyz drug policy coordination structure. Members of the NCCDC are deputy heads of concerned ministries and departments, representing internal affairs, national security, customs, health, penitentiary, etc. Chair of the NCCDC was until spring 2016 also the head of the SDCS (see below), which is the secretariat of the NCCDC. Despite the fact that NCCDC has formally existed for several years, it entered into force only in 2014. The envisaged meeting frequency was twice a year. However, the Government has decided to abolish the SDCS and to review the drug policy coordination structure (see below). Consequently, the Government has decided to (temporarily) suspend the functioning of the NCCDC as well.

SDCS

The SDCS was the main executive organisation in Kyrgyz Drug policy. However, in spring 2016 the SDCS has been abolished by the Government. The tasks of the SDCS are temporarily performed by the MoI and the MoH. The MoI is asked to prepare proposals for a new drug coordination structure and description of tasks by October 1, 2016.

The SDCS was primarily responsible for drug supply reduction but was also involved in some demand reduction issues, e.g. in drug prevention. It got guidance from the government and at the same time has provided the government with relevant information, not just serving facts and figures but also analyses and advice, its views regarding the anti-drug programme. For this input the report on the drug situation was key, which the SDCS produced on an annual basis. It received input from regional and local governments and other experts.

Implementation level

There are various organisations and services involved in the implementation of drug policy measures, from major governmental organisations like the Republican Narcological Centre, a key player in the field of drug treatment, and the Republican Centre for Strengthening the Health Capacities, playing a vital role in the field of drug prevention. Both centres are working under the Ministry of Health.

The Republican Narcological Centre has contributed to the successful realisation of an effective response to heroin use, starting from identifying the problem to realising effective treatment responses with the input from other countries' expertise. They also succeeded to gain support from the political level. This might be useful a case study for developing a successful policy targeting substance use. The Republican Centre for Strengthening the Health Capacities is an

important player in the field of prevention. The main focus of its work in the field of substance use is on alcohol and tobacco, developing among others programmes for schools and universities. This work is done in close cooperation with the Ministry of Education. In this field there is also some regional cooperation between Tajikistan, Uzbekistan and Kyrgyzstan, which might serve as a support for a more regional approach.

NGOs play an important role in the implementation of harm reduction treatment and rehabilitation.

Finally, also foreign and international organisations contribute to the implementation of drug policy programmes (see above under A.9).

Cooperation between stakeholders

According to different experts all relevant stakeholders are involved in the process of drug policy making. Overall there is some cooperation between them, based on a number of coordination mechanisms. But the structural cooperation is seen as far from perfect.

There are however different ad-hoc cooperation structures. There is for instance a working group of 11 ministries to prepare the drug prevention law. Although it is an ad-hoc working group, it could be a useful first step for establishing an inter-ministerial structure for drug policy making and implementation.

Challenges

- NCCDC is formally the highest level, but according to some stakeholders not very active (meeting just twice per year) or powerful, which can be partly explained by the fact that high-ranked members send lower-ranked staff to replace them during the meetings.

- Experts state that the political positions of the Parliament and of the governmental bodies (NCCDC and SDCS) differ. The Parliament has taken a rather 'conservative' position, with a strong focus on supply reduction and against harm reduction, while particularly the SDCS took a rather centrist position, close (but not identical) to the position of the relevant international organisations such as CND, INCB, UNODC and WHO.

- No stable organisational structure for discussions among politicians, policymakers (Ministries) and experts from the field/NGOs for discussing problems and solutions, reaching consensus on problems and policy responses, making policy plans and implementing policy. The horizontal level of cooperation, i.e. the interagency and inter-institutional cooperation is not well developed. Important factors mentioned by experts are rivalry between Ministries and other governmental organisations, and a lack of culture focusing on reaching consensus and exchanging information and experiences. Another factor of influence might be the lack of initiative of the political level in charge, having the formal power to install and facilitate an interagency and inter-institutional cooperation structure and control its functioning.

- One main challenge mentioned is the instability of the drug coordination in the country. The coordination structure regularly underwent changes in the past two decades. The State Committee on Drug Control under the Government of Kyrgyz Republic was installed in 1993 (as coordinating body without a right of operative investigations), transformed in 2003 into the Agency on Drug Control (responsible for drug policy planning and coordination, drug prevention, operative investigations of criminal drug cases, legal turnover control), discharged in 2009, and recreated in 2010 as State Drug Control Service (responsible for drug policy coordination, drug prevention, operative investigations of criminal drug cases, legal turnover control). In these 23 years of existence of this national

body its leader has been changed 13 times. Nevertheless, the control body is seen as having contributed to the progress drug policy made in the Kyrgyz Republic in the past two decades and to the implementation of rules of international law. As one expert stated: without its existence changes in drug policy might have occurred, but these changes would also not have been for the better.

- There is limited understanding of the relevance of "policy development", i.e. the notion that a good drug policy is more than the simple sum of separate policy issues like supply reduction, treatment, prevention, etc. The same can be said for notions of the relevance of a balanced approach, respect for human rights, the importance of independent monitoring and evidence based policy.

- Experts also point at the lack of a comprehensive implementation strategy, translating the anti-drug programme into an action plan defining the division of tasks and responsibilities among the different organisations.

D.2 Monitoring and Evidence Base of Policy

There are a number of drug monitoring initiatives in the Kyrgyz Republic. The SDCS is responsible for the official monitoring, though there are discussions about other, more independent options for the organisation and the institutional framework of the drug monitoring task. A national information network on the drug information and monitoring system (DAMOS) was established in 2006 to collect non-confidential information on drugs and drug dependence in the Ministry of Health, Ministry of Internal Affairs, the State Penitentiary Service, and the Civil Service of the Kyrgyz Republic drug control. The SDCS is the national coordinator for this information collection.[33] Besides this formal drug monitoring by SDCS, data is collected by other organisations, for instance by the narcological centres. There are also some other non-governmental drug monitoring initiatives, like the Central Asia Drug Policy Centre , and also AFEW, which has an Analytical Centre.[34]

Monitoring, research and evidence-based information on effective approaches are generally understood by experts as requirement for the making and implementation of effective drug policy. However, as in other countries, the drug policy agenda is determined not only by monitoring and research findings. Political agendas (national and international), media publications, expert opinions and recommendations from international institutions play a key role.

Challenges

- The different drug monitoring initiatives do not co-operate or (systematically) exchange/ share their data. According to some experts, there is competition about available research budgets. There is no coordination of the collection of drug information system, nor a National monitoring centre established.

- Due to a lack of capacity and funding, further developing and institutionalising the data collection/monitoring will remain a difficult task.

- Part of the data collected and analysed by the SDCS is declared confidential, meaning that it cannot be shared with others, e.g. with the narcological centres. This stands in the way of a general, 'standardised' data collection. Experts refer to a continuous 'conflict of culture' that data is not shared between agencies which could profit from the data for their work and which are needed for building a common, fact-based national strategy.

[33] Zabransky and Mravcik, 2013
[34] A public founded NGO, doing research, interviews, publishing articles on drug policy issues, director is A. Zelichenko.

- There is no balance (yet) between political opinions/interests and scientific/expert findings/views. Political agendas prevail. The status (credibility) and influence of researchers and experts in the policy making process is still not very high. The developments around the draft law on drug prevention are one example underlining the limited impact of research and monitoring on policy making. One problem contributing to this is that narcology is a profession with a negative image and low appreciation (payment).

Priority needs

- To develop a national drug monitoring system and its coordination, systematically observing all relevant developments of the drug phenomenon and including all available, reliable data sources.

- Monitoring should be primarily developed following the topical needs of the country. Its primary focus should be to help politicians to take adequate decisions and to contribute to the transparency of policy making.

E. Priority Needs and Possible Steps to Undertake

E.1 Priority Needs

Summarising the priority needs listed in the sections above results in the following list:

- Sufficient resources are one key requirement to be able to meet the priority needs identified during our assessment.
- A formal legal basis of demand reduction is required, particularly for prevention and harm reduction (OST) to ensure institutionalisation, sustainability and funding. This is especially true for services provided by organisations using funds from abroad, as is the case of OST and harm reduction. There is the risk that Global Funds financing will stop in 2017. This is a serious threat for NGOs. Their contribution to the implementation of harm reduction activities, treatment, rehabilitation, should be formally acknowledged. They should be included in the policy making process.
- There is the need for a comprehensive regulation of all relevant aspects. One option is one comprehensive law in which all aspects are regulated. However, the experience with prevention law shows that this option bears the risk that it will not be accepted by the Parliament because some issues are not acceptable for some MPs. The other, more feasible option is to have a comprehensive drug policy plan and translate it into a number of separate laws regulating parts of the drug policy plan.
- Innovative approaches, using the available evidence base and adapted to the perception of particularly young people (speaking their language) are needed replacing among others standard prevention activities like campaigns and events, which are not (very) effective.
- A comprehensive and integrative drug demand reduction approach is needed to be more effective, covering illegal and legal drugs, involving all relevant stakeholders and covering the different life areas of young people.
- The capacity of prevention, treatment, rehabilitation and harm reduction services in the community and in prisons should be increased to meet the needs.
- The important contribution of NGOs to the implementation of essential drug policy elements like harm reduction activities, treatment and rehabilitation, should be formally acknowledged.
- To ensure the quality of drug demand reduction programmes guidelines, standards have to be developed and systematically applied.
- Conditions have to be created for developing and implementing systematic training for staff of demand reduction services, presenting effective models using expertise from EU Member States.
- Monitoring and research efforts and their quality should be increased to get a more reliable picture of the drug situation, particularly regarding new challenges, to allow for fact-based drug policymaking, the development of drug demand reduction and harm reduction programmes and activities responding to the topical needs in the country. The data collection should be coordinated and guided by the needs of the country and help politicians to take adequate decisions. Another priority is developing an Early Warning System and qualitative research of drug use and related problems.

E.2 Some Possible Steps to Undertake

Communication and cooperation between all relevant stakeholders is clearly seen as a key issue to improve the drug policymaking process. To stimulate cooperation between and involvement of stakeholders, meetings or working groups could be organised on topical issues requiring drug policy interventions. The first step would be to identify issues that are seen as major challenges by a substantial group of powerful stakeholders. From our discussions it is clear that there is a shared sense of urgency regarding the growing popularity of New Psychoactive Substances (NPS). Also new forms of treatment, new prevention approaches, and monitoring and research issues have been mentioned as imperative issues. These selected topics could also be themes for a regional conference to facilitate knowledge transfer. The needs of Kyrgyzstan should be point of departure of all steps to be undertaken.

An important element of good governance would be to stimulate the involvement of all relevant stakeholders, including, besides Ministries, governmental organisations and agencies, also NGOs.

Expertise input from the EU Member States (and other countries) is seen as another key element of CADAP 6 input, among others in the drug policy field (Component 1). A useful strategy might be presenting experiences in EU Member States, case studies of policy making process and policy implementation. This can be done through seminars and workshops or regional conferences/ meetings on various elements of drug policy making including among others:

- Lectures presenting case studies of drug policy development in EU Member States (which also started step by step, against opposition, making mistakes, etc.).
- Lectures and presentations on monitoring and research/surveys (and evidence-based information on effective models) as a requirement for effective policymaking and implementation. Presenting the usefulness of the policy cycle as structure/model for evidence based policy (assessing situation and needs → formulating policy plans → identifying appropriate policy measures and interventions → political decisions → policy/ intervention implementation → monitoring → evaluation → innovation/adaptations → policy/intervention implementation).
- Presentation on the usefulness of comprehensive approach combining drugs, tobacco and alcohol.
- A study visit to relevant EU institutions.

Cooperation with and input from EMCDDA, Pompidou Group and UNODC can be very fruitful here. Using the position of experienced foreign experts working for renowned organisations might be helpful to get people together for discussions, exchange and consensus finding.

This information on EU standards and practice should be widely and easily accessible. According to different experts, one important option would be a website (preferably in Kyrgyz language), presenting EU documents and points of view, standards and research findings on effective prevention and treatment, shortly explained and easy to understand. This website might also be useful as a forum for discussion and exchange among Kyrgyz experts. Target groups to be addressed are politicians, policymakers and experts working in the field.[35]

Investing in political support will be crucial to initiate and realise drug policy changes. To realise a more efficient, comprehensive drug policy, the support of politicians/members of parliament is necessary, as the Parliament has the final say in law making. Several experts proposed that, after the elections in the autumn of 2015, it might be important to inform the MPs about important drug policy challenges and appropriate drug policy responses. A first step has been made by presenting the CADAP 6 plans to the Parliamentary Committee on Social Policy on 20 June 2016.

Assistance in further policy development: In the last phase of the CADAP 6 project, the CADAP Policy component will give, on request of the Kyrgyz authorities, concrete assistance to the development of (aspects of) policy plans, coordination structures and other activities in the policy process.

FT Feb 2016 - BK 7/9/2016

[35] Other experts have also mentioned this option during the CADAP steering committee meeting in December 2015

Annex 1

Literature, other information sources

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Annex 2

Questionnaire

Input for Component 1 (policy development) of CADAP 6

A. Drug situation

- What are priority problems and needs regarding :
    1. Drug use (drugs used, routes of administration, patterns of use)
    2. Demand reduction (prevention, treatment, harm reduction, social rehabilitation)
    3. Supply reduction (police, justice, customs, prisons)
    4. Monitoring, research, innovation, expertise, training facilities, etc.)?
- What is feasible to do/what cannot be done (because of lack of budgets, of (lacking) political support, ideological barriers, other obstacles, etc.)?

B. Drug policy issues

- Is a drug strategy, drug action plan or are other drug policy plans available?
- Are these documents (drug strategy, drug action plan or other drug policy plans) realised/ implemented?
- What are strong points/weak points of strategy, action plan or other drug policy plans?
- Do the existing strategies, action plans or other drug policy plans meet the topical priority needs in each country?
- Is the existing drug policy understood and supported by all stakeholders?
- Is the existing drug policy understood and supported by the media/general population?
- Are the policies for drugs, tobacco and alcohol separated or integrated (comprehensive approach)?
- Does the existing drug policy meet the essential international standards of good practice defined in EU drug policy documents (a balanced approach, evidence based, respect for human rights)?
- What are opportunities and threats to implement strategy, action plan or other drug policy plans?
- What are key elements/issues in the existing drug law?
- Is this drug law implemented?
- What are strong points/weak points of the existing drug law?

- Does the existing drug law meet the topical priority needs in each country?
- Is the existing drug law understood and supported by all stakeholders?
- Is the existing drug law understood and supported by the media / general population?
- Does the existing drug law meet the topical priority needs in each country?

C. Organisational structure and process of drug policy making

- Is there an inter-ministerial structure for drug policy making and implementation?
- How does this function?
- Is this a permanent or ad hoc structure?
- Who is participating?
- Are all relevant stakeholders involved in the process of drug policy making (who is and who is not)?
- Do (all) stakeholders relevant for drug policy/drug law making really cooperate?
- Is there a balance between the involvement of demand and supply reduction stakeholders (integrated approach)?
- Is there structural communication between policymakers, professionals, NGOs and other stakeholders?
- Describe the specifics of the policy decision making process (the use of data and scientific findings, regular evaluations and needs assessments, stimulating innovations, etc.).
- How is the balance between political opinions and scientific/expert opinions?
- What are priority problems regarding the drug policy making process (resources, lack of political commitment, etc.)?

D. Challenges and priority needs

- What are priority needs and challenges to improve the quality and effectiveness of your drug policy?
- On which topics and in which form do you expect advice and support from the CADAP 6 project?
- Any other concrete suggestions?

Report on the State of Play of Drug Policy Making in the Republic of Tajikistan

CADAP 6 - Component 1: National Drug Strategy

Bob Keizer (Trimbos Institute)

Table of Contents

A. Introduction

This report is part of the work conducted by the Central Asia Drug Action Programme Phase 6 (CADAP 6). This project is funded by the European Commission (DG Development and Cooperation) to support Central Asian countries with the development of

- A more systematised and comprehensive drug policy in the field of drug demand and harm reduction (Component 1)
- An institutionalised collection and analysis of reliable and objective drug-related data (Component 2)
- More innovative and state of the art practices of drug use prevention (Component 3) and treatment (Component 4).

The activities of CADAP 6 commenced on 1 April 2015 and cover Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. The latter joined the project at the end of December 2015.

Trimbos Institute, the Netherlands Institute of Mental Health and Addiction, is leading this first component.

The objectives of this component are:

- A thorough assessment and analysis of the drug situation, the state of play of drug policy and relevant legislation and the actual needs of all relevant stakeholders in the CA countries;
- Initiating and stimulating a process of collaboration between all relevant stakeholders in the CA countries (integrated approach, a balance between demand and supply reduction activities, communication between policymakers and professionals, etc.);
- Initiating and stimulating the development of a policy that is understood and supported by these stakeholders and by the general population;
- Initiating and stimulating the development of a policy that meets the essential international standards of good practice defined in EU drug policy documents;
- Transferring knowledge about good practices of policy making and implementation, of policy coordination structures and drug legislation in the EU, taking into account their applicability and the challenges and needs that the CA countries are facing, to ensure that this knowledge will help to improve the quality and effectiveness of drug policies in the CA countries;
- The understanding that developing policies is an on-going, cyclic process that consists of analysis, development, implementation and evaluation, and in which all relevant stakeholders should be involved;
- Contributing to an increased involvement of drug policy makers in the CA countries in international drug policy making processes and bodies;
- Contributing to the understanding that coordination and communication, carried out by a national inter-agency group for each CA country, is an indispensable element for developing effective drug policies.

The activities in Component 1 are grouped as follows:

1. The first stage is a thorough review and analysis of the existing activities, documents and developments in the field of drug policy making. An important element is to include the viewpoint of all key players in policy making and implementation, major governmental and non-governmental organisations in the fields of supply and demand reduction.

2. The second stage of activities focuses on presenting to country's national stakeholders information on the state of play in EU Member States regarding policy models, processes and structures of policy making, examples of good practice from different EU Member States, drug policy relevant expertise, etc.

3. In the third stage of this component we provide assistance and advice to the five countries – upon specific requests by them- in order to help them develop their own drug policies, making use of applicable European models as for instance formulated in the EU-Central Asia Drug Action Plan 2009-2013 and the EU-Central Asia Drug Action Plan 2014-2020. Our intention is to go beyond developing formal policies but also to look into the practical conditions for policy implementation.

4. The fourth element is assistance in strengthening the inter-agency coordination and the work of inter-agency groups regarding policy development. This is an on-going activity, accompanying the activities in the three stages described above.

This report is the result of the first stage, a systematic collection of information based on desk research of available reports and other documents, and on interviews of selected key stakeholders. The report is covering the following chapters:

- Drug situation
- Drug policy responses
- Legislation, Strategies and process of drug policy making
- Challenges, priority needs and possible steps to undertake

The report is meant to be a basis for the second and third stage and for the fourth element.

B. The Drug Situation in Tajikistan

B.1 Country Specifics

The Republic of Tajikistan is a presidential republic. The country has presidential and parliamentary elections on a regular basis. The capital is Dushanbe. The area is 142,600 square kilometres. The population size is 8.5 million inhabitants.

Tajikistan is located in the southeast of Central Asia. 93% of the territory is part of the mountainous system of Central Asia. The Republic of Tajikistan has borders with the following republics: in the south – with the Islamic Republic of Afghanistan (1,030 km), in the west and in the north – with the Republic of Uzbekistan (910 km) and the Kyrgyz Republic (630 km), in the east – with the People's Republic of China (430 km). The total length of the state border is 3,000 km.

The administrative-territorial division of Tajikistan is structured as follows: 1 autonomous province, 2 provinces, 62 districts, 18 towns, 57 settlements, and 370 rural communities. Tajikistan has big reserves of coal, zinc, lead and silver.

B.2 Drug Use and Health-Related Problems

General drug situation

Tajikistan is not a major producer of narcotics. Tajikistan shares a border with Afghanistan, which produces nearly three-quarters of the world's opium. As the gateway to the "northern route" of trafficking, Tajikistan is on the frontline of opiate trafficking from Afghanistan to the Russian Federation, Europe and increasingly to China. Although cultivation and potential opium production declined (officially) in Afghanistan in 2010, the opiate flows through Tajikistan continue to be worrisome. The opiates production in Afghanistan is a threat for stability and security in Tajikistan. Large stockpiles are believed to exist in northern Afghanistan along the borders with Tajikistan and Uzbekistan that enable drug traffickers to provide deliveries of opium and heroin across the Afghan border into and through Central Asian countries destined to Russia and West European countries. In addition to trafficking in illicit drugs, trafficking in chemical precursors is also becoming a growing regional concern. Transforming raw opium into heroin requires the early addition of chemical precursors. As Afghanistan does not produce these chemicals, large volumes of illicit precursors required for the conversion of opium are being smuggled in from other countries, including Tajikistan.[1]

The United Nations Office on Drugs and Crime (UNODC) estimates that annually about 25% of the heroin and 15% of the opium produced in Afghanistan is smuggled through Central Asia, with 85% of that amount passing through Tajikistan, totalling between 75 and 80 metric tons per year of heroin and between 30 and 35 metric tons of opium.

Some indications about drug availability in Tajik society are given by two studies:
In 2007, in the city of Dushanbe and in 3 provinces of the Republic of Tajikistan, the United Nations Office on Drugs and Crime (UNODC) conducted a survey based on the European School Survey Project on Alcohol and Drugs (ESPAD), which was introduced among respondents at the age of 15-16 year (schoolchildren in grade 8-10). On the average, 96% of respondents noted that drugs could be "quite easily" obtained.

In 2011, the Drug Control Agency under the President of the Republic of Tajikistan conducted a survey among schoolchildren, medical workers, law enforcement workers and workers from

[1] Dublin Group 2013

the local self-government bodies. 2,544 questionnaires were analysed. Over 80% of respondents believed that in their city narcotic drugs were either practically not used or were used by very few people only. Almost 40% of respondents thought that drugs were either inaccessible or difficult to access. 38.5% of respondents believed that drugs were either accessible or easily accessible.[2]

Drug use in the general population

There are no data available on drug use in the general population.

Problem drug use

Studies to estimate the population of opiate users, including people who inject drugs (PWIDs), were not carried out recently. According to research conducted by the AIDS Project Management Group in 2009, using the Factor and Delphi methods, the number of injecting drug users in Tajikistan was estimated to be 25,000, with a possible range of 20,000 to 30,000.

	2006	2009
Total number (aged 15 to 64)	23,000	n/a
Injecting drug users (PWIDs)	17,000	25,000
Mean age	30.8	n/a
Lifetime use of heroin (%)	91	n/a
Lifetime use of opium (%)	19	n/a

Source: UNODC (2006), Republican AIDS Centre (2012) (latest available estimates)[3]

Officially there are 7,176 drug users in the narcological register in Tajikistan in 2013, meanwhile in 2014 there were 7,279, and 7,313 in 2015.

According to government statistics the overall drug situation is apparently gradually stabilising. From 2011 to2013 there was a decline in the number of registered people with dependence (in dispensary registration).[4]

The Red Cross and UNODC believe the actual number of persons with substance use disorders to be much higher, at about 100,000. There are no independent statistics for prescription drug abuse.[5]

In 2015, the Drug Control Agency in Dushanbe city, with the involvement of the Ministry of Health and Social Protection (MoHSP), the local government of Dushanbe city,the public organisation "SPIN Plus" and the UNODC office, conducted the pilot study "Socio-economic impact of drug use on users and their families in Dushanbe city".

The snowball method and 5 types of questionnaires were used: interviews with drug users, with their relatives, with government officials and key informants, and focus groups discussions with key community members. All drug users who participated in the interviews represent 'problem drug users', the majority of whom are using heroin and opium. A smaller number of interviewed

[2] Pompidou Group country profile Tajikistan 2014
[3] UNODC/Paris Pact 2015 Tajikistan
[4] Pompidou Group country profile Tajikistan 2014, EMCDDA country overview Tajikistan 2014
[5] US State Department 2014

respondents used drugs such as opium, cannabis type drugs and tranquilizers (non-medical use on a daily and weekly basis). Results showed that the first drug that was used by drug users was heroin (62 %), opium (21 %), cannabis group (15%) and only 2 % used synthetic drugs like “Ecstasy”.

Regarding the attitude towards drug users, 77.5% of the government officials think that drug users need support, 11.2% disliked them and 8.4 % saw drug users as potential criminals.

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Drug-related deaths

The official data from Tajikistan provide very limited information on the number of deaths related to drug use. According to the Republican Clinical Centre of Forensic Medical Examination under the MoHSP, there were 9 deaths associated with an overdose of heroin in 2011.[6] This figure most probably does not reflect the true picture, as in Tajikistan autopsies are only conducted for 7% of deaths, and the stigma attached to drug consumption results in families trying to avoid deaths being identified as drug-related.[7]

Drug-related mortality with ranking of drugs as primary cause of death[8]

	2009	2010	2011	2012	2013
Number of deaths related to drug use	42	78	39	33	45
Including by drug type:					
Heroin	38	78	39	n/a	45
Opium	4	0	0	0	0

In 2014, narcological and forensic medical institutions of the republic have registered 49 deaths, in 2015, 49.[9]

[6] Republican Clinical Centre of Forensic Medical Examination, 2011
[7] Pompidou Group country profile Tajikistan 2014
[8] UNODC/Paris Pact 2015 Tajikistan
[9] Presentation of the Government Institution “National Centre for Monitoring and Prevention of Drug Use”, MoHSP, 2016

Health situation in prisons

From 2005 to 2009 the number of HIV infection cases among prisoners in two cities (Dushanbe and Khudzhand) increased from 6.2% to 8.6%. Experts believe that sharing injecting equipment and the availability of drugs contributed significantly to the HIV epidemic in prisons in Tajikistan.[10]

There are no reliable figures about dependence problems in prisons. Indications are the cumulative numbers of HIV positive prisoners, who were detected in penitentiary facilities: 219 (2010), 234 (2013), and 620 (2014).[11] Another indication is the number of people in prison convicted to forced treatment: 204 in 2008, 356 in 2012 and 394 in 2014. However, the estimation by experts is that the number of inmates with dependence problems is considerably higher in reality.[12] See for treatment in prisons paragraph C4.

Epidemiological situation - Infectious diseases

HIV/AIDS: According to the Government Institution "Republican Centre for Prevention and Control of AIDS", MoHSP, 5,550 HIV infected people were registered in Tajikistan in 2013, of whom 2,878 (53.5%) were PWIDs. In 2014, 6,558 HIV infected people were registered.

As of 31 December 2015, 7,709 HIV cases were registered in the country, including 5,271 cases among males, and 2,438 among females. Estimates by UNAIDS of the total number of HIV cases (registered and unregistered) mention 14000 cases in 2013.[13]

Registered HIV cases – total number and among PWIDs

Year	New HIV cases	Among them – PWIDs
2006	204	112
2007	339	167
2008	373	206
2009	447	261
2010	1004	683
2011	989	471
2012	828	293
2013	876	240
2014	1008	244
2015	1151	246

Most of drug users practice unsafe sex which leads to the spread of HIV through the sexual route. Implementing harm reduction programmes in the Republic of Tajikistan changes the situation and reduces HIV transmission among PWIDs.

[10] Pompidou Group country profile Tajikistan 2014
[11] Presentation Medical department, Main Department for Execution of Criminal Sanctions, MoI, 2015
[12] CADAP Mission report 2015
[13] UNODC/Paris Pact, Feb 2015, UNAIDS Report on the Global Aids Epidemic, 2013

According to the UNAIDS Report on the Global AIDS Epidemic 2012, Tajikistan is one of the countries where HIV prevalence increased by more than 25% over the past 10 years; although Tajikistan still manages to contain the epidemic (less than 1% of the total population).

Despite the fact that the HIV epidemic in the past was due to the male population who injects drugs (PWIDs), in the last seven years (from 2009) there has been a change in the structure of the appearance of new cases of infection. There was a reported increase by 44% in cases of heterosexual transmission of the virus and vertical transmission by 54%, while the number of cases of injectable routes of transmission was reduced by 50% in the period from 2009 to 2013. In 2013, 80% new HIV cases among women infected through sexual contact were reported, and the transmission of HIV to men occurred through sexual contact in 43% of cases and in 42% of cases - through injecting drug use. There is obviously a reduction of injecting routes of transmission among the male population. Along with the changes in the structure of the ways of HIV transmission, there are also changes observed in the age and sex of the epidemic structures.[14]

HIV/AIDS reported					
	2010	2011	2012	2013	2014
Tested for HIV	280,281	438,532	453,836	517,376	582,990
New HIV cases	1,004	989	828	876	1,008
Rate (per 100,000)	13	13	10	11	12
IDU (%)	55	53	n/a	52	n/a
Total HIV cases	2,857	3,846	4,674	5,550	6,558
Rate (per 100,000)	37	49	58	68	78
PWIDs (%)	49	53	50	50 (est.)	n/a

Source: Government Institution "Republican Centre for Prevention and Control of AIDS[15]

HIV prevalence among most at risk groups (estimated)				
	2006	2009	2010	2011
Injecting Drug Users (%)	23.5	17.3	16	13.5
Sex Workers (%)	3.7	2.7	4.4	3.7
MSM (%)	n/a	n/a	n/a	1.7
Pregnant (%)	0.1	< 5	< 5	< 5
Inmates (%)	8.4	9	8.5	n/a

Source: Government Institution "Republican Centre for Prevention and Control of AIDS", UNAIDS (http://www.unaids.org/en/regionscountries/countries/tajikistan/)

[14] National strategy to combat HIV/ AIDS in the Republic of Tajikistan for years 2015- 2017, July, 2014
[15] This is probably an under-reported/under-diagnosed figure. Info by C2

HIV estimates by UNAIDS					
	2009	2010	2011	2012	2013
Estimated adults and children living with HIV	8,300	9,400	11,000	12,000	14,000

Source: UNAIDS Report on the Global AIDS Epidemic – 2013

Hepatitis C virus (HCV): According to the Ministry of Health and Social Protection of the Republic of Tajikistan statistics, 84 cases of Hepatitis C virus were registered in 2011 . According to the Sentinel Epidemiological Surveillance for 2011 (Epidnandzor survey), the highest HCV prevalence among PWIDs was detected in the cities of Dushanbe (36.2%) and Khorog (21.4%) whereas the lowest prevalence was detected in the city of Istar avshan (2.7%).[16]

B.3 Drug-Related Crimes

In 2013, out of the total number of crimes, 936 criminal offences were drug-related. As compared to general crime, drug-related crime was growing at a slower rate, from 2010 to 2013 – by 14.7%.

	2010	2011	2012	2013	2014[17]	2015
General crimes	14,548	16,864	16,593	18,336	19,552	18,585
Drug-related crimes	816	927	895	936	993	965

Out of 936 drug-related crimes registered in 2013 by law enforcement agencies, 634 (67.7%) fell under Article 200 of the Criminal Code "Illicit trafficking of narcotic drugs or psychotropic substances with the aim to sell". In 2013, 867 criminal proceedings related to illicit trafficking of drugs were initiated (5.1% more than in 2012).

In 2013, 9,162 people were sentenced for committing general crimes in Tajikistan, out of them 1,049 people were sentenced for drug-related crimes. In 2013, 36 women were sentenced for committing drug-related crimes.[18]

Number of people sentenced for crimes in 2010–2015[19]

	2010	2011	2012	2013	2014	2015
Total number of prisoners	7,491	7,626	8,467	9,162	8798	9852
Number of prisoners for drug-related crimes	955	985	1,054	1,049	1039	1045

[16] Pompidou Group country profile Tajikistan 2014
[17] Figures for 2014-2015 are from DCA report 2015
[18] UNODC/Paris Pact 2015 Tajikistan
[19] DCA report 2015

B.4 Challenges Regarding the Drug Situation

The country is vulnerable for drug-related problems because of its geographical position. A solid drug policy, both covering demand and supply of drugs is therefore indispensable. A main problem for Tajikistan in developing this policy is the lack of basic information about drug use in the general population, problematic drug use, and other essential information. Because of this missing information it is difficult to assess the situation in practice. The available data seems to suggest that the problem is probably worse than the official data indicates.

Collecting accurate and reliable data is the starting point for developing evidence based policies that are addressing the most urgent problems, reaching the right groups in society, in the most effective way.

C. Policy Responses

C.1 Prevention

Tajik authorities undertake significant investments in prevention programmes and activities. The national Strategy 2013-2020 defines a broad spectrum of preventive measures. These are mainly of a primary or general prevention nature, focusing on media campaigns, sports events, leaflets and other similar activities. These activities are conducted by the relevant ministries and government agencies, including the Drug Control Agency, the Ministries of Health and Social Affairs, Internal Affairs, Education and Science, Culture and several government committees.

NGOs and International organisations (UNODC, AFEW, CADAP) are also active in prevention work.[20] In contrary to EU countries, the police play an important role in prevention activities, because frightening young people is seen as an effective approach by policy makers.[21]

The major challenge is the top-down approach of prevention and the lack of an evidence based approach, reaching the groups who are most at risk. Furthermore, there is no regular evaluation of the actual effects of these prevention activities on behaviour of the target groups. Evaluation seems to be limited to measuring the number of activities (round tables, leaflets, campaigns) and perhaps on increased knowledge of the target groups, but seldom on the question whether the campaigns have led to a decrease of drug use.

C.2 Drug Treatment

The treatment of problem drug users in Tajikistan is carried out in specialised drug treatment facilities. The state guarantees anonymity of voluntary treatment. Social integration services are provided by some non-governmental organisations.

Capacity of treatment and rehabilitation of problem drug users:

- Republican Clinical Narcology Centre - 100 beds
- Republican medical-social rehabilitation Centre “Tangai” - 30 beds
- Regional Drug Treatment Centre of Badakhshan, Khorug city - 30 beds
- Regional Drug Treatment Centre of Sughd region- 90 beds
- Two regional drug treatment centres in Khatlon region- 60 beds
- Drug treatment centre on the base of Central District Hospital in Hissar district - 10 beds

Services offered in drug treatment:

- Inpatient treatment (detox)
- Short-term rehabilitation measures
- Outpatient relapse prevention
- Medical-social rehabilitation
- Opioid substitution therapy[22]

[20] EMCDDA country overview Tajikistan 2014
[21] CADAP Mission report 2015
[22] Presentation of Government Institution “National Centre for Monitoring and Prevention of Drug Use”, MoHSP, 2016

In 2011, a total of 1,207 people received inpatient treatment in substance abuse treatment centres. Of these, 80.7% received a diagnosis of heroin dependence. The number of problem drug users who received hospital treatment in 2011 increased by 200 (19.86 %) compared to 2010, but decreased again in 2012 by 304.[23]

The following tables show the number of drug users registered in narcological register and treated in narcological institutions.

Drug users recorded in dispensaries[24]					
	2010	2011	2012	2013	2014
Total number	7,398	7,117	7,231	7,176	7,279
Rate (100,000)	97	91	90	87	87
Opiate users (%)	90	92	91	90	91

Drug users recorded in dispensaries					
	2010	2011	2012	2013	2014[25]
Heroin users (%)	75	81	81	81	80.8
Cannabinoid users (%)	5.5	4	4	4	3.7
Polydrug users (%)	6	5	5	5	5.1
MDMA users (%)	0	0	0.01	0.01	n/a
Injecting drug users (%)	62	59	63	67	64.7
Drug users registered for the first time	-	727	685	674	606

Source: Government Institution "Republican Clinical Centre of Narcology named after Prof. Gulyamov", MoHSP and Drug Control Agency under the President of the Republic of Tajikistan

Drug treatment[26]					
	2008	2009	2010	2011	2012
Treated drug users	1,152	1,286	1,007	1,207	902
Heroin users (%)	84.2	80.8	87.7	92.5	n/a
Opium users (%)	4.1	9.3	12.1	4.0	n/a
Hashish users (%)	0.1	0.5	0.2	0.1	n/a
Polydrug users (%)	11.6	9.5	0	3.5	n/a
Treated for the first time (%)	n/a	n/a	n/a	n/a	75.9
Drug overdoses	15	15	16	19	n/a

Source: Ministry of Health, CARICC, CADAP Country reports

[23] EMCDDA country overview Tajikistan 2014
[24] In 2015: Total number 7313 (DCA report 2015)
[25] First time registered drug users in 2015: 594 (DCA report 2015)
[26] UNODC/Paris Pact 2015 Tajikistan

These data mean that a small proportion of the estimated number of problem drug users is reached by the health services, and that the majority of those registered are not (even officially) subject of treatment but of dispensary registration.

The system of narcological registration in Tajikistan

This system (as in other CA countries) includes preventive supervision and dispensary registration of drug users. Dispensary supervision of patients is not conducted in case of their voluntary referral to anonymous treatment.

People suspected of use of psychotropic substances (for instance by the Police) are taken into the preventive register, after proof of drug use. They are registered for one year, with the condition of monthly check ups by a narcologist. After abstinence for one year they are removed from the register. If there is proof of on-going substance abuse, they are taken into the dispensary registration. During dispensary supervision patients receive qualified medical assistance aimed at abstinence. A dispensary registration is set at least for a term of five years.

This system of registers serve as a control/law enforcement tool, limiting the civil rights of those registered (they, for example, cannot hold a job in the school system, in military or armed forces, hold a driving license etc.). This repressive function of the registers represents a substantial barrier for higher treatment intake and social integration.

C.3 Harm Reduction

Harm reduction activities are relatively well developed in Tajikistan. Geographically, the HR programmes cover almost the whole country. The main work with PWIDs in HR programmes in Tajikistan includes:

- opioid substitution treatment (OST) (see below);
- needle and syringe programmes (NSPs);
- social support; drop-in centres; Trust Points, referrals for medical care; outreach;
- provision of information and educational materials;
- overdose prevention by providing PWIDs with naloxone;
- voluntary counselling and referrals for HIV testing;
- ARV treatment;
- TB diagnostic and treatment;
- STIs diagnostic and treatment;
- condom distribution.

NGOs like SPIN Plus, Volunteer NGO, the Aperon NGO, the Haoyty Nav NGO, and others play an important role in operating harm reduction services, often with substantial support of international organisations. 50 Trust Points with needle exchange programmes were implemented (24 in NGOs and 26 in state agencies) which had a positive impact on the reduction of infection diseases. The HIV prevalence among injecting drug users has been reduced from 55% to 29%.[27] According to the statistics of the Government Institution “Republican Centre for Prevention and Control of AIDS”,

[27] CADAP Mission report 2015

the percentage of PWIDs with HIV infection among new cases decreased from 59.2% in 2010 to 24.2% in 2014. Results from the sentinel surveillance survey show that HIV prevalence among PWIDs decreased from 16.3% in 2010 to 12.9% in 2014.

The government of Tajikistan takes responsibility in this item, by developing guidelines and other forms of regulations, and by supporting Trust Points and other HR facilities. It supports programmes run by inter- national organisations and donor agencies. Local non-governmental and grassroots organisations of people who use drugs and people living with HIV are represented in the national coordination and implementation of projects on HIV and TB, including prevention and treatment activities. While the country continues to rely heavily on international donors, the Tajik government is slowly increasing its share of HIV-related spending, from 14.77% in 2011 to 23.89% in 2013.[28]

In 2010 the Programme to Counteract HIV/AIDS was adopted for the period 2011–2015.[29] The main strategic focus of this programme included:

- the establishment of a legal framework conducive to ensure universal access to prevention, treatment and care;
- the implementation of preventive programmes and access to HIV services for all groups, especially for the most vulnerable; the implementation of antiretroviral (ARV) therapy; the treatment of opportunistic diseases such as tuberculosis; the provision of palliative care, including treatment and care for people living with HIV (PLHIV);
- the integration of services for the treatment of HIV infection within the structure of primary healthcare (PHC) to improve access and the quality of care and reduce stigma;
- the provision of social support for PLHIV;
- improvements of surveillance systems, of monitoring and evaluation of preventive measures and improvement of the bio-behavioural surveillance (BBS) of HIV infection.[30]

The HIV laws in Tajikistan were amended and approved in March 2014, with a focus on stigma and discrimination. For the first time, people who inject drugs, sex workers and men who have sex with men were referenced in the HIV-related law and identified as those most vulnerable to HIV.[31]

Opioid substitution therapy

In 2010, the pilot program of opioid substitution therapy (OST) was launched in the Republic of Tajikistan, in order to prevent the further spread of HIV infection and disease, with the financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and other donor organisations.

OST is now provided in six sites for 638 clients (data from 2015). Two new sites are planned in prisons. By the end of 2017, 12 OST sites are planned to be established in the country.

New guidelines for OST have been developed for civil medical services and penitentiary settings. The “single window” approach is implemented in one of the OST centres (OST/HIV/TB), whereas the implementation in other centres is on-going.

[28] AFEW 2014
[29] A new Program for 2016- 2020 was submitted to Government for approval – is not approved yet
[30] EMCDDA country overview Tajikistan 2014
[31] AFEW 2014, 2014

However, critics claim that taking into account the number of PWIDs in the country, the coverage and their inclusion in the OST programme is still significantly lower than recommended by the UN agencies. A complicated system of approvals and quotas when purchasing OST medication threatens the continuity of treatment.[32]

In 2011, a survey was conducted among the participants of the OST programme in the city of Dushanbe. 94% of the respondents noted improvement in family relations; the number of employed people rose to 50%; 98% of respondents noted absence of problems with the law in the previous 30 days; and the number of people receiving antiretroviral therapy rose by 3 times.[33]

C.4 Treatment of People with Drug Dependence in Correctional Institutions

In the Republic of Tajikistan, with a population of 8.5 million inhabitants, the prison population consists of approximately 10,000 inmates in 19 prisons. The number of HIV patients detected in the prison system is increasing (from 25 in 2003 to 620 in 2014). In 2014, there were 394 people with drug dependence in correctional institutions upon court order.

Available services are: information about HIV and AIDS prevention and treatment, ARV treatment, Condoms distribution, TB diagnostic and treatment, Hep B and C diagnostic, and NSP.

The treatment of people with drug dependence is carried out in medical units of correctional institutions, based upon court order of compulsory treatment due to drug dependence. In case there is no court order and there is an indication of drug dependence, the medical staff has to invite a narcologist from a narcological service of the MoHSP. If the diagnosis is set, the person will receive treatment.

Treatment consists mainly of detoxification. Furthermore, the following therapeutical methods are used: vitamin therapy, glucose injections, intravenous infusions of physiological solution, and individual sessions of psychotherapy.

The penitentiary system has the Central Hospital in Vahdat district with 350 beds. In 13 prisons exists “trust points” with volunteers for pre-/post-counselling for HIV and STIs.

Prevention activities and harm reduction programmes are implemented with the support from GFATM, the the Government Institution “Republican Centre for Prevention and Control of AIDS”, AFEW (AIDS Foundation East West), ICAP project and UNODC. There are also awareness raising activities about drugs with the staff of correctional institutions and prisoners.

With the support of the CADAP 4 programme, a rehabilitation centre to treat people with drug dependence on the Atlantis programme was set up at the Central Hospital of Department of Corrections of the Ministry of Justice of the Republic of Tajikistan for 24 beds; unfortunately this centre is not used because of a lack of funding for running costs and staff. On the initiative of CADAP, seminars on the treatment of people with drug dependence for the staff of the penitentiary system were conducted as well.[34]

In 2015, there were more than 180 HIV positive people in the penitentiary system and 130 of them received ARVT treatment. This treatment is organised in collaboration with a specialist from the Government Institution “Republican Centre for Prevention and Control of AIDS”. ARVT drugs are provided by the Global Fund’s grants.[35]

Needle exchange: Since 2010 a pilot syringe and needle exchange project has been implemented

[32] Pompidou Group country profile Tajikistan 2014
[33] Pompidou Group country profile Tajikistan 2014
[34] CADAP Mission report 2015
[35] Pompidou Group country profile Tajikistan 2014

in the correctional institution № 4 in Dushanbe city and up to date 42 prisoners (cumulative number) are involved in this program.

Opioid substitution treatment: In 2006 the discussion about OST in penitentiary system started. Management and staff from MDECS participated in several study visit to European countries to become familiar with OST implementation in the penitentiary system, several trainings on OST were organised for penitentiary system staff. The first OST is planned to be opened in 2016 in Institution № 4.[36]

Critics claim that in contrast to official statements about the medical services in the prison system, only a low number of medical/sanitarian services are working. Only one NSP-programme exists in one prison, although much more of these programmes are needed to have an impact on reducing the HIV/Hep C prevalence among prisoners who use drugs. There is also a lack of cooperation between civil medical services and those in prison facilities. Doctors from outside have no access to the prisons and nurses of the medical prison units are not properly trained.[37]

C.5 NGOs

Civil society constitutes one of the most dynamically developing sectors in Tajikistan today. NGOs are engaged in a wide range of activities, including humanitarian and charitable work; the protection of the marginalised and vulnerable; the defence of human rights; and support for stability, peace and the process of democratisation. The impact of civil society on Tajikistan has increased as the number, scope and reach of NGOs have grown steadily. NGOs first emerged during the social transformations of the 1980s and increased in number during the 1990s. Since 1997, Tajikistan has taken a number of important steps to ensure a more secure legal space for NGOs. Since then, the number of NGOs has increased, but after adoption of the new Law on Public Associations in 2007, which required all existing NGOs to undergo re-registration or face termination, the number of NGOs decreased.[38]

There are a number of NGOs active in the drug areas; especially in harm reduction and prevention (see paragraphs C.1 and C.3). In 2013, under the “Bridging the gaps: health and rights of vulnerable groups” project, 11 NGOs addressed the issues of access of drug users to integrated services of HIV prevention in some cities and districts of Tajikistan.[39]

NGOs play an essential role in translating day-to-day practice into policies and vice versa. They do not feel that this role is recognised, they consider that they just have to do the “dirty work”. NGOs would welcome a drug policy which:

- strengthens their capacities;
- supports them to get a better status in the society;
- contributes to the creation of a favourable legislation for institutionalisation of harm reduction programmes;
- establishes a system of trainings for specialists;
- supports their role as fully accepted partners in discussing and implementing drug policy and services for dependent drug users.[40]

[36] Presentation by Sharipov Saidkul, Chief of medical department, department of execution of criminal sanctions, MoI, 2016
[37] CADAP Mission report 2015, AFEW 2014
[38] NGO Law Monitor: Tajikistan http://www.icnl.org/research/monitor/Tajikistan.html
[39] Pompidou Group country profile Tajikistan 2014
[40] CADAP Mission report 2015

C.6 Supply Reduction

Like in all CA countries, the Supply Reduction sector (Police, Justice, Customs, and Army) plays a dominant role in drug policies.

In 2010, the Tajik government formally adopted a National Border Management Strategy (NBMS) focusing on improving interagency cooperation. In 2013, the government established an interagency Secretariat that met regularly throughout the year to coordinate the implementation of the Strategy.

According to the Drug Control Agency (DCA), Tajikistan's law enforcement agencies seized a total of 6,214 kilograms (kg) of illicit drugs during 2014. That number includes 508 kg of heroin, 990 kg of opium and 4,716 kg of cannabis (including hashish). When viewed against the 75-80 MT of heroin suspected of being trafficked through the country and 30-35 MT of opium, opiate seizures are relatively low.[41]

When compared with the same period in 2013, cannabis seizures declined by 13%; however, seizures of heroin and opium increased by 5% and 28% respectively. Overall, in 2014 the volume of illicit drug seizures declined by 7% when compared to those of 2013.[42] In 2015, there was a further decline: all drugs - 4,676.4 kg; heroin + opium - 1,578.2 kg; and cannabis -3,098.1 kg.[43]

Drug and precursor seizures (kg) [44]

	2010	2011	2012	2013	2014
All drugs	**3,902.7**	**4,237.8**	**5,978.8**	**6,686.6**	**6,213.7**
Heroin	985.1	509.8	515.3	483.9	507.6
Opium	744.4	490.3	626.9	774.1	990.4
Morphine	0	7.6	3.95	0	0
Methadone	0	12 (tabs)	0	0.105	0.014
Cannabis group	2,173.2	3,230.0	4,832.7	5,428.6	4,715.7
Marijuana	n/a	1,333.3	2,515.9	2,640.6	2,007.6
Hashish	n/a	1,896.8	2,315.0	2,788.1	2,708.1
Cannabis herb (bushes)	1,019,424	2,113,464	2,180,121	2,030,796	1,110,971
Methamphetamine	0	0	62.99	0	0
MDMA (ecstasy, tabs)	10	485	21,740	6	2,590
Barbiturate (tabs)	0.008 (kg)	290	182	408	2,025
Benzodiazepine (tabs)	0	39,875 tabs 10 ampoules	9,027	52	10
All precursors (kg)	403.9	12,534.9	12.5	0.013	0
Acetic anhydride (kg)	403.9	6.8	0	0	0
Sulphuric acid (kg)	0	12,528.1	0	0	0
Others (kg)	0	0	12.5	0.013	0

Source: Drug Control Agency under the President of the Republic of Tajikistan

[41] US State Department 2015
[42] US State Department 2014. And also in 2015 there was a further decline: all drugs 4,676.4 ; heroin + opium 1,578.2; cannabis 3,098.1 (source: DCA report 2015)
[43] DCA report 2015
[44] UNODC/Paris Pact 2015 Tajikistan

Drug-related offences[45]					
	2010	2011	2012	2013	2014
Criminal cases initiated	**816**	**927**	**895**	**936**	**993**
Rate (per 100,000)	11	12	11	11	12
Including offences:					
With intent to sell (%)	57	69	69	69	70
Without intent to sell (%)	29	27	27	27	27
Smuggling (%)	8	17	19	17	14
Illicit cultivation (%)	2	2	2	3	2

Source: Drug Control Agency under the President of the Republic of Tajikistan, CARICC

The fight against corruption

Alongside with the activity of countering illicit drug trafficking, Tajikistan attaches significant importance to the fight against corruption. A State Law "On fight against corruption" was adopted in 2005. Tajikistan acceded to the UN Convention against Corruption in September 2006. The Agency for State Financial Control and Combating Corruption was established in Tajikistan in early 2007. Activity of the agency led to the rise in corruption-related offences detection. Moreover, a State Strategy for Fight Against Corruption was implemented for 2013- 2020.[46]

However, many believe that drug trafficking has reinforced corruption throughout all levels of the Tajik government,[47] and that significant amounts of narcotics move through Tajikistan with the support of corrupt law enforcement and government officials. Extremely low salaries for state officials, the scale of the profits to be made from drugs, and the dearth of other profitable activities in the country make drug trafficking an attractive undertaking for those positioned to facilitate it.[48, 49]

There may be lots of arrests of small scale-dealers, and a number of seizures of limited quantities, but authorities are not arresting the right people or seize big quantities of drugs, because, according to Western diplomats and aid officials, the major traffickers have high-level protection.[50]

Many interviewed stakeholders indicate that law enforcement officials provide (confiscated) heroin to favoured dealers, arrest or harass competing dealers and exploit drug users in various ways for the sake of information, money or sexual favours.[51]

Stakeholders also confirm that the country's penitentiaries are awash with heroin controlled by prison officials and that the police control the street trade as well.[52] They think that the behaviour of police officers towards drug users should change and that in general the governmental officials do not always know what is going on in day-to-day reality.[53]

[45] UNODC/Paris Pact 2015 Tajikistan
[46] Dublin Group 2013
[47] US State Department 2014
[48] US State Department 2014
[49] Eurasianet, 9 April 2012
[50] Eurasianet, 9 April 2012
[51] Same practice reported to CADAP team in Kyrgyzstan, Kazakhstan, Uzbekistan
[52] Eurasianet, 9 April 2012, Interviews
[53] CADAP Mission report 2015

A final disturbing figure is that unofficial estimates of the percentage of the country's economy linked to drug trafficking range from 20 to 30%.[54]

C.7 Challenges in Policy Responses

Challenges in demand reduction

Prevention: evaluation of the effectiveness of prevention, innovative approaches, using the available evidence base and adapted to the perception of particularly young people (speaking their language), are needed replacing the traditional prevention activities like media campaigns and sport events.

Treatment, rehabilitation, harm reduction: a comprehensive, integrative and innovative drug approach is needed to be more effective, covering illegal and legal drugs, involving all relevant stakeholders and covering the different treatment demands. The traditional "narcology" based concepts could be replaced by evidence-based concepts, in which the client is the starting point, instead of ideological concepts and administrative structures. The system of narcological registration should be reconsidered, as the disadvantages outweigh the added value of this system. Scaling up harm reduction services, including OST, should be considered. Dependence from international sources should be diminished, by financing OST from national funds. NGOs deserve acknowledgement for their crucial role in implementing drug policies.

Stakeholders in the treatment and prevention sector have indicated to the CADAP team that they are particularly interested in sharing knowledge from EU countries on recent developments, like experiences on how to deal with the threat of New Psychoactive Substances (NPS), the change in drug consumption patterns and developments like Internet trade and the increasing role of social media.

Challenges in supply reduction

Supply reduction is still the dominating factor in Tajik drug policy. However, there could be discussion about the effectiveness of the supply reduction efforts and the relationship with the demand reduction sector. The main problem is the lack of reliable data and consequently the lack of insight into the total amount of drugs that are illegally transported into and through the country. Thus, it is difficult to assess the efficiency of supply reduction activities, and to find an explanation for the decline in drug seizures. Based on the estimation that annually about 75 - 80 metric tons of heroin and between 30 and 35 metric tons of opium are passing through Tajikistan, Tajik law-enforcement agencies were on pace to seize just over 1% of the opiates trafficked through the country in 2013,[55] which is similar to the estimates in neighbouring countries like Kyrgyzstan.[56] Furthermore, corruption is a major point of concern.

There is a need to enhance the effectiveness of supply reduction programmes, rebalancing supply and demand reduction efforts. Also cooperation and communication between these two sectors should be stimulated. Police, prosecutors and prison staff should be better informed about health and treatment aspects of drug abuse and dependence.

[54] US State Department 2014, 2015
[55] US State Department 2014, 2014
[56] See CADAP Ass rep Kyrgyzstan, 2016

D. Drug Policy and the Drug Policy Process

D.1 National Drug Strategy Documents

The most important drug strategy documents are:[57]

- National strategy on combating illicit drug trafficking in Tajikistan 2013-2020;
- National Program on drug abuse prevention and strengthening of narcology services in the Republic of Tajikistan 2013-2017;
- Drug Action Plans (latest versions) – included in National Program on drug abuse prevention and strengthening of narcology services in the Republic of Tajikistan 2013-2017;
- Guidelines for Treatment of Drug Dependent People (including in prison system);
- Guidelines for Opiate Substitution Treatment (including in prison settings);
- Law on Narcotics, Psychotropic Substances and Chemicals;
- Law on Protection of Public Health;
- Law on Narcological Care;
- Draft set of amendments and additions to the "Law on Narcotics, Psychotropic Substances and Chemicals.[58]

The "National strategy to combat illicit trafficking of drugs in the Republic of Tajikistan for 2013–2020" is the first drug strategy in Tajikistan and is the fundamental policy document regulating the activities of ministries, structures and agencies responsible for drug control. The main aim of the strategy is a significant reduction of illicit proliferation of narcotic drugs and their non-medicinal use as well as the scale of consequence of their illicit trafficking for the safety of people's health, society and the state.

This aim of the Strategy is implemented through:

- Improving the system of measures aimed at organising efforts to combat illicit drug trafficking;
- Demand reduction among the population;
- Improving the system of a timely identification of people with drug dependence, improving the quality of treatment and their social rehabilitation;
- Providing a system of state control over drug trafficking;
- Improving drug-related legislation.

Both the Strategy and the other policy papers contain in broad outline all elements of modern drug policies, including paragraphs covering demand and supply reduction, mechanisms for information and monitoring, and the role of regional councils, etc.

[57] CADAP Mission report 2015
[58] US State Department 2014

D.2 Coordination and Major Stakeholders

One of the important Government measures was setting up bodies at different levels to co-ordinate activities in the drug policy area. One of these is the Coordination Council on Drug Abuse Prevention (see the information below). Another coordination structure is the working group on harm reduction, which was established under the National Coordination Committee that coordinates the implementation of HIV, TB and Malaria programs supported by different donors (mainly by Global Fund).

The Coordination Council on Drug Abuse Prevention

By Decree of the President of the Republic of Tajikistan No.1310 of 3 April 2004 the Coordination Council on Drug Abuse Prevention was set up at Government level. This is the main body to coordinate activities of ministries, agencies, and organisations, irrespective of their status and legal basis, in the sphere of prevention of drug abuse. The Council is chaired by the Vice Prime Minister. The two deputies are the Director of DCA and the Minister of MoHSP.

The main tasks of the Coordination Council are:

- To identify priorities in preventing drug abuse in the Republic of Tajikistan;
- To co-ordinate activities of ministries, agencies, governmental and non-governmental organisations, bodies of state power (Khukumats) responsible for preventing drug abuse;
- To analyse activities of ministries and agencies with regard to implementing Law of the Republic of Tajikistan “On narcotic drugs, psychotropic substances and precursors”;
- To ensure that prevention activities aimed at preventing drug abuse are implemented effectively;
- To provide regular control over implementation of appropriate national and sectoral programmes and other policy documents in the sphere of drug prevention and combating proliferation of drug abuse;
- To find necessary resources for the effective implementation of national and sectoral programmes and other policy documents in the sphere of drug prevention and combating proliferation of drug abuse;
- To organise interaction among governmental and non-governmental organisations, and also international organisations, accredited in the Republic of Tajikistan, on the issues related to drug prevention; etc.[59]

Composition: In the Council all relevant stakeholders are represented: Dep. Heads of Ministries, Dep. Chief State National Security Committee, and Head/Dep. Heads of involved committees. Representatives of international and public organisations participate in meetings on invitation. This Council is in fact the main political body in drug policy making.

The Drug Control Agency

The Drug Control Agency under the President of the Republic of Tajikistan was set up in 1999. The main tasks of the Drug Control Agency are coordination and control over activities of state bodies responsible for trafficking of narcotic drugs, psychotropic substances and their precursors, combating their illicit trafficking, supporting the Coordination Council on Drug Abuse Prevention,

[59] Pompidou Group country profile Tajikistan 2014

preventing drug use, and also co-ordinating activities of drug prevention NGOs. The DCA coordinates mainly supply reduction efforts (MoI, Customs under the Government of RJ, MoJ, State National Security Committee).

The main functions of the DCA are:

- Identification, prevention, interdiction and solving crimes, related to narcotic drugs, psychotropic substances and their precursors, identification and interdiction of activities of criminal drug gangs with regional and international connections, and also people privy to this category of crimes;
- Implementation of measures to ensure internal security;
- Participation in the development and implementation of national programmes in the sphere of drugs control;
- Development jointly with competent ministries and agencies of legislation concerning trafficking of narcotic drugs, psychotropic substances and their precursors in the Republic of Tajikistan and exercising control over its implementation;[60]
- Exercising control in the sphere of trafficking narcotic drugs, psychotropic substances and their precursors in a manner set out by the legislation of the Republic of Tajikistan;
- Signing international treaties on cooperation in the sphere of drugs control on the instructions of the President of the Republic of Tajikistan or the Government of the Republic of Tajikistan;
- Conducting a comprehensive analysis and evaluation of the status of combating illicit trafficking of narcotic drugs, psychotropic substances and their precursors, of control over their trafficking and drug prevention in the Republic of Tajikistan;
- Organisation and coordination of work to train and promote qualification and exchange experience of the staff of the Agency, other law enforcement bodies and competent ministries and agencies of the Republic of Tajikistan;
- Coordination and control over drug prevention, performing other functions, stipulated by the legislation of the Republic of Tajikistan, etc.;
- Monitoring the implementation of the National strategy to combat illicit trafficking of drugs in the Republic of Tajikistan for 2013–2020.[61]

Other important stakeholders

- **The Ministry of Health and Social Protection with its structures** - responsible for prevention, treatment, rehabilitation and harm reduction activities, monitoring and evaluation. Under its responsibility some organisations operate which are very important in the drug policy area:

  a) The Government Institution “National Centre for Monitoring and Prevention of Drug Use”: see for the tasks and functions of this Centre paragraph D.5. Monitoring;

  b) the Government Institution “Republican Clinical Centre of Narcology named after Prof. Gulyamov”; and

  c) the Government Institution “Republican Center for Prevention and Control of AIDS”.

[60] DCA drafted two proposals for the new law on Drug Control Agency and for the new edition of the law “Law on drugs, psychotropic substances and precursors”. DCA also developed recommendations for the inclusion of more than 200 different types of “Spice” into the National Essential Drug List.

[61] Pompidou Group country profile Tajikistan 2014, Interviews

- **The Main Department for Execution of Criminal Sanctions of the Ministry of Justice;**
- **The Ministry of Education and Science;**
- **The Directorate for Combating Drug Trafficking, Ministry of Interior;**
- **General Prosecutors Office.**

All these stakeholders, together with other Ministries, Committees, NGOs, etc., are represented in the Coordination Council.

D.3 Legislation

In Tajikistan, the legislation aimed at combating illicit trafficking of drugs, prevention, treatment, and rehabilitation of drug dependence, has been aligned to international legal and political instruments. The Republic of Tajikistan is a member of a number of international organisations and signatory to conventions, agreements, and treaties, including the Single Convention of 1961 on Narcotic Drugs with amendments according to the Protocol of 1972, the Convention of 1971 on Psychotropic Substances, and the Convention of 1988 on Combating Illicit Trafficking of Narcotic Drugs and Psychotropic Substances. The state has signed 17 interstate agreements and has been implementing international antidrug projects.[62]

Laws which are aimed to provide support to people who suffer from narcological diseases, who need medical and social care, prevention and warning from narcological diseases are the following:

- Law "On protection of public health RT" (1997): this law constitutes the legal basis for assistance given by public health provisions.
- Law "On narcotic drugs, psychotropic substances and precursors" (1999): The aim of this Law is to implement state policy and international treaties of the Republic of Tajikistan in the sphere of licit trafficking of narcotic drugs, psychotropic substances and precursors, combating their illicit trafficking, prevention and treatment of drug dependence. A new draft of law "On narcotics, psychotropic substances and precursors" is under development.
- Law "On narcological care" (2003): According to this law, the government guarantees emergency drug abuse care, anonymous drug treatment in specialised drug treatment facilities, consultative-diagnostic, therapeutic and preventive care and medical rehabilitation in outpatient and inpatient conditions; all kinds of drug testing; the determination of temporary incapacity; legal advice and other forms of legal assistance; as well as social and home equipment for disabled and the elderly, suffering from substance abuse and dependence.[63]

The public organization ROST" report: Analysis of legislation on drug policy of Republic of Tajikistan[64]

Since the independence from the Soviet Union (1991), the majority of legal provisions of laws, decrees and departmental instructions in the sphere of narcotic drug policy remained unchanged. These provisions are often in contradiction with the overall conception of narcotic drug policy, which is aimed at fostering the humanisation of legislation and elimination of discrimination. The arrest of drug users for the possession of small amounts of narcotic drugs meant for personal use

[62] Pompidou Group country profile Tajikistan 2014
[63] ROST report, 2010
[64] Introduction by public organization "ROST", March 15,2016

still takes place in the country. This increases their marginalisation and hampers their access to the programs on prevention of HIV and other socially important diseases. Narcological institutions still give, from time to time, personal information about the patients to the law-enforcement bodies. Doctors of the narcological institutions continue to follow old soviet instructions, that prohibit using narcotic drugs for treatment of drug addicted patients, which is hampering the access to medical services (incl.: detoxification) for some of the patients.

Thus, current legislation, procedures and practices are often reasons for discrimination of people suffering from drug dependence, or these laws contradict each other. This requires analysis and recommendations on harmonisation and improvement of the legislation.

From 2007 to 2008, an UNODC project analysed legislations of Central Asian countries in the sphere of HIV and drugs. This survey highlighted the most common problems of legislations hampering the successful implementation of HIV prevention, treatment and care services for people. The report of the survey[65] included the recommendation to amend legislation (also in the sphere of drug policy) that creates obstacles to access to the services for HIV prone groups of the population.[66]

The Open Society Foundations supported the public organization "ROST" to conduct an in-depth analysis of legislation and procedures in the sphere of drug policy in Republic of Tajikistan (2009) through its office in Tajikistan. A working group was created, consisting of representatives from the DCA, the MoH, and public organisations like "ROST" and "SPIN Plus" (December, 2009). The report was presented during a round table with representatives from different ministries. There was no official response to the recommendations from the analyses. Later in 2013, the public organization "AIDS Foundation East West" supported the second assessment to see what had been changed in policy.

The results of this analysis were presented on 30 September 2013 at a meeting of the Coordination Council on Drug Abuse Prevention. Main findings were the same as in the 2010 report:

Positive aspects of the current legislation are:

- Drug use does not involve punishment;
- Keeping certain quantities of drugs without intent to sell is not a criminal offense;
- The law provides the possibility of anonymous drug treatment.

Problems:

- Stigmatisation and discrimination on the basis of drug use;
- Contradictions in laws provision, non-compliance of legislation provisions with modern conditions;
- Insufficient mechanisms and procedures for the implementation of laws.

General recommendations for optimisation of legislation:

- To unify terminology of laws, according to international norms;

[65] United Nations Office on Drugs and Crime, Regional Office for Central Asia, Canadian HIV/AIDS Legal Network: «Accessibility of HIV Prevention, Treatment and Care Services for People who use drugs and Incarcerated people in Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan: Legislative and Policy Analysis and Recommendations for Reform». www.unodc.org

[66] Public organization "ROST" report, 2010

- To develop a law on alternative treatment of drug dependence instead of forced treatment;
- To remove any provisions that discriminate against citizens, including on the grounds of drug use and harm their rights, from the legislation;
- To remove all provisions related to forced medical measures towards drug dependent people from legislation;
- To remove provisions on dispensary observation of dependent people from legislation;
- To introduce a provision into legislation, that provides legal base for the implementation of programs directed to disease prevention among drug users.[67]

The Coordination Council on Drug Abuse Prevention decided to establish a working group comprising representatives of the DCA, the Ministry of Health and Social Protection, the Ministry of Justice and public organisations to develop recommendation for improving individual legal and regulatory instruments relating to, in particular, the registration system for problem drug users, their social reintegration and the provision services in the field of narcological aid".[68]

However, the only result so far (in September 2016) has been that the treatment protocols (detoxification) for the use of opiates (Methadon) are approved. In regard to the other recommendations "nothing has happened" according to an involved expert.[69]

D.4 International Cooperation

The country participates actively in a number of international organisations and networks. It has signed up to all UN drug treaties, it is a full member of the Central Asia Regional Information and Coordination Centre (CARICC), and it is active in the framework of the OSCE and the (Mini) Dublin Group.

In Tajikistan, a lot of efforts are deployed by international organisations like:[70]

- UNODC: supply and demand reduction, HIV/AIDS/Hepatitis C reduction, advocacy on health strategies, based on human rights;
- UNAIDS, UNDP/Global Fund: OST, HIV prevention and treatment;
- AFEW: HIV prevention and treatment;
- Other organisations like USAID, ICAP, WHO, EU (CADAP, BOMCA, EMCDDA) are very active in supporting both demand and supply reduction efforts.

In 2013, the Government of the Republic of Tajikistan came up with an initiative for a meeting for heads of anti-drug agencies from the countries of the region. It was decided to set up a multilateral and integrated regional anti-drug strategy and a network of liaison officers on drug control among the member states, with a coordination centre in the drug control police of Afghanistan. "The Dushanbe dialogue" having gathered 12 countries, has marked the beginning of a new format for international meetings to unite joint efforts to solve issues related to illicit drug trafficking.[71]

[67] Presentation of public organization "ROST", 2016
[68] OSCE 2014
[69] Interviews with stakeholders
[70] CADAP Mission Report Tajikistan 2015
[71] Pompidou Group country profile Tajikistan 2014

The main challenge, regarding the involvement of foreign/international organisations in the field of drug policy, monitoring, prevention and treatment, is to keep the focus on cooperation, coordination and exchange of information between the different initiatives and activities. This can prevent inconsistencies (or even contradictions) of viewpoints and approaches and in duplications and other inefficiencies. It should be borne in mind that the contribution of foreign/international organisations might be tempting for the government to leave certain areas and tasks (and responsibilities) to these organisations. This is a risky strategy as the support is not everlasting.

D.5 Monitoring of the Drug Situation and Drug Policy

The monitoring function in drug policy in Tajikistan is quite well established by two main sources: the National Centre for monitoring and prevention of drug use, and the DCA.

The Government Institution "National Centre for Monitoring and Prevention of Drug Use" operates under the responsibility of the Ministry of Health and Social Protection (in 2000 the Ministry established a department for especially controlled substances that was reorganised in 2008 into the National Centre for Monitoring and Prevention of Drug Use).

This Centre is the only centre of this type and size in Central Asia. Since its establishment in 2008, the Centre has developed itself as a key body on organisation of periodic monitoring, planning and implementation of prevention activities.

The Centre is not directly responsible for treatment and rehabilitation of problem drug users, but the Centre is the body which is entrusted with functions of coordination of all structures of the Ministry of Health and Social Protection that are engaged in the treatment and rehabilitation of drug dependence (drug treatment and rehabilitation centres).

It collects information for the RISON-system (see below) and there are sufficient human resources – 53 staff members in the central office in Dushanbe and sub-offices at oblasts level (3).

- The Centre publishes annually the National Report on the drug situation in Tajikistan and other relevant information.
- The Centre conducts sociological research on drug dependence.
- It organises cultural mass events on drug prevention and trainings.
- The Centre follows five key indicators of the EMCDDA,[72] and also national indicators during the monitoring and sociological studies.
- t is working on an improved unified data base related to narcotic drugs, psychotropic substances and their precursors, together with other related structures in this area.
- It works on the development of different methodological guidelines: a guideline on monitoring, analyses and evaluation of drug situation in RT; a Guideline on Drug Use Prevention, and a Unified Glossary (terminology glossary) of policy, monitoring, research, prevention, treatment and epidemiology – all these documents are under development.
- In 2008, the Ministry of Health and Social Protection approved also four reporting forms on the collection of information from the Ministry's agencies. This information is collected on quarterly basis.

[72] Assessment of problem drug use, drug use among general population, infectious diseases, treatment, mortality from drugs

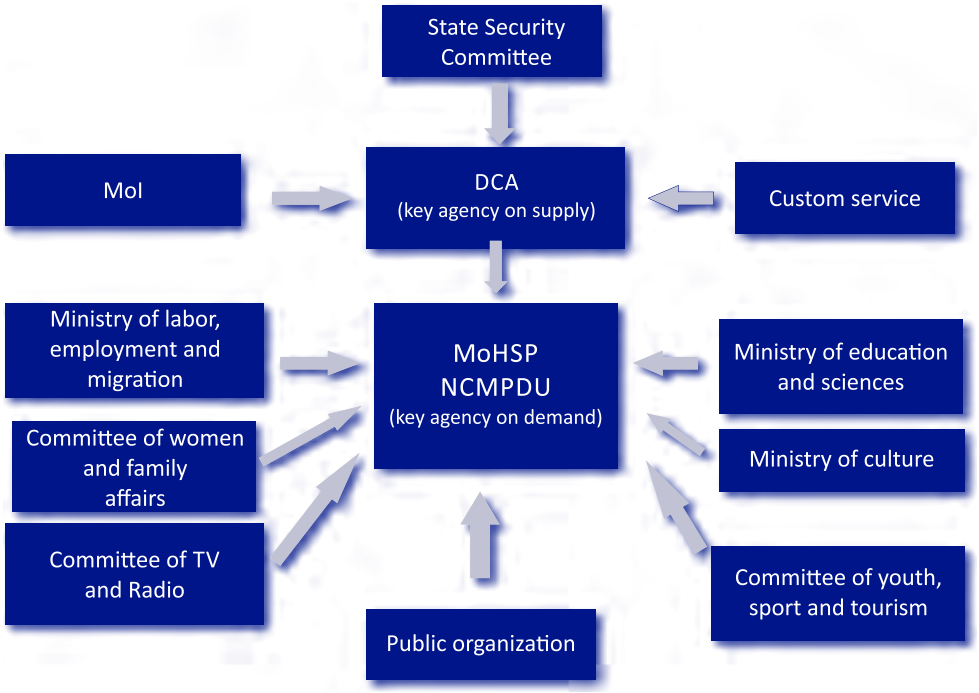
According to the management of the Centre, the Centre wishes to focus on the following needs (and would welcome support from CADAP in this) for the forthcoming period:

- Conducting research, training of national specialists for conducting research;
- Organisation of trainings for doctors with modern methods of treatment;
- Publications, organisation of study tours abroad (exchange of experience) for specialists;
- Legislation analyses (establishment of working group and provision of technical and material assistance to working group);
- Establishing better access to information on supply reduction efforts (organisation of series round tables and trainings). Stimulate independent, scientifically proved information and analysis in this working area.[73]

The RISON network

Tajikistan has a comprehensive system of data collection, called the "RISON"-Network (Republican information network on collection of non-confidential data on drug supply and drug demand), a system of collection and analysis of statistical data from drug treatment services, AIDS centres and forensics, as well as other agencies (DCA, Customs committee, etc.). This system, which is quite unique for CA countries, was established by the decision of the Coordination Council on Drug Abuse Prevention. The system is managed by the Coordination Council, and the information is collected by Government Institution "National Centre for Monitoring and Prevention of Drug Use". The information collection is based on annual reports from different agencies.

Information flow of the RISON network[74]



[73] Presentation of National Centre for Monitoring and Prevention of Drug Use, MoHSP, 2016
[74] Presentation of Government Institution "National Centre for Monitoring and Prevention of Drug Use", MoHSP, 2016

The role of DCA in information collection

As mentioned before, the DCA is another main source of information. All available research and monitoring information (demand and supply) is sent to and processed (analyses and synthesized) by the Information and Analysis Department of DCA.

The flow of information to the DCA is:

- based on an agreement between law enforcement authorities - DCA receives on monthly basis the information about drugs seizures from MoI, custom committee under the Government of RT, State national security committee;
- information about registered drug-related crimes is taken by DCA from a system of unique registration that is based within MoI (the system was introduced in 2010);
- information about persons convicted of drug offences provided to DCA by Council of Justice twice a year (starting from the second half of 2016, the information provided to the Supreme Court as Council of Justice was discontinued);
- information from MoHSP provided to DCA on monthly basis.

The Information and Analysis Department of DCA collects all information, compiles it and submits the report to DCA's management. Information to the Government is submitted by the department based on request.

Division of roles between DCA and the Government Institution "National Centre for Monitoring and Prevention of Drug Use".

It should be noticed that regarding data collection, DCA is mainly responsible for the supply reduction part and the Government Institution "National Centre for Monitoring and Prevention of Drug Use" mainly for the demand reduction part. Both structures produce separately annual reports. Stakeholders mention that the coordination and communication between these two information sources could be improved.

D.6 Challenges in the Drug Policy Process

All the essential elements required for developing comprehensive, evidence based policies are basically realised in Tajikistan: strategy, coordination structures, legislation, monitoring, cooperation with international stakeholders, but each of these elements needs substantial further elaboration. Clarification of the relationship between DCA and the Government Institution "National Centre for Monitoring and Prevention of Drug Use" is a special point of attention. However, a positive sign is that almost all stakeholders involved in the policy process demonstrated to the CADAP team a willingness to learn, to communicate and to innovate, which are indispensable requirements for further policy development. The next steps should concentrate on investing in further strengthening and further expanding the different policy elements and enhancing the skills regarding management of the policy process as a whole, involving all stakeholders. We refer to the next chapter, for exploring options how CADAP could assist the Tajik authorities in this.

E. Challenges and Possible Steps to Undertake

E.1 Summary of the Main Challenges

In the previous chapters several challenges and priority needs were identified regarding the drug situation and the current policy responses in Tajikistan.

In summary:

- Collecting data about: drug use amongst the general population, problematic drug use, and other key issues.
- Prevention: evaluation of the effectiveness of prevention, developing innovative approaches, developing programmes addressed to youth at risk, using the available evidence base.
- Treatment, rehabilitation, harm reduction: stimulating a comprehensive, integrative and innovative approach. Improving access to treatment, reconsideration of the system of narcological registration.
- Expansion of OST and coverage of other HR provisions.
- Acknowledging the role of NGOs.
- Supply reduction: the need to enhance the effectiveness of supply reduction programmes, rebalancing supply and demand reduction efforts. Cooperation between these two sectors should also be stimulated.
- Stimulating the policy process.

E.2 Some Possible Steps to Undertake

In regard to the assistance provided by CADAP 6, most of the above mentioned issues regarding data collection and monitoring, prevention and treatment can be supported and developed by the respective CADAP components: Component 2 - Data Collection, Component 3 - Prevention, and Component 4 - Treatment.

The Component teams will address the various specialists in the respective working fields of data collection, prevention and treatment. As regards policy issues, this is the subject of the CADAP policy component (Component 1). This component will address policy makers and other stakeholders responsible for the policy process. The focus here is on developing skills, knowledge and tools of Tajik policy makers in creating evidence based, balanced and effective policies, and managing the “policy cycle”, consisting of the following successive steps:

- Assessing the situation, identifying (priority) problems and needs in discussions among all relevant stakeholders;
- Formulating aims and ideas how to address these needs;
- Identifying appropriate policy measures and interventions to realise these plans;
- Formulating a comprehensive drug policy plan, political decision on this plan;

- Implementation of policy measures/ interventions, coordination;
- Monitoring the process of the implemented measures/interventions;
- Evaluating/assessing the impact of the implemented measures/interventions and any changes in the situation and needs;
- (Start of new cycle).

Last but not least, a key element in the drug policy area is the collaboration between all relevant stakeholders (both from the demand side as from the supply side), creating mutual trust and respect, and the notion that multifaceted drug issues can only be addressed by a multifaceted approach and rebalancing supply and demand reduction. The considerable experience and expertise of experts should be mobilised and encouraged. Collecting and exchanging the already available knowledge should be the starting point.

Below are some suggested steps, which could contribute to improve the process of drug policy making in Tajikistan:

- Discuss with national stakeholders the findings from this assessment report.
- Stimulate collaboration, innovation, exchange of knowledge and experiences, by organising lectures, workshops, (training), conferences/meetings for all relevant stakeholders – either per group or mixed– on various elements of drug policy making, like:
    - Rapid assessment of drug policies;
    - NPS: early warning and policy responses;
    - EU drug policies and processes, case studies of drug policy development in EU Member States;
    - Evidence based policies, the relationship between politics, science and practice, bridging supply and demand reduction sectors, how to involve society.
- Organise a study visit to EU Member States, meetings with key decision makers, national and local authorities, researchers and services and institutions responsible for implementation of policy measures and interventions.
- Stimulate a regular, easily accessible form of exchange of information, preferably by a website (if possible in English and Russian), on relevant drug policy issues and developments in CA countries and EU Member States (key concepts, best practices, intervention standards, innovation, research and monitoring, etc.). This website might also be useful as forum for discussion and exchange among national experts. Target groups to be addressed are politicians, policymakers, researchers and experts working in the field. Cooperation with and input from EMCDDA, Pompidou Group and UNODC can be very fruitful here.
- On demand of the Tajik stakeholders further concrete assistance could be given to development of (aspects of) policy plans, coordination structures and to other activities in the policy process.

Annex 1

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Report on the State of Play of Drug Policy Making in the Republic of Turkmenistan

CADAP 6 - Component 1: National Drug Strategy

Bob Keizer (Trimbos Institute)

Table of Contents

A. Introduction

This report is part of the work conducted by the Central Asia Drug Action Programme Phase 6 (CADAP 6). This programme is funded by the European Commission (DG Development and Cooperation) to support Central Asian countries with the development of

- A more systematised and comprehensive drug policy in the field of drug demand and harm reduction (Component 1)
- An institutionalised collection and analysis of reliable and objective drug-related data (Component 2)
- More innovative and state of the art practices of drug use prevention (Component 3) and treatment (Component 4).

The activities of CADAP 6 commenced on 1 April 2015 and cover Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. The latter joined the project at the end of December 2015.

Trimbos Institute, the Netherlands Institute of Mental Health and Addiction, is leading this first component.

The objectives of this component are:

- A thorough assessment and analysis of the drug situation, the state of play of drug policy and the actual needs of all relevant stakeholders in the CA countries;
- Initiating and stimulating a process of collaboration between all relevant stakeholders in the CA countries (integrated approach, a balance between demand and supply reduction activities, communication between policymakers and professionals, etc.);
- Initiating and stimulating the development of a policy that is understood and supported by these stakeholders and by the general population;
- Initiating and stimulating the development of a policy that meets the essential international standards of good practice defined in EU drug policy documents;
- Transferring knowledge about good practices of policy making and implementation, of policy coordination structures and drug legislation in the EU, taking into account their applicability and the challenges and needs that the CA countries are facing;
- The understanding that developing policies is an on-going, cyclic process that consists of analysis, development, implementation and evaluation, and in which all relevant stakeholders should be involved;
- Contributing to an increased involvement of drug policy makers in the CA countries in international drug policy making processes and bodies;
- Contributing to the understanding that coordination and communication, carried out by a national inter-agency group for each CA country, is an indispensable element for developing effective drug policies.

The activities in Component 1 are grouped as follows:

1. The first stage is a thorough review and analysis of the existing activities, documents and developments in the field of drug policy making. An important element is to include the viewpoint of all key players in policy making and implementation, major governmental and non-governmental organisations in the fields of supply and demand reduction.

2. The second stage of activities focuses on presenting to country's national stakeholders information on the state of play in EU Member States regarding policy models, processes and structures of policy making, examples of good practice from different EU Member States, drug policy relevant expertise, etc.

3. In the third stage of this component we provide assistance and advice to the five countries – upon specific requests by them – in order to help them develop their own drug policies, making use of applicable European models as for instance formulated in the EU-Central Asia Drug Action Plan 2009-2013 and the EU-Central Asia Drug Action Plan 2014-2020. Our intention is to go beyond developing formal policies but also to look into practical conditions for policy implementation.

4. The fourth element is assistance in strengthening the inter-agency coordination and the work of inter-agency groups regarding policy development. This is an on-going activity, accompanying the activities in the three stages described above.

This report is the result of the first stage of Component 1. Information is collected on basis of available reports and other documentation, and on interviews of selected key stakeholders. Comprehensive information on the drug situation in Turkmenistan is scarce. We mention here especially (and will frequently quote) the excellent report made for the Pompidou Group by Alex Chingin and Olga Fedorova.[1]

In the next chapters the following issues will be covered:

- Drug situation
- Drug policy responses
- Drug policy and the drug policy process
- Challenges, priority needs and possible steps to undertake

The report is meant to be a basis for the second and third stage and for the fourth element.

[1] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Turkmenistan

B. The Drug Situation

B.1 Country Specifics

Turkmenistan, one of the 5 countries in Central Asia, is located in the south-western part of the region in an area of deserts, to the north of the Kopet Dag Range of the Turkmen-Horasan mountain system, between the Caspian Sea in the west and the Amu Darya River in the east. Turkmenistan borders in the north with the Republic of Kazakhstan, in the north-east and in the east with the Republic of Uzbekistan, in the south-east with Afghanistan, in the south with the Islamic Republic of Iran, and in the west the border runs through the Caspian Sea. The area of Turkmenistan is 491.21 thousand square kilometres. The length from north to south is 650 km, from west to east – 1 100 km.

State governance has the form of a presidential republic. The state power is divided into legislative, executive and judicial powers, which are meant to act independently. The highest state power and governance in Turkmenistan is held by the President of Turkmenistan, Mejlis, the Cabinet of Ministers, and the Supreme Court of Turkmenistan.[2]

The population of Turkmenistan consisted in 2013 of 5,240,000 people.

Turkmenistan possesses valuable natural resources, such as oil, gas, sulphur, lead, iodine, bromine. In recent years, processing industries have also undergone a swift development: oil-refining, chemical, petrochemical, heavy engineering and metal-working, light (especially textile) and food industries etc.[3]

B.2 Drug Use and Health-Related Problems

General drug situation

Turkmenistan is a transhipment route for narcotics trafficked from Afghanistan to Turkish, Russian, and European markets, either directly or through Iran. However, it is not a major producer or source country for illegal drugs or precursor chemicals. Most illegal drug seizures occur along Turkmenistan's rugged and remote 744-kilometer border with Afghanistan and its 992-kilometer frontier with Iran.

Drug use, registered drug users, treatment-related services, drug-related deaths

Officials state that drug use is declining or even has been eradicated in Turkmenistan.[4] However, other information indicates otherwise: these unofficial sources refer to "a catastrophic drug use situation in the country that also becomes even more serious".[5]

It is difficult to assess the real situation, because reliable figures on the current situation are not available. The latest official data were collected in the UNODC/Paris Pact report of February 2015:[6]

[2] Constitution of Turkmenistan, Article 66
[3] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Turkmenistan
[4] CADAP mission report to Turkmenistan, H. Stoever and I. Michels, 4-8 April 2016
[5] Dublin Group 2015
[6] UNODC /Paris Pact 2015

Total drug users recorded in dispensaries		
	2006	2007
Total number	33,697	32,000 (est.)
including:		
Heroin users (%)	93	n/a
Opium users (%)	4	n/a
Cannabinoid users (%)	3	n/a
PWIDs (%)	25	26 (est.)

Source: Country Report 2006 and 11 months 2007 for EMCDDA, UNODC ARQ 2006

Newly registered drug users and drug treatment					
	2006	2007	2008	2009	2010
Newly registered DUs	1,980	1,900 (est.)	1,750 (est.)	1,600 (est.)	1,500 (est.)
IDUs (%)	26	25	24	24	21
Treated drug users:					
In-patient	32,986	30,698	20,301	18,745	16,189
Anonym	1,817	1,751	1,295	839	764
Compulsory	6,546	5,980	4,324	3,767	3,101

Source: UNODC ROCA

Treatment-related services	
	2011
Detoxification	≈95
Psychological support	≈5

Source: UNODC ROCA

Drug-related deaths					
Drug-related	**2006**	**2007**	**2008**	**2009**	**2010**
Deaths	600 (est.)	n/a	400 (est.)	300 (est.)	270 (est.)
including among:					
PWIDs (%)	44	40	32	30	30

Source: EMCDDA Country Report for 2006 and 11 months 2007, UNODC ROCA

Annual prevalence of drug use as percentage of the population aged 15-64			
	UNODC best estimate	**Uncertainty range**	**Year of estimate**
Opioids	0.32	0.32-0.32	2007
Opiates	0.32	0.32-0.32	2006

B.3 Drug-Related Crimes

According to the Central Asian Regional Information and Coordination Centre (CARICC),[7] after the first 6 months of 2014, Turkmenistan demonstrated a reduction in the number of drug-related crimes by 1.2% as compared to the analogous period of months of 2014.[8, 9]

Statistics: most recent data are from UNODC/Paris Pact February 2015:

Drug-related offences					
	2010	**2011**	**2012**	**2013**	**2014**
Criminal cases initiated	2,384	1,654	1,070	905	833
Rate (per 100,000)	47	32	21	17	16
including offences:					
With intent to sell (%)	69	68	≈65	62	53
Smuggling (%)	6	11	≈17	18	28

Source: UNODC ROCA

[7] CARICC bulletin No.137 (of 29 August 2014)
[8] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Turkmenistan
[9] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Turkmenistan

Suspects arrested and offenders convicted					
	2010	2011	2012	2013	2014
Suspects arrested	2,515	1,969	1,384	1,157	800
Rate (per 100,000)	50	39	27	22	15

Source: UNODC ARQ 2011 data, CARICC

Persons arrested in the country					
	Jan-June 2009	2010	2011	2012	2013
Total arrestees	3,168	2,515	1,969	1,384	1,157
National citizens	3,141	n/a	1,917	1,322	1,113
Foreigners	27	n/a	52	62	44
Afghanistan	6	15	13	9	5
I.R. of Iran	10	n/a	28	37	34
Turkey	3	n/a	4	12	3
Uzbekistan	8	16	7	4	2

Source: UNODC ARQ 2011-2012 data, 2012 INCSR Country Report (data of 2010), CARICC

UNRCCA[10] reported a reduction of the opium production in Afghanistan (-20%) and the reduction of planting fields (-15%). Prices of heroin are also going down as well as demand for this drug. There are switches from the cultivation of opium to wheat cultivation. Also, in Turkmenistan not only official country data but also UN sources confirm that the consumption of opiates has dropped substantially as well as the usage of the country as traffic route.

Although reliable statistics remain difficult to secure, internal narcotics sales have reportedly dropped since the government stopped the practice of granting pardons to prisoners previously convicted of drug-related crimes.[11]

According to information provided by the Dublin Group,[12] 187.6 kg of illegal drugs were seized during the first nine months of 2014. This figure is significantly lower than what was seized during 2013 (440.7 kg), and well below the pace of seizures recorded in 2012, when 752.2 kg were seized. Most seizures in 2014 (139.4 kg) were of raw opium, and the volume of seized heroin (600 grams) was very low.[13]

[10] UN Regional Centre for Preventive Diplomacy for Central Asia, see also D4
[11] US State department, Bureau of International Narcotics and Law Enforcement Affairs, 2015 Report Turkmenistan
[12] The State Service to Protect the Security of a Healthy Society (SSPSHS - former State Counter Narcotics Service)
[13] Dublin Group 2015

According to figures for the first 6 months in 2015, 195.781 kg (+93%) of drugs were seized, including 0.115 kg (-484%) of heroin, 192.756 kg (+246%) of opium, 0.008 kg (-562%) of hashish and 2.902 kg (-774%) of marijuana. No seizures of psychotropic substances, synthetic drugs or precursors were reported.[14] Officials also state that no seizures of drugs originating from Turkmenistan were registered recently (in 2016) due to the application of modern screening equipment and high qualification of local border security officers at customs checkpoints along the border with Afghanistan.[15]

However, unofficial reports suggest that seizures of significant volumes of drugs occur frequently and may not be reflected in official reports. There is no evidence of synthetic drug production in Turkmenistan, and the Government of Turkmenistan reported no seizures of synthetic drugs. The weekly newspaper "Adalat" ("Justice") continues to report occasionally on law enforcement activities combating narcotics trafficking and on drug-related crimes.[16]

B.4 Situation in Prisons

Turkmenistan has 22 correctional institutions; twelve of them are prison colonies with various regimes, six remand centres, two treatment and labour facilities, one in-patient hospital for prisoners, and one disciplinary battalion for soldiers. Every police station also has a centre for temporary isolation, a total of 53.

Colonies and prisons in the country (excluding the disciplinary battalion) can contain up to 8,100 prisoners. 26,720 people were incarcerated in 2009.[17]

In Turkmenistan, correctional institutions are subordinated to the Ministry of Internal Affairs. People sentenced for medium severity drug-related crimes mainly serve their sentences in general security colonies. According to the Country Profile of the Pompidou Group[18] on Turkmenistan, in 2006 there were 2,999 cases of drug dependence registered in correctional institutions.

According to the same source, the proportion of people serving sentences for drug-related crimes in 2007 was 19%: 3.12% of people serve their sentences in general security colonies, 9.41% in strict security colonies, in prisons – 4.2%, and in colonies with a special security – 2.27%. According to the Expert Group on Turkmenistan, there are allegedly no narcotics in any of the correctional institutions.[19]

Several international organisations have tried to get access to prisons. A group of foreign diplomats was allowed to visit the Women's Penitentiary DZ-K/8 in Dashoguz in December 2015, and again in January 2017; during this latest visit the authorities revealed that 80% of the 2000 inmates are serving sentences for drug-related crimes of different seriousness. A group of foreign diplomats was also allowed to visit the General Regime Colony for Minors MRK/18 in Bayramali in December 2016; during this visit the authorities informed that none of the 90 minors in the colony is serving sentence for drug-related crimes. No reliable data are however available on the population in the vast majority of prisons and offenses committed, nevertheless "health" is considered a good topic to start discussions in these settings.[20]

[14] Dublin Group 2015
[15] The 2nd Regular Mini-Dublin Group Meeting on Turkmenistan, Ashgabat, 5 December 2016
[16] US State department, Bureau of International Narcotics and Law Enforcement Affairs, 2015 Report Turkmenistan
[17] More recent data, especially the rate of imprisonment of the last years:
[h]ttp://www.prisonstudies.org/country/turkmenistan
[18] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Turkmenistan
[19] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Turkmenistan
[20] CADAP mission report to Turkmenistan, H. Stoever and I. Michels, 4-8 April 2016

B.5 Epidemiological Situation - Infectious Diseases

Turkmenistan belongs to countries with a low level of HIV prevalence. According to the official data, by the end of 2007 there were only two cases of HIV infection identified in the country.

HIV/AIDS remains the most "invisible" of all diseases in Turkmenistan. The principal position of the authorities is that there is no HIV epidemic in the country. The approximate TB prevalence rate for 2007 was 75 per 100.000 inhabitants.[21]

B.6 Challenges, Priority Needs Regarding Assessing the Drug Situation

The lack of reliable, recent data makes it difficult to assess what the drug situation actually is, and whether there is indeed a major decrease in drug use and drug-related problems in Turkmenistan, as repeatedly stated by the country's authorities. The highest priority need is the availability of accurate and high-quality data about the drug situation, drug-related problems, and the trends at the drug markets (like New Psychoactive Substances), etc. This must be considered as a first requirement for an assessment of the current situation and of the effectiveness of interventions, and for the making and implementation of effective, evidence based drug policy.

[21] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Turkmenistan

C. Policy Responses

C.1 Drug Prevention

Turkmen drug policy highlights the need for prevention, and authorities undertake significant investments in prevention activities. These are mainly of a primary or general prevention nature, focusing on campaigns, round tables, sport campaigns, information materials, discussions, and programmes on healthy lifestyle on TV, etc. Many drug prevention activities have been developed with the assistance of organisations or projects like UNODC and CADAP.

There are a lot of challenges in the prevention area; "life skills trainings", based on evidence, do hardly exist, just as training manuals for school teachers. There is no institutional system, supporting these types of prevention. The current evaluation of prevention activities in Turkmenistan seems to be limited to measuring the number of activities (round tables, leaflets, campaigns) and perhaps to increased knowledge, but seldom to the question whether the campaigns have led to a decrease of drug use.

The structure and approach of prevention could be described as "top-down-prevention", the activities are initiated by decree rather than by a bottom-up-process that meets the real challenges in day-to-day practice.

There is a need for more accurate data on the current situation, and for stimulating more innovative approaches. Another challenge is the lack of knowledge about the actual effects of these prevention activities on behaviour of the target groups. One of the needs expressed by specialists in Turkmenistan was to conduct trainings for specialists working in direct contact with youth who show risky behaviour, rooted in dysfunctional families which suffer from using psychoactive substances.

This group is at risk, but does not (yet) fall within the scope of treatment services. Training should give the knowledge and skills to specialists to teach the youth the resistance skills (how to deal with difficult situation, refusing taking drugs, how to deal with stressful situations, decision-making etc.).

C.2 Drug Treatment

The Ministry of Health operates six drug treatment clinics, one out-patient facility for problem drug users in Ashgabat, a Psychiatric and Narcological Hospital in the Ilyaly district of Dashoguz province, and a Psychiatric and Narcological Hospital in each of the other four provincial administrative centres. There are some specialised treatment facilities for people with drug dependence that are subordinate to the Ministry of Internal Affairs. Substance users can receive free detoxification treatment at these clinics without revealing their identity, as clinic visits are kept confidential.[22] In 2015 a brand-new rehabilitation centre became operational using all modern methods of treatment.[23]

Out-patient medical assistance to people, depending on indications, is rendered in the form of consultative and treatment assistance or dispensary supervision. Dispensary supervision can be implemented through regular examinations by doctors and through providing out-patient medical and social assistance. Upon violation of law and public order and refusal to undergo voluntary treatment, a person with drug dependence can be referred for compulsory treatment to a rehabilitation centre for a term from six months up to one year upon court order. This type of

[22] US State department, Bureau of International Narcotics and Law Enforcement Affairs, 2015 Report Turkmenistan
[23] CADAP mission report to Turkmenistan, H. Stoever and I. Michels, 4-8 April 2016

treatment in Turkmenistan is applied compulsorily to 6-13% of all people receiving treatment from drug dependence outside prison. People sent for compulsory treatment from drug dependence, automatically receive free legal assistance. A person who voluntarily seeks help from a narcological institution for treatment course is granted confidentiality. At the same time, in response to an official enquiry, the information about a person undergoing treatment for drug dependence can be made available to law enforcement agencies. Medical workers are also obliged to inform law enforcement agencies about cases of overdosing.[24]

Local law enforcement entities possess broad authority to initiate drug-related cases and send individuals to rehabilitation. There have been indications that officials have occasionally abused this authority.[25]

Medical workers are also obliged to inform law enforcement agencies about cases of overdosing. A person suffering from alcohol addiction, drug addiction and addiction to psychoactive substances, of more than two times within six months is informed by the authorised authorities of their intent to bring a petition to court seeking his or her referral for treatment to a rehabilitation centre.[26]

According to national experts, thanks to successful (relapse) prevention programmes, there are no (longer) serious drug problems in the country. Tobacco smoking could also be reduced significantly up to an internationally extraordinary low level in the population thanks to successful measures of tobacco policy (banning advertising, no production of tobacco, sales only in state-owned shops, no smoking in public etc.).[27]

The Turkmen experts expressed their interest in EU expertise on psychotherapy, including methods such as hypnosis or Gestalt therapy, and knowledge on early detection, prevention and treatment on New Psychoactive Substances (NPS). Furthermore, peer support work could be a subject of knowledge transfer.[28]

Problem with the assessment of the effectiveness of the treatment system is that the Government of Turkmenistan has not published any drug use-related statistics since 2006.[29] The range of methodologies applied, in particular in the field of treatment of drug dependence, is rather limited in Turkmenistan and does not always correspond to international standards and the state of the art in best practices. Drug treatment is still to a great extent based on the concepts of 'narcology' that were developed in Soviet times, being primarily based on detoxification as the main medical intervention. This is supplemented by out-patient counselling and social rehabilitation programmes. Details on the nature and concepts of these programmes are not available. Upon violation of law or public order, offenders considered addicted are subjected to compulsory treatment in case they are not seeking treatment themselves. Compulsory treatment includes medical detoxification followed by compulsory labour as a perceived measure of rehabilitation. Information about patients in voluntary or compulsory treatment is made available to law enforcement agencies.[30]

C.3 Harm Reduction

In 2009, with the support of UNODC and the "Potential" project funded by the US agency for International Development (USAID), a Communication Centre for people with problem drug use, providing medical, socio-psychological and legal assistance, was opened in Ashgabat.

[24] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Turkmenistan
[25] US State department, Bureau of International Narcotics and Law Enforcement Affairs, 2015 Report Turkmenistan
[26] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Turkmenistan
[27] However also here reliable data are scarce
[28] CADAP mission report to Turkmenistan, H. Stoever and I. Michels, 4-8 April 2016
[29] US State department, Bureau of International Narcotics and Law Enforcement Affairs, 2015 Report Turkmenistan
[30] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Turkmenistan

There has been a national HIV centre and regional HIV centres with waiting rooms for counselling and HIV testing in Turkmenistan since 1989. Basically, HIV prevention measures include awareness raising campaigns for people, including young people, as well as distribution of condoms by state bodies and non-governmental organisations (NGOs). Turkmenistan lacks programmes to provide clean needles and syringes. This is attributable to the fact that officially the country does not have a HIV epidemic. Naloxone, used in other countries for assistance in cases of overdose, is not a certified medication in Turkmenistan and consequently not available for medical purposes.[31] Recently, a new law on HIV has passed the Parliament which urges for HIV tests for people who want to get married.[32]

Opioid substitution therapy

OST is not available In Turkmenistan. Nevertheless, there are no legal barriers to implement OST programmes in the country. International treaties on control over narcotic drugs, ratified by Turkmenistan, do not prohibit the use of such substances as methadone and buprenorphine for medical purposes for OST. There are also some provisions in the legislation of Turkmenistan that provide an opportunity to implement OST programmes. The main substances (buprenorphine and methadone) are allowed for use for medical purposes and are subject to strict control. Methadone can be used for medical purposes on the basis of a prescription, written out on special forms, only by a specialist from a state medical institution. Issuing prescriptions for narcotic drugs and psychotropic substances, including substances used for OST, by medical workers from the private sector of healthcare is prohibited.[33]

C.4 Treatment of People with Drug Dependence in Correctional Institutions

Prisoners who serve their sentences in correctional institutions and detainees who are in remand centres have a right to medical assistance including in institutions of the state healthcare system.

Medical examination for drug dependence is mandatory for prisoners. Prisoners with drug dependence undergo treatment in medical units of correctional institutions. People suffering from drug dependence and serving their sentences for committing administrative offences are referred to a treatment and labour centre. People over 16, who suffer from drug dependence and evade treatment, are subject, upon court order, to compulsory treatment in treatment and education centres for a period from 6 months to 1 year. These centres, in the regime of isolation, facilitate special treatment and professional and vocational training. Prisoners with drug dependence in compulsory treatment take up an initial course of no less than 60 days, and receive outpatient treatment in combination with “labour therapy”.[34]

The Medical Department of the Ministry of Interior is in charge of treatment in the prison system. In previous CADAP phases, the “Atlantis” programme training has successfully been implemented.[35]

In close collaboration with the Ministry of Health, a 3 stage-programme, including medical, psychological and labour therapy, was developed. After successfully finishing the treatment programme a reduction of the prison sentence is possible by a court decision. Measures should also be taken for rehabilitation of treated drug users and reintegration into society. For prisoners with mental health diseases a special department in a prison in the south of the country exists for medical and psychological treatment.[36]

[31] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Turkmenistan
[32] CADAP mission report to Turkmenistan, H. Stoever and I. Michels, 4-8 April 2016
[33] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Turkmenistan
[34] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Turkmenistan
[35] CADAP mission report to Turkmenistan, H. Stoever and I. Michels, 4-8 April 2016
[36] CADAP mission report to Tajikistan and Turkmenistan, E. Robello, 13-18 July 2015

C.5 NGOs

There are a few NGOs active in the areas of harm reduction and prevention. In general , NGOs in Turkmenistan meet many difficulties. Activities by unregistered groups are prohibited. Penalties are applied on anyone involved with an unregistered public association, including founders, funders and members. Associations operating nationally must have at least 400 members in order to be registered as a legal entity. In practice, few organisations have been registered, partly due to the lack of political will to implement the law effectively.

Furthermore, many of the registered associations in Turkmenistan are in fact government-organised NGOs like the Women's Union, the Youth Union, and the Centre of Trade Unions. It also remains to be seen whether the new 2014 "Law on Public Associations" will be the start of a new era of openness for civil society in Turkmenistan. Its first two years in force do not show any major improvements in the enabling environment for civil society thus far.[37]

C.6 Supply Reduction

In January 2008, a separate agency was set up to implement the state policy aimed at combating illicit drug trafficking more effectively – the State Drug Control Service, which was transformed into the State Service for Protection of Security of a Healthy Society (SSPSHS) in August 2012. The main tasks for the Service are preventing illicit sales of narcotic drugs, combating their illegal import and trafficking, establishing effective trans-frontier cooperation, and also implementing international obligations of Turkmenistan. This Agency was abolished in February 2016 and presently its functions are implemented by the Ministry of Interior.

In recent years the authorities have been very active in supply reduction activities. In 2007, the country destroyed over 1.5 tons of drugs, in 2008 – over 2.3 tons, in 2009 – 2.2 tons, in 2010 – about 1.4 tons, in 2011 – over 830 kg, in 2012 – 828 kg, and in 2013 – 435 kg. These statistics demonstrate positive changes achieved in combating illicit trafficking and smuggling of narcotic drugs.[38]

The President continues to stress that the war against drugs should be a consistent and uncompromising priority for his administration. The price of heroin, opium, and marijuana continues to be the highest in the region, reflecting limited supply. Recently, the Government of Turkmenistan launched an annual operation (Opium Poppy 2014) to destroy naturally growing and in some cases illegally cultivated narcotic plants. The interagency operation included special task forces from the Ministries of Internal Affairs and National Security and the SSPSHS.[39]

Both international organisations as well as national experts mention an increasing number of successes in border control to Iran and Afghanistan to prevent drug trafficking. Although official data are not available, illicit drugs (especially Heroin) are hardly to find in the country and only at very high prices.[40]

The Turkmen government has begun to acknowledge openly the country's narcotics trafficking and drug abuse problems. Law enforcement efforts targeting drug cultivation and drug trafficking receives high profile coverage in state-controlled media. The Turkmen government's efforts to provide some drug seizure reports seem to indicate a desire for enhanced cooperation with international donors.[41]

[37] NGO Law Monitor: Turkmenistan http://www.icnl.org/research/monitor/turkmenistan.html
[38] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Turkmenistan
[39] US State department, Bureau of International Narcotics and Law Enforcement Affairs, 2015 Report Turkmenistan
[40] CADAP mission report to Tajikistan and Turkmenistan, E. Robello, 13-18 July 2015
[41] US State department, Bureau of International Narcotics and Law Enforcement Affairs, 2015 Report Turkmenistan

Stakeholders from the supply reduction (but also from the demand reduction sector) sector indicate that they are very interested in trainings on all aspects of “New Psychoactive Substances” (NPS), including practical aspects like early warning, detection, legislation and regulation, Internet trade, prevention and treatment.[42]

C.7 Challenges in Policy Responses

Challenges in demand reduction: the treatment sector could benefit from knowledge transfer from EU countries on recent developments in prevention, treatment and harm reduction, including experiences on how to deal with the threat of New Psychoactive Substances (NPS), the change in drug consumption patterns and developments like Internet trade and the increasing role of social media.

Challenges in supply reduction: the main problem is the lack of reliable data and consequently the lack of insight into the total amount of drugs that are illegally transported into and through the country. Thus, it is difficult to assess the efficiency of supply reduction activities. Estimations by experts from neighbouring countries (Kyrgyzstan, Tajikistan) indicate that about less than 1% of all smuggled drugs are seized. If true, this could raise questions about the efficiency of SR activities and stimulate discussions about (re)balancing budgets between supply reduction and demand reduction efforts.

[42] CADAP mission report to Turkmenistan, H. Stoever and I. Michels, 4-8 April 2016

D. Drug Policy and the Drug Policy Process

D.1 National Drug Strategy 2011-2015

"The National Programme of Activities for 2006-2010 to combat illicit trafficking of drugs and providing assistance to people addicted to narcotic drugs and psychotropic substances" was implemented in Turkmenistan from 2006 to 2010. Harm reduction measures were not foreseen in the National Programme, thus, such programmes like opiates substitution therapy, or needle and syringe exchange were not available. The provisions of the Programme were mainly oriented towards the reduction in drug trafficking and demand reduction. As a preventative measure, the National Programme envisaged testing workers at workplace to identify people who use drugs. A decision was also taken to set up new treatment and rehabilitation centres, and hotlines in remote towns and districts. Since 2011, Turkmenistan is implementing "The National Programme of combating illicit trafficking of drugs, providing assistance to people addicted to narcotic drugs and psychotropic substances for 2011-2015.[43]

The next Programme for 2016-2020 has been developed and was passed in December 2015. Early in 2016, each ministry had to develop their Action Plan on implementing the Programme in response. This has been done and the process completed in the first six months of 2016.

D.2 Drug-Related Legislation

Turkmenistan adhered to the three international UN Conventions on combating illicit trafficking of narcotic drugs and psychotropic substances.

Furthermore, an impressive amount of legal measures has been taken. We refer for a comprehensive overview to the report of the Pompidou Group on Turkmenistan, pages 18 -20.[44]

D.3 Coordination Activities

A State Coordination Commission to combat drug dependence was set up in 2004 under the Cabinet of Ministers of Turkmenistan. This interagency body was assigned to combat illicit trafficking of narcotic drugs, psychotropic substances, and precursors, and to facilitate interaction and coordination of activities of ministries, agencies and other services.[45]

However, the State Service for the Protection of Security of a Healthy Society (SSPSHS) has recently been disposed and there have been substantial changes of personnel in the respective agencies. The functions of this agency were transferred to the Ministry of Interior.[46]

D.4 International Cooperation

Turkmenistan cooperates with major international organisations, like UNODC, UNRCCA,[47] UNDP, and USAIDS working on various issues like harm reduction, prevention, and precursor control. Furthermore, Turkmenistan participates in the Organization for Security and Cooperation in Europe (OSCE), the European Union (EU), The Dublin Group and other international structures.

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[43] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Turkmenistan
[44] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Turkmenistan
[45] The Ministry of Internal Affairs, the Ministry of National Security, the Ministry of Health and Medical Industry, the State Customs Service, the State Border Service, the Prosecutor General's Office, the Ministry of Justice and other competent bodies and institutions
[46] mission report to Turkmenistan, H. Stoever and I. Michels, 4-8 April 2016
[47] UN Regional Centre for Preventive Diplomacy for Central Asia

Turkmenistan has also engaged in a partnership with the EU Programme to facilitate the management of borders in Central Asia (BOMCA) and the EU Programme on preventing the proliferation of drugs in Central Asia (CADAP).

In July 2007, an agreement between Turkmenistan, Azerbaijan, Kazakhstan, Kyrgyzstan, Russia, Tajikistan, and Uzbekistan was signed to set up the Central Asian Regional Information and Coordination Centre (CARICC) to combat illicit trafficking of narcotic drugs, psychotropic substances and precursors.

The main challenge regarding the involvement of foreign/international organisations in the field of drug policy, monitoring, prevention and treatment is to keep the focus on cooperation, coordination and exchange of information between the different initiatives and activities. This can prevent inconsistencies (or even contradictions) of viewpoints and approaches and in duplications and other inefficiencies. The key issue is that the contribution of foreign/international organisations seems to be tempting the government to leave certain areas and tasks (and responsibilities) to these organisations. This is a risky strategy as the support is not everlasting.

D.5 Monitoring of the Drug Situation and Drug Policy

Each Ministry has his own statistical departments that collect data-related to the competence of the ministry. The data on treatment in prisons is collected by the Ministry of Interior, the data on treatment in community - by the Ministry of Health. The SSPSHS was responsible for data-related to seizures, investigation and any crime related data. Each Ministry then submits their data to the Cabinet of Ministers and/or President Apparatus. The SSPSHS was responsible for compiling international reports.

Since the SSPSHS does not exist anymore, this function was given to the Ministry of Interior. In addition, the Ministry of Interior has an Information Centre that compiles reports and works with CARICC. However, these data are related to the law enforcement, and not to treatment. Data and reports related to treatment in community and in prison have not been shared internationally since 2007-2008.

At the moment, Turkmenistan remains one of the countries in the world where it is most challenging to obtain reliable information in view of the drugs situation. Much of the epidemiological information remains classified as state secret. According to available information, there are no regular population surveys or other epidemiological monitoring measures undertaken in the country.

Figures provided by government authorities on the number of people officially registered with drug dependence suggest a declining trend over the previous decade, as does the official statistics on drug-related crimes. The officially reported mortality rate on drug-related deaths also showed a steady decline over the same period. However, it was not possible to obtain information on the criteria for drug-related deaths, nor the data collection process. Seizure rates show that opiates and cannabis based drugs make up the highest proportion of seizures. Officially available data on seizures from the recent two years show a sharp decline in the seizure quantities of opioids but a significant increase in the seized quantities of cannabis products. It remains unclear, however, to which factors these developments are attributable.[48]

[48] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Turkmenistan

E. Challenges, Priority Needs and Possible Steps to Undertake

Summarizing the challenges regarding drug policy in Turkmenistan:

- Prevention: evaluation of the effectiveness of prevention, developing innovative approaches, developing programmes addressed to youth at risk who experiment with psychoactive substances, using the available evidence base and adapted to the perception of particularly young people (speaking their language), are needed replacing the traditional prevention activities as campaigns and events.

- Treatment, rehabilitation, harm reduction: a comprehensive, integrative and innovative drug approach is needed to be more effective, covering illegal and legal drugs, involving all relevant stakeholders and covering the different treatment demands. The client should be the starting point, instead of administrative structures. Special attention should be paid to increased access to problematic drug users.

- The quality of prevention, treatment, rehabilitation and harm reduction services in the community and in prisons should be increased where necessary to meet the international standards. The introduction of NSP and OST might be considered.

- Supply reduction: the need to enhance the effectiveness of supply reduction programmes, rebalancing supply and demand reduction efforts. Also cooperation between these two sectors should be stimulated. Police, prosecutors and prison staff should be better informed about health and treatment aspects of drug abuse and dependence.

- Strategy, policy coordination, collaboration: further investment in a clear comprehensive strategy, formulating challenges, actions, embedded in a balanced approach, i.e. attuning supply and demand reduction policies.

- Monitoring should be increased to get a more reliable picture of the drug situation, particularly regarding new challenges, and to allow fact-based drug policymaking, the development of drug demand reduction and harm reduction programmes and activities responding to the topical needs in the countries. The data collection should be guided by the needs of the countries. Another priority is developing an Early Warning System and qualitative research of drug use and related problems.

E.1 Priority Needs

Of the above mentioned challenges, the establishment of a national monitoring centre deserves the highest priority, because it is the basis for meeting the other needs, such as quality and efficiency improvement of prevention, treatment, harm reduction and supply reduction. The centre could also manage an Early Warning System, collecting information about new drugs on the market. The centre could make better use of existing data (and invest in quality improvement of these data) and could coordinate additional research. Priority topics here are:

- drug use in the general population, problematic drug use

- drug-related diseases and other consequences of drug use (incl. HIV and hepatitis)

- bio-behavioural survey among risk groups[49]

[49] Issues suggested at the CADAP C1- C2 seminar, Bishkek, January 2016

Furthermore, a monitoring centre is the basis for evaluation and the development of new policy measures, according to the principles of the "policy cycle", consisting of the following successive steps:

- Assessing the situation, identifying (priority) problems and needs in discussions among all relevant stakeholders
- Formulating aims and ideas how to address these needs
- Identifying appropriate policy measures and interventions to realise these plans
- Formulating a comprehensive drug policy plan, political decision on this plan
- Implementation of policy measures/ interventions, coordination
- Monitoring the process of the implemented measures/interventions
- Evaluating/assessing the impact of the implemented measures/interventions and any changes in the situation and needs
- (start of new cycle)

Last but not least, a key element in the drug policy area is collaboration between all relevant stakeholders (both from the demand side as from the supply side), creating mutual trust and respect, and the notion that multifaceted drug issues can only be addressed by a multifaceted approach and rebalancing supply and demand reduction. The considerable experience and expertise of experts should be mobilised and encouraged. Collecting and exchanging the already available knowledge should be the starting point.

E.2. Some Possible Steps to Undertake

Below are suggested some steps, which could contribute to improve the process of drug policy making in Turkmenistan:

- Discuss with national stakeholders the findings from this assessment report.
- Stimulate collaboration, innovation, exchange of knowledge and experiences, by organising lectures, workshops, (training), conferences/meetings for all relevant stakeholders – either per group or mixed – on various elements of drug policy making, like:
    - Rapid assessment of drug policies
    - NPS: early warning and policy responses
    - EU drug policies and processes, case studies of drug policy development in EU Member States
    - Evidence based policies, the relationship between politics, science and practice, bridging supply and demand reduction sectors, how to involve society.
- Organise a study visit to EU Member States, meetings with key decision makers, national and local authorities, researchers and services and institutions responsible for implementation of policy measures and interventions.
- Stimulate a regular, easily accessible form of exchange of information, preferably by a website (if possible in English and Russian), on relevant drug policy issues and

developments in CA countries and EU Member States (key concepts, best practices, intervention standards, innovation, research and monitoring, etc.). This website might also be useful as forum for discussion and exchange among national experts. Target groups to be addressed are politicians, policymakers, researchers and experts working in the field. Cooperation with and input from EMCDDA, Pompidou Group and UNODC can be very fruitful here.

- On demand of the Turkmen stakeholders further concrete assistance could be given to development of (aspects of) policy plans, coordination structures and to other activities in the policy process.

BK 21/11/ 2016

Annex 1

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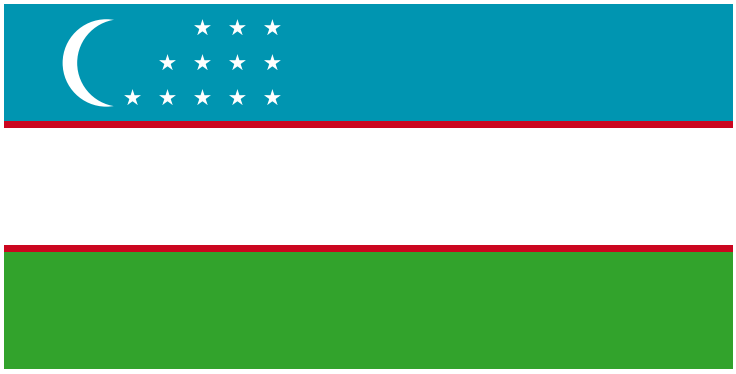
Report on the State of Play of Drug Policy Making in the Republic of Uzbekistan

CADAP 6 - Component 1: National Drug Strategy



Bob Keizer (Trimbos Institute)

Table of Contents

A. Introduction

This report is part of the work conducted by the Central Asia Drug Action Programme Phase 6 (CADAP 6). This programme is funded by the European Commission (DG Development and Cooperation) to support Central Asian countries with the development of

- A more systematised and comprehensive drug policy in the field of drug demand and harm reduction (Component 1)
- An institutionalised collection and analysis of reliable and objective drug-related data (Component 2)
- More innovative and state of the art practices of drug use prevention (Component 3) and treatment (Component 4).

The activities of CADAP 6 commenced on 1 April 2015 and cover Kazakhstan, Kyrgyzstan, Tajikistan, Tajikistan and Uzbekistan. The latter joined the project at the end of December 2015.

Trimbos Institute, the Netherlands Institute of Mental Health and Addiction, is leading this first component.

The objectives of this component are:

- A thorough assessment and analysis of the drug situation, the state of play of drug policy and the actual needs of all relevant stakeholders in the CA countries;
- Initiating and stimulating a process of collaboration between all relevant stakeholders in the CA countries (integrated approach, a balance between demand and supply reduction activities, communication between policymakers and professionals, etc.);
- Initiating and stimulating the development of a policy that is understood and supported by these stakeholders and by the general population;
- Initiating and stimulating the development of a policy that meets the essential international standards of good practice defined in EU drug policy documents;
- Transferring knowledge about good practices of policy making and implementation, of policy coordination structures and drug legislation in the EU, taking into account their applicability and the challenges and needs that the CA countries are facing;
- The understanding that developing policies is an on-going, cyclic process that consists of analysis, development, implementation and evaluation, and in which all relevant stakeholders should be involved;
- Contributing to an increased involvement of drug policy makers in the CA countries in international drug policy making processes and bodies;
- Contributing to the understanding that coordination and communication, carried out by a national inter-agency group for each CA country, is an indispensable element for developing effective drug policies.

The activities in Component 1 are grouped as follows:

1. The first stage is a thorough review and analysis of the existing activities, documents and developments in the field of drug policy making. An important element is to include the viewpoint of all key players in policy making and implementation, major governmental and non-governmental organisations in the fields of supply and demand reduction.

2. The second stage of activities focuses on presenting to country's national stakeholders information on the state of play in EU Member States regarding policy models, processes and structures of policy making, examples of good practice from different EU Member States, drug policy relevant expertise, etc.

3. In the third stage of this component we provide assistance and advice to the five countries – upon specific requests by them – in order to help them develop their own drug policies, making use of applicable European models as for instance formulated in the EU-Central Asia Drug Action Plan 2009-2013, and the EU-Central Asia Drug Action Plan 2014-2020. Our intention is to go beyond developing formal policies but also to look into the practical conditions for policy implementation.

4. The fourth element is assistance in strengthening the inter-agency coordination and the work of inter-agency groups regarding policy development. This is an on-going activity, accompanying the activities in the three stages described above.

This report is the result of the first stage of Component 1. Information is collected on basis of available reports and other documentation, and on interviews of selected key stakeholders.

In the next chapters the following issues will be covered:

- Drug situation
- Drug policy responses
- Drug policy and the drug policy process
- Challenges, priority needs and possible steps to undertake

The report is meant to be a basis for the second and third stage and for the fourth element.

B. The Drug Situation in Uzbekistan

B.1 Country Specifics

Uzbekistan is a presidential republic in Central Asia. The country has presidential and parliamentary elections on a regular basis. The total area of Uzbekistan is 447,400 square kilometres. Uzbekistan has borders with Kazakhstan, Turkmenistan, Kyrgyzstan, Tajikistan and Afghanistan. The length of the borders of Uzbekistan is 6,621 km. The capital of Uzbekistan is the city of Tashkent. The state language of the Uzbek Republic is Uzbek. The second important language is Russian. Uzbekistan exports cotton, gold, uranium ore, natural gas, mineral fertilizers, metals, cars, and products of the textile and food industry. The population of Uzbekistan, as of 1 January 2014, consists of 30,492,800 people. From 2010 to 2013, there was a high birth-rate and positive population growth.[1]

B.2 Drug Use and Health-Related Problems

Drug use among the general population

No general survey to evaluate the prevalence of drug use among the general population has ever been conducted in the Republic of Uzbekistan. In 2006, with the support from the United Nations Office on Drugs and Crime (UNODC), Uzbekistan conducted a survey, which was based on the methods developed by the European School Survey Project on Alcohol and Drugs (ESPAD), to evaluate the use of alcohol, tobacco and drugs among the pupils in 9th grade in the comprehensive schools. According to this study, the number of people, who have used drugs (cannabis and inhalants) 1-2 times in their life time, was 0.5%.[2] UNODC is planning to conduct another survey in 2016/17 (see paragraph D.5 International cooperation and organisations).

Problem drug use

In 2006, under the aegis of the UNODC, another survey was conducted in Uzbekistan to evaluate the prevalence of problem drug use. According to the information collected during the survey, the number of problematic injecting drug users (IDUs) could reach the figure of 80,000 adults.[3]

According to more recent estimations performed by the Republican AIDS centre, the number of drug users has been reduced to 49,000 in 2011.[4] There has not been a consensus reached on this estimation between the Republican AIDS centre and the narcology department of the Ministry of Health (MoH), since the latter has regarded the above mentioned figures as overestimating the real situation.[5]

According to the MoH, the situation with opium dependence in the Republic shows positive dynamics, reflected not only in the official statistics, but in the studies on prevalence of injecting drug use among the population in Tashkent (2012), Samarkand (2014) and Urgench (2015). These studies were conducted by using two standard epidemiological methods (approved abroad) – “capture-recapture” and “multiplier method”.[6]

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1 Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Uzbekistan
2 Zabransky (et al), The Regional Report on the Drug Situation in Central Asia, 2013
3 Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Uzbekistan, EMCDDA: 2014
4 Rep. Aids Centre
5 Information by the NCDC , Sept 2016
6 Information by the NCDC , Sept 2016

The current socio-demographic background of the sampled injecting drug users within BBS (bio-behavioural surveys) shows that drug users are getting older (meaning average age increased from 31 years in 2007 to 37 years in 2015), the percentage of women decreased from 14% to 10%, the percentage of unemployment went down from 52% to 31.7%, and the marriage status increased from 38% to 45.8%.[7]

Overall, the impression is that problem drug use in the country has stabilised, or maybe is decreasing.[8]

Infectious diseases

The development of parenteral transmission among all newly registered (diagnosed) HIV infections decreased significantly from 76% in 2000 to 23% in 2015 (majority is represented by injecting drug users).

According to official data, as of January 1st 2016, there were 32,551 HIV positive persons, out of which 5,341 (16.4%) were IDUs. There were 47 newly reported HIV positive IDUs in 2014 and 42 in 2015 (158 in 2010).

Regarding (injecting) drug users, the prevalence of HIV decreased from 19.7% in 2005 to 5.5% in 2015; among sex workers from 4.7% to 2.8% and among men-having-sex-with men (MSM) from 10.8% to 3.6%.

Officials report an increase in the number of persons tested for HIV and in 2015 more than 3.2 million persons were tested, which is 2.5 times more than in 2011. Despite the increase in the number of tested there is a decrease in HIV positive tests by 2.15 times in 2015 compared to a decrease in 2011 (from 0.43% to 0.2% of all tested). According to data from the HIV/AIDS register, the proportion of IDUs among diagnosed cases of HIV infection was 6.2% in 2015 (59.4% in 2006). Also the prevalence of Hepatitis C went down among drug users.[9]

The Uzbek experts stated that this development is due to 'harm reduction' measures such as provision of syringes in the 'trust points' and awareness rise in the risk group.[10] The MoH added to this that also prevention activities in the general population as well as impact of dependence treatment have played a role in a decrease of drug injecting and control of HIV among IDUs.

At the same time, there was a significant level of HIV infection among migrant workers. According to official data, there are more than 800,000 migrant workers. According to the data from research, the prevalence of HIV infection among these migrants in 2013 was 0.01%. At the same time, an annual growth of the number of infected people among examined migrants was observed. As compared to 2012, the number of detected HIV infections among migrants in 2013 grew by more than a factor of 1.5.[11]

Mortality among drug users

The Main Office for Forensic Medical Examination of the Ministry of Health of the Republic of Uzbekistan monitors drug-related mortality in the country. According to the data from the Main Office for Forensic Medical Examination, the number of lethal outcomes due to drug overdose was 37 cases in 2011; which is 0.13 per 100,000 inhabitants (in 2010 – 38 and in 2005 – 201).

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7 Rep. Aids Centre, NCDC
8 Mission report Uzbekistan May 2016
9 Rep. Aids Centre, NCDC
10 Rep. Aids Centre, NCDC
11 Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Uzbekistan

Recent information mentions a further decrease in drug overdoses to 7 in 2015.[12]

Regarding the reduction of drug-related deaths, experts stated that it is possible that there might be an underestimation.. It might be also the result of a decrease of Heroin use in the country.[13]

B.3 Drug Supply and Drug-Related Crimes

Uzbekistan remains a significant transit country for Afghan opiates. Uzbekistan shares an 85-mile border with Afghanistan and has extensive borders with all five Central Asian countries. In addition to 134 legal crossing points, Uzbekistan's borders afford drug traffickers ample opportunity to enter undetected via thousands of miles of open desert, rugged mountains, and the Amudarya River. Afghanistan and Tajikistan are the two bordering countries most utilised by drug traffickers to smuggle narcotics into Uzbekistan. The northern route through Uzbekistan offers both the direct and indirect transit for narcotics from Afghanistan to markets in Russia and Europe and is aided by Uzbekistan's infrastructure, corruption, and rugged border terrain. Uzbekistan is not a significant producer of narcotics. The most recent available statistical data is from 2013, when as a result of an annual eradication program, authorities found 1,223 cases of illegal drug cultivation, with an aggregate land area of 1.04 hectares used for illicit cultivation. Uzbekistani law enforcement officials also report that Iranian-sourced methamphetamine transits Uzbekistan on its way to Southeast Asian countries.[14]

According to the National Committee on Drug Control there is an alarming trend that drug business is used to finance (Islamic) 'terrorist activities'. But due to improved measures of supply reduction through law enforcement and better equipped custom services, the 'northern route' of smuggling Heroin and other Opiates via Central Asia to Russia has decreased. Between 2005 and 2015, a 50% reduction of seizures of Opiates shows the reduced importance of opiates also in the country where also a slight decrease of drug-related criminal activities has been registered.

There is also the trend of growing home-based opiates ('kuknar') and to introduce 'New Psychoactive Substances' (NPS) to the market. In November 2015, 80 NPS were scheduled under the narcotic law to prevent the production and delivery in the country. However, these drugs have not appeared (yet) at the market; meanwhile individual cases of seizure and consumption of NPS are registered.

The mixed use of substances is increasing and it is difficult to specify NPS. Some 'spice' (synthetic Cannabis) had been seized. But the equipment of the laboratory is 'out-dated', so it is difficult to get an exact picture. In cooperation with the US Embassy, staff has been trained in modern types of analysing substances, and three international conferences on this issue had been held in Tashkent in 2009, 2010 and 2012. There is no estimation available of the total amount of drugs transported into or through the country.[15]

B.4 Situation in Prisons

There were about 46,200 prisoners in Uzbekistan in 2013, which are 4,000 more than in 2009. According to the data from the Government of the Republic of Uzbekistan, the number of prisoners dropped by 50% in the period from 2000 to 2012.

A recent estimate is that about 20% is in prison because of drug-related crimes. Officials state that there are no drugs used in prisons.[16]

[12] Rep Aids Centre
[13] Mission report Uzbekistan May 2016
[14] US State department, OSCE 2014
[15] NCDC, OSCE 2014, Mission report Uzbekistan May 2016
[16] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Uzbekistan, EMCDDA: 2014, Mission Report Uzbekistan May 2016

Challenges and priority needs regarding the drug situation

Although there can be doubts about the quality and comprehensiveness of recent data, it seems that there is indeed a stabilisation or decrease in drug use and drug-related problems in Uzbekistan, as officials suggest. The biggest priority need is the availability of accurate and high-quality data about the drug situation, drug-related problems, the trends at the drug markets (like New Psychoactive Substances), etc. This must be considered as a first requirement for an assessment of the current situation and of the effectiveness of interventions and for the making and implementation of effective, evidence based drug policy.

C. Policy Responses

C.1 Drug Prevention

Uzbek drug policy highlights the need for prevention and authorities undertake significant investments in prevention activities. These are mainly of a primary or general prevention nature, focusing on campaigns, sports events, producing leaflets and other similar activities. These activities are conducted by a number of relevant ministries and government agencies, including the Ministry of Interior (MoI). NGOs and international organisations (UNODC, AFEW, CADAP) are also active in prevention work.[17]

The major challenge is the top-down approach of prevention and the lack of an evidence based approach, reaching the groups who are most at risk. Furthermore, there is no regular evaluation of the actual effects of these prevention activities on behaviour of the target groups. Evaluation seems to be limited to measuring the number of activities (round tables, leaflets, campaigns) and perhaps on increased knowledge of the target groups, but seldom on the question whether the campaigns have led to a decrease of drug use.[18, 19]

C.2 Drug Treatment

Uzbekistan has a comprehensive system of narcological assistance to people with drug dependence. Assistance is provided upon their request or with their consent, and to young people up to 14 years upon request or with consent of their parents or other legal representatives.

Anonymity of treatment is guaranteed to people with drug dependence and toxicomania who have referred themselves to narcological institutions for a course of treatment upon their request.

“Narcological assistance” includes examination, counselling, diagnostics, and treatment as well as medical and social rehabilitation. These types of assistance to people with drug dependence are provided in licensed institutions of state and private healthcare systems. The following institutions provide narcological assistance to people with drug dependence in the Republic of Uzbekistan:

- The Republican Narcological Centre;
- 14 regional narcological dispensaries (13 of them have in-patient units);
- 1 narcological in-patient clinic;
- 6 narcological departments as part of psychiatrical hospitals;
- 174 district narcological offices at central polyclinics;
- 34 teenage offices.

There are in total 1783 beds in the country for treatment of narcological patients. Narcological assistance is also provided in 18 private clinics that have a license for such services.

Narcological institutions in Uzbekistan are implementing a new model of narcological assistance based on a holistic approach to the needs of people who use drugs (PWUD) for medical, psychological, and social services. This model ensures quality and effectiveness of health care interventions and expands access of PWUD to treatment and rehabilitation programmes.

[17] EMCDDA country report Uzbekistan 2014
[18] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Uzbekistan, EMCDDA: 2014, NCDC
[19] Mission Report Uzbekistan May 2016

In 2009, naloxone was included in the list of essential medicinal substances. The Government started to purchase this substance, which made it possible to use it for treating overdoses in health care institutions.[20]

Treatment demand

The analysis of the drug situation in Uzbekistan shows a continuing positive trend in the indicators related to treatment and treated population.

Statistics show a decrease in the number of registered drug users: 17,235 in 2012; 16,045 in 2013; and 14,692 in 2014. In 2015, 13,218 drug users were registered out of which 60.3% were registered for opiate dependence.[21]

The majority consists of users between the ages of 20-39 years. The trend is a decrease in the number of opiate users, and a decrease of intravenous drug users (in 2010: 48%, in 2014: 35%).[22, 23] In 2015, the age of the majority of drug users (56.1%) was 40 and higher.

Also the analysis of the drug situation in Uzbekistan in 2015/16 shows a continuing positive trend in the indicators related to treatment and treated population.[24]

In 2012, 3,727 (in 2013: 2,936) patients were treated in rehabilitation facilities (inpatient drug treatment units), with 91.6% of those seeking treatment for opium dependence. Over 69% of patients received treatment in in-patient facilities and 26.3% in out-patient facilities. The number of persons first time registered due to illicit drugs decreased from 2006 to 2015 from 9.8 to 2.9 per 100,000 inhabitants.[25]

Compulsory treatment is applied (only upon court order) on people with chronic alcoholism and drug dependence, who have violated public order or the rights of other people; or who pose a threat to safety, health and morals of people. Compulsory treatment is carried out in specialized health care institutions of the Ministry of Health of the Republic of Uzbekistan. Compulsory treatment can lead to further consequences such as loss of employment. Detoxification and managing withdrawal symptoms as well as medico-social rehabilitation are the main therapy approaches in place.

The system of narcological registration in Uzbekistan includes dispensary registration and preventive supervision of drug users. Dispensary supervision of patients is not conducted in case of their voluntary referral to anonymous treatment.

During dispensary supervision patients receive qualified medical assistance aimed at abstinence. After the onset of a steady abstinence, a dispensary registration is set for a term of 3 years.

PWUD without clinical manifestations of dependence are subject to preventive supervision. Examinations of drug users, registered at a narcological institution, are conducted at least once a month. In case of total abstinence and no signs of dependence, prevention supervision is terminated after one year. In case drug use is resumed, the patient is re-registered in the dispensary register. The register serves as a control and law enforcement tool. Critics think that this repressive

[20] NCDC, EMCDDA: 2014, Mission Report Uzbekistan May 2016
[21] Zabransky a.m., The Regional Report on the Drug Situation in Central Asia, 2013, Mission Report Uzbekistan May 2016, UNODC/Paris Pact 2015
[22] US State department 2015
[23] UNODC/Paris Pact 2015
[24] EMCDDA: 2014, NCDC, UNODC/Paris pact 2015
[25] NCDC; UNODC/Paris Pact 2015

function of the register represents a major barrier for treatment and social integration.[26] However, the MoH and the National Information and Analytical Centre for Drug Control (NCDC) stress the positive functions of the registration system and its contribution to improvement of health and social situation of registered drug users.[27]

Challenges

Although there are positive developments, drug treatment is still to a great extent based on the concepts of 'narcology' that were developed in Soviet times. The resources for treatment and treatment facilities are still limited, the level of availability and accessibility of dependence treatment is not clear. Another issue of concern is how to deal with the threat of New Psychoactive Substances (NPS) and the change in the consumption patterns and consumption substances.[28]

A positive sign is that during the recent assessment mission of CADAP 6 several stakeholders in the treatment sector expressed their interest in sharing experiences with European colleagues on new treatment forms and issues like social rehabilitation.[29]

C.3 Risk and Harm Reduction

There are about 230 harm reduction units, so-called 'Trust Points' for people with increased risk for HIV, that distribute 5 million paraphernalia annually and provide support in terms of distribution of informational material and referral to treatment (in 2015, 75,000 persons were referred to specialists such as narcologists, dermatologists, psychologists etc.).

The service is also a primary health centre which provides psycho-social support. It also provides information about HIV, Hepatitis and TB. The regional AIDS Centres are treatment centres for HIV/AIDS. The centres collect also data on the dynamic of the development of HIV in the country.

The Uzbek Government claims that international standards to deal with HIV/AIDS, Hepatitis and drug use are used, including their own 'guidelines to work with risk groups'.

A Treatment of HCV infection is not covered by the state and this will be discussed in the future.

A considerable part of the Trust points activities are funded by the Global Fund.

The country also has 31 "friendly rooms" to provide services to vulnerable groups. "Friendly rooms" perform their activities at the AIDS centres and other institutions to provide medical and sanitary assistance to vulnerable groups, including IDUs, on the issue of HIV infections and STIs.

The work of "friendly rooms" and "trust points" is conducted jointly with NGOs which carry out activities among vulnerable people with the help of volunteers and outreach workers.

Also, national, municipal and regional AIDS centres have the so-called "rooms of psychological and social assistance" for HIV infected people and their relatives. The main aim of setting up these rooms is to increase the quality of life for people living with HIV, including IDUs through ensuring their psychological well-being and maximally attainable level of social functioning. Specialists conduct special social and psychological rehabilitation activities for IDUs.[30]

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[26] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Uzbekistan, EMCDDA: 2014. See also: http://www.harmreduction.org/sites/default/files/pdf/call%20for%20action%20response%20to%20overdose%20in%20eeca_0.pdf

[27] Information by NCDC Sept 2016

[28] Mission Report Uzbekistan, May 2016, Zabransky (et al.); The Regional Report on the Drug Situation in Central Asia, 2013

[29] Mission Report Uzbekistan May 2016

[30] Mission Report Uzbekistan May 2016, EMCDDA 2014, Rep AIDS Center

Challenges

Regarding HIV-testing in Uzbekistan, there is a concern that although a lot of testing has been carried out, there are doubts whether this testing is aimed at the right persons (the group at risk). Experts are also sceptical whether the "Trust Points" will be able to get access to the groups at risk. According to practical experiences, AIDS centres are not used by drug users as much as they could be, because of fear of discrimination and registration.[31]

There is also the issue of sustainability of the harm reduction capacity, considering the fact that this is heavily dependent on international organisations and donors.

Opioid substitution therapy

A pilot opioid substitution therapy (OST) programme was opened in Uzbekistan in 2006. OST was provided with the use of methadone and buprenorphine.

OST was provided in accordance with a Resolution of the State Commission on Drugs Control of the Republic of Uzbekistan.

In 2007, WHO experts evaluated this pilot project and noted some parameters that demonstrated positive trends for patients after the start of treatment such as refusal from illegal drugs, improvement of general health, decrease of criminal activities. After evaluation, recommendations were given to expand accessibility of OST in Uzbekistan through opening similar projects in different regions of the country.

In 2008, the Ministry of Health conducted its own evaluation of the pilot OST project. The results were presented at a Commission's meeting with the participation of international and state organisations and NGOs active in the sphere of HIV and drug prevention. In 2009, the Government of the Republic of Uzbekistan decided not to prolong the OST programme, referring to its ineffectiveness. At the moment of closing, about 140-150 people participated in the programme. People with opioid dependence, who participated in the programme, demonstrated a better health status and social situation.[32]

Recently, the debate has been re-opened. Experts from the AIDS centre expressed the opinion that OST might be a valuable part of improvement of HIV prevention and of sustaining the progress in HIV reduction. Regarding OST, the National AIDS Centre as the main recipient of Global Fund financing, has been asked to conduct a feasibility study on the implementation of a (new) OST programme in the country as part of the 'Harm Reduction' strategy.[33]

Challenge

OST is a modality of choice for the majority of opiate users in Europe. Lack of this modality in Uzbekistan limits the efficiency of treatment system as such. Discussion on implementation of OST should be based primarily on the global evidence. CADAP can facilitate this discussion.

NGOs

There are about ten NGOs active in the prevention (primary and tertiary prevention) area. NGOs take part in counter-narcotics activities conducted in the framework of the State Commission on Drug Control. NGOs need official approval before they are allowed to operate in this working area.

[31] Mission Report Uzbekistan May 2016
[32] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Uzbekistan
[33] Mission Report Uzbekistan May 2016

Examples of NGOs active in this area:

- "INTILISH": HIV/Aids Counselling, education and prevention;
- Legal Centre "Kamolot-Konun": legal advice, education, prevention, research and training;
- "Women and society": prevention, education.[34]

C.4 Treatment of People with Drug Dependence in Correctional Institutions

Compulsory treatment of prisoners with drug dependence is carried out on the basis of court order following a conviction in specialised correctional institutions. The treatment is conducted by a narcologist in 2 stages: inpatient (up to 2 months) and outpatient (up to 1.5 years). The main types of treatment are detoxification and removing manifestations of abstinence syndrome. The supervision is performed by a narcologist and a therapist.

According to the data from the National Expert Group, correctional institutions of the Republic of Uzbekistan are implementing a peer training project.

Volunteering prisoners undergo training on HIV prevention. After training, they train other prisoners.[35]

There is a rehabilitation centre for treatment of drug dependence in one of the correctional colonies with "strict regime" located in Chirchik where rehabilitation programmes are implemented along with detoxification and medical assistance aimed at abstinence. There are no such rehabilitation centres in prisons with "general regimes", according to experts from the Directorate for Punishment Implementation of Ministry of Internal Affairs.[36]

Challenge

There is great interest to learn from experiences in Europe with treatment of people with drug dependence in correctional institutions and to conduct special trainings on psychotherapy with experienced European experts.[37]

C.5 Supply Reduction

Uzbekistan's counternarcotics policy is detailed in the National Action Plan on the Prevention of Drug Abuse and Illicit Drug Trafficking (NAP). The policy mandates responsibilities for government agencies to restrict trafficking in illicit drugs, reduce demand and prevent drug abuse, improve drug enforcement-related legislation and cooperate with international partners. The Government of Uzbekistan agencies responsible for combating narcotics include the Ministry of Internal Affairs (MVD), the National Security Service (NSS), the State Border Protection Committee and the State Customs Committee together with the MoH, the Ministry of Public Education, the Ministry of Higher and Secondary Special Education as well as civil society organisations and mass media.

The National Information and Analytical Center for Drug Control under the Cabinet of the Ministers (NCDC) coordinates Uzbek law enforcement counternarcotics activities and professional development, while also supporting data collection and analysis. The government generally prefers bilateral over multilateral engagement on many issues, including counternarcotics, yet Uzbekistan adheres to its international commitments in the drug trafficking sector. Uzbekistan has signed a

[34] See for more info: http://www.ngoindex.com/listings/category/uzbekistan/
[35] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Uzbekistan
[36] Mission Report Uzbekistan May 2016
[37] Mission Report Uzbekistan May 2016

number of cooperative agreements with its Central Asian neighbours as well as with Russia, Latvia, the Czech Republic, Japan, and China. Such cooperation is focused on training programs rather than operational activities or intelligence exchanges.[38]

In the fight against drug trafficking, the law enforcement authorities with assistance of forces and resources of other interested authorities and public organisations carried out a comprehensive large-scale operation "Qora dori (Black poppy) – 2012". More than 10,000 internal affairs officers and about 7,000 representatives of the public and local authorities were involved. More than 1,125 cases of illicit cultivation were revealed.[39]

According to the national experts, the anti-drug activities have led to a reduction of supply of illicit drugs in the country. The figures of drug trafficking through the 'Northern Route' went down, because – in their view - of efficient measures of the law enforcement, like better control of borders, achieved through increased capacities and better equipment of services obtained through international projects. The most pressing issues according to the national expert from the NCDC are improvement of the capacities of criminal units in line with changing trends, strengthening capacities of law enforcement laboratories, medical and social rehabilitation, monitoring and data analysis.[40]

Some figures:

As a result of targeted measures to identify and prevent drug trafficking channels as well as comprehensive operations to combat drug trafficking in 2014, the law enforcement bodies of Uzbekistan revealed 6,698 (in 2013 – 7,680) cased of drug-related crimes, including 3,062 (3,772) – sales, 607 (623) – smuggling, 1,320 (1,491) - illicit cultivation of narcotic plants and 1,709 (1,794) - of other drug-related crimes.[41]

The performance of Uzbekistan's counternarcotic agencies is generally believed to be average or slightly better than regional standards. Uzbekistan is developing counternarcotic and border security policies largely in isolation from its neighbours, however, significantly reducing the overall effectiveness of its efforts. The country is a full member of the Central Asia Regional Information and Coordination Centre (CARICC) and participates in a number of regional UNODC and European Union projects.[42]

Challenges

Main problem is the lack of insight into the total amount of drugs that are illegally transported into and through the country. Thus, it is difficult to assess the efficiency of supply reduction activities. Estimations by experts from neighbouring countries (Kyrgyzstan, Tajikistan) indicate that about less than 1% of all smuggled drugs are seized. For Uzbekistan, this (estimated) rate is unknown. However, if it is more or less similar to these countries, this could raise questions about the efficiency of SR activities and stimulate discussions about (re)balancing budgets between supply reduction and demand reduction efforts.[43]

[38] US State department, 2015
[39] DC/Paris pact 2015, OSCE 2014
[40] Mission Report Uzbekistan May 2016
[41] More detailed information: https://www.paris-pact.net/upload/aa031249ef3cc46abb5d211396b8f761.pdf
[42] US State department, 2015
[43] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Turkmenistan

D. Drug Policy and the Drug Policy Process

D.1 National Drug Strategy 2011-2015

Development of a national drug strategy started in the Republic of Uzbekistan in 1994, when the State Commission on Drugs Control and the National Information and Analytical Centre on Drugs Control (NCDC), its executive office, were set up under the Cabinet of Ministers of the Republic of Uzbekistan. This executive office was set up in 1996.

The law No 813-I, "On narcotic drugs and psychotropic substances" of 19 August 1999, entered into force at the beginning of 2000. This Law "regulates public relations in the sphere of trafficking of narcotic drugs, psychotropic substances, and precursors, and has the aim to combat their illicit trafficking, protect people's health and ensure state security".

With a view to further implement integrated measures to counteract the abuse of drugs and their illicit trafficking, and to improve the system of narcological medical assistance, the "Programme of integrated measures to counteract the abuse of drugs and their illicit trafficking for 2011 – 2015" of 8 June 2011 was developed and approved.

The main aims and tasks under the programme were:

- Improving the mechanism and increasing the effectiveness of measures to combat illicit trafficking of narcotic drugs, psychotropic substances and their precursors;
- Further strengthening material, technical and human potential of the authorised agencies, specialised in combating drug business, prevention and treatment of drug dependence;
- Implementing on-going control over the scope of prevalence and illegal use of narcotic drugs in the Uzbek Republic;
- Upgrading and developing the system of narcological assistance to people, further implementing and utilising modern technologies of prevention, diagnostics, treatment and rehabilitation of people with drug dependence;
- Improving the system of monitoring the proliferation of drug use;
- Improving 'anti-drug propaganda', conducting targeted work to prevent the proliferation of drugs and the related crimes;
- Improving and expanding international and interagency cooperation in the field of combating abuse of drugs and their illicit trafficking;
- Improving legislation for effective implementation of treatment programmes and medical drug prevention.[44]

New Drug Strategy 2016-2020

The new Anti-Drug-Programme for 2016-2020 has six major sections (organisational and legal measures against drug abuse and illegal drug trafficking; combating illicit trafficking of narcotic drugs, psychotropic substances and precursors; socio-medical aspects of drug abuse; prevention and awareness-raising; legal framework and international cooperation). This Programme has been approved by the State Commission in June 2016.

[44] NCDC 2014

The implementation of the plan should lead to the following results: improved coordination and interagency cooperation, decrease in drug-related crime, increase of informed general population on issues relevant for drug abuse, improvement of quality of investigative and juridical practice, optimisation of drug treatment, improvement of law enforcement and legal framework.

Regarding the implementation of this National Anti-Drug-Programme, a number of specific issues are on the agenda:

- Improving the capacity and technical level to analyse the drug market;
- Improving technical and human capacity of epidemiological and forensic laboratories;
- Improving medical-social rehabilitation of drug dependents;
- Combating the spread of NPS;
- Improving the system of monitoring and analysis of data.[45]

Challenge

The Uzbek drug strategy consists in principle of all the elements needed to develop effective drug policies; however the strategy is still primarily based on an interdiction approach, putting law enforcement and supply reduction to the forefront of actions undertaken.

Nevertheless, in recent years there is an increased awareness of the public health dimension of drug use and the need to increase demand reduction measures. In this respect, cooperation with European and international institutions can play an important role as a facilitator for capacity building.[46]

D.2 Drug-Related Legislation

Uzbekistan has adopted extensive legislation and other instruments with the aim to tackle drug problems in a comprehensive manner involving different stakeholders on different levels.[47]

The Uzbek Republic is a signatory to a number of international conventions, agreements and treaties, including the Single Convention on Narcotic Drugs of 1961, The Convention on Psychotropic Substances of 1971 and the Convention on Combating Illicit Trafficking of Narcotic Drugs and Psychotropic Substances of 1988.

The list of psychoactive substances (List 1 of Narcotic Law) was recently updated with 80 new synthetic substances. Criteria for inclusion were mainly driven by the possibility of laboratory detection of those substances, in practice there were only some rare cases of these drugs on the market (synthetic cannabinoids).[48]

D.3 Coordination Mechanisms in Drug Policy

The State Commission on Drugs Control, set up by Order of the Cabinet of Ministers № 229 of 30 April 1994, is the interagency body responsible for co-ordinating the combat against illicit trafficking of narcotic drugs, developing and implementing effective measures on drug prevention, and fulfilling international obligations to control drugs.

[45] Mission Report Uzbekistan May 2016
[46] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Uzbekistan
[47] See for a comprehensive overview of Uzbek legislation : Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Uzbekistan pages: 21-25
[48] Mission Report Uzbekistan May 2016

The Chairman of the State Commission on Drugs Control is the Prime Minister of the Republic of Uzbekistan.[49]

The National Information and Analytical Centre on Drugs Control under the Cabinet of Ministers of the Republic of Uzbekistan is the executive office of the State Commission on Drugs Control.

The main tasks of the NCDC are:

- To develop a strategy and main directions of state policy in the field of drugs control in the Republic of Uzbekistan;
- To prepare appropriate analytical materials and proposals for the Cabinet of Ministers and the State Commission on Drugs Control on the issues of drug situation, organising combat against illicit trafficking of narcotic drugs, psychotropic substances, and precursors both at the national and international levels;
- To collect and develop a databank, data aggregation and comprehensive analysis, as well as providing appropriate information, in the prescribed manner, to ministries, agencies, and organisations concerned, including international ones, on the issues of drug prevention and drug control in the Republic and beyond.[50]

D.4 Cooperation between Stakeholders

All state bodies, structures, institutions, organisations, public associations of people and enterprises, irrespective of their status, are obliged to render assistance to the State Commission on Drugs Control when it performs its duties and functions. The Drug Strategy contains no performance indicators or division of budgets; the various stakeholders have to develop activities out of their own budgets.

Apart from the Drug Strategy various other structures and agencies have developed interagency plans to co-ordinate intersectional and interagency activities, for instance in prevention work with NGOs.[51]

D.5 International Cooperation

The country participates actively in a number of international organisations and networks. It has signed up to all UN drug treaties, is a full member of the Central Asia Regional Information and Coordination Centre (CARICC), and is active in the framework of OSCE and the (Mini) Dublin Group.

A lot of efforts are deployed by organisations like:[52]

- UNODC: supply and demand reduction, HIV/AIDS/Hepatitis C reduction, advocacy on health strategies, based on human rights. UNODC will also conduct a survey among youth on the estimation of the drug problem and the number of drug users in Central Asia (the last data are from 2006).
- UNAIDS: HIV prevention and treatment, cooperation with UNODC and WHO on a "National Guide on HIV-Treatment", etc.
- USAID: will start a new programme "HIV flagship" (to be implemented by SPI) on HIV-advocacy among decision makers. It will not focus on OST, but that will be part of the

[49] Zabransky a.o. The Regional Report on the Drug Situation in Central Asia, 2013
[50] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Uzbekistan
[51] Mission Report Uzbekistan May 2016
[52] Mission Report Uzbekistan May 2016

work with policy makers. Another objective is the improvement of access to treatment. One important part of the programme is the knowledge that a punitive environment is hindering access to services.

- WHO: might be in charge to conduct a new 'model project' on OST, but there is still a controversial debate between AIDS centres (in favour) and Narcological Clinics (against).
- DEA (supply reduction)
- EU (CADAP, BOMCA, EMCDDA)

D.6 Monitoring of the Drug Situation and Drug Policy

As mentioned above, collection, information processing, and the formation of a database on the drug situation is an important task of the National Information and Analytical Centre on Drug Control under the Cabinet of Ministers of the Republic of Uzbekistan. The centre works with strict deadlines and all organisations participating in the Drug Strategy are obliged to deliver data to the centre.[53]

[53] Mission Report Uzbekistan May 2016

E. Summary and Conclusions

E.1 Summarizing the Challenges and Priority Needs Regarding Drug Policy in Uzbekistan

Overall drug policy and the policy process in Uzbekistan seem to be developing into a positive direction. In spite of the fact that no regular population surveys or prevalence estimates are recently undertaken in Uzbekistan, drug use, HIV infections, drug-related mortality seem to stabilise, and the number of people officially registered with drug dependence shows a slightly declining trend. Seizures of most substances have declined significantly since 2010, however, it is unclear to which factors these developments can be contributed.[54]

None of the interviewed stakeholders mentioned mayor obstacles or problems, although all acknowledge that there are still quite a number of issues that could benefit from further attention.

As regards the different working areas in drug policy, several priority needs have been mentioned in this report, like the innovation of prevention, treatment and harm reduction services. One of the challenges mentioned, re-enforcing the already existing monitoring capacity, deserves a high priority, because it is the basis for meeting the other needs, such as quality and efficiency improvement of prevention, treatment, harm reduction and supply reduction. This could also include an early warning system, collecting information about new drugs on the market.

E.2 Some Possible Steps to Undertake

As regards assistance by CADAP 6, most of the above mentioned issues regarding data collection and monitoring, prevention and treatment can be supported and developed by the respective CADAP components: Component 2 - Data Collection, Component 3 - Prevention, and Component 4 - Treatment.

The component teams will address the various specialists in the respective working fields of data collection, prevention and treatment. As regards policy issues, this is the subject of the CADAP Policy component (Component 1). This component will address policy makers and other stakeholders responsible for the policy process. The focus here is on developing skills, knowledge and tools of Uzbek policy makers in creating evidence based, balanced and effective policies, and managing the “policy cycle”, consisting of the following successive steps:

- Assessing the situation, identifying (priority) problems and needs in discussions among all relevant stakeholders;
- Formulating aims and ideas how to address these needs;
- Identifying appropriate policy measures and interventions to realise these plans;
- Formulating a comprehensive drug policy plan, political decision on this plan;
- Implementation of policy measures/ interventions, coordination;
- Monitoring the process of the implemented measures/interventions;
- Evaluating/assessing the impact of the implemented measures/interventions and any changes in the situation and needs;
- (Start of new cycle).

[54] Pompidou group, 2014, Alex Chingin and Olga Fedorova, Country profile Uzbekistan

Last but not least, a key element in the drug policy area is the collaboration between all relevant stakeholders (both from the demand side as from the supply side), creating mutual trust and respect, and the notion that multifaceted drug issues can only be addressed by a multifaceted approach and rebalancing supply and demand reduction efforts. The considerable experience and expertise of experts should be mobilised and encouraged. Collecting and exchanging the already available knowledge should be the starting point.

Below some steps are suggested, which could contribute to improve the process of drug policy making in Uzbekistan:

- Discuss with national stakeholders the findings from this assessment report.
- Stimulate collaboration, innovation, exchange of knowledge and experiences, by organising lectures, workshops, (training), conferences/meetings for all relevant stakeholders – either per group or mixed – on various elements of drug policy making, like:
    - Rapid assessment of drug policies
    - NPS: early warning and policy responses
    - EU drug policies and processes, case studies of drug policy development in EU Member States
    - Evidence based policies, the relationship between politics, science and practice, bridging supply and demand reduction sectors, how to involve society.
- Organise a study visit to EU Member States, meetings with key decision makers, national and local authorities, researchers and services and institutions responsible for implementation of policy measures and interventions.
- Stimulate a regular, easily accessible form of exchange of information, preferably by a website (if possible in English and Russian), on relevant drug policy issues and developments in CA countries and EU Member States (key concepts, best practices, intervention standards, innovation, research and monitoring, etc.). This website might also be useful as forum for discussion and exchange among national experts. Target groups to be addressed are politicians, policymakers, researchers and experts working in the field. Cooperation with and input from EMCDDA, Pompidou Group and UNODC can be very fruitful here.
- On demand of the Uzbek stakeholders, further concrete assistance could be given to development of (aspects of) policy plans, coordination structures and to other activities in the policy process.

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Annex 1

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